

HEALTHY FAMILIES VIRGINIA

Statewide Evaluation Executive Report FY 2006-2010



Prevent Child Abuse Virginia



Report to the General Assembly
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Healthy Families Virginia FY 2006-2010

Statewide Evaluation Executive Report



Prepared by

Joseph Galano, Ph.D.
Applied Social Psychology Research Institute
College of William & Mary

and

Lee Huntington, Ph.D.
Huntington Associates, LTD

The primary authors of this report are Joseph Galano, Ph.D., Principal Investigator and Research Associate, The Applied Social Psychology Research Institute and Lee Huntington, Ph.D., Principal Investigator and President of Huntington Associates, Ltd. The authors are grateful for the support they received in the preparation of this report from undergraduate research assistants: Kate Frazer, Gabrielle Gonzales, Brittany Hale, Victoria Haynes, Avery Mattingly, and Nicole Scott. The content of this report does not reflect the views or opinions of the Applied Social Psychology Research Institute or the College of William and Mary, but rather those of its authors. For additional information about the statewide evaluation or the Healthy Families Virginia initiative please contact Joseph Galano (jxgala@wm.edu), Lee Huntington (lxhunt@wm.edu), or Johanna Schuchert (JSchuchert@pcav.org).

Healthy Families Virginia Saves Money and Lives

The economic crisis that Virginia is currently facing presents unprecedented challenges for our most vulnerable children and families. Prolonged rises in the unemployment rate is detrimental not only to the economic health of the country, but to the physical and mental health of children. American Academy of Pediatrics (AAP) researchers compared the unemployment statistics from 1990 to 2008 to data from the National Child Abuse and Neglect Data System (NCANDS). Each one percent increase in unemployment was associated with at least .50 per 1000 increase in confirmed cases of child maltreatment. Moreover, this increase in child maltreatment rates was seen in the very next year. The U.S. is experiencing a major crisis because unemployment has risen from 4.5% in 2007 to the current level of over 9.5%. Moreover, since the long-term impact of child maltreatment include higher rates of unemployment and poverty, we can see how a vicious cycle is created and maintained. Our leaders in the General Assembly need to take effective action that will strengthen families and reduce reliance on expensive systems of repair. These increased rates of child abuse are not inevitable; *40% of all maltreatment could be prevented if home-visiting programs were implemented across America* (Task Force on Community Preventive Services, 2003). According to Robert Sege, MD, of Boston University School of Medicine and Boston Medical Center, “these results suggest that programs to strengthen families and prevent maltreatment should be expanded during economic downturns.”

Adverse Childhood Experiences (ACEs) Are Driving Up the Health, Mental Health, and Criminal Justice Costs in America

1. The Adverse Childhood Experiences (ACEs) study examined the effect of ten categories of negative experiences in childhood (physical, emotional and sexual abuse, two types of neglect, and five types of family dysfunction).
2. Researchers found a strong link between ACEs and chronic illness including heart disease, diabetes, and depression. An ACE score of six increased the likelihood of becoming an IV drug user by 4,600%. Research has shown that this kind of relationship is almost unprecedented in the science of epidemiology. As a result of this research program, the effects of ACEs are no longer invisible.
3. People who experienced considerable trauma during their childhood died 20 years prematurely, CDC&P researchers stated that the economic toll taken on the U.S. was enormous.
4. The researchers concluded that prevention of ACEs has proven difficult; however, recent research on the long-term benefits of early home visitation to reduce the prevalence of ACEs is promising.

Healthy Families Virginia Results

Last year, HFV attained the lowest rate of founded cases of abuse and neglect ever attained; 0.8% based on 2,582 CPS Central Registry searches. Moreover, 15,000 searches conducted over the past 6 years have indicated an average rate of 1.24% of participating children with founded cases of abuse or neglect, demonstrating HFV’s ability to prevent new cases of child abuse and neglect consistent and positive impact year after year.

Home-visiting makes a difference: Communities benefit with greater progress in schools, better use of community resources, lower crime rates and less violence, and fewer cases of child abuse.

Part I: Breaking the “Unemployment to Increased CA&N Cycle”

At the October, 2010 meeting of the American Academy of Pediatrics (AAP), researchers directly linked increased unemployment rates to increased child maltreatment one year later. State level unemployment statistics (from the Bureau of Labor Statistics) were compared to data from the National Child Abuse and Neglect Data System (NCANDS) from 1990 to 2008. Each one percent increase in unemployment was associated with a .50 per 1000 increase in confirmed child maltreatment. Unemployment in the US has risen from 4.5 percent in 2007 to a current level of 9.5 percent. Virginia experienced a similar trend. The 2008 unemployment rate was 3.4%. The 2009 was 6.6%, and as of October 2010 (most recent available data) the rate was 7.1%. **The Virginia rate has more than doubled in less than two years.** In FY 2010, the rate of found cases of child abuse and neglect among HFV participants was 0.8% -- the lowest rate ever obtained. “These results suggest that a program to strengthen families and prevent maltreatment should be expanded during economic downturns.”

The AAP was deeply concerned about the cost of not acting because, “Maltreated children suffer the immediate physical

consequences of abuse, including physical injury and even death, and are at increased risk of physical and mental health effects, often lasting for decades.”

Part II: Breaking the Generational Cycle of Abuse and Neglect

The research has demonstrated that a childhood history of abuse or neglect is the most powerful risk factor for abusing or neglecting one’s own children. Over five years and more than 15,000 searches of the Virginia Department of Social Services Central Registry have confirmed the rate of child abuse and neglect was 1.24% among participating families -- a remarkable accomplishment in a population where over 50% of enrolled mothers self-report a childhood history of abuse. This positive finding strongly suggests that HFV is contributing successfully to its goal of breaking the cycle of violence.

Part III: Virginia’s Immunization Coverage Rates Drop to a Five-Year Low While Healthy Families Immunization Coverage Rises to Highest Level Ever

Progress towards full immunization of young preschoolers has stalled and DECLINED since 2004, according to a Child Trends analysis of recently released national data from the Centers for Disease Control and Prevention (CDC&P). Rates rose from 55.1% to 80.9% between 1995 and 2004, then stalled; the 2006 rate was 80.6%.

The national rate actually declined over the next two years – the 2008 rate was 78.2%. In Virginia, the situation was even worse, with a greater decline. Rates rose from 52.8% to 81.0% between 1995 and 2004. The 2006 rate was 81.5%. **However, by 2009 the rate for Virginia had declined further to 69.6%.** This is a major decline in an indicator that many scientists view as a proxy for the overall health of our children. Importantly, during the same period, the immunization rates for HFV (based on families at high risk for poor outcomes) have not stalled; rather, they have continued to rise and the rate was 89% for the last five years-- *the same time period that Virginia declined.*

Part IV: PEW Charitable Trusts Awards Research Grant to HFV

PEW Charitable Trust has a national initiative to improve the quality of home-visiting, and has funded 12 research centers from across the country. One of the grants was awarded to Prevent Child Abuse Virginia (PCAV), demonstrating the national reputation that PCAV and HFV have attained. (Lee Huntington, Ph. D, and Joe Galano, Ph. D. are the principal investigators). The findings from these 12 social action researchers will help policy makers and funders better understand the critical issues of who should be served by home visiting programs and will improve our

understanding of how to engage and retain high-risk families. The PEW Home Visiting Campaign promotes smart state investments in high-quality, voluntary, home visiting programs for new and expectant families. PEW believes that their partnership with the states will result in savings in mental health and criminal justice costs, decreased dependence on welfare, increased participant employment, and stronger families. PEW is committed to making sure that these research findings are useful and used in improving home visiting practice and future research. Moreover, they are deeply invested in using this knowledge to improve the quality of all home visiting programs.

Part V: Introduction to Healthy Families

The Applied Social Psychology Research Institute at the College of William & Mary and Huntington Associates, Ltd. produced this report for Prevent Child Abuse Virginia (PCAV). The purpose is to provide PCAV and the Virginia General Assembly an objective appraisal that evaluates the development and impact of the HFV initiative and a set of recommendations to guide policy and services on behalf of children and their families.

Healthy Families Virginia (HFV) has provided home-visiting services to Virginia's most over-burdened families for over a decade. Home visitors established trust and became a

partner with the parent. Their approach to achieving goals is to build on parents' strengths, promote their interest in their child, and encourage planning and responsible decision-making that will help them reach their family's goals. What began as a state-funded demonstration project has grown into a statewide initiative defined by four overarching goals, grounded in research and evidence-based practice with families and young children:

- **improving pregnancy outcomes and child health**
- **promoting positive parenting practices**
- **promoting child development**
- **preventing child abuse and neglect**

HFV helps parents provide a safe, supportive home environment, gain a better understanding of their child's development, access health care and other support services, use positive forms of discipline, and nurture the bond with their child, thereby reducing the risk factors linked to child maltreatment (Prevent Child Abuse America, 2002).

Over the past eleven years, HFV evaluations documented that enrolled families:

- **are healthier and have substantially higher immunization rates,**
- **are more likely to receive early prenatal care and have fewer low birth weight babies,**
- **are more sensitive and responsive**

toward their children, have strong parent-child relationships, and use positive forms of discipline,

- **detect and address developmental delays early,**
- **have home environments that stimulate healthy cognitive, emotional, and social development,**
- **successfully delay subsequent pregnancies,**
- **provide positive child-rearing environments and,**
- **have low rates of child abuse and neglect.**

Part VI: Healthy Families Virginia Evaluation Results

The FY 2006-2010 statewide report summarizes a decade of evaluation studies and highlights the findings and accomplishments from the past five fiscal years.

A. Participants Screened, Assessed, Enrolled, and Engaged

Healthy Families programs adopt specific critical elements as a way of ensuring, measuring, and improving program quality. These critical elements begin with initiating services prenatally or at birth, systematically identifying families most in need, and successfully engaging families in services.

Healthy Families performs exceptionally well in the domains of systematically identifying families most in need and successfully engaging those families in services. Since FY 2006, the 23 PIMS-using Healthy Families sites have conducted more than 39,300 screens and provided assessments to approximately 11,000 women.

The assessment process uses a standardized scientific measure designed to identify families who can benefit from home-visiting services. Of the 11,180 individuals who were assessed, 86% assessed positive - a slight increase over previous years. Of the 8,543 positively assessed families offered services, approximately 86% accepted. Positively, the acceptance rates for the past four years were substantially higher than the rates for previous years. A total of 5,277 participants enrolled and 20% of all families terminated before receiving a first home visit. Positively, this termination is ten-percent lower than last year.

Based on the risk assessment interview of the enrolled participants, 52% were considered high-risk for child abuse and neglect and 43% were at moderate-risk. Statewide, the factors that most frequently warranted classifying families as at-risk were multiple stressors, childhood history of abuse, and poor coping skills. Having slightly more than half of the folks entering the program at high risk, has been relatively consistent for the last few years. *On a*

sobering note, since the initiative began, more than half of all the women who enrolled self-reported a childhood history of abuse. These assessment data suggest that the family histories and mix of risk factors and needs of Healthy Families participants place them at higher-than-average risk for child maltreatment and other poor childhood outcomes.

Characteristics of the Enrolled Families

- Unmarried - 86%
- Less than a high school education - 43%
- College graduates - 7%
- Average age - 23 years.
- Race - Black 49%, White 26%, Hispanic 22%, Multiracial or Asian/Pacific Islander 2.8%
- No health insurance at enrollment - 22%
- English not primary language - 20%

The racial composition statistics represent a large increase in the proportion of black families (49%) - up from 37% in 2005. Moreover, this sample is slightly younger (21.5 years of age) and a large proportion of enrolled families are without health insurance (22%), increasing the difficulty of accessing services for their children.

After six months, 77% of enrolled participants were engaged successfully, identical to last year's rate. Engagement is a major challenge for prevention programs because families may be distrustful or defensive and are faced with circumstances reducing the likelihood

of continued involvement. HFV can be proud of this strong record of engagement, given that characteristics of the families and their settings, and the fact that HFV is a completely voluntary program.

B. Outcomes Summary and Conclusions

The outcome results are organized within the framework of the Statewide Goals and Objectives adopted in June 1999. Unless otherwise noted, findings cover FY 2006-2010. In each analysis the results are also presented for the participants who were active during the most recent fiscal year. “Active” is defined as those participants who were enrolled at the beginning of the year plus those enrolled during the fiscal year. The major HFV evaluation domains aim:

- **to achieve positive pregnancy outcomes and child and maternal health outcomes,**
- **to promote optimal child development by screening for suspected delays, referring children for developmental evaluations, and monitoring participation in therapeutic programs,**
- **to promote positive parent-child interaction and stimulate home environments that support child**

development, and

- **to prevent child abuse and neglect.**



Table 1. Fiscal Year 2006-2010 Maternal and Child Health Goal Attainment

Goal	FY 2006 - 2010	FY 2010	Total Number	Objectives
1	Maternal and Child Health Outcomes			
	89%	93%	918	Prenatal Care - 75% of prenatal enrollees will receive 80% of the recommended prenatal care.
	90%	91%	1392	Birth Weight - 85% of prenatal enrollees will deliver babies weighing at least 2500 grams.
	98%	99%*	4333	Connection to Medical Care Providers - 85% of participating children will have a medical provider at birth or within two months.
	97%*	98%	2950	Continuation with a Medical Care Providers - 80% of participating children with a medical provider will continue to receive services from the medical provider.
	89%	93%	2910	Immunization** - 80% of participating children will receive 100% of scheduled immunizations.
	96%	N/A	506	Delay Repeat Birth (Teens) - 85% of teen mothers will have no subsequent births or will have an interval of at least 24 months between the target child's birth and the subsequent birth.
	96%	N/A	2105	Delay Repeat Birth (Non-Teens) - 75% of non-teen mothers will have no subsequent births or will have an interval of at least 24 months between the target child's birth and the subsequent birth.

* Percentages in bold indicate that HFV programs met the criterion for that objective for the evaluation period indicated. The asterisks indicate that a result was the highest overall or highest single fiscal year level ever attained.

Scientific Alert: A recent CDC&P study found that after rising significantly from 1994 to 2004, Virginia's immunization rates have stalled at 81.5%. The rates actually decreased from 2005 to 2006 with the 2006 rate returning to the level of 2004. **Alarmingly, the 2008 Virginia rate declined to 72.9% and the 2009 rate further declined to 69.6%.. HFV rates rose to 93% during the same time period.

1. Child Health

Overall, the results in this health domain attest to the effectiveness of the initiative in

prenatal care completion, healthy birth weights, connection and continuation with medical care providers, immunizations, and subsequent births.

Healthy Birth Weight: 90% of the babies born to the 1,392 prenatal enrollees were within the healthy birth weight range, surpassing the state criterion. The FY 2010 rate was similarly strong; 91% of all infants were born within the healthy birth weight range. HFV's overall performance and performance in the most recent fiscal year demonstrates substantial success in this critical domain. Staff can be proud of maintaining this consistent record of excellence (a major improvement over the FY 2001 77% statewide rate.)

Connection to and Continuation with Medical Care Providers: Approximately 98% of the 4,333 births to enrolled Healthy Families mothers had a primary medical care provider within two months of enrollment. Importantly, 97% of those children continued with health care providers after six months of participation in the program. Positively the FY 2010 continuation rate was 98%. These rates far exceed the HFV criteria and equal the highest ever attained.

Immunizations: Age appropriate immunization is one of the most important indicators of well being for children. HFV established a goal that 80% of all target children will receive all immunizations as recommended by the American Academy of Pediatrics and the Virginia Department of Health. Eighty-nine percent of the 2,910 children enrolled in the Healthy Families programs received 100% of 16 scheduled immunizations.

The U.S. Department of Health and Human Services (2009) estimated that the national base rate was 69.9% in 2009 for children receiving the recommended series of 15 immunizations. For a more direct comparison with HFV programs, the 2009 U.S. National Immunization Survey conducted by the Centers for Disease Control and Prevention estimated the FY 2009 vaccination completion rate was 69.6% for the Virginia general population.

HFV's performance (89%) surpasses the demanding statewide objective, exceeds the Virginia average of 69.6% for the general population, and far exceeds the DOH CY 2009 Sentinel Report immunization rate of 56.72% for comparable high-risk families. Healthy Families programs can take pride in this level of performance. The immunization coverage rate for FY 2010 of 93% represents a very high annual rate. Moreover, since both of the Virginia statistics are based on fewer immunizations (15 for the general population and 14 for the Health Department clients), HFV is holding itself to a higher standard (16 immunizations).

Scientific alert: Progress towards full immunization of young preschoolers has stalled and DECLINED since 2004, according to a Child Trends analysis of recently released national data from the Centers for Disease Control and Prevention (CDC&P). Examining the demanding 4:3:1:3:3 Series demonstrates that it rose from 55.1% to 80.9% between 1995 and 2004. That rate has stalled; the 2006 rate was 80.6%. The national rate actually declined over the last two years – the 2008 rate was 78.2%. In Virginia, the situation was similar but worse because there was even more of a decline. The 4:3:1:3:3 Series rates rose from 52.8% to 81.0% between 1995 and 2004. The 2006 rate was 81.5%. **The 2009 rate for Virginia was 69.6%.** This is a major decline in an indicator that many scientists view as a proxy for the overall health of our children. **Importantly, during the same period, the immunization rates for HFV (based on families at high risk for poor outcomes) have not stalled; rather, they have continued to rise and the rate was 89% for the last five years-- the same time period that Virginia declined.**

HFV's FY 2006-2010 and the FY 2010 annual rates for early prenatal care and immunization rates were all at or approaching the highest ever attained. **Of special significance is the 93% immunization coverage rate for FY 2010 compared to the Virginia average of 69.9%.** These positive child and maternal health

findings complement the results emerging from other Healthy Families America (HFA) programs nationally, which have demonstrated improved health care status, service utilization, and high rates of immunization.

2. Maternal Health

HFV has also established statewide goals in the area of mothers' health to reduce closely-spaced births and delay/reduce repeat pregnancies. Delays in subsequent childbirth are associated with higher educational attainment, improved child health, increased future job status, and decreased infant homicide.

Separate goals have been established for teen and older mothers. Overall, 2,611 mothers (506 teen and 2,105 non-teen mothers) were enrolled in HFV programs long enough (i.e., a minimum of 24 months following the birth of a child) to merit inclusion in this evaluation component. **Abused children are 25% more likely to experience teen pregnancy. The fact that nearly half of HFV participants were abused as a child makes these findings even more impressive.**

Subsequent Births: Teen Mothers: **Teen mothers had a 96% success rate.** That is, 92.9% of all teen mothers had no subsequent births and 2.6% had a subsequent birth after the targeted 24-month interval.

Subsequent Births: Non-Teen Mothers:

Older mothers had an overall success rate of 96%. That is, 90.7% of all non-teen mothers had **no** subsequent births and 4.8% had subsequent births after their child reached the age of two.

HFV sites have performed positively working with both teens and older mothers and have far surpassed the HFV evaluation criteria. HFV's success in this critical domain has been highly consistent across the state. These data suggest Healthy Families programs effectively helped women reduce closely-spaced and unintended pregnancies.

3. Child Development

All of the sites endorsed the objectives to monitor child development by systematic developmental screening, referring those children with suspected delay to early intervention services for further assessment and following up on referred children.

Developmental Screening: Approximately 92% of the 2,823 children were appropriately screened for developmental delays, and the FY 2010 rate was 96%, a significant improvement over the FY 2004 rate of 76%. The FY 2009 and FY 2010 annual rates of 96% were the highest rates ever attained.

Referral for Developmental Services:

90% of the 202 children with suspected delays were referred for additional assessment, which was within one percent of achieving the demanding criterion set in this domain. Most often when suspected delays were not referred it was because parents left the program before the referral process was completed.

Monitoring Follow-through:

Ninety two percent of the 129 children referred for developmental assessment had confirmed delays and 100% of those children received additional appropriate developmental services. This level of performance is the highest ever attained, and equalled the very demanding 100% referral and monitoring criterion.



Table 2. Fiscal Year 2006-2010 Attainment of Child Development Objectives

Goal	FY 2006 - 2010	FY 2010	Total Number	Objectives
2	Child Development Outcomes			
	92%	96%	2823	Child Development Screening - 90% of participating children will be screened for appropriate development semiannually for the first three years and annually thereafter.
	90%	N/A	202	Child Development Referral - 90% of children with suspected developmental delay will be referred for further developmental assessment and services where appropriate.
	92%	N/A	129	Child Development Follow-up - 100% of children with confirmed developmental delay will be monitored for follow-through with recommended services.

* Percentages in bold indicate that HFV programs met the criterion for that objective for the evaluation period indicated. The asterisks indicate that a result was the highest overall or highest single fiscal year level ever attained.



Table 3. Fiscal Year 2006-2010 Attainment of Parenting and Home Environment Objectives

Goal	FY 2006 - 2010	FY 2010	Total Number	Objectives
3	Parent-Child Interaction and the HOME Environment Outcomes			
	93%*	94%	2590	Parent-Child Interaction - 85% of participants will demonstrate positive parent-child interaction or show improvement.
	98%	98%	2646	Home Environment - 85% of participants will have optimal home environments to support child development or their home environments will show improvement.

* Percentages in bold indicate that HFV programs met the criterion for that objective for the evaluation period indicated. The asterisks indicate that a result was the highest overall or highest single fiscal year level ever attained.

4. Parenting and the Home Environment

This important domain provides a cornerstone for the effects of HFV; therefore, the evaluation uses three highly regarded scientific measures, the Nursing Child Assessment Satellite Training (NCAST), the Keys to Interactive Parenting Scales (KIPS), and the Home Observation for Measurement of the Environment (HOME), to examine parent-child interaction and the quantity and quality of the developmental stimulation families provide children in their home environments.

Parent-Child Interaction: Of the 2,590 children old enough for assessment of parent-child interaction, 2,045 had at least one NCAST or KIPS assessment completed. Of those children with assessments, 1,901 families (93%) were within normal limits. During FY 2010, HFV's performance was slightly stronger; 94% of all active families with an NCAST or KIPS assessment were within normal limits. HFV's

performance clearly exceeds the 85% evaluation criterion. Positively, the overall rate of positive parent-child interaction and the one-year annual rate were both the highest ever attained.

Home Environment: There were 2,646 families whose children were old enough for the HOME assessment. Not all HFV sites have been able to adopt the HOME. In the sites that did 2,215 of those families received one or more in-home assessments. Of those 2,172 families, 98% had home environments that were within normal limits. HFV's FY 2010 performance was similarly excellent; 98% of all active families had HOME environments within normal limits. This performance easily exceeded the statewide objective in this domain. Overall, Healthy Families participants displayed more optimal sensitivity to their children's cues, understanding of their children's development, knowledge of alternative methods of discipline, and less overall distress and rigidity.

Table 4. Fiscal Year 2006-2010 Child Abuse and Neglect Outcomes

Goal	FY 2006 - 2010	FY 2010	Total Number	Objectives
4	Child Abuse and Neglect Outcomes			
	99.2%*		2582	Goal: 95% of participating families will not have a founded case of abuse or neglect after one full year of participation in the program.

* Percentages in bold indicate that HFV programs met the criterion for that objective for the evaluation period indicated. The asterisks indicate that a result was the highest overall or highest single fiscal year level ever attained.

5. Child Abuse and Neglect

In FY2009, 40 of Virginia's children died of causes attributable to abuse or neglect. This represents an increase of four children over last year. Thirty-seven of those children were four or younger.

Since the implementation of the Hampton Healthy Start program in 1992, the rates of founded cases of child abuse and neglect for Healthy Families participants have been examined in a number of contexts. The six-year, random-assignment study of Hampton Healthy Start indicated the annual rate of founded cases never exceeded 1.5% (Galano & Huntington, 1999b). Additionally, the three large Healthy Families programs under the auspices of Northern Virginia Family Services have consistently found rates of 3% or less.

This year's report provides continuing strong evidence for the effectiveness of Healthy Families as a child maltreatment prevention program. First, the statewide rate of confirmed cases of child abuse and neglect was 0.8% based

on 2,582 families. This 0.8% rate was the lowest annual rate ever attained. **The best estimate of HFV's impact is the rate of 1.24 attained across the last five fiscal years based on over 15,000 searches of the CPS Central Registry, a remarkable accomplishment in a population where over 50% of enrolled mothers self-report a childhood history of abuse. This result strongly suggests that HFV is contributing successfully to its goal of breaking the cycle of violence.**



Part VII. Program Recommendations

HFV saves lives and dollars . Research has documented two pernicious cycles, both of which HFV is breaking. Having been abused as a child is the most powerful risk factor for later abusing your own children. A second powerful relationship exists between increased rates of unemployment and higher rates of child maltreatment. With the unprecedented increases in unemployment that have occurred, Virginia's children will be the next victims if no action is taken. Virginia's unemployment rate has more than doubled in less than two years, rising from 3.4% in 2008 to 7.1% in October 2010. HFV demonstrates that these pernicious cycles are not inevitable. Twelve years of extensive program evaluations have confirmed that HFV reduces child abuse and neglect and improves the health and well-being of participating children and families. **Moreover, the rate of founded cases of child abuse and neglect for FY 2010 was 0.8%, the lowest rates ever attained. This outcome is remarkable given that over half of enrolled mothers self-reported a childhood history of abuse.** Our leaders in the General Assembly need to take effective action that will strengthen families and reduce reliance on expensive systems of repair. Implementing these recommendations can further reduce child abuse and neglect, and improve the lives of children and families served by Healthy Families, saving both lives and scarce economic resources.

- **Prevent the \$2 million dollar funding cut that is scheduled for Healthy Families Virginia (HFV) initiative in 2012.**

HFV can feel a real sense of pride because over the last two years, the Statewide Initiative achieved the highest level of success in preventing child abuse and neglect ever. More than ten years of rigorous program evaluation clearly demonstrates that the cycle of abuse and neglect can be broken. Over the last five years, HFV conducted over 15,000 searches of the CPS Central Registry for families who participated in HFV. The rate of found cases was 1.24%. Importantly, last year, the rate of found cases was 0.8% (based on 2,582 searches), the lowest annual rates ever attained. This is a remarkable accomplishment given that 50% of all participating mothers self-reported a childhood history of abuse at enrollment.

Moreover, never before have we known as much about the cost of not preventing child abuse and neglect. A PEW economic impact analysis of child abuse and neglect concluded that the cost of

the U.S. is a staggering \$358 million per day, exacting a toll on the educational, health and mental health, and criminal justice arenas. Preventing child abuse and neglect is the most logical way to reduce those costs. Preventing a single incident of child abuse and neglect not only averts the immediate cost of treatment and prosecution, but also long-term criminality, mental health, and health problems.

- **Foster high-quality programs that are capable of producing strong outcomes by providing full-time funding for all of the technical assistance/quality assurance staff.**

A November 2007 Family Strengthening Policy Center brief (National Human Services Assembly) distinguished between **high-quality programs** that are capable of producing strong outcomes and lower-quality programs that do not consistently produce positive child and family outcomes. The authors made recommendations to state and local governments about the need for TA/QA staff to insure that all HFV sites are high-quality programs.

High quality programs engage in rigorous quality assurance and staff supervision and place an emphasis on ensuring high-fidelity of implementation. HFV has maintained a serious commitment to technical assistance/quality assurance. Staff have been assigned to work with program directors to monitor performance and modify programs to ensure that they are consistent with HFA credentialing standards and best practices. High-quality programs are able to engage families successfully as measured by intensity of visits and duration of services (as HFV has done). Nonetheless, these characteristics require key staff positions and appropriate levels of funding. Full funding for all four TA/QA staff positions should be restored.

- **Continue to serve high-risk families *because prevention saves money.***

The National Human Services Assembly brief, “Home Visiting Strengthening Families by Promoting Parenting Success,” presented information suggesting that home visiting may carry more benefits for high-risk families than low-risk ones. A cost-benefit analysis comparing low-risk to high-risk families indicated that the benefits were only slightly greater than the costs for low-risk families, however, the return for high-risk families was \$5.7 to \$1 or \$41,419 for the \$7,271 invested. Healthy Families serves many families that have low incomes, low education, or

non-English-speaking parents, and those headed by parents who are not currently employed or attending school. These families may enjoy the greatest long-term benefits and should be included as important targets of HFV's intervention.

Continue to reach out to high-risk families that are vulnerable because those parents or care givers have less exposure to information, insufficient family supports, and lack positive role models.

Across the country and in Virginia, HFA programs are experiencing a significant increase in the challenges their families face, enrolling many more families at the highest level of risk. Not being able to serve all of these families will mean increased CPS reports and foster care placements with their associated program costs, which some many communities are already experiencing.

- **Sixteen HFV sites have been trained and certified to use Parents as Teachers (PAT). PAT is a research-based curriculum (to foster optimal parenting skills, strengthen the parent-child relationship, and strengthen the role of the home visitor). Program managers should continue to provide training to new staff and strive to fully implement the full PAT model as well as the PAT curriculum.**

PAT is a nationally recognized, award-winning curriculum with demonstrated intermediate and long-term impacts on children and their parents, which has been widely utilized by home visiting programs, and has been shown to be cost-effective. Focusing on fidelity of implementation will ensure that short-term, intermediate, and long-term objectives are realized. HFV should utilize its full cadre of TA/QA staff to more effectively utilize its most important resources: the home visitor and the home visit.

- **PCAV should continue to participate and play a leadership role in Virginia Home-Visiting Consortium.**

Virginia has established a nationally recognized home visiting consortium with members from DSS, DMAS, VDH, PCAV, CHIP of Virginia, DBHDS, and DOE. The PEW Charitable Trust recently conducted a national webinar on “Model Practices in State Home Visiting” and Virginia’s Consortium was one of two featured. The Consortium develops and supports the infrastructure required to achieve widespread adoption, successful implementation, and the

sustaining of evidence-based home visiting programs in Virginia. PCAV should continue to play a leadership role:

- Collaborate and plan efforts to leverage federal, state, and local investments of existing and new funding streams into evidence-based home visitation programs and practices.
 - Foster state policies and procedures that promote healthy child development practices
 - Improve interagency efforts to promote a statewide system of screening, data collection, and program evaluation.
 - Expand and strengthen collaborative programs with medical care providers and childcare providers.
 - Promote core training for all early childhood home visitors.
 - Provide technical assistance to local coalitions and communities.
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- **Continue HFV's support for the HFA accreditation process by moving from the initial to stage two of the State-System level of accreditation.**

In 2007 HFV staff and administrators attained the goal of having 100% of all eligible sites fully credentialed. In the last eight years, HFV has trained and deployed regionally-based technical assistance/quality assurance (TA/QA) staff. With their assistance, each Virginia site has individually completed the rigorous national accreditation process. Virginia is one of the few states that can cite this accomplishment. Moving the initiative to the State-System level in the accreditation process has a number of benefits, including: greater ability to demonstrate fidelity of implementation across the entire range of Healthy Families sites in Virginia, a consistent, standardized process for developing and maintaining policies and procedures, and greater investment of all sites in every other site's quality of services and attainment of goals.

EVALUATION RECOMMENDATION

- **Conduct evaluation research to understand if repeat mothers (mothers with previous children) benefit as much as first time mothers then what factors contribute to positive outcomes for each group.**

The PEW Charitable Trust has funded twelve research centers from across the country. One of their grants was awarded to Prevent Child Abuse Virginia (PCAV), demonstrating the national reputation that PCAV and HFV have attained, for 2010-2012 (Lee Huntington, Ph. D, and Joe Galano, Ph. D. are the principal investigators). The research will help policy makers and funders understand better the critical issue of who should be served by home visiting programs by better understanding the challenge of engagement and retention of high-risk families and the outcomes that result from participation.