

HEALTHY FAMILIES VIRGINIA

Statewide Evaluation Report FY 2024



Families Forward Virginia

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With gratitude to Kira Walker of Healthy Families of VA for her attention to detail and assistance with data compilation, data integrity, and data management.

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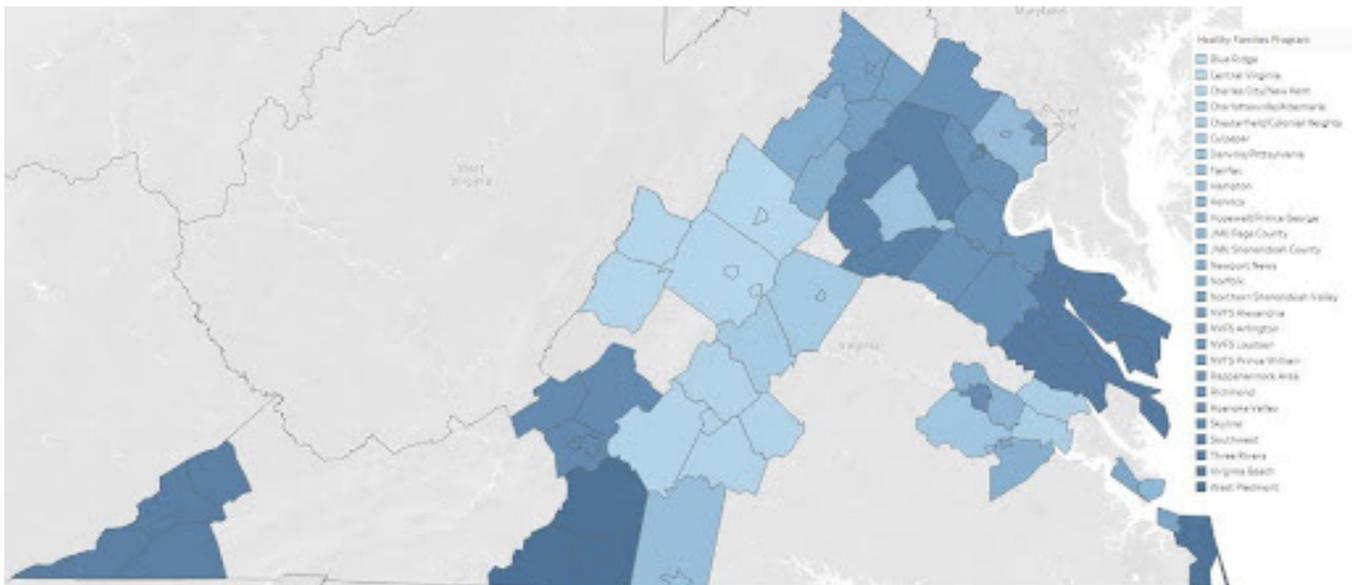
Part I

Introduction to Healthy Families Virginia

The Department of Psychological Sciences at the College of William & Mary produced this report for Families Forward Virginia (FFV). The purpose is to provide FFV and the Virginia General Assembly an objective appraisal that evaluates the development and impact of the Healthy Families initiative in Virginia and a set of recommendations to guide policy and services for Virginia's children and their families.

Since 1992, Healthy Families Virginia (HFV) has provided home-visiting services to Virginia's most over-burdened families. HFV is a statewide initiative with 28 sites serving over 80 communities across the state (see site locations on map below in Figure 1).

Figure 1. Healthy Families Virginia Program Location Sites throughout Virginia



The program is based on the nationally accredited, evidence-based Healthy Families America model, which focuses on early nurturing relationships as the foundation for lifelong healthy development. HFV services begin during pregnancy or in the first three months after the birth of a child and services are available to families throughout Virginia for a minimum of three years after the birth of a child.

Part I

Introduction to Healthy Families Virginia

Services Provided

Home Visits

Family support specialists conduct regular home visits, offering personalized support and education to families. Home visits are free and voluntary.

Prenatal & Early Childhood Support

Trained family support specialists provide services from pregnancy through the child's third birthday.

Parenting Education

The program provides guidance on effective parenting skills, child development, and building positive parent-child relationships.

Health & Development Screenings

Families receive developmental screenings and support for their child's health.

Community Resource Connections

Staff help families access additional community resources, like medical homes, mental health care, and educational opportunities as needed.

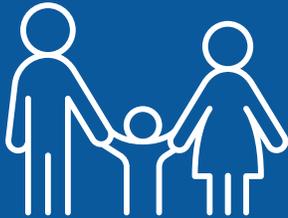
Part I

Introduction to Healthy Families Virginia

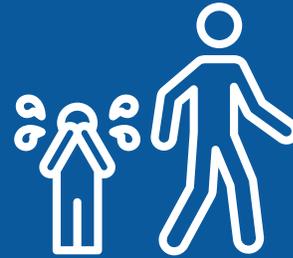
What began as a state-funded demonstration project has grown into a statewide initiative with four overarching goals, grounded in research and evidence-based practice with families and young children.

Four Overarching Goals

**promote positive,
nurturing, & responsive
parenting**



**prevent child abuse &
neglect**



**improve child health &
development**



**promote school
readiness**



Part I

Introduction to Healthy Families Virginia

Target Population

There is no income requirement for HFV, but individual sites may determine other enrollment requirements. Healthy Families Virginia aims to support families facing multiple stressors, such as:

- Single parenthood
- Low income
- Limited knowledge of child development
- History of abuse or adverse childhood experiences
- Personal trauma
- Substance abuse, mental health, or domestic violence issues

Program Impact

The Healthy Families initiative has demonstrated positive outcomes, including:

- Improved parenting knowledge and skills
- Prevention of child abuse and neglect
- Increased school readiness
- Improved child health and development
- Increased access to primary care and community services
- Decreased child injuries and emergency department use
- Improved family self-sufficiency

HFV has been serving families since 1992 and has supported over 6,000 families since its inception. The program's success is rooted in its personalized approach, cultural sensitivity, and commitment to empowering parents to create safe, stable, and nurturing environments for their children. More information about the impact of Healthy Families programming can be found at [Healthy Families America \(2024\)](#) and [Prevent Child Abuse America \(2024\)](#).

Part II

Healthy Families Virginia Evaluation Methods

The HFV statewide evaluation is an annual evaluation based on ongoing monitoring of a variety of outcomes of participants enrolled in Healthy Families services. It is a repeated measures design with comparisons made to the general population (e.g., mothers in VA) and, where warranted, specific subgroups of the general population (e.g., low-income mothers in Virginia).

Four domains of outcomes are assessed which align with HFV's four primary goals:

1

improve pregnancy outcomes and maternal and child health



3

promote positive parenting practices



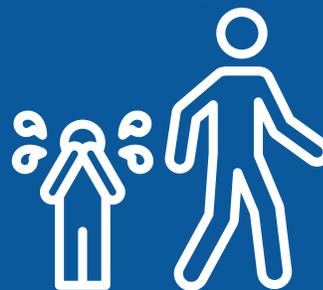
2

promote child development



4

eliminate child abuse and neglect



Part II

Healthy Families Virginia Evaluation Methods

1

Improve pregnancy outcomes and maternal and child health

Goal 1 is primarily assessed with participant and home visitor reports of services received and referrals made. For example, immunization completion is assessed by adherence to the American Academy of Pediatrics' recommended schedule of immunizations. In total, there are 14 objectives outlined pertaining to Goal 1.

2

Promote child development

Goal 2 is assessed with 5 objectives and using the Ages and Stages Questionnaires (ASQ®). The ASQ® is a comprehensive developmental screening tool designed for children from birth to 6 years of age. The ASQ® covers five areas of development: communication, gross motor, fine motor, problem solving and personal-social. The ASQ-SE focuses on social and emotional development in seven areas: self-regulation, compliance, social-communication, adaptive functioning, autonomy, affect, and interaction with people. These assessments help identify potential developmental delays and social-emotional issues in young children, allowing for early intervention and support. These assessments are copy-right protected and samples of these instruments are included in the appendix of this this report.

Part II

Healthy Families Virginia Evaluation Methods

3

Promote positive parenting practices

Goal 3 is assessed with 4 objectives using the CHEERS Check In (CCI), the Survey of Parenting Practices, and the Positive Male Role Model survey. The CCI is a validated parent-child interaction observation tool designed to measure the quality of the relationship between parents and their children. Developed by Healthy Families America, this tool focuses on promoting attachment and positive interactions between caregivers and their children.

4

Eliminate child abuse and neglect

Goal 4 is assessed with 1 objective by cross-checking consenting participants with Virginia's Department of Social Services records of founded cases of child abuse and neglect.

All assessment tools listed are included in the appendix to this report.

Part II

Healthy Families Virginia Evaluation Methods

Several points are important to note in studying this year's evaluation results.

1

First, HFV has thirty years of evidence of the quality and impact of its services. As a “mature” program, it is appropriate to compare its results to its own past performance and to other Healthy Families programs around the country. At the end of this report, a 5 year data snap shot is included which shows progress in all four goals over the last 5 years. This report also includes information using data from FY 24 in relation to published data at the national and state levels.

2

Second, HFV services are voluntary, and thus self-selection must be considered as a factor affecting program outcomes. Participants might have a variety of reasons for accepting the services that may or may not be associated with how they do on the measures of program success. For example, Healthy Families might attract the most at-risk families, who, because of chaotic circumstances, might have difficulty following through on program goals such as immunizations and prenatal care. Alternatively, they might attract those most motivated to succeed whatever their circumstances. For this reason, comparison groups are selected from both the general population and specific higher risk groups.

3

Third, during FY 2022, HFV adopted several new objectives, which will be discussed below in the results. Many of these assessments are being monitored before benchmarks and goals for these objectives can be established.

Part III

HFV Evaluation Results

The FY 2024 Statewide Report builds on thirty years of previous evaluations and highlights the findings and accomplishments from the past year.

Participants Screened, Assessed, & Enrolled

HFV performs well in the domain of systematically identifying families most in need and successfully engaging those families in services. Before participating in Healthy Families Virginia, families are first screened, then assessed, and then offered services based upon their score on Family Resilience and Opportunity for Growth (FROG) assessment (see appendix). Sites may enroll families based on FROG scores or other enrollment criteria (e.g., pregnancy, new baby). In FY 2024, HFV sites conducted 9,341 screens with pregnant women or women who recently gave birth and followed up with 2,681 families by providing FROG assessments.

The FROG scale is an assessment tool used to identify family strengths and concerns at the start of services. It is a validated tool used to assess family needs and determine eligibility for HFV services (though sites may elect to enroll families based on other criteria as well). The scale assesses families across 14 subtopics organized around 5 Protective Factors. It uses a 56-point scoring system, with a score of 10 or higher indicating a moderate risk of abuse or neglect and program eligibility. The assessment gives families an opportunity to share their story and experiences in a conversational manner with a trained family support specialist. It helps identify both protective factors (family strengths) and potential risk factors for child maltreatment. The FROG is administered by trained HFV staff before services begin or at the outset of services at sites that do not use the FROG for enrollment purposes. It allows HFV home visitors to tailor services to each family's unique needs and circumstances. The scale aligns with HFV's goal of building on family strengths while addressing areas of concern. By using the FROG, HFV aims to take a comprehensive, strengths-based approach to assessing families and determining appropriate prevention services.

Part III

HFV Evaluation Results

Participants Screened, Assessed, & Enrolled

In FY24, HFV administered 2,681 FROG assessments to families. Of these, 22.7% ($n = 609$) scored below 10, the threshold for eligibility to receive services. Of those eligible for services, most scored in the moderate risk range with scores between 10 and 30 (72.5%, $n = 1,944$), and 5% ($n = 128$) scored in the high risk range with scores greater than 30. In some instances, a family scored above the threshold but was not offered services ($n = 527$). The most common reason services could not be offered was because the home visitors caseload was already full (70.4%).

Based on the FROG assessment and other enrollment criteria, 1,502 families were offered services and 1,198 families enrolled and received a first home visit (acceptance rate of 79.7%). The most cited reason for not enrolling was lack of interest. This statewide acceptance rate of services is on par with acceptance rates reported by Healthy Families programs in other states (see table on page 11).

Acceptance rate data is limited to only a few states and the years reported vary. Acceptance rates likely differ across states and can change over time based on various factors like funding, program capacity, and local needs, so these data should be interpreted cautiously.

Based on the results of the FROG assessment, the highest specific risk areas for families completing this screening included a parent experiencing a stressful childhood themselves (74%), high general stress levels (67%), and a parent in need of concrete support services (64%). These assessment data suggest that the family histories and a mix of current risk factors and acute needs of Healthy Families participants place them at a higher-than-average risk for engaging in child maltreatment and their children at greater risk for other adverse childhood outcomes.

Part III

HFV Evaluation Results

Participants Screened, Assessed, & Enrolled

State	Acceptance Rate	Reporting Year
Arizona 	38.0%	2022
California 	78.0%	2024
Florida 	100.0%	2023
New York 	90.0%	2023
Oklahoma 	53.0%	2023
Virginia 	79.7%	2024

Part III

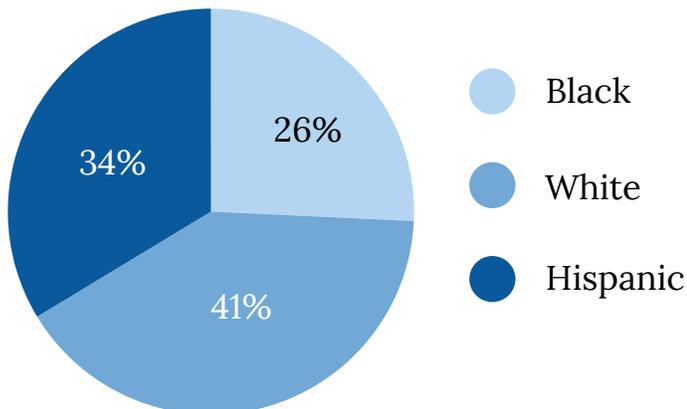
HFV Evaluation Results

Characteristics of Participant Families During FY 24

In addition to the 1,193 families who were newly enrolled in FY24, HFV continued to serve 2,660 families who had previously enrolled (3,853 participating families in total). During FY24, participating families received 29,545 home visits; 85% of the home visits provided in FY24 were in-person (as opposed to virtual) visits.

HFV works with diverse families. This page shows key demographic characteristics of HFV families:

Race of Participant Families



Female: **99%**



Over Age 21: **89%**



Target Children Under Age 2: **76%**



Primary Language English: **69%**



Primary Language Spanish: **27%**



On Medicaid: **69%**



No Insurance: **12%**



Single & Never Married: **45%**



High School Diploma or GED: **34%**



Less Than 12th Grade Education: **29%**

Part IV

Outcomes

Overview

The outcome results are organized within the framework of the Statewide Goals and Objectives, which were initially adopted in June 1999 and revised in June 2007. Most recently, these were revised again in FY 2021 and implemented during FY 2022. In each domain, the results are presented for the participants who were active during FY 2024, with “active” being defined as those participants who were enrolled at the beginning of the FY 2024 plus those who enrolled during the FY 2024.

The major HFV evaluation domains assess positive pregnancy outcomes and child and maternal health outcomes (Goal 1), child development (Goal 2), parent-child interaction (Goal 3), and child abuse (Goal 4).

Goal 1: Maternal & Child Health

Overall, the results in this health domain attest to the effectiveness of the HFV initiative in prenatal care visit completion, full-term birth, connection with medical care providers, immunizations, and subsequent births spacing. For reference, please see the [State of Babies](#) report, which reports state-wide metrics for many of these outcomes and presents information on specific subgroups (e.g., low income families) during the same time frame. For example, overall in Virginia, only 60.1% of low-income children received their recommended vaccinations last year, but this rate is substantially higher among HFV children at 91.7%.

Part IV

Outcomes

Goal 1: Maternal & Child Health

Table 1. Fiscal Year 2024 Maternal and Child Health Goal Attainment

	Objectives	% Successful	Number Successful
Goal 1	Maternal Health - Prenatal Care - 75% of prenatal enrollees will receive 80% of the recommended prenatal care visits.	80.2%	203 of 253
	Child Health - Medical Home - 85% of participating children will have a medical provider at birth or within two months.	96.8%	642 of 663
	Child Health - Continue with Medical Home - 80% of HF target children will continue with a primary medical provider.	97.8%	627 of 641
	Well Child Visit - 75% of HF children will receive 80% of their recommended well baby/child care visits based on the schedule provided by the American Academy of Pediatrics.	80.6%	980 of 1,216

Part IV

Outcomes

Goal 1: Maternal & Child Health

Table 1. Fiscal Year 2024 Maternal and Child Health Goal Attainment

	Objectives	% Successful	Number Successful
Goal 1 (cont.)	Child Health - Pre-Term Birth - Will be monitored. Percentage equals full-term births	91.3%	231 of 253
	Maternal Health - Post-Partum Care - 90% of prenatally enrolled mothers will complete a postpartum medical visit within 8 weeks of birth.	82.9%	290 of 350
	Child Health - Immunization Completion - 80% of HF target children will be up-to-date with scheduled immunizations as recommended by the schedule presented by the ACIP, AAP, State Health Dept, or provider.	91.7%	1,178 of 1,284
	Child Health - Immunization Completion Physician Directed Alternative/ Delayed Vaccination Schedule	0.6%	8 of 1,284

Part IV

Outcomes

Goal 1: Maternal & Child Health

Table 1. Fiscal Year 2024 Maternal and Child Health Goal Attainment

	Objectives	% Successful	Number Successful
Goal 1 (cont.)	Child Health - Immunization Completion Parent Determined Alternative Vaccination Schedule	1.2%	16 of 1,284
	Maternal Health, Teen - Subsequent Birth - 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.	50.0%	1 of 2
	Maternal Health, Non-Teen - Subsequent Birth - 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. Number and % represent no subsequent birth.	70.4%	19 of 27

Part IV

Outcomes

Goal 1: Maternal & Child Health

Table 1. Fiscal Year 2024 Maternal and Child Health Goal Attainment

	Objectives	% Successful	Number Successful
Goal 1 (cont.)	Depression Referral - Mothers (Target Child) - 90% of mothers with a positive depression screen will receive resource connections.	98.8%	85 of 86
	Depression Referral - Caregivers (Target Child) - 90% of caregivers with a positive depression screen will receive resource connections.	100%	4 of 4
	Intimate Partner Violence Resource Connections - will be monitored.	100%	25 of 25
	Tobacco Cessation Resource Connections - will be monitored.	95.5%	279 of 292
	Substance Abuse Resource Connections - will be monitored.	100%	97 of 97

Part IV

Outcomes

Goal 1: Maternal & Child Health

Maternal Health - Prenatal Care: 80.2% of the 253 prenatally enrolled mothers received more than 80% of their recommended prenatal care visits. This level of attainment exceeds HFV's 75% criterion for this objective.

Child Health Medical Home: 96.8% of the 642 infants born to enrolled Healthy Families mothers had a primary medical care provider within two months of enrollment. This rate far exceeds the HFV criteria.

Child Health - Continue with a Medical Home: 97.8% of the 641 target children continued with a medical provider.

Well Child Visits: 80.6% of 1,216 children received the recommended well child visits. Again, this exceeds HFV's criterion for this objective.

Child Health - Preterm Birth: 91.3% of the 253 infants delivered to prenatally enrolled participants were full-term.

Maternal Health - Postpartum Care: 82.9% of enrolled mothers completed a postpartum visit within eight weeks of delivery, which doesn't meet the criterion for this objective (90%).

Part IV

Outcomes

Goal 1: Maternal & Child Health

Child Health - Immunization Completion: HFV established an objective 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. With 91.7% of the children enrolled in HFV programs receiving 100% of 16 scheduled immunizations, HFV exceeded the criterion. In only a small number of cases (1.2%), parents requested a different schedule of immunizations, and in fewer cases, physicians directed an alternative schedule (0.6%).

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

Maternal Health, Teen - Subsequent Births: 50% of the 2 births to teen mothers had an interval between births of greater than 24 months. While this result falls short of the benchmark, the number of births to teens is too low to draw valid conclusions, and overall, the rate of teen births is extremely low.

Maternal Health, Non-Teen - Subsequent Births: 27 non-teen mothers had a subsequent birth and 19 of these (70.4%) had an interval between births of greater than 24 months. This result falls below HFV's criterion for this objective of 75%. Program sites should continue to monitor this objective and stress the importance of family planning.

Part IV

Outcomes

Goal 1: Maternal & Child Health

Depression Referral - Mothers (Target Child): 98.8% of the 84 mothers with positive depression screens were given resource connections.

Depression Referral - Caregivers (Target Child): 100% of the four caregivers with a positive depression screen were given resource connections. These results, taken together, suggest that Healthy Families staff are monitoring and appropriately responding to indications of depression in participants.

***Intimate Partner Violence Resource Connections:** All of the participants with positive intimate partner violence screens were monitored and connected to resources. These families all received continued home visit support.

***Tobacco Cessation Resource Connections:** 95.5% of 292 participants who smoked were monitored and connected to resources. These families all received continued home visit support.

***Substance Abuse Resource Connections:** All of the participants with positive substance abuse screens were monitored and connected to resources. These families all received continued home visit support.

*These last three objectives were new last fiscal year. HFV will continue to track them in subsequent years.

Part IV

Outcomes

Goal 2: Child Development Outcomes

Table 2. Fiscal Year 2024 Attainment of Child Development Objectives

	Objectives	% Successful	Number Successful
Goal 2	ASQ - 90% of participating children will be screened for appropriate development semiannually for the first three years and annually thereafter.	83.8%	940 of 1,122
	ASQ-SE - 90% of participating children will be screened for appropriate development semiannually for the first three years and annually thereafter.	91.2%	889 of 967
	ASQ-Total - 90% of participating children will be screened for appropriate development semiannually for the first three years and annually thereafter.	81.1%	918 of 1,132

Part IV

Outcomes

Goal 2: Child Development Outcomes

Table 2. Fiscal Year 2024 Attainment of Child Development Objectives

	Objectives	% Successful	Number Successful
Goal 2 (cont.)	Referral Population - ASQ-Total- of participating children with a suspected developmental delay will be referred (with parental consent) to appropriate early intervention services for assessment to determine need and therapeutic services.	99.3%	150 of 151
	Monitoring - Total - 90% of the children with suspected delays who are referred for early intervention services are monitored to determine the outcome of the referral.	49.3%	74 of 150

Part IV

Outcomes

Goal 2: Child Development Outcomes

All HFV sites endorsed the objectives to monitor child development by systematic developmental screening using the ASQ-3 and the ASQ:SE-2, referring those children with suspected delay to early intervention services for further assessment and following up on referred children.

Developmental Screening: 918 children (81.1%) received all their expected developmental screens, ASQ and ASQ-SE, out of the total 1,132 who were expected to receive developmental screens. Of 1,122 eligible children, 940 (83.8%) received their expected ASQ screens, and 889 out of 967 children (91.9%) received their expected ASQ-SE screens. These results generally fell short of the 90% statewide criterion.

Referral for Developmental Services: 150 (99.3%) of the 151 children with suspected delays and parental permission were referred for additional assessment, which exceeds the 90% criterion set in this domain.

Monitoring Developmental Services: 74 (49.3%) of the 150 children who were referred were monitored for services. This result fell short of the criterion for this objective, which may be due to staff neglecting to follow up with documentation recording their monitoring.

Part IV

Outcomes

Goal 3: Positive Parenting Objectives

Table 3. Fiscal Year 2024 Attainment of Positive Parenting Objectives

	Objectives	% Successful	Number Successful
Goal 3	Parent-Child Interaction Observation A - Using an HF approved measurement instrument, sites will assess the parent-child interaction of at least 90% of participating dyads annually.	86.3%	1,075 of 1,245
	Parent-Child Interaction Observation B - 85% of participants will demonstrate positive parent-child interaction or show improvement.	98.4%	1,058 of 1,075
	Father Involvement - 75% of families with an eligible father will complete the HFV Positive Male Role Model Survey (PMRMS).	84.0%	737 of 877
	Family Self-Assessment - 75% of families will complete the Survey of Parenting Practices.	77.2%	285 of 369

Part IV

Outcomes

Goal 3: Positive Parenting Objectives

These important domains provide a cornerstone for the effects of HFV. Healthy Families uses the CHEERS Check-in (CCI), the HFV Positive Male Role Model Survey (PMRMS), and the Survey of Parenting Practices (SPP) to assess these objectives.

Parent-Child Interaction Observation A - Using the CHEERS Check-in (CCI), 86.3% of the 1,245 parent-child dyads were assessed for appropriate interactions. This result did not meet the criterion for this objective.

Parent-Child Interaction Observation B: Of those 1,075 dyads observed with the CCI, 98.4% demonstrated appropriate interactions. This result met the criterion for this objective, indicating that when observed, the families are functioning well in this important domain.

Father Involvement: 84% of the 877 families with an eligible father completed the HFV Positive Male Role Model Survey (PMRMS) which exceeded the criterion for this objective. The PMRMS is a new instrument which was introduced at the beginning of FY 2022 and sites should be proud of the progress made in administering the instrument during FY 2024. In comparison, during FY 2022, only 58.6% of eligible fathers completed this assessment.

Family Self-Assessment: 77.2% of the 369 families completed the Survey of Parenting Practices (SPP). As with the previous instrument, the SPP was introduced at the beginning of FY 2022 and sites should be proud of the progress made in administering the instrument during FY 2024. In comparison, during FY 2022, only 32% of eligible families completed this assessment.

Part IV

Outcomes

Goal 4: Child Abuse & Neglect

HFV assesses the child abuse and neglect objective with the assistance of the Virginia Department of Social Services (VDSS). Each year HFV provides VDSS with a list of participants who have voluntarily consented to having their records searched. These consent forms are signed at enrollment and updated annually. VDSS staff check the list against the registry of founded cases and return an aggregated, de-identified count of the number of participants with founded cases. No individual participant is identified. While this methodology is potentially open to self-selection bias, informed consent and de-identification are required by law.

Table 4. Percentage of Families Participating in Healthy Families Virginia with Founded Child Protective Services Cases FY 2024

	N	%
Number of CPS searches conducted	1,249	
Founded CPS Cases	11	0.88

This year's report provides continuing strong evidence for the effectiveness of Healthy Families as a child maltreatment prevention program. HFV's programs have done an outstanding job of preventing child maltreatment. The founded rate for FY 2024 was 0.88% based on 1,249 searches conducted. This is a remarkable accomplishment given the high level of stressful childhood experiences participating families reported and the high level of general stress many of these families experience. **This result strongly suggests that HFV is contributing successfully to its goal of breaking the cycle of violence.**

Part V

Data Trends Since 2020

Several of the objectives presented in this report have been assessed for the past several years. Below, data trends from 2020 through 2024 are presented for several objectives.

Table 5. Data Trends 2020 - 2024

Goal 1. Maternal and Child Health Goals					
	2024	2023	2022	2021	2020
Prenatal Care (Goal 75%)	80.2%	84.4%	82.2%	84.0%	82.0%
Medical Home (Goal 85%)	96.8%	95.0%	91.2%	92.0%	92.0%
Goal 2. Child Development Goals					
Developmental Screen (Goal 90%)	83.8%	79.0%	81.7%	75%	87.0%
Goal 3. Positive Parenting					
Parent-Child Interaction Improvement (Goal 90%)	98.4%	98.1%	97.6%	98.0%	93.0%
Goal 4. Child Abuse and Neglect					
Founded CPS Cases (goal less than 5%)	0.88%	0.83%	0.75%	0.51%	0.72%

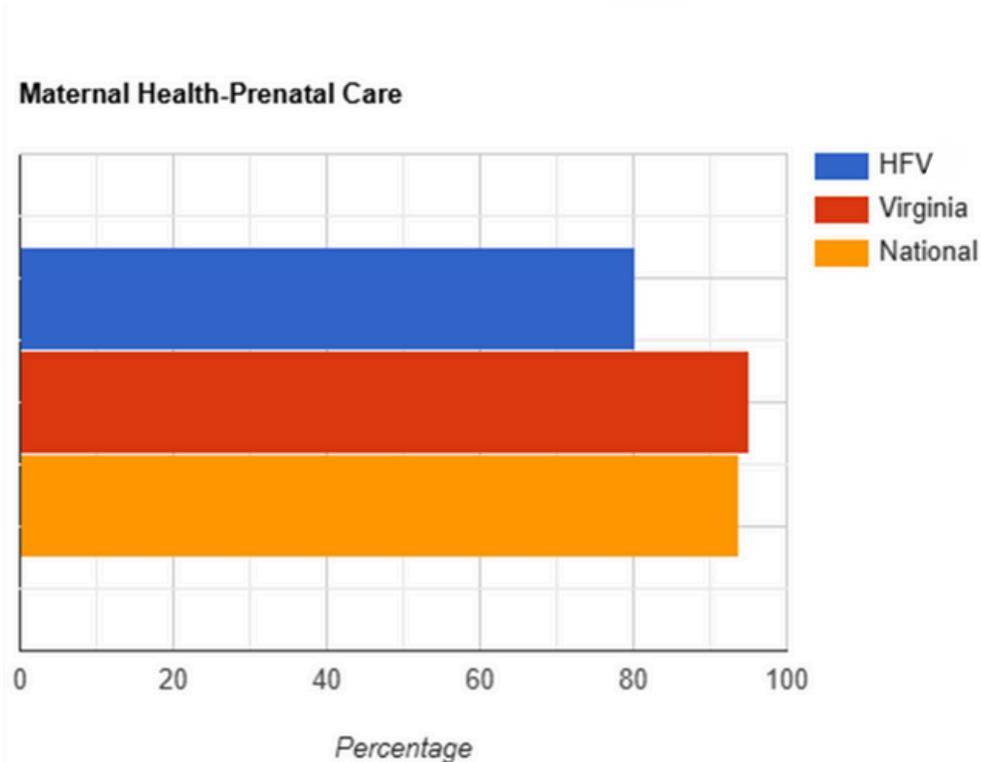
The five-year trends table provides some insight into the impact of HFV overtime. Over the last 5 years, HFV has exceeded the prenatal care, medical home, positive parenting, and child abuse and neglect objectives. HFV has struggled over the past 5 years to meet the objective for completing developmental screens. This was exacerbated during the pandemic years of 2021-2023. The numbers from this past FY may hint at a return to pre-pandemic rates of completion and movement towards meeting the objective for this goal.

Part VI

Supplemental Information

Using data reported in the 2023 State of Babies report for the state of Virginia and the United States, we created figures to show HFV FY 2024 data in relation to state and national averages. These figures show areas where HFV participants are far exceeding state and national averages (e.g., child abuse and neglect, resource connections, child immunizations, developmental screenings), areas where HFV families are on par with state and national averages (e.g., full-term birth, fatherhood involvement), and areas where HFV participants have lower rates than the state and national averages (e.g., prenatal care, well-child visits). Collectively, HFV participants show equal or higher rates on 12/14 metrics than state and national averages and considerably lower rates of reported child abuse and neglect. Furthermore, although there were some instances where HFV failed to meet the stated objective for this fiscal year, HFV participants exceeded national and state averages in that area (e.g., postpartum care and developmental screens).

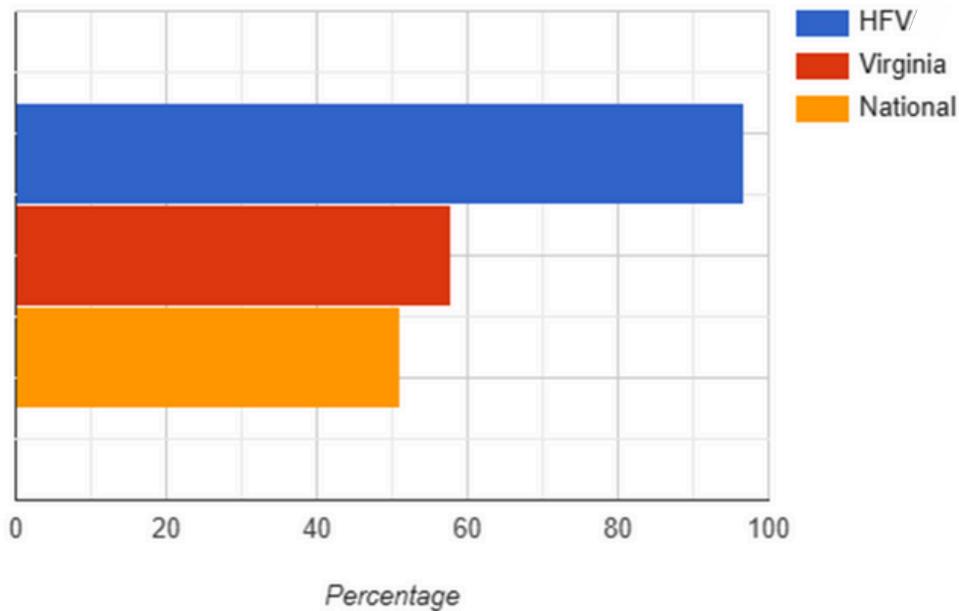
Additional information and metrics can be found [here](#).



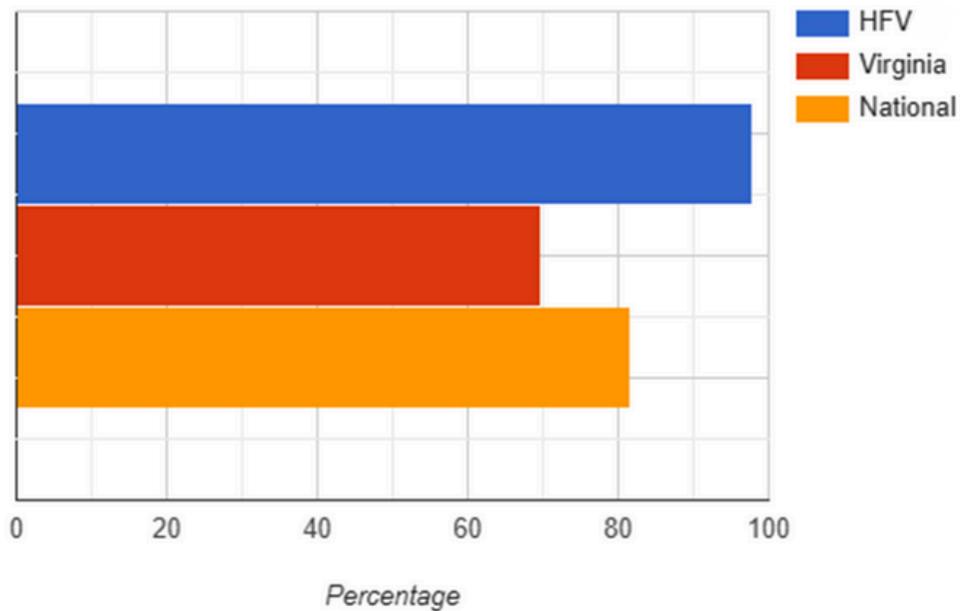
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Supplemental Information

Child Health-Medical Home



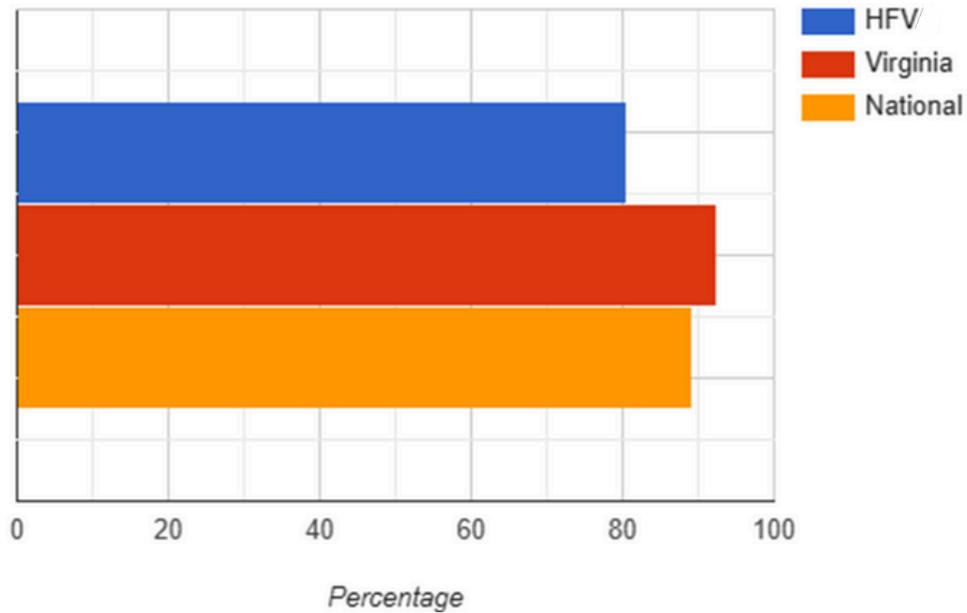
Child Health-Continue with Medical Home



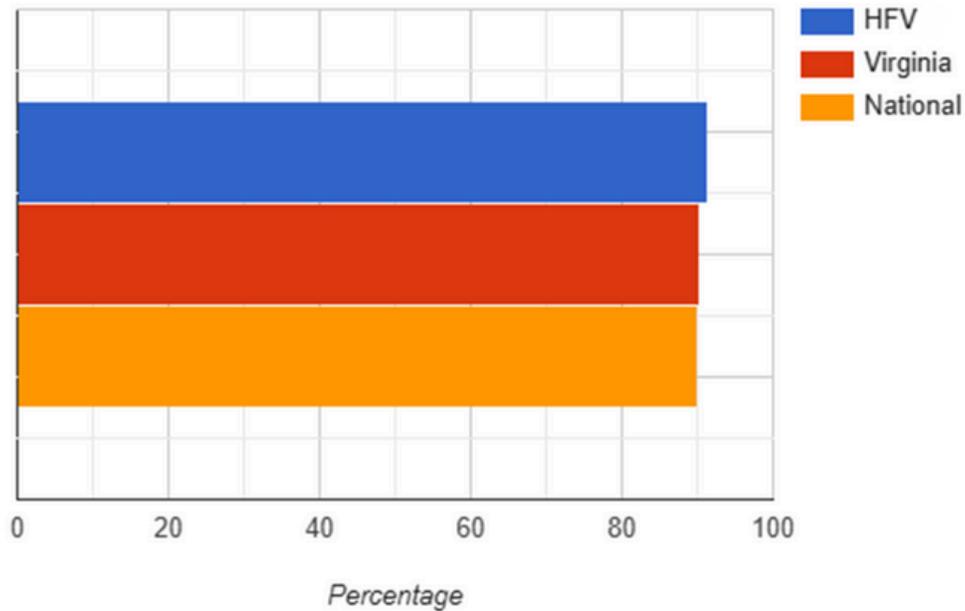
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Supplemental Information

Well Child Visit



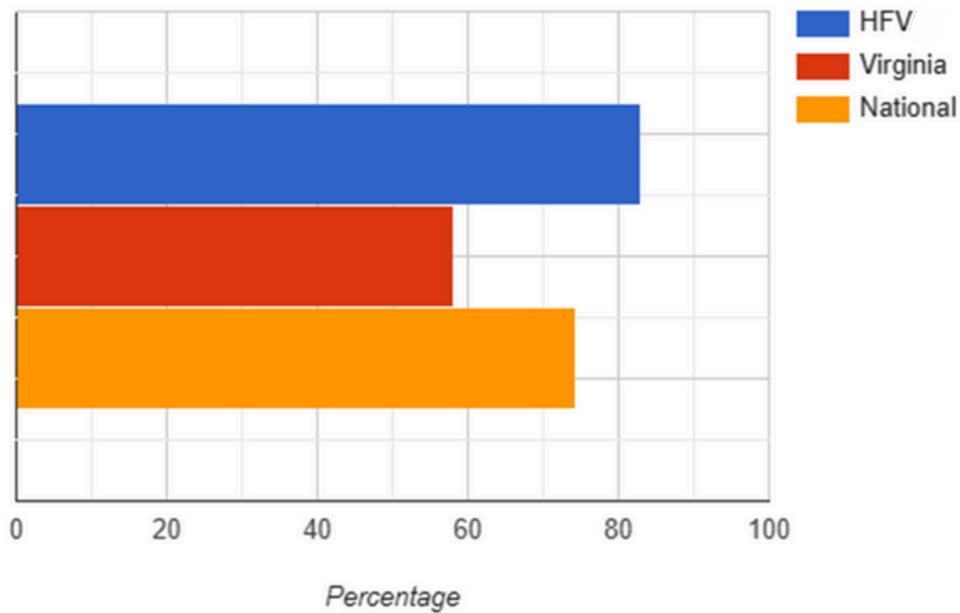
Full Term Birth



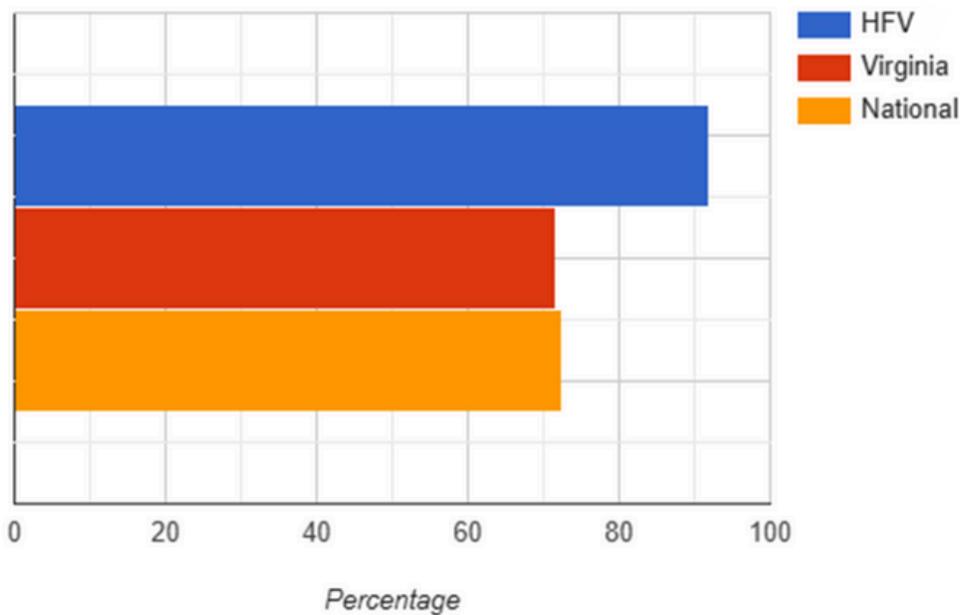
Part VI

Supplemental Information

Maternal Health- Post-Partum Care



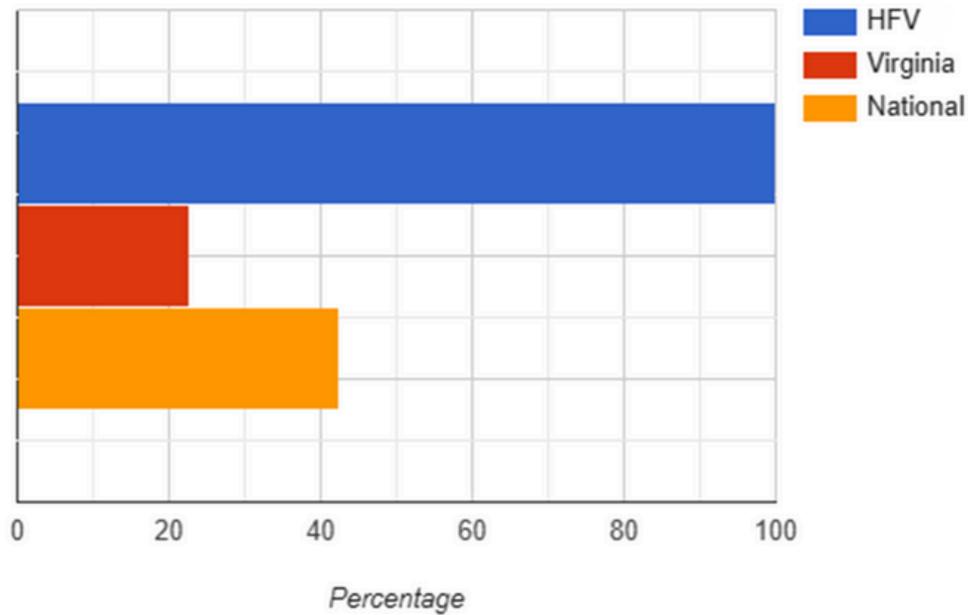
Child Health- Immunization Completion



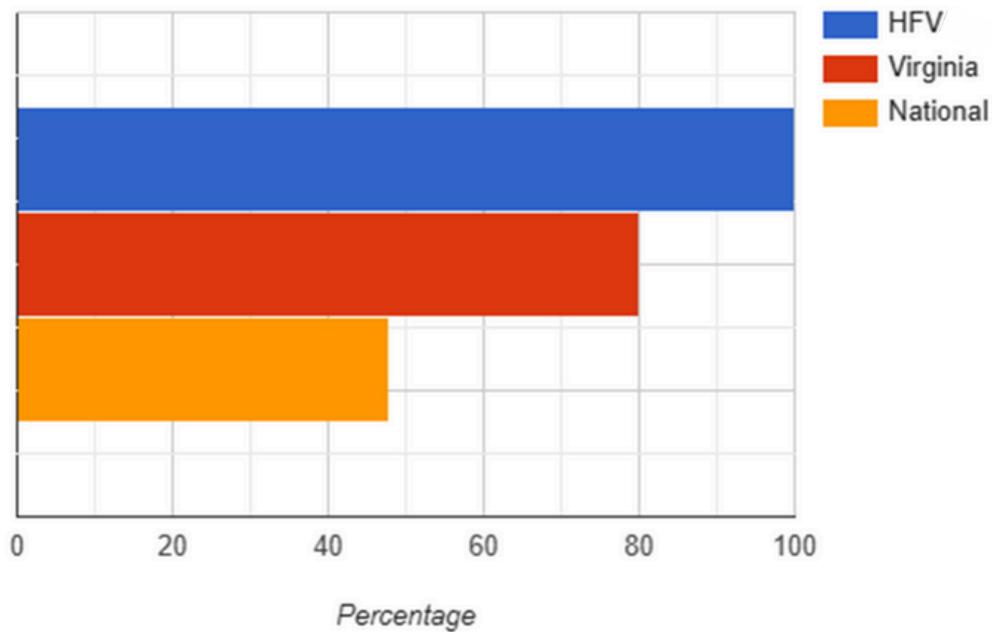
Part VI

Supplemental Information

Depression Referral - Caregivers (Target Child)



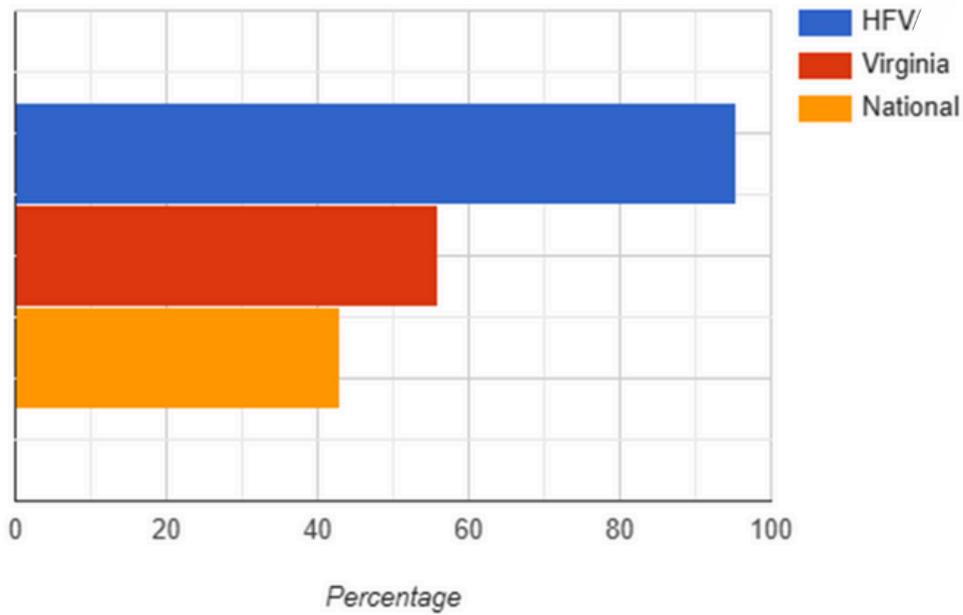
Intimate Partner Violence Resource Connections



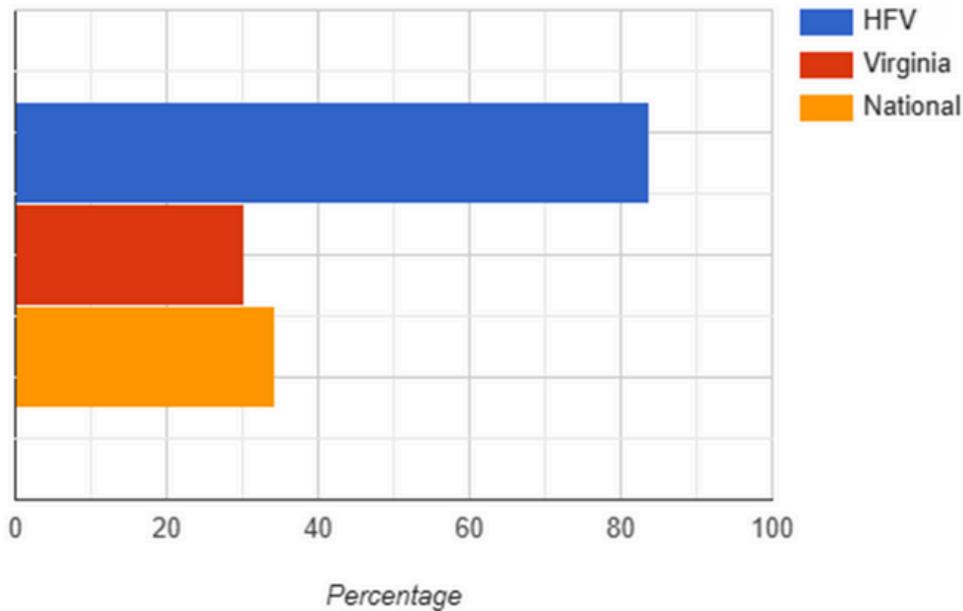
Part VI

Supplemental Information

Tobacco Cessation Resource Connections



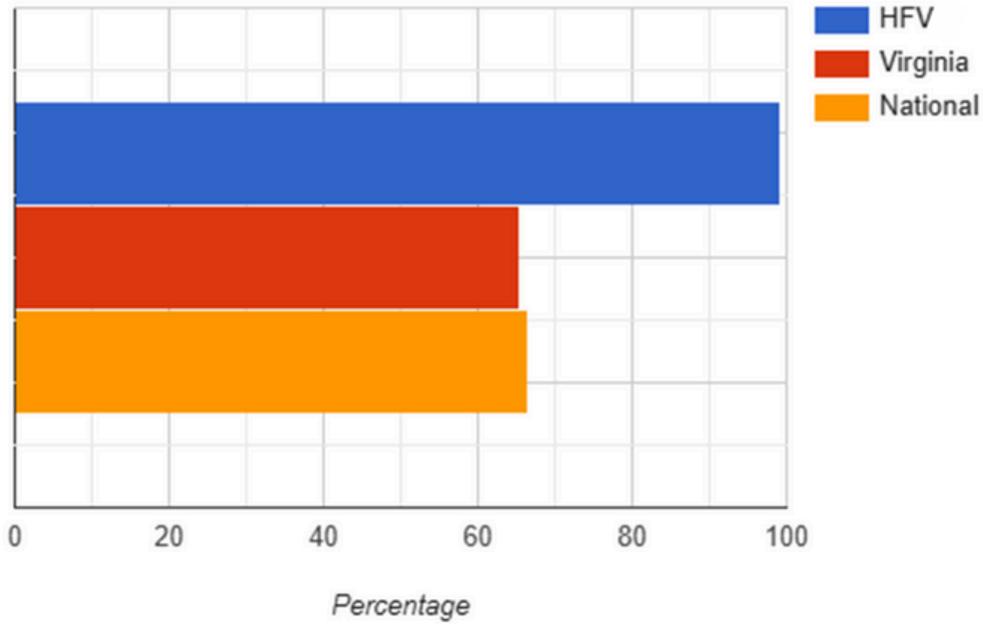
Developmental Screening - ASQ



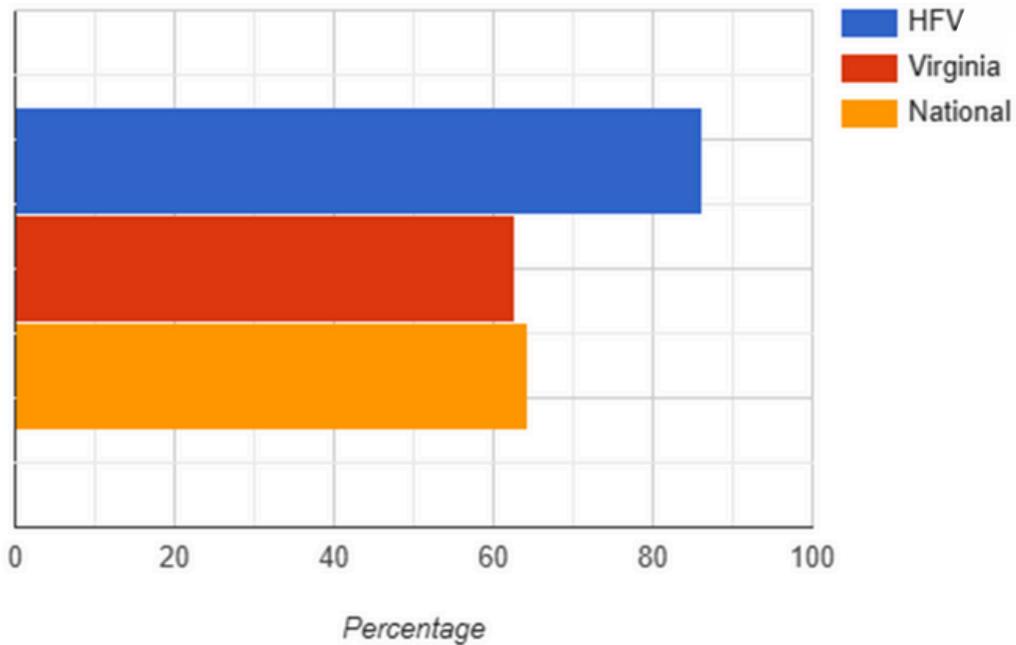
Part VI

Supplemental Information

Developmental Screening - Referral Population - ASQ-Total



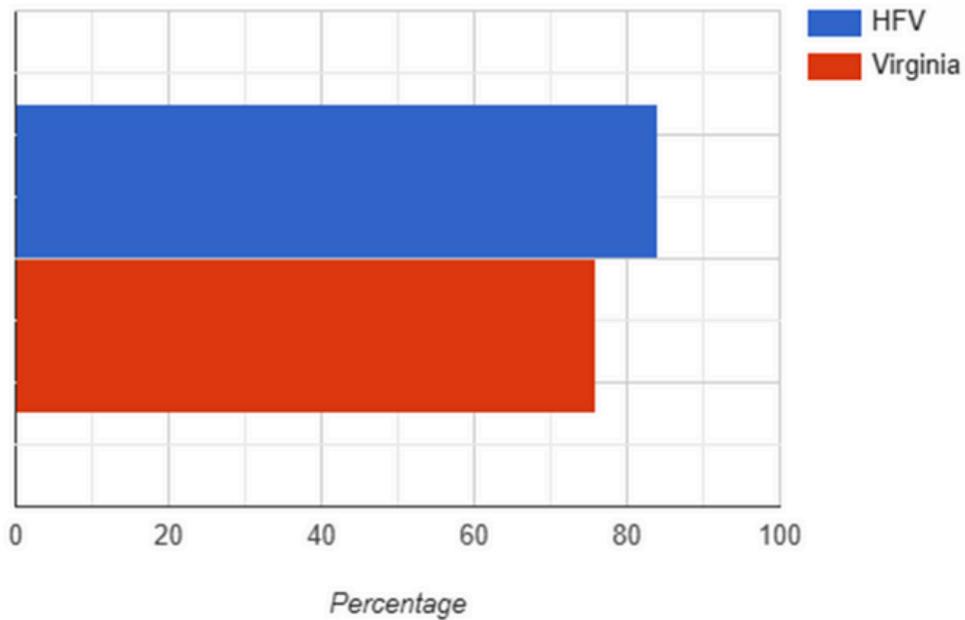
Parent-Child Interaction Observation A



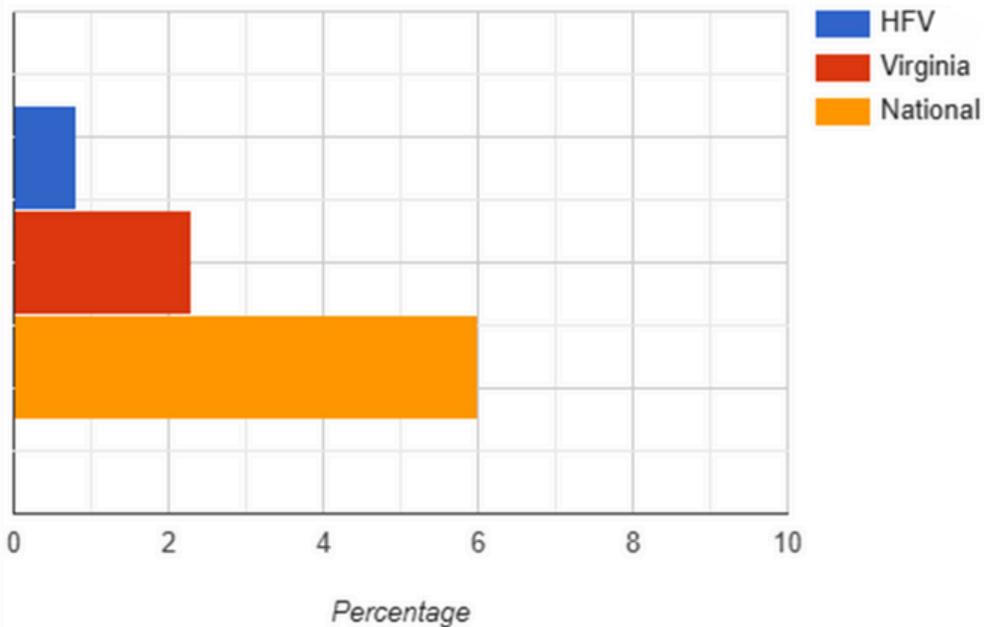
Part VI

Supplemental Information

Father Involvement



Child abuse/neglect reports



Part VII

Strengths, Opportunities, & Adjustments

This section of the report will discuss the results and strengths, opportunities, and adjustments that will be made to assessment and reporting moving forward.

Strengths

HFV screens many families every year and is very good at identifying families who could benefit from home visiting services. HFV has a relatively high rate of acceptance into the program among eligible families. The families who work with HFV are diverse in many ways and HFV serves families throughout the state of Virginia.

In terms of evaluation goals and objectives, HFV is doing very well overall. Specifically, for Goal #1: Maternal and Child Health, HFV met 11 of the 13 objectives (note that this does not include teen birth rate because of the very small sample size of 2). When compared to national and state averages, HFV families are doing as well or better in maternal and child health. HFV is also doing very well in the domains of parent-child interaction and reduced rates of child abuse and neglect among participants. Again, HFV families fare better than state and national trends in these areas as well.

Part VII

Strengths, Opportunities, & Adjustments

Opportunities for Improvement

Although many families were screened and enrolled in HFV this FY, not all eligible families could enroll because of capacity limits at some sites. Greater investment in staff and resources at some sites may be warranted so that all eligible families can be asked to enroll in HFV.

Across the four goals, there is the most opportunity for improvement in Goal 2 - Child Development Outcomes. Although more ASQ and ASQ-SE screens were conducted this year in comparison to last year, HFV still fell short of this objective. The numbers, however, are trending in a positive direction. And, nearly all children with a suspected developmental delay received a referral. However, more concerted efforts need to go towards following up with families who received a referral. In FY 24, fewer than 50% of families who were referred for services were monitored for services. Clearly, this is an area in need of improvement and further training for HFV staff. A closer look at the ASQ data revealed that some families received an excessive number of screens, whereas others received less. Continued monitoring of screens and referral follow ups is needed in the coming year.

Part VII

Strengths, Opportunities, & Adjustments

Adjustments

Two notable adjustments will be made to objectives and reporting in future reports. First, per recommendations from the American Academy of Obstetrics and Gynecology, HFV adjusted the number of weeks that should elapse from birth to a postpartum care visit from eight to twelve. Although HFV fell short of the stated objective that 90% of prenatally enrolled mothers would complete a postpartum medical visit within eight weeks of giving birth, more than 90% of HFV mothers completed a postpartum visit by twelve weeks. Moving forward, this objective will be twelve weeks rather than eight.

Second, based on feedback from sites on the fatherhood involvement survey developed and implemented starting in FY 21, HFV has revised the tool so that it is less cumbersome for sites to collect and less invasive for families. This will be a new tool for FY 26 and is included in the appendix.

Part VIII

References

Healthy Families America (2024). Evidence Base.

Prevent Child Abuse America (2024): Research.

State of Babies, 2023

Part IX

Appendix of Measures (listed alphabetically)

Ages and Stages Questionnaire

Ages and Stages Questionnaire-Social Emotional

CHEERS Check In

Family Resilience and Opportunity for Growth

Positive Male Role Model

Survey of Parenting Practices

Updated Positive Male Role Model Survey for FY26