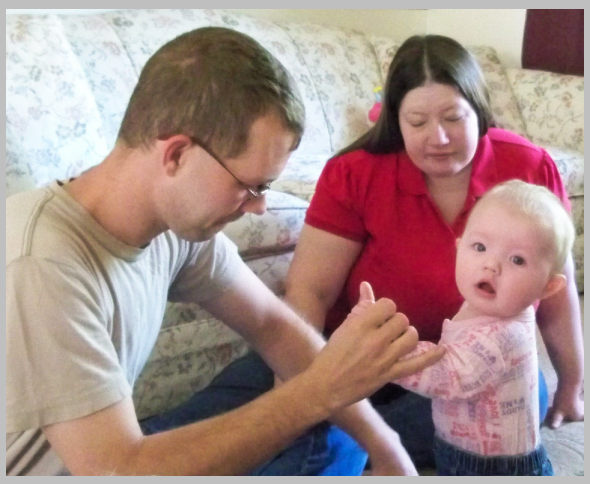
HEALTHY FAMILIES VIRGINIA

Statewide Evaluation
Executive Report
FY 2007-2011



Prevent Child Abuse Virginia

Report to the General Assembly
January 2011

Healthy Families Virginia
FY 2007-2011

Statewide Evaluation
Executive Report

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THE STATE OF CHILD ABUSE PREVENTION IN THE COMMONWEALTH

All Virginians should feel a sense of pride for what Healthy Family Virginia (HFV) has accomplished in the last three years in the Commonwealth. The statewide initiative has achieved a very high level of success in preventing child abuse and neglect. Over 7,600 searches of the Child Protective Services Central Registry for families who participated in HFV in FY 2009 through FY 2011 detected a rate of founded cases of child abuse and neglect less than 1% in each of those years (0.9%, 0.8%, and 0.7% respectively). This is a remarkable accomplishment given that 50% of all participating mothers reported that they themselves had been abused as children. Each of the last three year's rates was superior to any of the rates attained since HFV was initiated in 1997.

Yet, also in 2010, 44 children in Virginia – 40 under the age of four years – died from child abuse and neglect. That number is 11 more than the number of people who died in the tragedy at Virginia Tech in 2007. Moreover, this is the largest number in the Commonwealth's history and a 42.3% increase over the average of the previous 10 years. An examination of child fatalities for the past 12 years shows totals of 127 for 2000-2003, 112 for 2004-2007, and 146 for 2008-2011 or four-year averages of 31.8, 28.0, and 35.5, respectively. It is important to note that the highest total and three-year average both occurred since the economic downturn took hold in 2008.

What accounts for these two very different appraisals of child well-being in Virginia? Unfortunately, budget cuts of $1.9 million imposed by the Governor and the General Assembly over the last two years have limited HFV's reach at the very time when economic stresses in households put children at increased risk. The increasing negative trend in child fatalities over the past four years indicates that cutting funding for programs that support families and children is tantamount to failing our children in their time of greatest need.

The clear, seemingly reasonable, impetus for these cuts was the economic downturn experienced by Virginia and the rest of the nation over the past three years. However, that economic downturn is exactly the reason that now is not the time to reduce services to the most vulnerable of our families and children. According to a report issued by the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4, released February 2010), children of unemployed households had twice the rate of maltreatment as did children in other households, and those living in households with incomes under $15,000 were abused and neglected at seven times the rate of children in higher income families. These are precisely the families that HFV serves.

Part I: The Economic Downturn's Effects on Virginia's Families and Children

Virginia's economic crisis has presented unprecedented challenges for our most vulnerable children and families. Prolonged increases in the unemployment rate are detrimental not only to the economic health of the Commonwealth, but to the physical and mental health of children. Virginia's unemployment rate doubled over the last three years. American Academy of Pediatrics (AAP) researchers compared the unemployment statistics from 1990 to 2008 to data from the National Child Abuse and Neglect Data System (NCANDS). Each 1% increase in unemployment was associated with a .50 child per 1000 increase in confirmed cases of child maltreatment. Moreover, this increase in child maltreatment rates was seen in the very next year. AAP noted the U.S. was experiencing a major crisis because unemployment has risen from 4.5% in 2007 to the then current level of over 8.9%. Moreover, since the long-term impacts of child maltreatment include higher rates of unemployment and poverty, we can see how a vicious cycle is created and maintained. According to Robert Sege, MD, of Boston University School of Medicine and Boston Medical Center, **"these results suggest that programs to strengthen families and prevent maltreatment should be expanded during economic downturns."**

Thousands of families have benefitted from Virginia's past investment in prevention and promotion. Those investments have ensured that many more children are born healthy, do not experience child abuse or neglect, and enter school ready to learn. Home visitation prevention and parenting support programs like Healthy Families Virginia do reduce rates of child abuse and neglect. Our state and our country have taken huge strides over the past thirty years in making communities safer places to work and live and learn, and much of that progress has been accomplished through community prevention programs that not only reduce risks but also increase protective factors such as supportive family environments, effective non-punative discipline, nurturing parenting skills, and stable families.

HFV does much more than prevent child maltreatment. Over the past twelve years, HFV evaluations documented that enrolled families: are healthier and have substantially higher immunization rates, are more likely to receive early prenatal care and have fewer low birth weight babies, are more sensitive and responsive toward their children, have strong parent-child relationships, use positive forms of discipline, detect and address developmental delays early, have home environments that stimulate healthy cognitive, emotional, and social

development, successfully delay subsequent pregnancies and, provide positive child-rearing environments. Such characteristics promote life-long benefits and produce good citizens who contribute to society.

Economic savings accrue for the Commonwealth from HFV's short and longer-term impacts. Mothers who enrolled prenatally were less likely to deliver a low birth weight (LBW) baby saving Medicaid and state sponsored health insurance plans. HFNY saved 2.4 million. HFV, like HFNY holds promise for long-term social and economic benefits. By age 8, LBW children can accrue an additional $40,000 in medical expenses resulting from health problems, developmental delays, and increased rates of child maltreatment. For LBW children, medical, education, and other costs persist well beyond childhood. HFNY has also demonstrated positive impacts in the areas of child abuse and neglect, parenting practices, and access to health care during the first three years of life. The HFNY research team is in the process of analyzing and monetizing program impacts through age 7, with the resulting cost-benefit analysis expected next year

The Home Visiting Campaign of the Pew Center on the States concluded that high quality home-visiting programs, such as HFV, over time, yield significant returns of up to $5.7 per public dollar spent. The National Human Services Assembly brief, "Home Visiting Strengthening Families by Promoting Parenting Success," presented information suggesting that home visiting may carry more benefits for high-risk families than low-risk ones. A cost-benefit analysis comparing low-risk to high-risk families indicated that the benefits were only slightly greater than the costs for low-risk families, however, the return for high-risk families was $5.7 to $1 or $41,419 for the $7,271 invested. That would mean that by investing $7,600 (2 year cost for an HFV participant) would return $43,320 in savings.

The Deleterious Effects of Not Investing in Prevention

Investing in prevention **does not** require legislators or the public to choose between budget cuts or spending. No one loses when prevention succeeds. In fact, scientists are increasingly realizing that prevention can begin to pay back dividends sooner than we have expected. In 2011, the Robert Woods Johnson Foundation released the Urban Institute Study which found that in just ten years the U.S. Prevention Fund could show savings of $70 billion. The same logic applies to Virginia's prevention programs. Evidence shows that the Commonwealth would benefit economically by resisting the urge to *cut* prevention funding for families and children, while the costs of funding services that result from failing to help families early are *increasing*. Costs for services like increased ER visits; Medicaid; CPS, police and legal involvement; and expensive

out-of-home placements could be reduced by increase investment in preventive services.

Never before have we known as much about the cost of not preventing child abuse and neglect. A Pew Center on the States economic impact analysis of child abuse and neglect concluded that the cost of the U.S. is a staggering $358 million per day, exacting a toll on the educational, health and mental health, and criminal justice arenas. Preventing child abuse and neglect is the most logical way to reduce those costs. Preventing a single incident of child abuse and neglect not only averts the immediate cost of treatment and prosecution, but also long-term criminality, mental health, and health problems.

Infant Mortality: Infant Mortality is another critical domain affected by not investing in prevention: According to the 2011 Kids Count Data Book, between 2000 and 2009, the infant mortality rate of Virginia *increased* from 6.9 to 7.8 deaths per 1,000 live births, while the national rate has *decreased* from 6.9 to 6.8. The situation for children has worsened in Virginia representing a 13% increase in this critical indicator. Since Virginians have the seventh highest personal income in the nation, it is even more unconscionable that the Commonwealth has such a high rate of infant mortality.

Adverse Childhood Experiences (ACEs): The Centers for Disease Control and Prevention published a report on a study of the lifetime impact of adverse childhood experiences (ACEs) [i.e. Physical, emotional, or sexual abuse, growing up in a household where someone was in prison, mother treated violently, someone was depressed, mentally ill, or suicidal, a biological parent was absent]. The ACEs study confirms that adverse childhood experiences, the identical adverse experiences that HFV is helping to prevent, dramatically increase the risk for behavioral, health, and social problems. Individuals who experience four or more adverse childhood experiences had a 400% to 1200% increased risk for alcoholism, drug abuse, and depression and a 200% to 400% increase in smoking, poor health, and STDs. The authors of the study conclude that ACEs drive up health care costs in America. Home visiting (HFV) is one of the few science-based approaches with a demonstrated capacity to *prevent* ACEs from ever occurring.

Our findings demonstrate the many ways that Healthy Families participants and society benefit from HFV. For instance, children are born healthy and they are immunized at a rate higher than that of the Virginia general population, and 93% of teen moms have no subsequent births. Healthy Families also helps families stay in school, enter the workforce, and have more prosperous futures for their families. HFV also has a positive impact on reducing low birth weight babies. Not only is this outcome important in its own right, but research published in *Pediatrics* in

2011 demonstrates that there is a higher than expected incidence of autism in children born weighing less than 2000 grams. Now is the time to invest that ounce of prevention.

HFV is reducing cases of child maltreatment. HFV conducted 12,500 searches over the past five years. Using a scientifically derived 4.7% comparison estimate[1], we predict that there would be 587 founded cases of child maltreatment. Instead, the actual number of cases was 137, meaning that HFV prevented 450 founded cases of abuse and neglect

Healthy Families programs, in practice, are prevention coalitions bringing together the best of each community's child-serving agencies. The good news is that HFV is not an external program being dropped into communities. Instead, it is local community groups, health departments, hospitals, and other human service organizations joining together in the communities in which they live. Each HFV site has local boards and leadership that are committed to investing in their communities. Bringing prevention services to those most in need has the potential to level the playing field and reduce the social, economic, and health inequities that exist by ensuring children are born healthy, enter school ready for learning, and become productive members of our society.

According to a report issued by the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4, released February 2010), children of unemployed households had twice the rate of maltreatment as did children in other households, and those living in households with incomes under $15,000 were abused and neglected at seven times the rate of children in higher income families.

The authors of this evaluation hope that everyone who reads this report will write to their legislators and Governor McDonnell and urge them to increase budgetary support for HFV programs. Facts about poverty and its dramatic impact on children in Virginia's poorer communities attest to the urgency of this request. Having already lost the Eastern Shore, Halifax, Chesapeake, Norfolk, and Portsmouth programs to last year's budget cuts, we cannot afford – in fact, we cannot allow – budget cuts that would shut the doors of additional programs. Such cuts will hurt all Virginia communities but will take their highest toll on families and communities that are most vulnerable. There can be no better investment than in helping Virginia's parents and our communities to work together to prevent child maltreatment. There has been no more important time to do so than now.

[1] The 4.7% comparison standard was based on a special investigation of the number of maltreated children and rates of child abuse and neglect by family structure, common income, and gender. The study was conducted by the *Federal Interagency Forum on Child and Family Studies* (1997), using the Third National Incidence Study of Child Abuse and Neglect.

Part II: Introduction to Healthy Families

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

Healthy Families Virginia (HFV) has provided home-visiting services to Virginia's most over-burdened families for over a decade. Home visitors established trust and became a partner with the parent. Their approach to achieving goals is to build on parents' strengths, promote their interest in their child, and encourage planning and responsible decision-making that will help them reach their family's goals. What began as a state-funded demonstration project has grown into a statewide initiative defined by four overarching goals, grounded in research and evidence-based practice with families and young children:

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

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

Over the past 12 years, HFV evaluations documented that enrolled families:

- **are healthier and have substantially higher immunization rates,**
- **are more likely to receive early prenatal care and have fewer low birth weight babies,**
- **are more sensitive and responsive toward their children, have strong parent-child relationships, and use positive forms of discipline,**
- **detect and address developmental delays early,**
- **have home environments that stimulate healthy cognitive, emotional, and social development,**
- **successfully delay subsequent pregnancies,**
- **provide positive child-rearing environments and,**
- **have low rates of child abuse and neglect.**

Part III: Healthy Families Virginia Evaluation Results

The FY 2007-2011 statewide report summarizes a decade of evaluation studies and highlights the findings and accomplishments from the past five fiscal years.

A. Participants Screened, Assessed, Enrolled, and Engaged

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

Healthy Families performs exceptionally well in the domains of systematically identifying families most in need and successfully engaging those families in services. Since FY 2007, the 23 PIMS-using Healthy Families sites have conducted more than 33,724 screens and provided assessments to approximately 10,800 women.

The assessment process uses a standardized scientific measure designed to identify families who can benefit from home-visiting services. Of the 10,806 individuals who were assessed, 87.1% assessed positive - a slight increase over previous years. Of the 9,334 positively assessed families offered services, approximately 86% accepted. Positively, the acceptance rates for the past five years were substantially higher than the rates for previous years. A total of 6,666 participants enrolled and 19% of all families terminated before receiving a first home visit. Positively, this termination is one percent lower than last year.

Based on the risk assessment interview of the enrolled participants, 53% were considered high-risk for child abuse and neglect and 42% were at moderate-risk. Fifty-six percent of the assessed parents reported a childhood history of maltreatment. Statewide, the factors that most frequently warranted classifying families as at-risk were multiple stressors, childhood history of abuse, and poor coping skills. Having slightly more than half of the parents entering the program at high risk, has been relatively consistent for the last few years. *On a sobering note, since the initiative began, more than half of all the women who enrolled reported that they themselves had been abused as children.* These assessment data suggest that the family histories and mix of risk factors and needs of Healthy Families participants place them at higher-than-average risk for child maltreatment and other poor childhood outcomes.

Characteristics of the Enrolled Families

- Unmarried - 84%
- Less than a high school education - 42%
- College graduates - 7%
- Average age - 21.6 years.
- Race - Black 52%, White 26%, Hispanic 19%, Multiracial or Asian/Pacific Islander 3%
- No health insurance at enrollment - 22%
- English not primary language - 18%

The racial composition statistics represent a large increase in the proportion of black families (52%) - up from 37% in 2005. Moreover, this sample is slightly younger (21.6 years of age) and a large proportion of enrolled families are without health insurance (22%), increasing the difficulty of accessing services for their children.

After six months, 76% of enrolled participants were engaged successfully. This rate has been consistent for several years. Engagement is a major challenge for prevention programs because families may be distrustful or defensive and are faced with circumstances reducing the likelihood of continued involvement. HFV can be proud of this strong record of engagement, given that characteristics of the families and their settings, and the fact that HFV is a completely voluntary program.

B. Outcomes Summary and Conclusions

The outcome results are organized within the framework of the Statewide Goals and Objectives adopted in June, 1999 and revised in June, 2007. Unless otherwise noted, findings cover FY 2007-2011. In each analysis the results are also presented for the participants who were active during the most recent fiscal year. "Active" is defined as those participants who were enrolled at the beginning of the year plus those enrolled during the fiscal year. The major HFV evaluation domains aim:

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

Table 1. Fiscal Year 2007-2011 Maternal and Child Health Goal Attainment

Goal	FY 2007 - 2011	FY 2011	Total Number	Objectives
1	**Maternal and Child Health Outcomes**			
	92%*	**93%***	829	**Prenatal Care** - 75% of prenatal enrollees will receive 80% of the recommended prenatal care.
	92%*	**93%***	915	**Birth Weight -** 85% of prenatal enrollees will deliver babies weighing at least 2500 grams.
	97%	**98%**	4,046	**Connection to Medical Care Providers** - 85% of participating children will have a medical provider at birth or within two months.
	97%	**98%**	2,684	**Continuation with a Medical Care Providers** - 80% of participating children with a medical provider will continue to receive services from the medical provider.
	88%	**91%**	2,662	**Immunization**** - 80% of participating children will receive 100% of scheduled immunizations.
	95.5%	N/A	588	**Delay Repeat Birth (Teens) -** 85% of teen mothers will have no subsequent births or will have an interval of at least **24 months** between the target child's birth and the subsequent birth.
	95.5%	N/A	2,387	**Delay Repeat Birth (Non-Teens) -** 75% of non-teen mothers will have no subsequent births or will have an interval of at least **24 months** between the target child's birth and the subsequent birth.

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

Scientific Alert: A recent CDC&P study found that after rising significantly from 1994 to 2004, Virginia's immunization rates initially stalled at 81.5%, and decreased from 2005 to 2006 with the 2006 rate returning to the level of 2004. **Alarmingly, the 2009 Virginia rate declined to 69.6% and the 2010 rate increased slightly to 74.2%. HFV never experienced the negative state or national trends, rising to 91% during FY 2011.

*** Increasing the interval between target births and subsequent births is a 24-month goal and can not be examined on an annual basis.

1. Child Health

Overall, the results in this health domain attest to the effectiveness of the initiative in prenatal care completion, healthy birth weights, connection and continuation with medical care providers, immunizations, and subsequent births.

Healthy Birth Weight: 92%* of the babies born to the 915 prenatal enrollees were within the healthy birth weight range, surpassing the state criterion. The FY 2011 rate was similarly strong; 93%* of all infants were born within the healthy birth weight range. HFV's overall performance and performance in the most recent fiscal year represent the highest levels ever attained in this critical domain. Staff can be proud of this achievement. Reaching expectant mothers early ensures that they get regular prenatal care, quit smoking, and eat a balanced diet. These behaviors dramatically increase the chances of having a full-term baby, and promote strong brain architecture. In fact, mothers participating in home-visiting programs were half as likely to deliver low birth weight babies.

Connection to and Continuation with Medical Care Providers: Approximately 97% of the 4,046 births to enrolled Healthy Families mothers had a primary medical care provider within two months of enrollment. Importantly, 97% of those children continued with health care providers after six months of participation in the program. Positively, the FY 2011 continuation rate was 98%. These rates far exceed the HFV criteria and equals the highest ever attained.

Immunizations: Age appropriate immunization is one of the most important indicators of well being for children. HFV established a goal that 80% of all target children will receive all 16 immunizations as recommended by the American Academy of Pediatrics and the Virginia Department of Health. Eighty-eight percent of the 2,662 children enrolled in the Healthy Families programs received 100% of **16** scheduled immunizations.

The U.S. Department of Health and Human Services (2010) estimated that the national base rate was 74.5% in CY 2010 for children receiving the recommended series of **15** immunizations. For a more direct comparison with HFV programs, the 2010 U.S. National Immunization Survey conducted by the Centers for Disease Control and Prevention estimated the FY 2010 vaccination completion rate was 74.2% for the Virginia general population.

HFV's five-year performance (88%) surpasses the demanding statewide objective, exceeds the Virginia average of 74.2% for the general population, and far exceeds the DOH CY 2011 Sentinel Report immunization rate of 71.0% for comparable high-risk families. Healthy Families programs can take pride in this level of performance. **The immunization coverage rate for FY 2011 of 91% represents a very high annual rate.** Moreover, since both of the Virginia statistics are based on fewer immunizations (15 for the general population and 14 for the Health Department clients), HFV is holding itself to a higher standard (16 immunizations).

Scientific alert: Progress towards full immunization of young preschoolers has stalled and DECLINED since 2004, according to a Child Trends analysis of recently released national data from the Centers for Disease Control and Prevention (CDC&P). Examining the demanding 4:3:1:3:3 Series demonstrates that it rose from 55.1% to 80.9% between 1995 and 2004. That rate then stalled at 80.6% in 2006. The national rate actually declined over the last two years – the 2008 rate was 78.2%. In Virginia, the situation was similar but worse because there was even more of a decline. The 4:3:1:3:3 Series rates rose from 52.8% to 81.0% between 1995 and 2004. The 2006 rate was 81.5%. **The 2010 rate for Virginia was 74.2%**. This is a major decline in an indicator that many scientists view as a proxy for the overall health of our children. **Importantly, during the same period, the immunization rates for HFV (based on families at high risk for poor outcomes) have not stalled; rather, they have continued to rise and the rate was 88% for the last five years--** ***the same time period that Virginia declined.***

HFV's FY 2007-2011 and the FY 2011 annual rates for early prenatal care and immunization rates were all at or approaching the highest ever attained. **Of special significance is the 91% immunization coverage rate for FY 2011 compared to the Virginia average of 74.2%.** These positive child and maternal health findings complement the results emerging from other Healthy Families America (HFA) programs nationally, which have demonstrated improved health care status, service utilization, and high rates of immunization.

2. Maternal Health

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

Separate goals have been established for teen and older mothers. Overall, 2,975 mothers (588 teen and 2,387 non-teen mothers) were enrolled in HFV programs long enough (i.e., a minimum of 24 months following the birth of a child) to merit inclusion in this evaluation component.

Subsequent Births: Teen Mothers: **Teen mothers had a 95.5% success rate.** That is, 92.9% of all teen mothers had no subsequent births and 2.6% had a subsequent birth after the targeted 24-month interval.

Subsequent Births: Non-Teen Mothers: **Older mothers had an overall success rate of 95.5%**. That is, 90.7% of all non-teen mothers had **no** subsequent births and 4.8% had subsequent births after their child reached the age of two.

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

Table 2. Fiscal Year 2007-2011 Attainment of Child Development Objectives

Goal	FY 2007 - 2011	FY 2011	Total Number	Objectives
2	**Child Development Outcomes**			
	91%	**92%**	2,392	**Child Development Screening -** 90% of participating children will be screened for appropriate development semiannually for the first three years and annually thereafter.
	94%*	**N/A**	198	**Child Development Referral -** 90% of children with suspected developmental delay will be referred for further developmental assessment and services where appropriate.
	100%*	N/A	132	**Child Development Follow-up -** 100% of children with confirmed developmental delay will be monitored for follow-through with recommended services.

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

3. Child Development

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

Developmental Screening:

Approximately 91% of the 2,392 children were appropriately screened for developmental delays, and the FY 2011 rate was 92%, a significant improvement over the FY 2004 rate of 76%.These rates exceed the demanding formal evaluation criterion established for this objective.

Referral for Developmental Services:

94% of the 198 children with suspected delays were referred for additional assessment, which easily surpassed the demanding criterion set in this domain. Most often, when suspected delays were not referred, it was because parents left the program before the referral process was completed.

Monitoring Follow-through:

One hundred percent of the 132 children referred for developmental assessment had confirmed delays and 100% of those children received additional appropriate developmental services. This level of performance is the highest ever attained, and equalled the very demanding 100% referral and monitoring criterion.

Table 3. Fiscal Year 2007-2011 Attainment of Parenting and Home Environment Objectives

Goal	FY 2007 - 2011	FY 2011	Total Number	Objectives
3	**Parent-Child Interaction and the HOME Environment Outcomes**			
	94%	**95%**	2,402	**Parent-Child Interaction -** 85% of participants will demonstrate positive parent-child interaction or show improvement.
	98%*	**99%***	2,132	**Home Environment -** 85% of participants will have optimal home environments to support child development or their home environments will show improvement.

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

4. Parenting and the Home Environment

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

Parent-Child Interaction: Of the 2,402 children old enough for assessment of parent-child interaction, 1,690 had at least one NCAST or KIPS assessment completed. Of those children with assessments, 1,561 families (94%) were within normal limits. During FY 2011, HFV's performance was slightly stronger; 95% of all active families with an NCAST or KIPS assessment were within normal limits. HFV's performance clearly exceeds the 85% evaluation criterion. Parents are more supportive in their interactions with their children and the overall rate of positive parent-child interaction and the one-year annual rate equaled the highest ever attained.

Home Environment: There were 2,438 families whose children were old enough for the HOME assessment, and 2,132 of those families received one or more in-home assessments. Of those families, 2,081 (98%) had home environments that were within normal limits. HFV's FY 2011 performance was similarly excellent; 99% of all active families had HOME environments within normal limits. This performance easily exceeded the statewide objective in this domain. Overall,

Healthy Families participants displayed more optimal sensitivity to their children's cues, under-standing of their children's development, knowledge of alternative methods of discipline, and less overall distress and rigidity.

Table 4. Fiscal Year 2007-2011 Child Abuse and Neglect Outcomes

Goal	FY 2011	Total Number	Objectives
4	**Child Abuse and Neglect Outcomes**		
	99.3%*	2,441	**Goal:** 95% of participating families will not have a founded case of abuse or neglect after one full year of participation in the program.

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

5. Child Abuse and Neglect

This year's report provides continuing strong evidence for the effectiveness of Healthy Families as a child maltreatment prevention program. Despite the economic crisis, HFV's programs have done an outstanding job of preventing child maltreatment across the last two years. First, the FY 2011 statewide rate of confirmed cases of child abuse and neglect was 0.7% based on 2,441 families. This rate was a continued improvement over the FY 2010 rates. HFV conducted over 7,600 searches of the Child Protective Services Central Registry for families who participated in HFV in FY 2009 through FY 2011. The rate of founded cases of child abuse and neglect was less than 1% in each of those years (0.9%, 0.8%, and 0.7% respectively).

This is a remarkable accomplishment given that 50% of all participating mothers reported that they themselves had been abused as children. Each of the last three year's rates was superior to any of the rates attained since HFV was initiated. **This result strongly suggests that HFV is contributing successfully to its goal of breaking the cycle of violence**.

Part VII. Program Recommendations

All Virginians should feel a sense of pride because for the last three years in the Commonwealth, the Healthy Family Virginia (HFV) statewide initiative achieved a very high level of success in preventing child abuse and neglect. HFV conducted over 7,600 searches of the Child Protective Services Central Registry for families who participated in HFV in FY 2009 through FY 2011. The rate of founded cases of child abuse and neglect was less than 1% in each of those years (0.9 %, 0.8%, and .7% respectively). This is a remarkable accomplishment given that 50% of all participating mothers reported that they themselves had been abused as children. Each of the last three year's rates was superior to any of the rates attained since HFV was initiated in 1997.

Yet also in 2010, 44 children in Virginia – 40 under the age of 4 – died from child abuse and neglect. That number is 11 more than the number of people who died in the tragedy at Virginia Tech in 2007. Moreover, this is the largest number in the Commonwealth's history and a 42.3% increase over the average of the previous 10 years. An examination of fatalities for the past 12 years shows totals of 127 for 2000-2003, 112 for 2004-2007, and 146 for 2008-2011 or a four-year average of 31.75, 28.0, and 36.5 respectively. It is important to note that the highest total and three-year average has occurred since the economic downturn took hold in 2008.

Our leaders in the General Assembly need to partner with the almost 100 localities that comprise HFV by taking action that will strengthen families and reduce reliance on expensive systems of repair. Implementing these recommendations can further reduce child abuse and neglect, and improve the lives of children and families served by Healthy Families, saving both lives and scarce economic resources.

- **Restore the almost $2 million dollar funding cuts that the Healthy Families Virginia (HFV) initiative experienced during FY 2010- FY 2011.**

  Restoring funding to HFV's 33 programs will yield significant savings by producing fewer low birth weight babies, less child maltreatment, fewer teen births, and fewer children not ready to learn. These $2 million dollar in cuts were responsible for approximately 300 high-risk families not being able to receive two years of high quality prevention services from HFV sites. In addition, as many as 1,000 additional families could not be assessed, nor receive referrals to necessary services as part of the assessment process.

HFV conducted over 7,600 searches of the Child Protective Services Central Registry for families who participated in HFV in FY 2010 through FY 2011. The rate of founded cases of child abuse and neglect was less than 1% in each of those years (0.9%, 0.8%, and 0.7% respectively). This is a remarkable accomplishment given that 50% of all participating mothers reported that they themselves had been abused as children.

Moreover, never before have we known as much about the cost of not preventing child abuse and neglect. A Pew Center on the States economic impact analysis of child abuse and neglect concluded that the cost of the U.S. is a staggering $358 million per day, exacting a toll on the educational, health and mental health, and criminal justice arenas. Preventing child abuse and neglect is the most logical way to reduce those costs. Preventing a single incident of child abuse and neglect not only averts the immediate cost of treatment and prosecution, but also long-term criminality, mental health, and health problems.

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

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

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

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

  The National Human Services Assembly brief, "Home Visiting Strengthening Families by Promoting Parenting Success," presented information suggesting that home visiting may carry more benefits for high-risk families than low-risk ones. A cost-benefit analysis comparing low-risk to high-risk families indicated that the benefits were only slightly greater than the costs for low-risk families, however, the return for high-risk families was $5.7 to $1 (see p.ii for scientific source). *That translates to $43,320 in savings for every $7,600 invested to serve an HFV family for two years*. Healthy Families serves many families that have low incomes, low education, or non-English-speaking parents, and those headed by parents who are not currently employed or attending school. These families may enjoy the greatest long-term benefits and should be included as important targets of HFV's intervention.

  New York State's Healthy Families (HFNY) recently conducted a cost-benefit analysis. They estimated that if the state of New York had a similar record of preventing low birth weight in their highest risk population, they would have averted 4,300 low birth weight deliveries and saved $96.8 million in Medicaid expenditures. Reducing HFV's capacity to serve high-risk families will likely result in increased CPS reports and foster care placements with the associated program costs, which some communities are already experiencing.

- **Strengthen families by connecting and reconnecting fathers with their children to promote safe, stable, and successful families.**

  Implement activities aimed at engaging and retaining fathers. Assess the success of these interventions by creating a measurement data system in PIMS to track fathers' engagement and retention. Also assess the contribution that father involvement and/or living with their family makes to reducing non-marital births, to increasing marriages, and to increasing positive economic and child and family outcomes.

- **Thirty HFV sites have been trained and certified to use Parents as Teachers (PAT). PAT is a research-based curriculum (to foster optimal parenting skills, strengthen the parent-child relationship, and strengthen the role of the home visitor). PCAV/HFV, through its membership in the Virginia Home Visiting Consortium, should continue to ensure training is provided for new staff and facilitate full implementation the full PAT curriculum.**

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

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

  Virginia has established a nationally recognized home visiting consortium with members from VDSS, DMAS, VDH, PCAV, CHIP of Virginia, DBHDS, and DOE. The Pew Charitable Trust recently conducted a national webinar on "Model Practices in State Home Visiting" and Virginia's Consortium was one of two featured. The Consortium develops and supports the infrastructure required to achieve widespread adoption, successful implementation, and the sustaining of evidence-based home visiting programs in Virginia. PCAV should continue to play a leadership role:

  - Collaborate and plan efforts to leverage federal, state, and local investments of existing and new funding streams into evidence-based home visitation programs and practices.
  - Help the state implement the new MIECHV benchmark measures
  - Foster state policies and procedures that promote healthy child development practices
  - Improve interagency efforts to promote a statewide system of screening, data collection, and program evaluation.

- Expand and strengthen collaborative programs with medical care providers and childcare providers.
- Promote core training for all early childhood home visitors.
- Provide technical assistance to local coalitions and communities.

- **Enhance collaboration across the public and private sectors**

  Corporate sector interest in child abuse and neglect has waned over the past 20 years. Increasing interest by private and corporate entities can increase the amount of resources and interest that are available to fund prevention initiatives and can inspire a new generation of leaders. Such corporate involvement and leadership is critical if we are ever going to make a meaningful reduction in the number of new cases of child maltreatment in our society.

- **Continue HFV's support for the HFA accreditation process maintaining the State-System accreditation.**

  In 2007 HFV staff and administrators attained the goal of having 100% of all eligible sites fully credentialed. In the last eight years, HFV has trained and deployed regionally-based technical assistance/quality assurance (TA/QA) staff. With their assistance, each Virginia site individually completed the rigorous national accreditation process and in the following accreditation round HFV and the sites became fully accredited at the State System level. Virginia is one of the few states that can cite this accomplishment. Successfully completing the process to be accredited as a State System has a number of benefits, including: greater ability to demonstrate fidelity of implementation across the entire range of Healthy Families sites in Virginia, a consistent, standardized process for developing and maintaining policies and procedures, and greater investment of all sites in all 33 site's quality of services and attainment of goals.

EVALUATION RECOMMENDATION

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

  The Pew Home Visiting Initiative of the Pew Center on the States has funded 12 research centers from across the country. One of their grants was awarded to Prevent Child Abuse Virginia (PCAV), demonstrating the national reputation that PCAV and HFV have attained, for 2010-2012 (Lee Huntington, Ph. D, and Joe Galano, Ph. D. are the principal investigators). The first phase of this research indicated that multiparous mothers participate similarly to primiparous mothers and benefit similarly in terms of positive outcomes. The researchers will also prepare practice recommendations that will help other programs do a better job of serving the older and more high-risk multiparous mothers. This research has national implications because a recent epidemiological study conducted in England indicated that 71% of all high-risk families in need of services would be missed if only first-time mothers are targeted.