Child Crisis Arizona
Home Visiting Program
Annual Evaluation Report, FY 2017-2018

August 2018

LeCroy & Milligan
ASSOCIATES, INC.

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About LeCroy & Milligan Associates:

Founded in 1991, LeCroy & Milligan Associates, Inc. is a consulting firm specializing in social services and education program evaluation and training that is comprehensive, research-driven and useful. Our goal is to provide effective program evaluation and training that enables stakeholders to document outcomes, provide accountability, and engage in continuous program improvement. With central offices located in Tucson, Arizona, LeCroy & Milligan Associates has worked at the local, state and national level with a broad spectrum of social services, criminal justice, education and behavioral health programs.

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Executive Summary

The Child Crisis Arizona's (CCA) Home Visiting Program is funded by the First Things First (FTF) Southeast Maricopa Regional Partnership Council. Serving pregnant mothers and families with children from birth to 5 years of age, this program utilizes the evidence-based Parents as Teachers (PAT) early childhood home visitation program model. The PAT program model incorporates four key elements: (1) personal visits, (2) group connections, (3) developmental screening, and (4) the provision of resources and referrals (PAT, 2016).

LeCroy & Milligan Associates, Inc. conducted the evaluation of the Home Visiting Program and this report presents the findings for FY9, for the time from July 1, 2017 through June 15, 2018 (FY17-18). This report highlights the results of the program's process and outcome evaluation, including demographics of families served, data on program activities, services, participant satisfaction, and outcomes. Corresponding with the primary goals of the PAT National Center (2016), and grounded in the evaluation approaches of Bamberger, Rugh and Mabry's (2006) "Real World" evaluation and Patton's (2008, 2011) "utilization-focused" evaluation, the evaluation team employed a mixed-methods approach to examine:

The Child Crisis Arizona Home Visitation Program utilizes the evidence-based Parents as Teachers (PAT) early childhood home visitation program model, incorporating four key elements:

(1) Personal visits,
(2) Group connections,
(3) Developmental screening, and
(4) Provision of resources and referrals.

1) Program process and implementation;
2) Data on the number and characteristics of families served, and types of services received;
3) Participant satisfaction with the program; and
4) Effectiveness of the PAT home visiting model, including the enhanced use of Case Managers and a Father Engagement Resource Specialist to support families.

The Home Visiting Program was funded by FTF from October 2009 through June 2018. However, as of July 1, 2018 the program lost funding from FTF, which resulted in the program's unplanned closure. The program stopped enrolling new families as of 5/21/2018 and closed all family cases as of 6/15/2018. Therefore, family and service data for FY17-18 is truncated from the program's usual FY end date of 6/30/2018. It is noted in this report when the program's closure dates impact the annual evaluation results.

Key Findings: Process Evaluation

The process evaluation of the Home Visiting Program examined program implementation and seeks to assess the methods and strategies used by the program staff to affect changes or produce desired outcomes in the target population of pregnant mothers and families with children from birth to 5 years. The guiding questions for the process evaluation are:

- What are the characteristics of families served, including caregivers and children?
- What are the patterns of participation in the program (i.e. number of participants, referral sources, length of time in program, home visit completion rate, attrition)?
- What types of services are provided to participants and at what intensity?
- To what extent are participants satisfied with the program?
- What do families perceive are the most helpful aspects of the program?
- In what ways do families recommend that the program can improve?

Client Participation

Evaluation Area	Process Evaluation Findings: Client Participation
Families Served	• Between July 1, 2017 and June 15, 2018, the Home Visiting Program served 330 families and 524 children. • 27% of families were enrolled into the program during the current FY, while 73% enrolled in a previous FY.
Program Intensity	• Families participated in the program for an average of 20.6 months, median of 15 months, and a range of <1 to 86 months.
Family Referral	• 28% of families were referred to the program through a staffed event. • Other prominent referral sources included: word-of-mouth referral from friends or family members (26%), another community service provider (13%), a government agency (9%), and a Primary Care Physician's office (5%).
Family Exit/ Program Closure	• Due to a loss of funding, the program stopped enrolling new families as of 5/21/2018 and closed all caregiver cases as of 6/15/2018. As of that date, 58% of families had exited the program after successfully completing the program per the PAT Model; 42% of families closed prematurely prior to completing the PAT Model due to the loss of funding and program closure.

Services Provided with Fidelity to the PAT National Center Model

Evaluation Area	Process Evaluation Findings: Services Provided with Fidelity to the PAT Model
Home Visits	• Since their enrollment into the program, the 330 families served have received a total of 12,233 home visits. Families completed an average of 37, with a range from one to 176 home visits. Families receiving only one home visit reflects the program's premature closure due to loss of funding. • Home visit completion rates for the duration of program enrollment range from 33% to 100%, with an overall average of 84%. This data suggests that families are participating in most of their home visits, as scheduled. • 98% of families with 1 or fewer high needs characteristics received at least 75% of the required number of visits per month, which exceeds the PAT National Standards of at least 60% of these families meeting this requirement.
Case Management	• 119 families received Case Management (CM) services in addition to Parent Educator (PE) services (CM+PE). Families utilized 1 to 14 instances of CM services, with by 74% receiving a CM+PE staff team home visit. • Of the 119 families who received CM+PE services in FY17-18, 84% received an average of 1.5 CM+PE services (considered "low-intensity" CM+PE) and 16% received a significantly higher average of 8.5 services, considered "high-intensity" CM+PE.
Father Involvement/ Engagement	• The program has a Father Engagement Resource Specialist to support and enhance father involvement with families. In FY17-18, this staff worked with 18 families during a total of 171 home visits, including 115 home visits made by himself and 56 home visits with a Parent Educator. • Overall, the average number of home visits made by the Father Engagement Resource Specialist was 9.5 per family and ranged from 1 visit to 24 visits per family.
Supporting High Needs Families with Greater Service Intensity	• 33% of families served in FY17-18 meet one of PAT National's high needs characteristic. 18% of families served meet two or more of PAT National's high needs characteristics and are considered to have a "high needs" status. • 93% of families with a high need status received at least 75% of their required visits per month, which exceeds the PAT National Standard of at least 60% of high needs families meeting this requirement. Families with high needs completed a significantly higher average of 2.4 home visits per month, compared to non-high needs families averaging 1.8 home visits per month. • Families who utilized higher intensity of CM+PE services are significantly more likely to have a high needs designation. 31% of families with a high needs status utilized high-intensity CM+PE services (5 or more CM+PE services), compared to 10% of families who used this service intensity without high needs.

Evaluation Area	Process Evaluation Findings: Services Provided with Fidelity to the PAT Model
Parent Group Connections	• The program held 16 parent group connections with varying themes in FY17-18. This number exceeds the PAT National Standard of at least 9 parent group connections held in a program year.
Development, Sensory, and Health Screenings	• Parent Educators of the Home Visiting Program concurrently implemented a variety of screening measures that identify the child's strengths, abilities, and any developmental needs. • A total of 2,207 screenings took place in FY17-18, occurring for five areas of child development, social-emotional, hearing, vision, and general health. • Exceeding PAT National Standards of at least 60%, 99% of newly enrolled children received a complete, initial screening within 90 days of enrollment or prior to 7 months of age if enrolled prior to 4 months of age. Additionally, 97% of children received a complete annual screening during the program year.
Resources and Referrals	• 93% of families served in FY17-18 were referred to at least one community resource during this time frame, which exceeds the PAT National Standard of at least 60% of families. • The program provided families with a total of 6,998 resources and referral in FY17-18. The primary types of resources and referrals given include donated items, socialization and recreation referrals, and financial resources referrals.

Client Satisfaction with Services

Evaluation Area	Process Evaluation Findings: Client Satisfaction with Services
Quality of Interactions and Experiences with Parent Educators	• In compliance with PAT National Standards, the Home Visiting Program gathers and summarizes feedback from families on a quarterly basis, using the results for program improvement. • 99%-100% of respondents to the Participant Satisfaction Survey affirmed that: ✓ The program's services helped their family; ✓ They are satisfied with the services they received; and ✓ They would recommend the program to others. • Families report having high quality interactions and experiences with Parent Educators, which has been consistent with the results from previous years. Caregivers' commented that Parent Educators: ✓ Listen and support parents in a non-judgmental way; ✓ Offer hands-on activities to help them learn by doing; and ✓ Encourage families to be successful.

Evaluation Area	Process Evaluation Findings: Client Satisfaction with Services
Most helpful Aspects of the Program	• Caregivers' open-response comments on the Participant Satisfaction Survey show that the most helpful aspects of the Home Visiting Program include: ✓ Receiving activities, knowledge and tools that promote development or wellness; ✓ Receiving expert guidance, support and encouragement from their Parent Educator; ✓ Receiving referrals to community services; and ✓ Gaining information on child's development and needs/ assessments.

Key Findings: Outcome Evaluation

Aligned with the PAT National Center (2016) goals, the outcome evaluation assesses the impact of the Home Visiting Program on (1) increasing parent knowledge and improving parenting practices; (2) promoting child health and development; and (3) enhancing parent/child interactions. Guiding questions for the outcome evaluation include:

- To what extent do participants improve their parenting skills?
- To what extent do families set and achieve goals? What types of goals are achieved?
- How many children receive screening across the five areas of child development, social-emotional, hearing, vision, and general health? How many are referred out due to concerns that are not already being addressed by a service provider?
- How does self-reported depression measures change over time?
- How do parents report utilizing the knowledge and skills gained from this program?

Outcome Domain	Outcome Evaluation Findings
Improved Overall Parenting Quality	• From July 1, 2011 to June 15, 2018, a total of 997 caregivers had an initial KIPS assessment and 578 had between one and 10 follow-up assessments. KIPS is an observational instrument that assesses the construct of parenting quality, across 12 items. • A One-Way Analysis of Variance (ANOVA) showed a significant difference in average KIPS score from the 1st assessment to all other time points (p=.000). • The 2nd, 3rd, 4th, and last assessments did not show a significant change in average parenting quality score. These results suggest that participants demonstrated significantly improved parenting quality from their initial KIPS assessment to subsequent assessments and maintained this level of high quality parenting through subsequent assessments.

Outcome Domain	Outcome Evaluation Findings
Improved Parenting Quality from Paired Pre/Post Assessments	• A total of 578 families had an average score for both an initial (pre) and follow-up (post) KIPS assessment. Analysis of paired caregiver data shows that the total average KIPS score improved significantly from pre (average of 3.99) to last follow-up assessment (average of 4.41) assessment (p=.000). • These results suggest that participants of the Home Visiting Program who completed both a pre and post KIPS assessment demonstrated a significant improvement in parenting quality over time. • Five KIPS areas that achieved the greatest increase in average score from initial to final (ranging from an increase in .50 points to .56 points) include: ✓ Being open to the child's agenda (↑ .56 points); ✓ Promoting exploration and curiosity (↑ .54 points); ✓ Adapting strategies to the child (↑ .52 points); ✓ Setting reasonable expectations of the child (↑ .49 points); and ✓ Promoting language experiences with the child (↑ .48 points).
Goal Setting	• 95% of families set at least one goal that was documented by their home visitor, which exceeds the PAT National Standard of at least 60% of families setting a minimum of one goal during the program year. • Families set a total of 1,954 goals, ranging from one to 106 goals per family, with an average of 6.8 goals. Overall, families took an average of 4.1 months to achieve their goals. ✓ 76% of goals set were related to child development, such as supporting a child's cognitive development, completion of child development assessment, or transitioning a child through age appropriate activities; ✓ 6% of goals set focused on parenting behavior and the parent's relationship with their child, such as increasing parent/child activities; learning positive disciplining strategies; and developing routines.
Developmental, Sensory, and Health Screening and Referrals	• In compliance with PAT National Standards, Parent Educators completed a total of 2,207 screens with 492 children, of whom 91 were referred for further assessment by a pediatrician, AzEIP, or another service provider.

Outcome Domain	Outcome Evaluation Findings
Caregiver Depression Screening and Referrals	• The Home Visiting Program uses the Patient Health Questionnaire 9-item depression screening tool (PHQ-9) to screen and refer caregivers to mental health services. • From July 1, 2017 to June 15, 2018, a total of 258 people had an initial PHQ-9 assessment and 53 individuals had at least one follow-up assessment. ✓ 95% of caregivers' initial PHQ-9 scores placed them into the categories of none to mild symptoms of depression. ✓ 5% of caregivers produced a total score that indicated the person was experiencing moderate to severe levels of depression. In response, Parent Educators follow the program's intervention protocol for depression management, based on total score/depression level. • 53 caregivers completed both an initial and follow-up PHQ-9 assessment. ✓ Analysis of paired data showed that average PHQ-9 scores decreased from pre to post assessment. The length of time between pre and post ranged from one to 10 months and averaged 5.3 months. ✓ While this finding was not statistically significant, it demonstrates a reduction in depression symptoms experienced by caregivers over time.
Knowledge and Skills Gained by Caregivers	• According to Participant Satisfaction Surveys, the most commonly reported gains in knowledge and skills by caregivers include: ✓ Learning to support their child's growth and development through play and activities learned during home visits; ✓ Using the knowledge and skills gained in their everyday lives; ✓ Being able to better understand and support their child's growth and development; and • Engaging their child better/playing better/playing more often with their child.

Introduction

The Child Crisis Arizona's (CCA) Home Visiting Program is funded by the First Things First (FTF) Southeast Maricopa Regional Partnership Council. Serving pregnant mothers and families with children from birth to 5 years of age, this program utilizes the evidence-based Parents as Teachers (PAT) early childhood home visitation program model. The PAT program model incorporates four key elements: (1) personal visits, (2) group connections, (3) developmental screening, and (4) the provision of resources and referrals (PAT, 2016).

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The Child Crisis Arizona Home Visitation Program utilizes the evidence-based Parents as Teachers (PAT) early childhood home visitation program model, incorporating four key elements:

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1) Program process and implementation;
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Evaluation Methodology

LeCroy & Milligan Associates conducted a process and outcome evaluation of CCA's Home Visiting Program.

Process Evaluation

The **process component** examines program implementation and seeks to assess the methods and strategies used by the program staff to affect changes or produce desired outcomes in the target population of pregnant mothers and families with children from birth to 5 years. The guiding questions for the process evaluation include:

- What are the characteristics of families served, including caregivers and children?
- What are the patterns of participation in the program (i.e. number of participants, referral sources, length of time in program, home visit completion rate, attrition)?
- What types of services are provided to participants and at what intensity?
- To what extent are participants satisfied with the program?
- What do families perceive are the most helpful aspects of the program?
- In what ways do families recommend that the program can improve?

Outcome Evaluation

The **outcomes component** of this evaluation assesses the impact of the Home Visiting Program on (1) providing families with resources and referrals to community programs; (2) supporting families to set and achieve individualized goals; (3) increasing positive parenting practices (e.g., parent knowledge, parenting behaviors, parent/child interactions); (4) promoting child health and development through the use of screening and referrals; and (5) helping higher needs families to be more successful in the program through the use of Case Management services. These assessment areas correspond with the primary goals and Essential Requirements of PAT National (2016). Guiding questions for the outcome evaluation include:

- To what extent do participants improve their parenting skills?
- To what extent do families set and achieve goals? What types of goals are achieved?
- How many children receive screening across the five areas of child development, social-emotional, hearing, vision, and general health? How many are referred out due to concerns that are not already being addressed by a service provider?
- How does self-reported depression measures change over time?
- How do parents report utilizing the knowledge and skills gained from this program?

Instruments and Measures

The specific methods and measures used for this evaluation are shown in Exhibit 1.

Exhibit 1. Data Collected, Purpose, and Analysis Method

Data/Instrument	Construct/Purpose	Analysis Method
Family Data	Assess demographic information of children and parents served by the program. Assess services and referrals provided to families per month; Assess status of health insurance receipt and/or receipt of assistance in insurance enrollment; Assess family goals set, in progress, and met.	Descriptive statistics. Cross-tabulation. Thematic content analysis.
Participant Satisfaction Survey	Evaluate family satisfaction with home visitation program services, annually and at case closure.	Descriptive statistics. Thematic content analysis.
Keys to Interactive Parenting Scale (KIPS)	Observational scoring instrument to assess parenting quality. Conducted three months post enrollment, annually, and at closure.	Descriptive statistics. Means comparison/t-test of pre and post scores. ANOVA of multiple time points.
Life Skills Progression (LSP)	Summary tool used by home visitors to sort and organize information gathered from visits, screening tools, and observation of the family.	Descriptive statistics. Means comparison and t-test of pre and post scores.
Patient Health Questionnaire (PHQ-9)	A self-administered depression module comprised of nine items. This tool screens for the presence of depression as well as the severity, ranging from mild to severe depression.	Descriptive statistics. Means comparison and t-test of pre and post scores.
Developmental and Sensory Screening Data	Examine the types of developmental and sensory screenings completed across five areas of child development, social-emotional, hearing, vision, and general health; assess the outcome of screens and referrals made.	Descriptive statistics.
Client Exit Survey	Understand why clients exited the Child Crisis Arizona's Home Visitation Program before successfully completing the Parents as Teachers (PAT) program model.	Descriptive statistics. Thematic content analysis.

Data Collection Procedures

Family Level Data

Family level data includes demographic data on adults and children served, referral sources into the program, services and referrals provided to families (home visits, developmental screenings, etc.), and progress towards goal achievement. These data were collected by the Home Visiting Program staff from families at intake and during home visits, in accordance with the family's service needs, using customized agency forms. Home Visiting Program staff enters this data into the program's data collection system and submits this data to the evaluation team on a monthly, quarterly, or annual basis.

Participant Satisfaction Survey

The Participant Satisfaction Survey is administered to caregivers by Parent Educators in English or Spanish language using an online survey (paper surveys are also available), at three months post intake, annually, and at program exit. This survey includes 11 items that ascertain level of agreement with statements, using a 4-point scale, with 1 being "strongly disagree" and 4 being "strongly agree." Statements cover aspects of the program including ease of access, convenience of scheduling, quality of staff, and utility of information received. Items 1 through 11 related to program feedback demonstrated very strong internal consistency with a Cronbach Alpha score of .94[1]. The survey also includes three items with yes/no response categories regarding program helpfulness, satisfaction, and recommendation of the program. The instrument concludes with three open-response questions on the most helpful aspect of the program; use of knowledge and skills gained; and recommendations for program improvement.

Client Exit Survey

The Client Exit Survey is administered by the evaluation team on a monthly basis with families who exited the program in the month prior for reasons of "discontinued services" or "not able to be located by staff." This survey was developed as part of the process evaluation, to better understand the reasons why families leave the Home Visiting program prematurely and identify clients who might wish to re-engage with the program. The evaluation team utilized a brief six-item questionnaire that clients could complete through a telephone interview with a member of the evaluation team or an online survey through a link that was emailed to them. The question areas include: client expectations of the program; reasons for leaving the program; if a Program Supervisor had contacted them; and what their Parent Educator could have done differently to help them stay in the program. In case a client wanted to re-engage with the program, respondents were also asked whether or not they would like someone from the

[1] Utilizing SPSS 24, LMA computed the Cronbach's alpha score of the 11 items on the Client Satisfaction Survey to gauge reliability of the scale. Cronbach (1951) and Nunnaly (1978) report that a Cronbach alpha score of .70 or higher demonstrates strong internal consistency or average correlation of items in a survey instrument.

program to contact them and, if so, the best way to contact them. The evaluation team made up to seven attempts to contact families, utilizing telephone calls, text messaging, and email communication. In general, respondent data shows that it takes between two and six months of repeated attempts to reach a person for survey completion.

Keys to Interactive Parenting Scale

The Keys to Interactive Parenting Scale (KIPS) is a validated structured observational assessment that examines caregiver-child interactions during play (Comfort & Gordon, 2006; see also Comfort & Gordon 2011; Comfort et al., 2010; Comfort, Gordon & Unger, 2006). This instrument is completed by staff to guide home visitation services, monitor family progress, and evaluate program outcomes. With permission from families, Parent Educators video record a family's interactions for a 20-minute period. All observations take place in the home and the caregiver is instructed to play with their child as they would normally do. Outside of this session, the Parent Educator reviews and scores this video using the KIPS instrument, providing examples that explain ratings. Assessments are reviewed and approved by Supervisors to reduce investigator bias and ensure reliability and validity of data collected.

The KIPS instrument contains 12 items that are scored on a scale from 1 to 5, with 1 indicating low parenting quality and 5 indicating high parenting quality. The 12 KIPS items demonstrated very strong internal consistency across the three collection time points, with a Cronbach Alpha score of .93 at the initial assessment and .94 at the last assessment. Scores are summed and divided by the number of items scored to obtain an average overall KIPS score of parenting quality. Items that are not observed are excluded from the calculations. As per the developers of KIPS, the following score interpretations are used:

- An average score of 4.0 or higher is considered a "high score" or high-quality parenting;
- An average score ranging from 3.9 to 3.0 is considered a "medium score;" and
- An average score of less than 3.0 is considered a "low score" or low-quality parenting observed during the event.

Life Skills Progression

The Life Skills Progression (LSP) is an outcome measurement and intervention planning instrument designed specifically for use with parents during pregnancy and early parenting (Wollesen & Peifer, 2006). It shows strengths, needs, and progress on individual, family, caseload, and program levels. LSP monitors 35 parental life skills in the areas of: Relationships; Education and Employment; Parent and Child Health; Mental Health and Substance Use; and Basic Essentials. The LSP takes approximately 5 to 10 minutes to complete and score. Home visitors complete the LSP for the primary caregiver within the initial 90 days and annually. Each of the 35 scales stands alone and is scored individually across a range of 0 to 5 points, using 0.5 increments. Scores range from a scale of 1 "Inadequate" to 5 "Competent," reflecting the characteristics, development, and/or learning of the parent. Scores should apply only to skills,

behaviors, or attitudes occurring currently or over the last six months. A score of 1 is assigned for violent behaviors or reportable conditions, such as child abuse or domestic violence that occurred within the last six months. A score of 0 is used for scales with no answer that were not asked, or not applicable. The LSP is specific to an individual parent; there is no family level score and no cumulative score for all of the scales.

Patient Health Questionnaire-9

The Patient Health Questionnaire-9 (PHQ-9) is a 9-item depression module extracted from the full PHQ (see Spitzer, Kroenke & Williams, 1999), which scores each of the 9 criteria as 0 or "Not at all" to 3 "Nearly every day" (see Kroenke, Spitzer & Williams, 2001). Total scores on the PHQ-9 can range from 0 to 27. The total score range and depression levels utilized by the Home Visiting Program for referring caregivers to external resources is: 0 = None; 1-9 = Mild; 10-14 = Moderate; 15-19 = Moderate/Severe; and 20-27 = Severe. A Cronbach Alpha score was not computed for this data because the program provided the evaluators with caregivers total scores, rather than the raw data including each scale item. There is also one item at the end of the diagnostic portion of the PHQ-9, asking clients who checked off any problems on the questionnaire: "How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?" using a scale from 0 "Not at all Difficult" to 3 "Extremely Difficult." The Home Visiting Program uses the PHQ-9 as a depression screening tool. Caregivers complete this tool as a self-administered questionnaire at the following intervals:

- Under the general screening protocol, caregivers are screened initially at 90 days after enrollment into the program and again on an annual basis.
- The new parent screening protocol is administered to new parents when the child is two months old and again at seven months.
- In the case where a caregiver's responses produce a total score of 10 or higher, they are re-screened again at 30, 60, and 90 days.

Communication with the Program Director

The evaluation team maintains regular communication by email, telephone, and in person meetings with the Home Visiting Program Director regarding program implementation, data collection and interpretation, and client outcomes.

Data Analysis

Quantitative data is analyzed utilizing SPSS 24 and qualitative thematic analysis is performed using Microsoft Excel (Office 365). The evaluation team computes the Cronbach's alpha score for all scaled instruments to gauge reliability of the scale. Cronbach (1951) and Nunnaly (1978) report that a Cronbach alpha score of .70 or higher demonstrates strong internal consistency or average correlation of items in a survey instrument.

Characteristics of Families Served

This section presents information on the characteristics of the 330 families and 524 children served by the Home Visiting Program in FY17-18 (throughout this report, the adult N=330 and the child N=524 unless otherwise noted). Exhibit 2 shows aggregated program and service data of the Home Visiting Program since its start-up in 2009, to the end of FY17-18. **From 2009-2018, the Home Visiting Program has served a total of 1,477 families and 2,579 children (both represent unduplicated counts of families and children served). Through this program, families have received 50,056 home visits and 37,295 community resources and referrals.**

Exhibit 2. Program Service Data, 2009-2018

Measure	Total Service Counts from 2009-2018
Number of Families Served (unduplicated)	1,477
Number of Children Served (unduplicated)	2,579
Number of Home Visits Completed	50,056
Number of Resources/Referrals Provided	37,295

Caregiver Demographics

Of the 330 families served in FY17-18, 97% (321) of primary caregivers are female and 3% (9) are male. Most caregivers (78%, n=256) are in a partnered relationship (i.e., married or living with a significant other), 20% (66) are not in a partnered relationship (i.e., single, divorced, or separated), and 2% (8) did not report their relationship status. Exhibit 3 shows the race and ethnicity of caregivers served. Half of caregivers self-identified as White, non-Hispanic (50%, n=166) and 37% (121) self-identified as Hispanic. Primary languages spoken include English and Spanish, and a few caregivers primarily speak Chinese, Japanese, Vietnamese, or Russian. A total of 21% (70) of caregivers speak English as a second language and 24% (79) were born in a country other than the US.

Exhibit 3. Race/Ethnicity of Caregivers

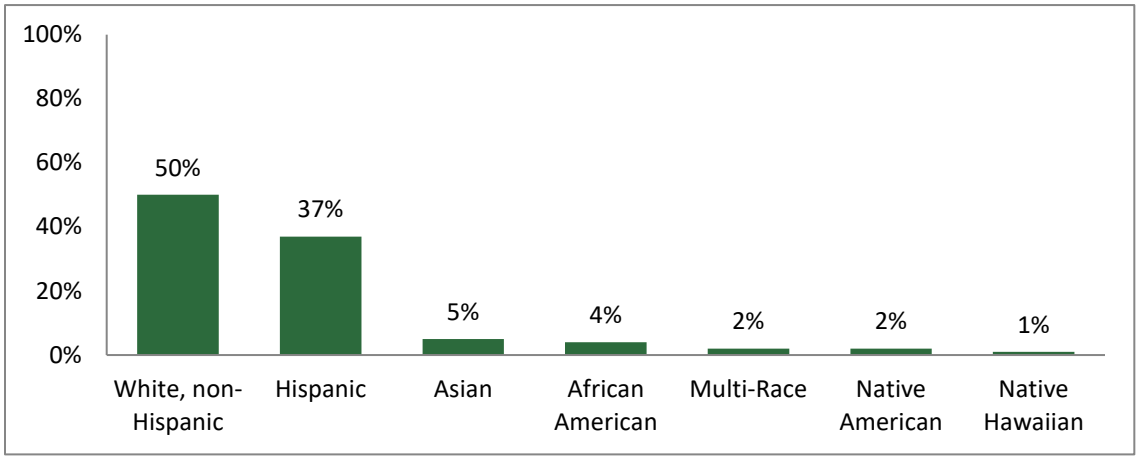
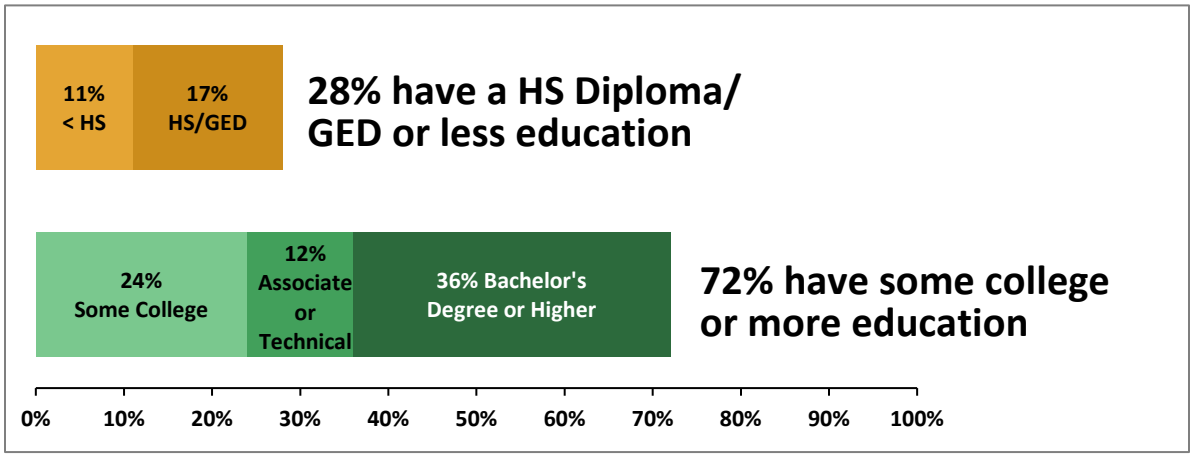


Exhibit 4 shows the highest level of education achieved by primary caregivers. Seventy-two percent (235) of caregivers have completed some college education or a higher degree and 28% (92) have a high school diploma/GED or less education. Data from 1% (3) was not reported and is not shown in the chart below.

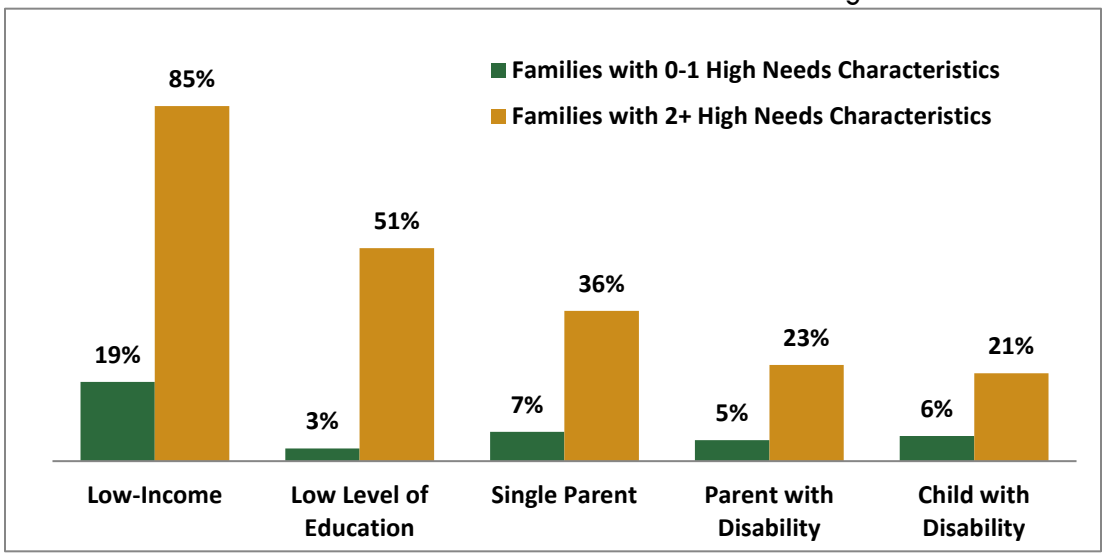
Exhibit 4. Educational Attainment of Caregivers



High Needs Status

A third of families (33%, n=108) meet one of PAT National's high needs characteristic. Furthermore, 18% (n=61) meet two or more of PAT National's high needs standards, which is considered a "high needs" family. Exhibit 5 shows that caregivers with a high needs status are significantly more likely to be low-income, have a low level of education, are a single parent, are a disabled adult, or have a child with a disability (p=.000).

Exhibit 5. Common Characteristics of Families with Two or More High Needs Characteristics



Family Characteristics

- 88% (n=290) of households have two caregivers and 12% (n=40) are single caregivers.
- 1% (n=4) are teen parents.
- 2% (n=5) are adoptive parents and 1% (n=2) are a court-ordered placement for the child in their care.
- 31% (n=103) are first-time caregivers.
- 40% (n=133) of families have more than one child in the family under the age of five.

Economic Status and Access to Health Insurance

- 31% (n=103) of families have experienced financial stress for six months or more.
- 29% (n=96) of families have both caregivers in the workforce and 71% (n=234) have one adult in the workforce.
- 9% (n=28) of adults do not have health insurance.
- 2% (n=6) of families receive TANF Cash Assistance and .3% (n=1) receives Free and Reduced Lunch.

Health and History

- 9% (n=29) of families have a child with a disability and 8% (n=26) of families have a caregiver with a disability;
- 6% (n=20) of families utilize mental health and social services;
- 4% (n=13) of families have experienced a death of an immediate family member;
- 2% (n=5) of families have experienced domestic violence or abuse issues;
- 2% (n=5) of children served were born with a low birth weight; and
- 1% (n=2) of families have a child with serious behavior concerns;
- 1% (n=4) of adults are involved with the Department of Corrections (3 are incarcerated);
- .3% (n=1) of adults have a substance use disorder.

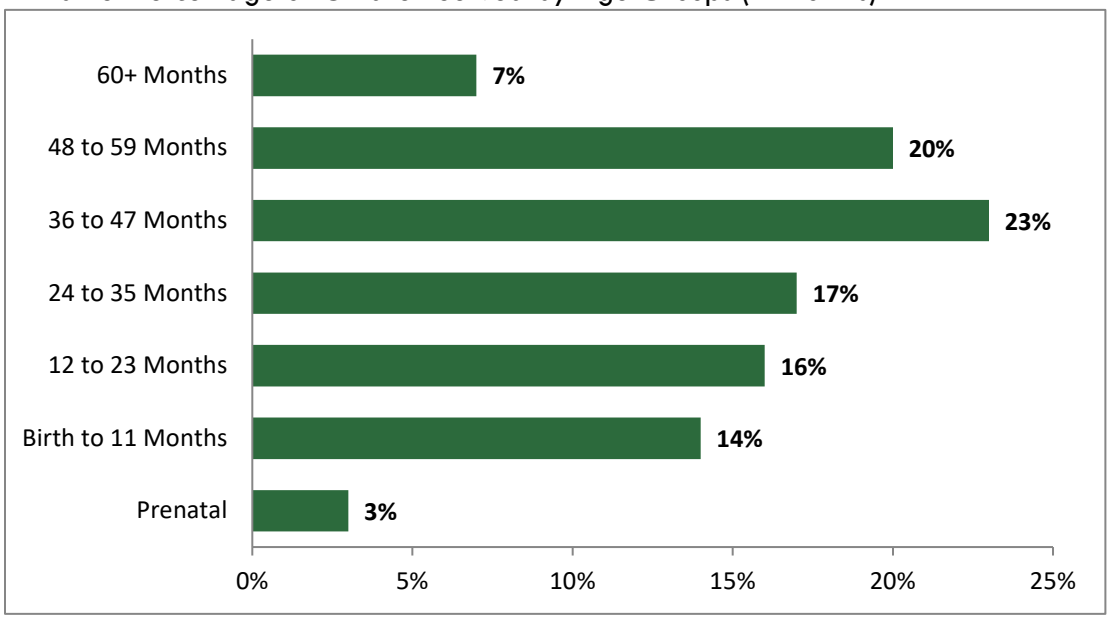
Child Demographics

The Home Visiting Program targets services to families with infants and children up until age six, although support is provided to the entire family through home visits and referrals. In FY17-18, the Home Visiting Program served a total of 524 children. Families served by the program this year have between one and five children enrolled in the program, with an average of 1.4 (.62 SD) and median of one child served by the program. Characteristics of children served include:

- 51% (n=265) are male, 46% (n=243) are female, and 3% (n=16) are prenatal (at the time of reporting);
- 44% (n=229) are White/non-Hispanic; 41% (n=212) are Hispanic/Latino; 6% (n=31) are multi-racial; 4% (n=22) are African American; 4% (n=22) are Asian; 1% (n=4) are Native American; and 1% (n=4) are Native Hawaiian or other Pacific Islander.

The ages of children served in FY17-18 ranged from newborn to 75 months, with an average age of 36.4 months (18.8 SD) and median of 38 months (n=524). Exhibit 6 shows the percentage of children by age ranges (including prenatal). Overall, 73% (n=382) of children served this year are less than four years old (as of their program exit date or the end of the fiscal year, 6/15/2018).

Exhibit 6. Percentage of Children Served by Age Groups (in Months)



Program Implementation

The process evaluation includes a review of the Home Visiting Program's implementation of services by program staff. Areas covered in this report include: referral sources to the program, family participation, and services provided to families.

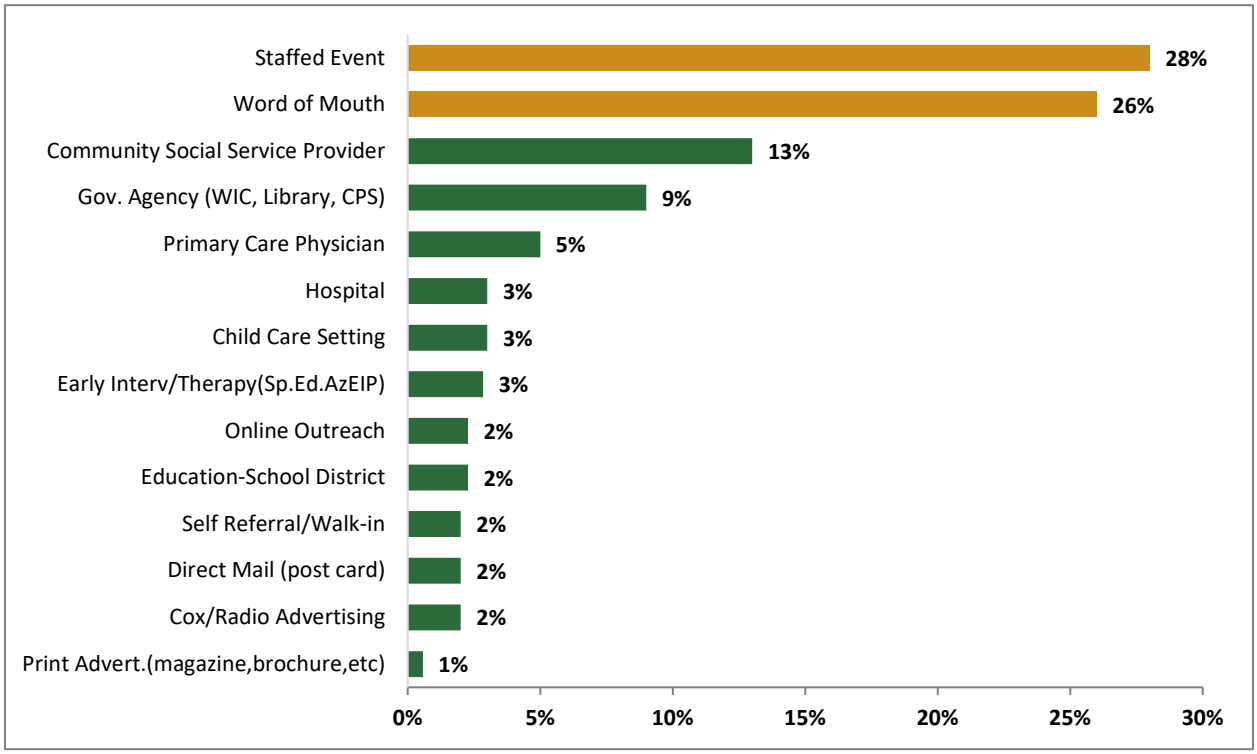
Referral Sources and Family Participation

The process evaluation examines family participation in the Home Visiting Program in FY17-18, including: sources of client referral to the program, number of participants served, and reason for program exit.

Participant Referral to the Program

Exhibit 7 shows sources of referrals to the Home Visiting Program for this past fiscal year. Over a quarter of families (28%, n=93) were referred to the program through a staffed event and 26% (n=85) were referred through word-of-mouth from friends or family members. Other prominent referral sources include: another community service provider (13%, n=43); a government agency (such as a WIC office, library, or Department of Child Safety office) (9%, n=28); and a Primary Care Physician's office (5%, n=15).

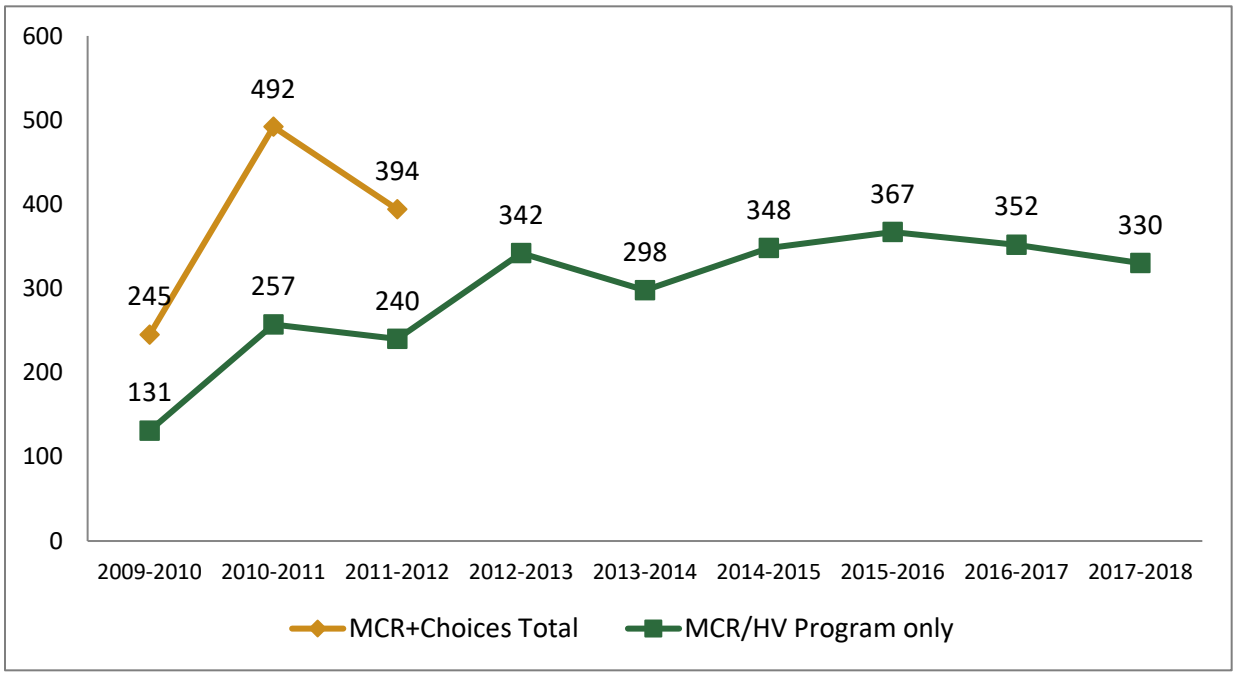
Exhibit 7. Sources of Referrals to the Home Visiting Program



Participant Enrollment

Exhibit 8 illustrates the number of families served by the Home Visiting Program for each fiscal year, beginning on July 1, 2009 to the present. The lighter colored line displays the total number of people served by the MyChild'sReady (MCR) PAT program (the former name of the Home Visiting Program) and the Choices program from 2009-2012. The darker line represents the number of people served by only the Home Visiting Program (operating under the name of MCR from 2009-2015), which demonstrates a general upwards and maintenance trend in the number of clients over time. The increased enrollment in FY12-13 reflects the expansion of the program into two Home Visiting teams and hiring of additional staff.

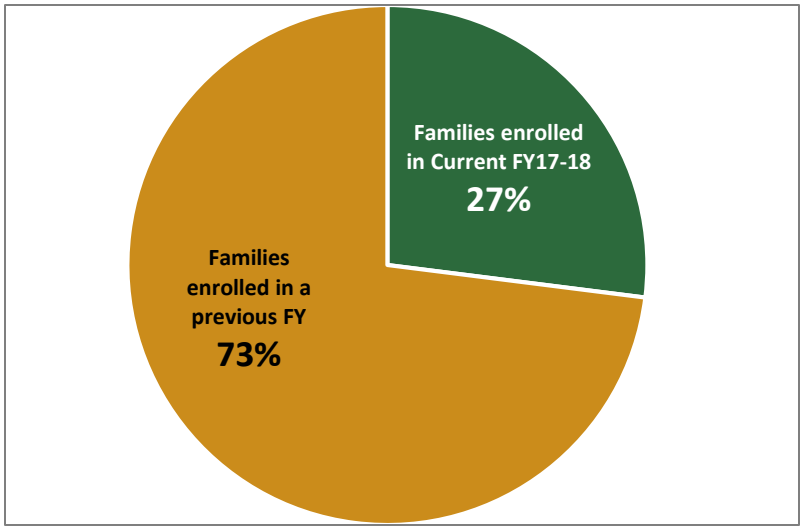
Exhibit 8. Number of Families Served, Annual Fiscal Year Comparison



Length of Time in the Program

The 330 clients served during FY17-18 participated in the program for an average of 20.6 months (16.7 SD) and range of less than one month to 86 months in the program. The wide range of months in the program reflects the varying years of client enrollment. Exhibit 9 shows that 27% (n=89) of those served this FY enrolled in FY17-18, while 73% (n=241) of those served enrolled during a previous FY.

Exhibit 9. Time Period of Client Enrollment



Program Closure and Exit Reasons

Due to a loss of funding, the program stopped enrolling new families as of 5/21/2018 and closed all family cases as of 6/15/2018. As of that date, 58% (n=191) of families had exited the program after successfully completing the program per the PAT Model and 42% (n=139) had exited the program prior to PAT Model completion (see Exhibit 10), many of which was due to the unplanned program closure.

Exhibit 10. Family Status in the Home Visiting Program, as of June 15, 2018

Program Completion Status	N	Percent
Completed per PAT Model	191	58%
Exited Prior to PAT Model Completion	139	42%
Total N	**330**	**100%**

Exhibit 11 shows the various reasons why clients exited the Home Visiting Program. A total of 47% (n=154) completed the program per the PAT Model prior to the program's closure after participating in the program for an average of 29 months. Additionally, 11% (n=37) exited prematurely due to the program's closure, but their Parent Educator indicated that they were on track to completing the PAT Model after having been in the program for an average of 33 months. Over a third (36%, n=120) of families discontinued services by choice prior to completing the PAT Model and 2% (7) could not be located by program staff prior to completing the PAT Model. Finally, 4% (n=12) left the program because they moved out of the service area, were transitioned to another program, or their child aged out of the program.

Exhibit 11. Reasons for Exiting the Home Visiting Program

Reason	N	Percent	Average Months in Program
Exited due to completion of PAT Model	154	47%	29
Exited due to program closure, on track to complete PAT Model	37	11%	33
Moved out of serviced area/transitioned to another program/child aged out	12	4%	11
Discontinued services prior to PAT Model completion	120	36%	7
Not able to be located by staff	7	2%	9
Total N	**330**	**100%**	**21**

Client Exit Study Results

As part of the process evaluation, LeCroy & Milligan Associates conducted exit surveys with families who exited the program for reasons of "discontinued services" or "not able to be located by staff," to better understand their reasons behind leaving the program and identify clients who would like to re-engage with the program. Exit surveying was discontinued after 5/31/2018 due to the program's closure. A total of 10 families completed the program exit survey between 7/1/2017-5/31/2018. A summary of their responses is shown below. Clarifying or exemplifying quotes are shown when available; some wording of quotes may be slightly altered to protect respondent confidentiality.

Referral Source

Clients heard about the home visiting program from various sources, including: a medical professional or social worker at a medical office; a staffed event at a park; or a word-of-mouth referral from a friend or neighbor who had been in the program.

Client Expectations of the Program

The respondents' expectations of the program were fairly consistent, including receiving frequent home visits from an educator to learn about parenting skills and techniques; receive resources and guidance during home visits; help address a specific concern related to their child (e.g., a developmental concern, ADHD, behavior issues); and learn about developmental milestones and developmentally appropriate activities for their child. One person commented that she only completed paperwork for the program and never met with a Parent Educator before she left the program. An exemplary quote from a respondent includes:

- *"Every two weeks we would get a home visit to see how our son is developing and answer questions we may have or [receive] resources."*

Reasons for Leaving the Program

All 10 people responded to this question, often citing more than one reason for leaving the program. In general, none of the respondents indicated a negative reason for leaving the program.

- Most respondents (n=7) indicated that their work schedule conflicted with participating in the program. One person commented, "*My wife and I are busy with work and didn't have time to meet [for home visits].*"
- Two respondents said they missed appointments and were dropped from the program.
- One respondent indicated that her child needed more specialized services than she is now receiving.
- One respondent realized that her son would soon age out of the program.
- One respondent moved out of the service area.

Supervisor Contact

Eight respondents indicated that their Parent Educator's supervisor contacted them about leaving the program, one said a supervisor did not contact them, and one person was not sure. Those who spoke with a supervisor commented the following:

- *"My husband got a promotion for his job, so we talked about living out of state it was nothing negative."*
- *"A supervisor called me and we left on good terms. They were respectful and told me to come back when that baby was born."*
- *"A supervisor said we can't offer you the program because you missed two times already."*
- *"I asked her if we could do [the program] on Fridays at certain times, and she said that it was too much work working around my hours."*
- *"The supervisor said thank you for letting her know and hoped one day that I changed my mind and [came back to the program]."*

Ways Parent Educators could have Helped Clients to stay in the Program

Eight respondents answered the question "What could your Parent Educator have done differently to help you stay in the program?" Seven people indicated that their personal situation was the reason for exiting the program and that there was nothing their PE could have done differently. One respondent would have preferred if her PE was willing to schedule home visits around her work hours, either before or after work.

Services Provided

Home Visitation Services

Personal home visits occur two or more times per month at a time that is convenient for families. During home visits, PAT educators implement the data-driven and goal-based child/family plan by providing information and resources, and modeling developmentally appropriate activities within six developmental domains. Through this guided learning process, parents learn how to observe and monitor their child's play and development in reference to the six developmental domains.

Since their enrollment into the program, the 330 families served in FY17-18 received a total of 12,233 home visits (a 25% increase from the 9,782 home visits completed in FY15-16 and a 6% increase from the 11,488 completed in FY16-17). Families completed an average of 37 (29.6 SD) home visits, with a wide range from one to 176 home visits per family. These figures are higher compared to home visiting data reported in FY16-17, when families completed an average of 33 home visits (range of 1-152 visits per family), and in FY15-16, when families completed an average of 27 home visits (range of 1-131 visits per family).

PAT National Center's Essential Requirements (2016) state that *"Families with one or fewer high needs characteristics receive at least 12 personal visits annually and families with two or more high needs characteristics receive at least 24 personal visits annually."* Compared by high needs status, the average number of home visits completed per month by families with **a high needs status (n=61) is 2.4 visits per month, which is significantly higher than the average of 1.8 home visits per month completed by non-high needs families (n=269) (p=.000).** These results exceed PAT National Center Standards for both types of families.

Home Visitation Frequency by High Needs Status

Compared by high needs status, the **average number of home visits provided per month for families with a high needs status (n=61) is 2.4 visits per month**. This number is significantly higher than the average of 1.8 visits per month completed by non-high needs families (n=269) (p=.000). ***These results exceed PAT National Center Standards for both types of families.***

Clients' home visit completion rates for the duration of time they have been in the program were calculated by dividing the total number of visits completed by the total number attempted (this rate includes visits attempted and completed in all FYs in which families were enrolled). **Home visit completion rates for the duration of enrollment range from 33% to 100%, with an average completion rate of 84% (11.5 SD) and a median completion rate of 85%.** These figures are consistent with the average completion rate in FY16-17 of 84% and higher than reported in FY15-16 of 81%. Home visit completion rates showed no significant difference by a family's high needs status, as both high needs and non-high needs families had an average completion rate of 84%. This finding demonstrates that regardless of high needs status, families are participating in most of their home visits, as scheduled.

98% of families with 1 or fewer high needs characteristics and **93% of families with 2+ high needs** received at least 75% of the required number of visits per month. ***These rates exceed the PAT National Standards of at least 60% of these families meeting this requirement.***

PAT National Standard's measurement criteria for home visit frequency is that *"At least 60% of families received at least 75% of the required number of visits per month"* (the required number of visits is determined by high needs status). Looking at completion rate data for visits attempted and completed in FY17-18, 93% of families with a high needs status and 98% of families with a non-high needs status had a home visit completion rate of at least 75% of the required number of visits completed per month. These results exceed the PAT National Standard of at least 60% of families, for both types of families.

Case Management Services

Beginning in October 2015, the Program added Case Management services as an additional component of this program model, which allowed clients to work with both a Case Manager (CM) and a Parent Educator (PE) (CM+PE). While all clients are assigned a CM, use of their services is client driven and some clients only work with a PE.

A total of 119 families served by the Home Visitation Program in FY17-18 received at least one type of Case Management (CM) services in addition to Parent Educator (PE) services (CM+PE). Families utilized between 1 and 14 instances of CM services, averaging 2.7 and a median of one CM service. The different types of CM+PE services received by clients are shown in Exhibit 12. Please note that the percentages do not total to 100% because families could have received more than one type of CM+PE service (e.g., a family could have received a CM+PE home visit and a CM only home visit). Of those who utilized CM+PE services (N=119), 74% (n=89) received at least one home visit with a staff team of both their CM and PE. Approximately a third of clients received resources from a CM, either through their PE or directly from the CM. Additionally, 15% of families received a home visit with just their CM (i.e., their PE was not present during this visit).

Exhibit 12. Types of Case Management Service Received, FY17-18

Case Management Service	% (n) Utilized (N=119)*	Number of CM Services Received	Median Number of CM Services Received
Staff team home visit with a CM and PE	74% (89)	1 to 10 visits	1 visit
Resource provided by CM through a telephone call	36% (43)	1 to 6 CM resource calls	1 resource call
Home visit with CM only	22% (27)	1 to 12 visits	2 visits
Resource provided by CM via a PE, because the CM could not reach the caregiver directly	18% (22)	1 to 2 resources via PE	1 resource via PE

*Percentages of CM+PE service types do not total to 100% because families could have received more than one type of CM+PE service (e.g., a family could have received a CM+PE home visit and a CM only home visit).

Case Management Service Intensity

Of the 119 families who received CM+PE services in FY17-18, Exhibit 13 shows that 84% (n=100) received between 1 and 4 instances of these services, considered "low-intensity" CM+PE, and 16% (n=19) received 5 or more instances of these services, considered "high-intensity" CM+PE. The average number of CM+PE services received is significantly different between these two groups, with those in the low-intensity group receiving an average of 1.5 CM+PE services and the high-intensity group receiving an average of 8.5 services (t=-10.015, p=.000). Families who utilized higher intensity of CM+PE services are significantly more likely to have a high needs designation. A total of 31% (n=11) of families with a high needs status utilized high-intensity CM+PE services, compared to 10% (n=8) of families without high needs (x^2=8.653, p=.003).

Exhibit 13. Intensity of Case Management Service Received, FY17-18

Case Management Service Intensity	% (n) Utilized	Average Number of CM+PE Services Received (SD)
Low-Intensity CM+PE Services (1-4 services)	84% (n=100)	1.5 (.80)
High-Intensity CM+PE Services (5+ services)	16% (n=19)	8.5 (3.0)

Father Involvement/Engagement

The Home Visiting Program has a Father Engagement Resource Specialist on staff to support and enhance father involvement with families served. In FY17-18, the Father Engagement Resource Specialist worked with 18 families during 171 home visits, including 115 home visits made by himself and 56 home visits with a combination of the Father Engagement Resource Specialist and Parent Educator. Overall, the average number of home visits made by the Father Engagement Resource Specialist was 9.5 per family and ranged from 1 visit to 24 visits per family.

In addition to home visiting, Exhibit 14 summarizes the different events, playgroups, or workshop/classes facilitated by the Father Engagement Resource Specialist, as well as the number of fathers reached at these events and the total number of events held.

Exhibit 14. Father Engagment Resource Specialist Activity Summary, FY17-18

Class/Workshop/Event/Playgroup Title	Number of Fathers Reached (Duplicated Individuals)	Number of Events Held
Anger Management for Fathers	194	25
Attachment and Bonding	28	15
Beating Bedtime Battles	22	10
Child Development	24	14
Communicating Effectively	22	10
Fathers' Event	325	4
Huffy Hippos	19	10
Law Clinic	21	8
Little Book Worms	9	7
Playgroup	8	11
Playtime with Dad	13	6
Positive Discipline and Guidance	40	10
Potty Training 101	5	4
Raising Emotionally Healthy Children	19	5
Raising Healthy Sons	51	11
She Calls Me Daddy	39	9
Understanding Maternal and Paternal Parenting Styles	16	4
Understanding Temperament	24	11
Total N	**879**	**174**

Parent Group Connections

PAT National Center's Essential Requirements (2016) state that *"Affiliates deliver at least 12 group connections across the program year"* and the measurement criteria is that affiliates deliver 75% or at least 9 of the 12 required group connections during the fiscal year. Parent Group Connections are facilitated by the PAT educators and are designed to teach and provide parents with information related to education and developmental milestones, kindergarten readiness, parenting practices, and an opportunity for parents to network with other parents. **The Home Visitation Program held 16 parent group connections with varying themes in FY17-18, which exceeds the PAT National Standard of holding at least 9 parent groups connections during a program year.**

Developmental, Sensory, and Health Screenings

PAT National Center's Essential Requirements (2016) state that "*Screening takes place within 90 days of enrollment for children four months or older and then at least annually thereafter (infants enrolled prior to four months of age are screened prior to seven months of age). A complete screening includes developmental screening using PAT approved screening tools, along with completion of a health review that includes a record of hearing, vision, and general health status. Developmental domains that require screening include language, intellectual, social-emotional & motor development.*"

In compliance with this Essential Requirement for PAT affiliates, Parent Educators of the Home Visiting Program concurrently implement a variety of screening measures that identify the child's strengths, abilities, and any developmental needs. Exhibit 16 shows that a total of **2,207 screenings** took place in FY17-18, occurring for child development, social-emotional, hearing, vision, and general health.

Exceeding PAT National Standards of at least 60%, 99% of **newly enrolled children received a complete, initial screening** within 90 days of enrollment or prior to 7 months of age if enrolled prior to 4 months of age. Additionally, **97% of children received a complete annual screening during the program year**. Please see *Developmental and Sensory Screening* in the *Outcome Evaluation* section of this report for information on the number of children screened and referrals made.

Exhibit 15. Developmental, Sensory, and Health Screenings Completed, FY17-18

Screen Type	Total # of Screens Completed
Ages and Stages Questionnaire (ASQ)-3	427
ASQ-Social Emotional (ASQ-SE)	433
Hearing Screenings	475
Vision Screenings	417
Health Questionnaire	451
Hawaii Early Learning Screen	4
Total N	**2,207**

Resources and Referrals Made

PAT National Center's Essential Requirements state that "*Parent educators connect families to resources that help them reach their goals and address their needs*" and the measurement criteria is that at least 60% of families who received at least one home visit were connected to at least one community resource during the fiscal year. All 330 families served in FY17-18 received at least one home visit. Of these families, **93% were connected by their Parent Educator to at least one community resource during this time frame, which exceeds the PAT National Standard of at least 60% of families being connected to at least one resource.**

PAT educators strive to connect families with community resources and referrals in a manner that develops parents' advocacy skills to work with community agencies and local school staff; these skills and relationships help to further identify early interventions that may assist the child and family in the child's development and school readiness, and reduce social isolation. Exhibit 16 shows that **the Home Visiting Program provided families with a total of 6,998 resources and referrals in FY17-18**, which is consistent with the upward trend in referrals since FY15-16. It should be noted that from July 1, 2017 to May 31, 2018 the program provided an average of 636 resources and referrals per month. Due to the loss of funding and program closure, resources and referrals were not provided past June 1, 2018, which reflects the lower FY17-18 total in resources and referrals made.

Exhibit 16. Number of Resources and Referrals Made, Eight Year Comparison

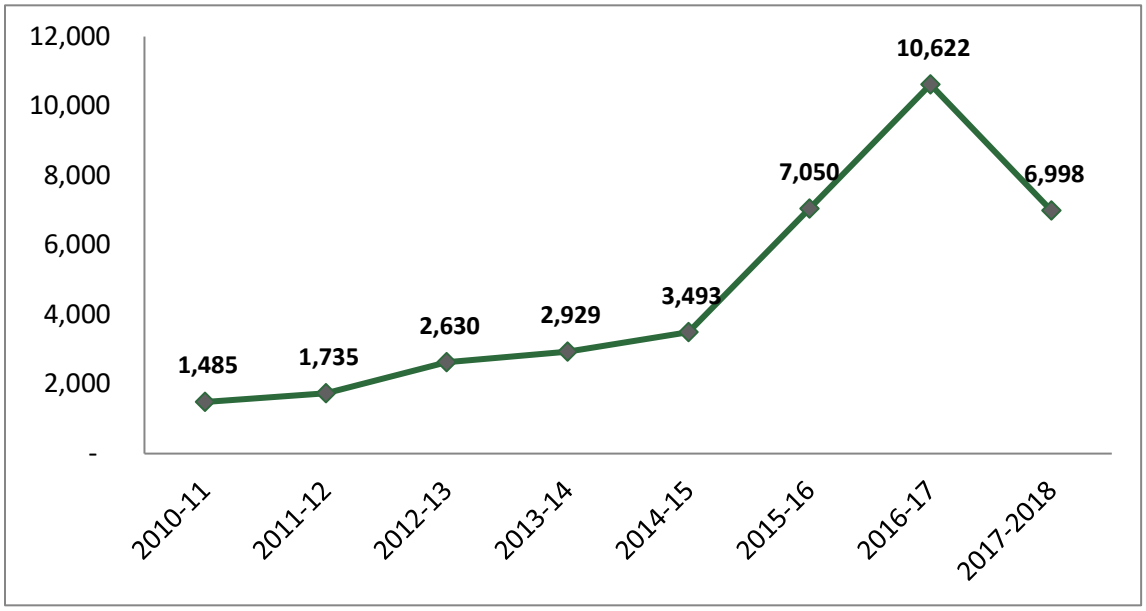


Exhibit 17 shows the number of resources and referrals made by Parent Educators in FY17-18, by category type.

- **Examples of donated items include**: school supplies, books, backpacks, holiday gifts, personal hygiene supplies, clothing, shoes, diapers, formula, toys, and safety supplies (e.g., outlet covers, cabinet locks, and door protectors).
- **Examples of socialization, recreation, and enrichment activities include**: event tickets (e.g., museum, culture pass), event fliers (e.g., classes, fairs, festivals, and holiday parties), and Family Resource Center event schedule.
- **Types of financial resources include**: gift cards to fuel, grocery, and retail stores; clothing vouchers; referrals to housing and utility support resources; and referrals to community service providers that offer free clothing or other material goods.

Exhibit 17. Number of Resources and Referrals Made, FY17-18

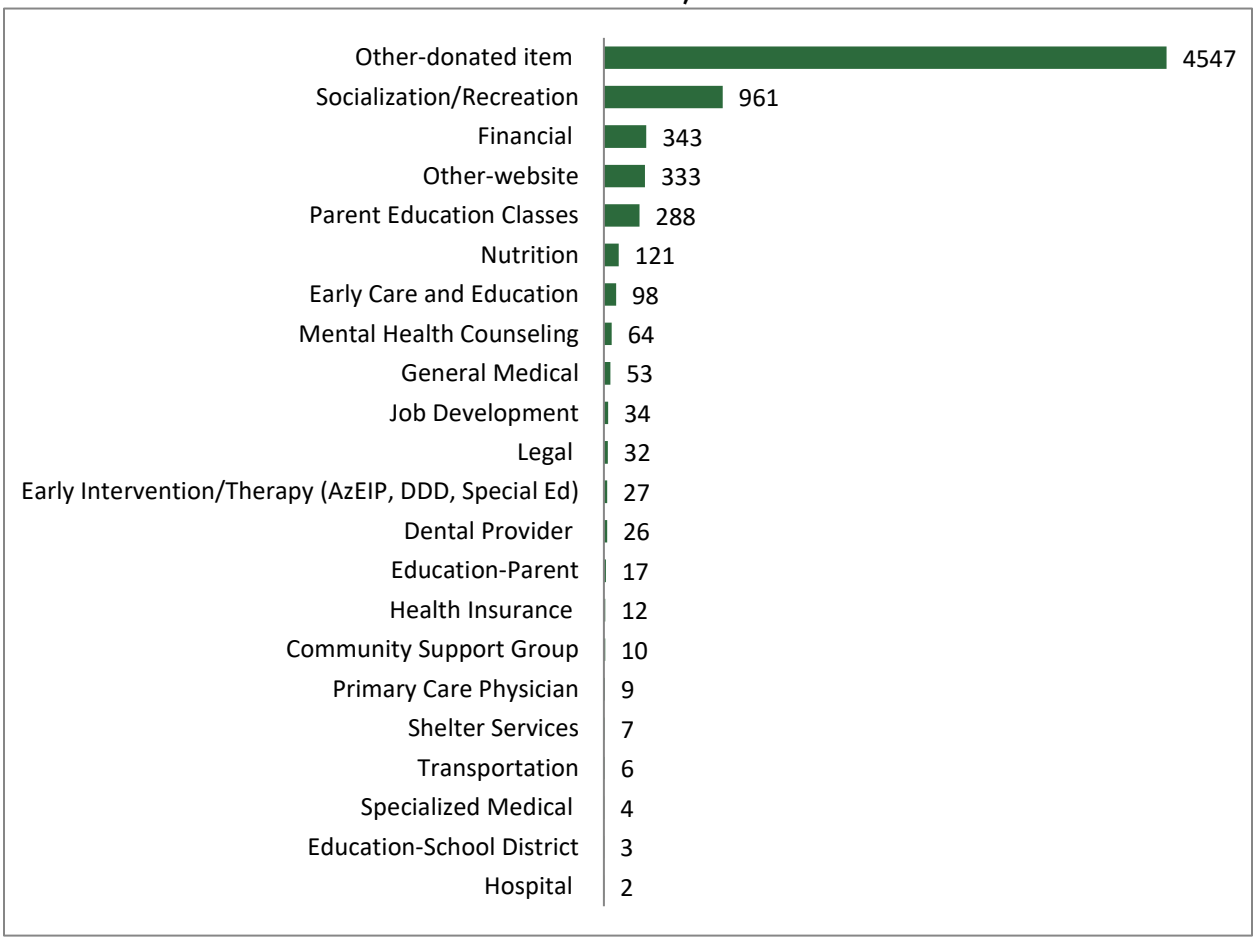
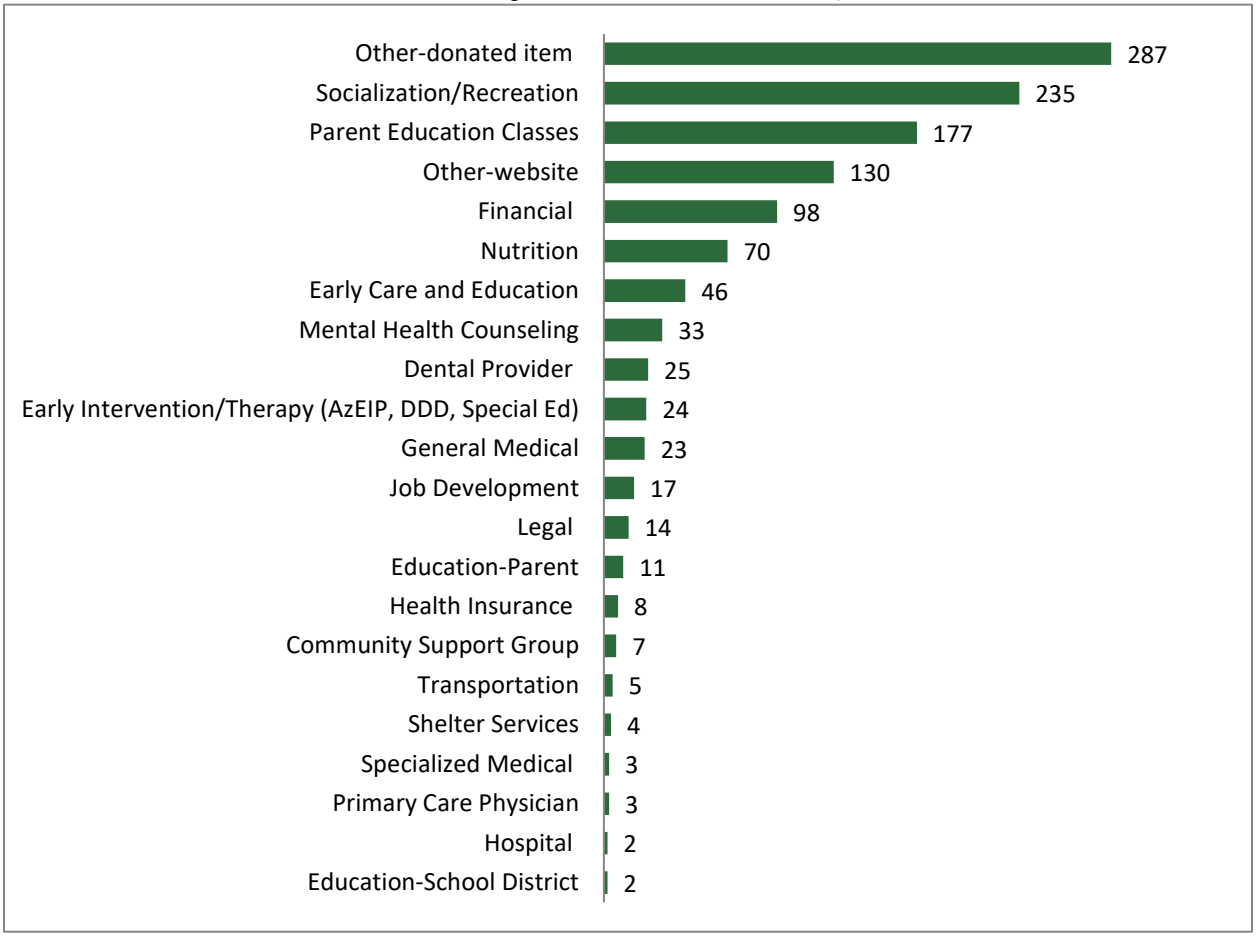


Exhibit 18 shows the unduplicated count of families that received each resource and referral type FY17-18. Of the major resource and referral categories, 287 families received donated items; 235 received socialization/recreation referrals; and 117 were referred to parenting education classes.

Exhibit 18. Number of Families Receiving Resources and Referrals, FY17-18



Client Satisfaction with the Home Visiting Program

PAT National Center's Essential Requirements state that *"At least annually, the affiliate gathers and summarizes feedback from families about the services they've received, using the results for program improvement."* The Home Visiting Program collects feedback from caregivers in a variety of ways. Parent Educators perform two monthly feedback telephone calls with families. The program also administers feedback surveys at each Group Connection event. Finally, the program administers an online Participant Satisfaction Survey to gather feedback from families at three months post enrollment, annually, and at exit from the program. This section of this report summarizes the findings from the 296 respondents to the *Participant Satisfaction Survey.* The majority of surveys (58%, n=171) were completed as part of their annual review, while 24% (n=70) were completed as part of their three-month review, and 20% (n=60) as their program closure survey.[2] Throughout this report, N=296 unless otherwise noted. Demographics of respondents include:

- 94% (n=279) are female.
- Ages ranged from 19 to 72 years, with an average of 33 years and median of 33 years.
- Length of time in the program ranged from <1 to 108 months, with an average of 30 months and median of 7 months.
- 86% (n=254) completed this survey in English and 14% (n=42) completed it in Spanish.

Rating of Program Areas

Participant Satisfaction Survey items 1 through 11 related to program feedback, shown in Exhibit 19, demonstrated strong internal consistency with a Cronbach's Alpha score of .94. Nearly all respondents agreed or strongly agreed with statements concerning their satisfaction with program quality and their home visitor. It should be noted that in 12 cases, survey respondents indicated that they "strongly disagreed" with all satisfaction rating items, however their open-ended responses suggested that they were satisfied with and gained skills and knowledge from being in the program. Their rating data was excluded from the percentages shown in Exhibit 19 due to the high likelihood that they reverse scored the survey items. Their open-response data is included in the qualitative analysis of this section.

[2] The survey could reflect more than one interval time point for respondents, so numbers may add up to more than the total of respondents.

Exhibit 19. Satisfaction with the Home Visiting Home Visitation Program, FY17-18

Areas	Strongly Disagree	Disagree	Agree	Strongly Agree	N
Finding services was easy.	1%	1%	27%	71%	284
Program services were scheduled at convenient times.	.4%	.4%	13%	86%	283
The program fit my family's beliefs, culture, and values.	.4%	0%	16%	84%	284
My family's experience with the program was very good.	.4%	0%	12%	87%	284
The program provided the help and services my family and I needed.	1%	.4%	17%	81%	282
I received high quality services from my home visitor.	.4%	0%	9%	91%	282
I felt comfortable discussing my concerns with my home visitor.	.4%	0%	11%	89%	284
The program staff listened to my concerns and acted on them.	.4%	0%	13%	87%	282
My home visitor did a good job explaining things to me.	1%	0%	13%	86%	283
I am satisfied with the information I received.	.4%	0%	16%	84%	282
As a result of the program, I can support my children better.	.4%	.4%	17%	82%	282

Overall Helpfulness of Program and Client Satisfaction

The client satisfaction survey includes three yes/no questions pertaining to the program. Almost all clients who completed these questions affirmed:

- The services helped my family (99%, n=293);
- I am satisfied with the services I received (100%, n=294); and
- I would recommend this program to others (99%, n=290).

Most Helpful Aspects of the Home Visiting Program

A total of 285 participants responded to the open-ended question about the most helpful aspects of the Home Visiting Program. Exhibit 20 provides a summary of common themes from parents' open-responses to this question. The most common responses by far were related to activities, knowledge and tools that promote development or wellness (44%, n=126); followed by support, guidance or encouragement (32%, n=92); referral to or navigation of informational and community resources (19%, n=54); information on child's development and needs /assessments (11%, n=30); learning parenting skills (7%, n=20); seeing my child develop, progress, learn (6%, n=16); and learning new strategies for interacting with my child (5%, n=13).

Exhibit 20. Most Helpful Aspects of the Home Visiting Program, Categorized Topics from Open-Responses

Area	N	%
Gaining activities, knowledge and tools that promote development or wellness	126	44%
Receiving expert guidance, support and encouragement from their parent educator	92	32%
Receiving informational and community resources (referrals/navigation)	54	19%
Gaining information on child's development and needs/ assessments	30	11%
Learning parenting skills	20	7%
Seeing my child progress/ develop/ learn	16	6%
Learning new strategies for interacting with my child	13	5%
Engaging in group programs / Having community connectivity	12	4%
Receiving home visitation	12	4%
The program or services, generally or "everything"	9	3%
Receiving School-readiness education and preparation	8	3%
Receiving support and resources for special areas of concern (Special Needs)	7	2%
Building confidence as a parent	5	2%
Receiving help with goal-setting for self/children	7	2%
Gaining knowledge to understand and manage behavioral challenges	4	1%
Attending events/ seminars (e.g. parent support group)	4	1%

N=285. Please note that some individuals reported more than one area as being helpful.

Use of Knowledge and Skills from the Home Visiting Program

A total of 276 survey respondents responded to the inquiry "I will use the knowledge and skills learning in this program in the following ways…." The respondents indicated ways in which they will use the knowledge and skills they learned in the Home Visiting Program. The categorized responses from their open-ended comments are shown in Exhibit 21. The most common responses were related to:

- Supporting my child's growth and development / encouraging and advocating for my child (28%, n=78);
- Teaching my child through play and activities learned (20%, n=55);
- Better educating my child / preparing them for success/ preparing them to meet their fullest potential (20%, n=55); and
- Improving my parenting practices (16%, n=43).

Exhibit 21. Parents' Use of Knowledge and Skills gained from the Home Visitation Program, Categorized Topics from Open-Responses

Area	N	%
To support my child's growth and development / encourage and advocate for my child	78	28%
To teach my child through play and activities learned	55	20%
To better educate my child / Prepare for success/ Meet their fullest potential	55	20%
To improve my parenting practices	43	16%
To integrate the knowledge and skills learned into our everyday life	32	12%
To help my child prepare for school / Build basic skills	34	12%
To interact and communicate more frequently or effectively with my children	31	11%
To integrate learning into play / Make learning fun for my child	19	7%
To Interact and engage more with my child through play	14	5%
To set goals or create routines	10	4%
To better understand and manage behavior	9	3%
To strengthen the family/ support self and family	8	3%
To use the community resources and handouts provided	7	3%
To share knowledge / Educate other parents / Outreach to the community	7	3%
To use in all ways	7	3%
To support my child's special developmental needs	6	2%
To build confidence as a parent	3	1%
To recognize/monitor developmental milestones	3	1 %

N=276. Please note that some individuals reported more than one area as being useful.

Exhibit 22 shows a selection of quotes from participant's open-responses regarding the way parents will use the knowledge and skills learned from the Home Visiting Program.

Exhibit 22. Select Quotes on Using Knowledge and Skills Learned from the Home Visiting Program

Respondent Quotes to the Survey Question "I will use the knowledge and skills learned in this program in the following ways:"
"Taught me, helpful ways to teach, help and better educate my child."
"Helped all my kids get ready for kindergarten with fun activities I can do at home that I wouldn't have thought of."
"Turning playtime and games into learning opportunities to make learning fun."
"My kids are much better prepared in the areas of communication, social skills, problem solving, stress relieving exercises, writing skills, and they will be able to use these skills in school and to solve real world problems. I'm forever grateful for the program and for our Parent Educator."
"Playing with my child, helping understand and encourage my child's development."
"To help support my child, and to help her overcome any obstacles and better connect. We love the program."
"First, I know now that I have resources and places to turn to for help. Second, the Parent Educator has helped me with ideas to integrate into our routines that helps my boys learn the things that they need to. Lastly the program has calmed a lot of my nerves in the fact that any time that I have a concern the Parent Educator has gone above and beyond to give me tests, resources, and facts to help out."
"To help my children with development and to use the time out discipline strategies to benefit my child."
"Help me be a better mother understanding that my children are all different in their development and behavior and personality."
"All the time I have developed so much as a parent throughout the program because of all of the amazing resources and our fantastic parent educator."
"To help me understand my children's perspectives and how to understand them."
"Connecting with other parents, changing how we "play" at home to learn more, get more involved in the community and really appreciate what our city has to offer."
"I'll look back at handouts as needed. Always use research-based approach to handle children's behavior and age appropriate activities."
"I try to understand the needs of each of my kids individually and am on my floor a lot more than I was before entering the program. Learning doesn't always mean pen, paper and flash cards. Learning is also playing while having fun."

Recommended Program Changes

Two hundred and nine people responded to the question about recommendations for improving the program, of which 154 indicated that they had no recommendations (e.g., nothing or N/A) and 96 used the question as an opportunity to describe that the program is great as it is offered (e.g., "(Change) Nothing. This program is amazing!"). Fifty-seven respondents provided the following recommendations.

- More group activities/scheduling options/opportunities to meet other families (n=16)
- Be able to borrow materials (e.g. books, tools, games, toys) (n=4)
- Have longer visits (n=3)
- Have program extend to a higher age group / Stay in longer (n=3)
- More broadly accessible by other families (e.g. advertising to parents, teachers) (n=2)
- More at-home activities (n=2)
- More training for special needs (n=2)
- Change the name to promote greater accessibility/less stigma (n=2)
- Greater service area/ more resources (In Queen Creek) (n=2)
- More frequent home visits (n=1)
- Continue to receive funding (n=1)
- More independent child's learning activities (n=1)
- More resources for advanced level children (n=1)
- More outside activities (n=1)
- More afternoon programs for pre-schoolers (n=1)
- More goal setting (n=1)
- Childcare during classes (n=1)
- Provide transportation to events (n=1)
- Email or text reminders for events (n=1)
- Have activities for single parents (n=1)
- Make co-parent education and visit requirements (n=1)
- Less paperwork and screening (n=1)
- Make the referral process easier (n=1)
- More consistent scheduling (n=1)
- Create an application with activities for independent play during errands (n=1)
- More practical ideas (n=1)
- Meet less than once per week (n=1)
- A gift card to purchase clothes for children (n=1)
- Remove hearing and eye tests (n=1)

Outcome Evaluation

The outcome study assesses the impact of the Home Visiting Program on families and children in terms of its main goals: (1) promoting child health and development and (2) enhancing parent/child interactions. Guiding questions include: What changes occur in parenting quality over time, as measured by the KIPS pre and post observation? To what extent do families meet the goals they set? To what extent are children who are screened with newly identified delays referred out? To what extent to parents report changes in depression over time?

Keys to Interactive Parenting Scale (KIPS)

KIPS is a strengths-based, observational instrument that assesses the construct of parenting quality, across 12 items:

1. Sensitivity of responses
2. Supports emotions
3. Physical interaction
4. Involvement in child's activities
5. Open to child's agenda
6. Language experiences
7. Reasonable expectations
8. Adapts strategies to child
9. Limits and consequences
10. Supportive directions
11. Encouragement
12. Promotes exploration/curiosity

As per the developers of KIPS, the total average KIPS score is interpreted in the following way:

- Average score of **≤ 2.9 is a low score, indicating low quality parenting;**
- Average score of **3.0 - 3.9 is a medium score, indicating medium quality parenting; and**
- Average score of **≥ 4.0 is a high score, indicating high quality parenting.**

The Home Visiting Program began using the KIPS assessment in July 2011. This instrument is used by program staff to: identify service focus; inform family goals; open dialogues with families about parenting strategies that promote their child's development and learning; monitor changes in parenting behavior; and evaluate parenting outcomes. The 12 KIPS items demonstrated strong internal consistency across the three collection time points, with a Cronbach Alpha score of .93 at the initial assessment and .94 at the last assessment. KIPS average score interpretations are shown in the text box above on this page.

Number of KIPS Assessments Performed

An initial KIPS assessment is conducted for families at 90 days post intake and follow-up assessments are conducted annually and at closure. It should be noted that if a family completes an annual KIPS assessment and then exits the program within six months, the program does not repeat this assessment due to it being too close together. From July 1, 2011 to June 15, 2018, a total of 997 people had an initial KIPS assessment.

- 419 individuals were initially assessed but did not have a follow-up.
- 578 individuals were initially assessed and had between one and ten follow-up assessments.
- The Home Visiting Program completed a total of 2,096 KIPS assessments with families over this time frame.

Comparison of Average KIPS Score Across Time Points

Exhibit 23 shows the average KIPS scores, related statistics, and parenting quality score interpretation at each time point.

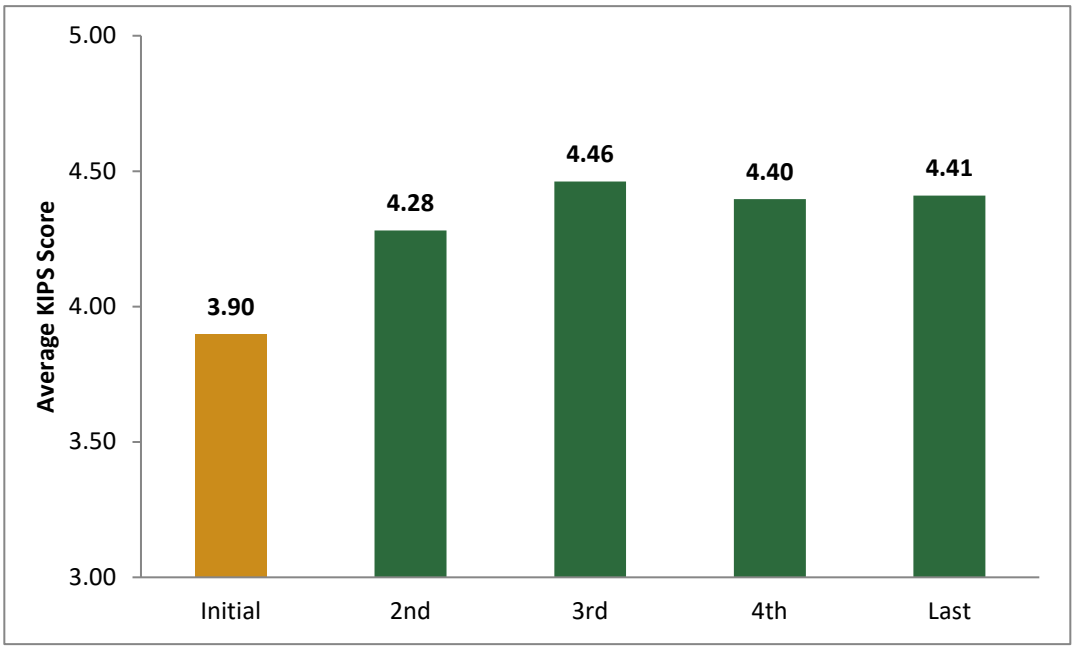
Exhibit 23. Average KIPS Score at Initial, Ongoing, and Final Time Points

Assessment Time	N	Mean KIPS Score	SD	KIPS Parenting Quality Score Interpretation
Initial	997	3.90	0.80	Medium
2nd	304	4.28	0.63	High
3rd	145	4.46	0.64	High
4th	47	4.40	0.64	High
5th	17	4.78	0.35	High
6th	4	4.89	0.23	High
7th	2	4.95	0.06	High
8th	1	5.00	-	High
9th	1	5.00	-	High
Last	578	4.41	0.66	High

A One-Way Analysis of Variance (ANOVA) was performed to determine the average KIPS score at each time assessed, and whether the average scores significantly varied from each other (see Exhibit 24). Due to the small number of individuals that had five or more follow-up KIPS assessments, these average scores are not included in the analysis.

Exhibit 24 shows the average KIPS score by time period. The ANOVA results showed a significant difference in average KIPS score from the 1st assessment to all other time points, indicating that parents demonstrated an improvement in parenting quality from their first assessment to any other assessment time (p=.000). The 2nd, 3rd, 4th, and last assessment time points did not show a significant change in parenting quality at these later time points. **These results suggest that participants demonstrated significantly improved parenting quality from their initial assessment to subsequent assessments, and maintained this level of high quality parenting through subsequent assessments.**

Exhibit 24. Average KIPS Score by Assessment Time Period

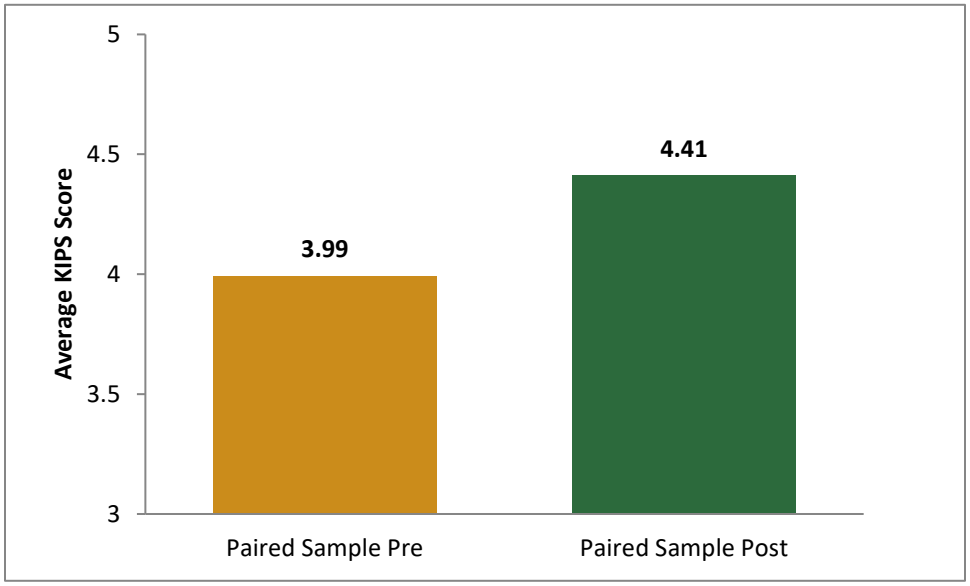


(f=59.173, p=.000)

Comparison of Paired Pre and Post KIPS Scores

A total of 578 families had an average KIPS score for both an initial (pre) and follow-up (post) KIPS assessment and were included in the analysis of paired sample data (for analysis purposes, the post assessment is the last assessment that was completed for an individual, either annually or at program exit). A Paired-Samples t-test revealed that the total average KIPS score improved significantly from initial assessment (average of 3.99) to last follow-up assessment (average of 4.41) (t=12.849; p=.000), yielding an increase in average score by .42 points (see Exhibit 25). **These results suggest that participants of the Home Visiting Program who completed both a pre and post KIPS assessment demonstrated a significant improvement in parenting quality over time.**

Exhibit 25. Average KIPS Score at Pre and Post Assessment, Paired Sample



(n=578; t=12.849; p=.000)

Paired Sample Means Comparison at Initial and Final Assessment by KIPS Item

To help the program understand areas of strengths and those in need of further emphasis, a Paired-Samples t-test was also performed for each KIPS item by individual pre and post assessments (see Exhibit 26). Eleven out of the 12 areas showed a statistically significant improvement in average score from pre to post assessment (p values were ≤ .05). Furthermore, all post average scores ranged from 4.09 to 4.64, indicating that a high level of parenting quality was observed at the post assessment (at annual or exit). **Five areas that achieved the greatest increase in average score from initial to final (ranging from an increase in .50 points to .56 points) include**:

- Being open to the child's agenda (🡅 .56 points);
- Promoting exploration and curiosity (🡅 .54 points);
- Adapting strategies to the child (🡅 .52 points);
- Setting reasonable expectations of the child (🡅 .49 points); and
- Promoting language experiences with the child (🡅 .48 points).

Growth in these areas are consistent with the paired KIPS pre/post statistical comparison by item in the previous reporting years.

Exhibit 26. Average KIPS Item Score at Pre and Post Assessment, Paired Sample

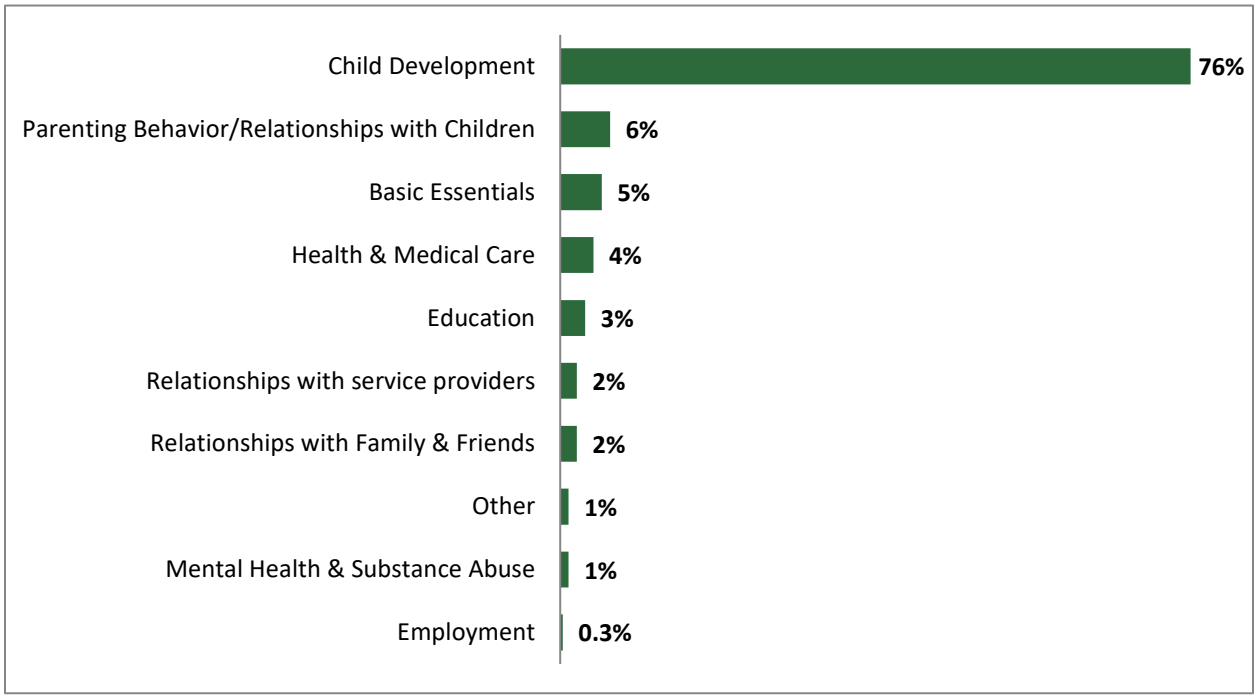
KIPS Item	Initial Average Score	Final Average Score	P-Value (2-tailed)	N
1. Sensitivity of responses	4.05	4.46	**.000**	572
2. Supports emotions	3.86	4.27	**.000**	506
3. Physical interaction	4.38	4.67	**.000**	577
4. Involvement in child's activities	4.27	4.57	**.000**	578
5. Open to child's agenda	3.75	4.32	**.000**	560
6. Language experiences	4.01	4.49	**.000**	573
7. Reasonable expectations	3.87	4.36	**.000**	565
8. Adapts strategies to child	3.77	4.29	**.000**	546
9. Limits and consequences	4.03	4.12	.470	97
10. Supportive directions	4.02	4.40	**.000**	522
11. Encouragement	4.24	4.48	**.000**	577
12. Promotes exploration/curiosity.	3.73	4.27	**.000**	576

Notes: Results are deemed a statistically significant change from pre to post when the p-value is ≤ .05. Significant areas are shown in bold font.

Family Goals

PAT National Center's Essential Requirements state that *"Parent educators develop and document goals with each family they serve."* The measurement criteria is that at least 60% of families that receive at least one home visit have at least one documented goal during the program year. **Of the 330 families that received at least one home visit, 95% set at least one goal that was documented by their home visitor, which exceeds the PAT National Standard of at least 60% of families.** Families set a total of **1,954 goals** that were documented by home visitors. The number of goals set per family ranged from **one to 106 goals**, with an **average of 6.8 (8.5 SD) goals** per family. The main types of goals set are displayed in Exhibit 27. Consistent with previous years, the highest percentage of goals set by families are related to child development (76%), and parenting behavior/relationships with children (6%).

Exhibit 27. Major Goal Areas Set by Families



(n=1,954)

Main Types of Goals Set

A description of the major types of goals set is provided below.

Child Development

Goals related to child development, include:

- **Supporting child' cognitive development and learning** - learning the alphabet; counting numbers; identifying shapes and colors; rhyming; sentence completion; reading books; writing one's name; and spelling.

- **Completion of child development assessments –** Keys to Interactive Parenting; Ages and Stages Questionnaire.
- **Transitioning the child through age appropriate activities** (e.g., daily tummy time; transitioning to a toddler bed; weaning off being bottle fed).

Parenting Behavior/Parent-Child Relationship

Goals focused on parenting behavior and the relationship that parents have with their children include:

- **Increasing parent/child activities** - parents and children spend more time together playing at home; asking open-ended questions during play to promote learning; engaging in outdoor activities; attending play groups; visiting recreation and play venues; and engaging in mother/baby bonding and attachment activities.
- **Learning positive disciplining strategies –** encouraging good listening skills; being consistent with use of "time outs;" developing a positive discipline plan; utilizing strategies to better support children during temper tantrums; setting consistent limits; using positive statements and praise with the children.
- **Developing routines –** establishing a consistent bath and bed time routine; developing an age appropriate responsibility, chore, and/or rewards system chart; scheduling regular trips to use the bathroom to promote toilet training; and following through with routines developed.

Basic Essentials

Foundational goals set related to basic essentials include:

- **Improving the home environment** - reducing clutter in the home; unpacking from a move; moving to a different location; and reorganizing the home to improve space utilization;
- **Improving health and wellness** - following through with adult medical appointments; introducing new and healthy foods into the family's diet; establishing a sleep schedule; improving nutrition and fitness for postpartum weight loss; and self-care for parents;
- **Accessing community services –** socialization groups; legal services; hearing screening; obtaining a driver's license; and child's school registration; and
- **Meeting basic child development milestones –** toilet training; improving child's sleep habits.

Health and Medical Care

Goals set related to health and medical care include:

- **Meeting health care goals of children** – Setting up and following through with medical and dental appointments for the child; rescheduling missed appointments; keeping the child's well-child visits up to date; signing up for health insurance for the child.
- **Meeting health care goals of caregivers** – Attending prenatal and postnatal medical appointments; having a healthy pregnancy and delivery; quitting smoking; increasing exercise; managing weight; cooking healthy meals.

Goal Completion Rate

Of the 1,954 goals set by families in FY17-18, 46% (n=898) were completed. It should be noted that 869 goals that were completed were closed between May and June 2018, which is when the program announced its closure and began to close cases. So, the high number of goals that were closed without completion does not necessarily reflect a family's actual abandonment of a goal, rather the program's closure of the family's progress in working towards that goal.

Number of Months to Meet Goal Types

Exhibit 28 displays the average number of months and standard deviation (SD) that it took families to achieve each goal area (sorted in descending order by average number of months, with the exception for the "Total" row). Overall, families took an average of 4.1 months (2.2 SD) to achieve their goals, which is consistent with previous reporting years. Goals related to parenting behavior, relationships with family and friends, basic essentials, and child development took the longest average of over four months to complete. Goals related to relationships with service providers and employment took the least amount of time to achieve (average of 2.0 to 2.2 months).

Exhibit 28. Average Number of Months to Meet Goal Areas

Goal Area	Average Number of Months	SD	Number of Families that Met Goal Area
Parenting Behavior/Relationships with Children	4.8	2.2	80
Relationships with Family & Friends	4.6	1.0	24
Basic Essentials	4.4	2.5	48
Child Development	4.2	2.2	639
Mental Health and Substance Abuse	3.3	1.2	6
Health and Medical Care	3.1	1.8	39
Education	2.8	1.7	28
Relationships with service providers	2.2	1.5	30
Employment	2.0	1.4	2
Total	**4.1**	**2.2**	**898**

Developmental, Sensory, and Health Screens and Referrals

Developmental screens are regularly provided by trained Parent Educators during home visits to measure a child's developmental progress and identify potential delays that require intervention by a specialist. Screenings may also be performed to document progress made by a child with an identified delay. Several outcomes may occur after a screening: (1) the child is screened as having no concerns; (2) results are unclear and the child is re-screened by the Parent Educator and/or referred for more extensive assessment; (3) results show the child has a concern and is referred by the Parent Educator to services if he or she is not already receiving services for this concern; and/or (4) the Parent Educator provides intervention or education to the family. In cases where a child has already been diagnosed by another professional and is receiving services, a Parent Educator would not provide additional referrals unless additional services are needed for that child.

Exhibit 29 displays the number of developmental, sensory, and health screenings performed, the number of concerns identified, and the number of referrals made due to an identified concern. **A total of 492 children received a total of 2,207 screens. These screens resulted in 219 concerns and 91 referrals made to a pediatrician, AzEIP, or another service provider.**

Exhibit 29. Developmental, Sensory, and Health Screens and Referrals, FY17-18

Screen Type	Total # of Screens Completed	# of Concerns	# of Referrals Made
Ages and Stages Questionnaire (ASQ)-3	427	70	25
ASQ-Social Emotional (ASQ-SE)	433	37	13
Hearing Screenings	475	34	17
Vision Screenings	417	46	34
Health Questionnaire	451	28	2
Hawaii Early Learning Screen	4	4	0
Total N	**2,207**	**219**	**91**

Caregiver Depression Screening and Referrals

Number of PHQ-9 Assessments Performed

The Home Visiting Program uses the PHQ-9 as a depression screening tool. From July 1, 2017 to May 15, 2018, a **total of 258 people had an initial PHQ-9 assessment.** Of these individuals,

- 205 individuals were initially assessed but did not have a follow-up.
- 53 individuals were initially assessed and had at least one follow-up.

Parent Educators score the completed instrument and follow the intervention protocol for depression management shown in Exhibit 30, based on the caregiver's total score.

Exhibit 30. Stepped Care Chart for Depression Managment

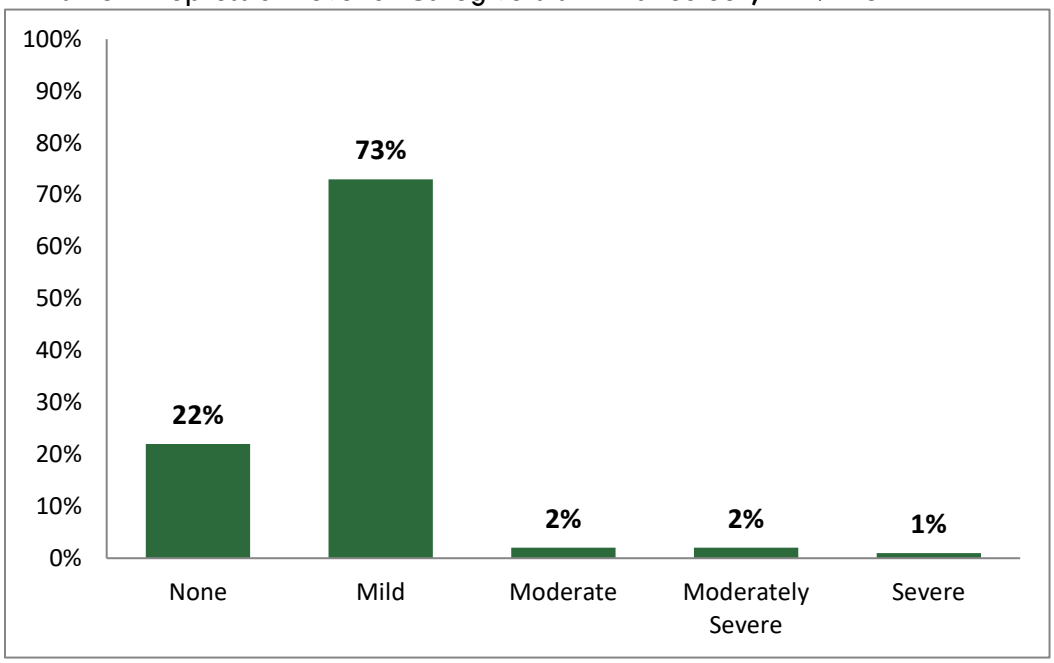
Depression Level	PHQ-9 Total Score	Intervention
1 (Mild)	**1-9**	• Depression Education • Reassurance/Supportive • Coaching/problem Solving • Discussion of Support Systems • Behavioral Activation discussion • Observation and discussion with parent regarding desirable PCI while symptomatic
2 (Moderate)	**10-14**	• Level 1 Interventions • Re-screen using PHQ-9, 1 time per month for 3 months • After screening monthly for 3 months and score remains the same, then screen every other month for 3 months. • Watchful Waiting • Referral to Mental Health Services/PCP if depression has lasted 2 or more year • Follow-up with client Mental Health referral
3 (Moderate/ Severe)	**15-19**	• Level 1 Interventions • Re-screen using PHQ-9, 1 time per month for 3 months • After screening monthly for 3 months and score remains the same, then screen every other month for 3 months. • Referral to Mental Health Services/PCP • Assist with treatment engagement • Adherence to MH Services and/or medications • Complete Suicide Risk Questionnaire
4 (Severe)	**20-27**	• Level 1 Interventions • Re-screen using PHQ-9, 1 time per month for 3 months • Immediate referral to Mental Health Services/PCP • Assist with treatment engagement • Adherence to MH Services and/or medications • Complete Suicide Risk Questionnaire

Depression Level	PHQ-9 Total Score	Intervention
5	**Suicidality (Any positive score on Item #9)**	• Complete Suicide Risk Questionnaire • If appropriate and needed, Contact County Crisis Line for immediate emergency management by qualified expert • Contact a supervisor immediately

Caregiver Depression Levels at Initial Screening

Exhibit 31 shows the percentage of caregivers that scored within each depression level on their initial PHQ-9 assessment (completed at 90 days post intake or, if a new parent, when the child turns two months old). Most caregivers' total scores placed them into the categories of none to mild symptoms of depression (95%, n=245), while 5% (n=13) produced a total score that was higher than 10, indicating the person was experiencing moderate to severe levels of depression. This distribution pattern of PHQ-9 scores across caregivers screened is consistent with previous reporting years. Parent Educators referred 26 caregivers to mental health services, specifically those who scored moderate to severe and/or if they rated the final question - "How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?"- on a scale from 0 (not at all difficult) to 3 (extremely difficulty) as a 1-3.

Exhibit 31. Depression Level of Caregivers at Initial Screen, FY17-18

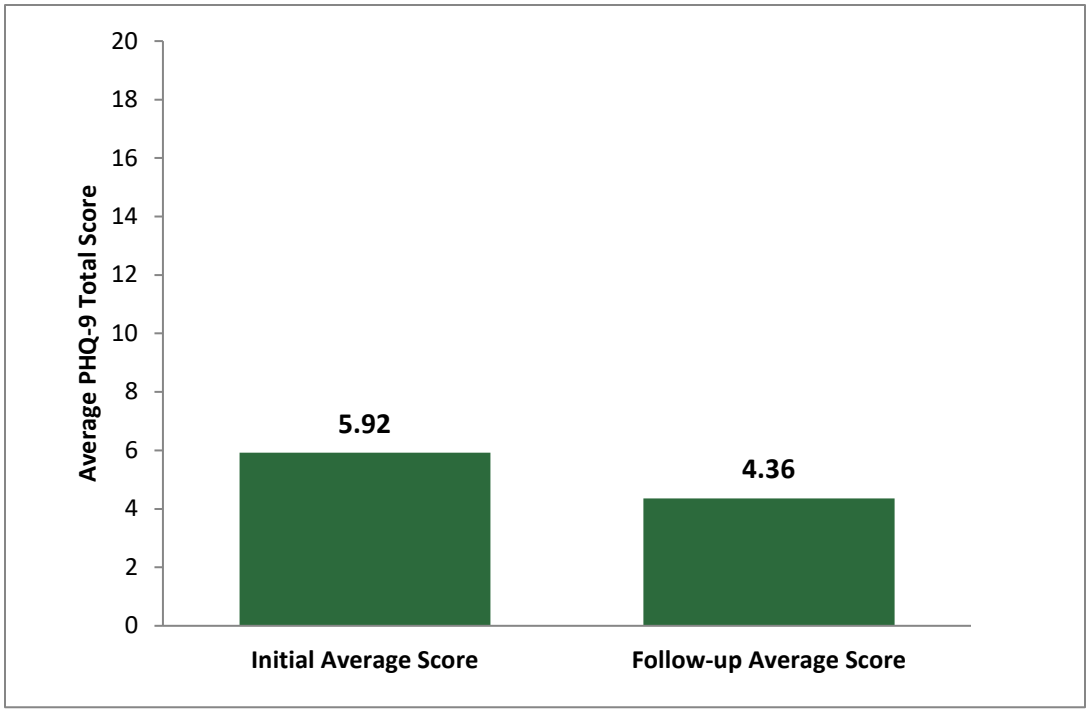


(n=258)

Comparison of Paired Initial and Follow-up PHQ-9 Scores

A total of 53 caregivers completed both an initial and follow-up PHQ-9 assessment in FY17-18. Their initial (pre) and most recent (post) assessment scores were used to examine change in total scores over time. A Paired-Samples t-test shows that the total average PHQ-9 score decreased from initial (average of 5.92) to post (average of 4.36) assessment, however the finding was not statistically significant (t=1.822; p=.074) (see Exhibit 32). The length of time between pre and post assessment ranged from one to 10 months and averaged 5.3 months (2.7 SD). **These results suggest that participants of the Home Visiting Program who completed both a pre and post PHQ-9 assessment demonstrated a reduction in depression symptoms experienced by caregivers over time, even though the finding was not statistically significant.**

Exhibit 32. Average PHQ-9 Score at Initial and Follow-up Assessment, Paired Sample



(n=53; t=1.822; p=.074)

Conclusions

This evaluation report for FY17-18 covers the time period from July 1, 2017 through June 15, 2018. Unfortunately, the Home Visiting Program lost funding from FTF, which resulted in the program's unplanned closure as of 6/15/2018. The evaluation team recommends that the CCA utilize the favorable process and outcome evaluation findings from this report, which have been consistent over time, to apply for additional funding and solicit donations.

Key findings from the FY17-18 annual evaluation include:

- Caregivers are satisfied with and find services helpful, especially their Parent Educators.
- Program staff have provided high quality services to families that meet or exceed the PAT National Center's Essential Requirements and Standards for PAT Affiliates (2016).
- Client participation data shows that the program has increased services provided to families in FY17-18, compared to the past two FYs. Since their enrollment into the program, the 330 families served in FY17-18 received a total of 12,233 home visits (a 25% increase from the 9,782 home visits completed in FY15-16 and a 6% increase from the 11,488 completed in FY16-17). Families completed an average of 37 (29.6 SD) home visits, with a wide range from one to 176 home visits per family. These figures are higher compared to home visiting data reported in FY16-17, when families completed an average of 33 home visits (range of 1-152 visits per family), and in FY15-16, when families completed an average of 27 home visits (range of 1-131 visits per family).
- 98% of families with 1 or fewer high needs characteristics and 93% of families with high needs received at least 75% of the required number of visits per month, which exceeds the PAT National Standards of at least 60% of these families meeting this requirement.
- 119 families received Case Management (CM) services in addition to Parent Educator (PE) services (CM+PE). Families utilized 1 to 14 instances of CM services, with by 74% receiving a CM+PE staff team home visit. The Father Engagement Resource Specialist also worked with 18 families during a total of 171 home visits, including 115 home visits made by himself and 56 home visits with a Parent Educator.
- The program continues to differentiate services based on family needs, providing more intense services, including more CM+PE services and more home visits per month to families with higher needs. Families with high needs completed a significantly higher average of 2.4 home visits per month, compared to non-high needs families averaging 1.8 home visits per month. Additionally, 31% of families with a high needs status utilized high-intensity (5 or more) CM+PE services, compared to 10% of families who used this service intensity without high needs.

- 93% of families served in FY17-18 were referred to at least one community resource during this time frame, which exceeds the PAT National Standard of at least 60% of families. The program provided families with a total of 6,998 resources and referral in FY17-18. The primary types of resources and referrals given include donated items, socialization and recreation referrals, and financial resources referrals
- The program held 16 parent group connections with varying themes in FY17-18. To better meet the needs of families, this past year the program offered group connections on two Saturdays and held events at multiple locations to accommodate the different areas where families live in the service area.
- Caregivers are improving their parenting quality and skills over time, according to average total KIPS pre and post scores.
- 95% of families set at least one goal that was documented by their home visitor, which exceeds the PAT National Standard of at least 60% of families setting a minimum of one goal during the program year. Families set a total of 1,954 goals, ranging from one to 106 goals per family, with an average of 6.8 goals. Overall, families took an average of 4.1 months to achieve their goals. 76% of goals set were related to child development, such as supporting a child's cognitive development, completion of child development assessment, or transitioning a child through age appropriate activities.
- Children are being adequately screened by trained Parent Educators in five developmental, sensory, and health areas, measuring a child's developmental progress and identifying potential delays that require referral to an external resource for further assessment and intervention. Exceeding PAT National Standards of at least 60%, 99% of newly enrolled children received a complete initial screening within 90 days of enrollment or prior to 7 months of age if enrolled prior to 4 months of age. Additionally, 97% of children received a complete annual screening during the program year.
- Caregivers are being adequately screened for depression and Parent Educators are following the program's intervention protocol for depression management (based on total score/depression level).

Limitations

A limitation of this evaluation is that it does not employ a quasi-experimental or experimental study design that utilizes a control or comparison condition to assess how families who do not receive the Home Visiting Program intervention fare in terms of outcomes measured. This evaluation utilizes a pre-test post-test study design, so results may be due to extraneous factors that are not measured as part of this study. Statistically significant findings reported indicate a correlation or a relationship between variables, however the results are limited in how they can be interpreted in terms of attribution to the program model. Another limitation is that the Home Visiting Program lost funding from FTF, which resulted in the program's unplanned

closure. The program stopped enrolling new referrals as of 5/21/2018 and closed all family cases as of 6/15/2018. Therefore, family and service data for FY17-18 was truncated from the program's usual FY end date of 6/30/2018.

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