Mid-Shore (Queen Anne's/Talbot/Kent/Caroline)
A Community Partnership

Fiscal Year 2016 Annual Report
July 1, 2015 ~ June 30, 2016

Queen Anne's Community Partnerships for Children and Families
+
Talbot Family Network
+
Family & Community Partnerships of Kent County
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Queen Anne's County Department of Health
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Talbot County Health Department
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Kent County Health Department
+
Department of Health and Mental Hygiene

July 19, 2016

Healthy Families Mid-Shore
Final Program Report, Fiscal Year 2016
TO
Community Partnerships for Children and Families
Talbot Family Network
Family & Community Partnerships of Kent County

July 1, 2015-June 30, 2016

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Department of Health & Mental Hygiene

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1. Program Overview

Healthy Families Mid-Shore is evidence-based, accredited home visiting program that provides intensive prevention and early intervention services to first time parents, eligible for M-CHP and residing in Queen Anne's, Talbot, Kent & Caroline Counties, who also have risk factors for poor parenting outcomes. Home visitors (Family Support Workers) share the "Growing Great Kids, Inc." curriculum, build a sustained relationship with the participants, conduct developmental screens, refer for services, and model essential parenting skills.

Healthy Families is a research-based best practice initiative of Prevent Child Abuse America. The first objective of Healthy Families is to reduce the occurrence of child abuse and neglect in families with high risk factors for such events. This year the actual number of child abuse and neglect findings was ***99%*** *fewer than the predicted number* for the population we served. The second objective is to support and prepare first time parents to succeed in the challenges of raising an infant and young child to have the social capacity and developmental, cognitive, language, and motor abilities to be "ready to learn" when they reach kindergarten age. These goals are accomplished by developing a trusting, sustained relationship with pregnant and new first time parents, and providing them with child development education, parenting information, health and developmental screens, resource referrals, and successful goal-setting experiences. Outcome measures verify extremely positive results in healthy babies and positive parenting.

Fiscal Year 2016	**Queen Anne's**	**Talbot**	**Kent**	**Caroline** (Began 2/2016)	**Total**
Participants enrolled	50	51	39	15	155
Target children served	44	46	39	9	138
Home visits made	875	714	628	177	2394
Developmental screens completed	123	101	89	8	321
Referrals to community resources	318	201	109	57	685
Predicted Risk for Child Abuse/Neglect*	26	29	23	10	88
Actual Findings of Child Abuse/Neglect	0	0	1	0	1

*Based on actual scores of participants on Family Stress Checklist/Assessment. (Murphy, Solbritt M.D. and Bonnie Orkow, M.S.W., "Prenatal Prediction of Child Abuse and Neglect: A Prospective Study," Child Abuse and Neglect, Vol. 9, 1985).

2. FY 2016 Highlights and Challenges for Queen Anne's, Talbot, Kent & Caroline Sites

HIGHLIGHTS

- In each county, we partner with all other agencies and programs serving families with young children. Partnering includes linking Board memberships, committee memberships, formal and informal working agreements, and regular communication and information sharing. Our partners include QA, Talbot, Kent & Caroline Counties Judy Centers, Infants and Toddlers, Health Department Programs serving women, infants and children (e.g., WIC, Family Planning, M-CHP, Maternal and Child Health); Departments of Social Services (Child Protective Services, Continuing Services, Family Investment Services), Early Head Start (TA), the Family Center of Queen Anne's County, Kent County Family Support Center & Caroline County Family Support Center. In addition, we partner with the Mid-Shore Council on Domestic Violence, faith-based programs for families, and local businesses.

- We continue to be satisfied with the decision made in 1999 when the program was created to hire Family Support Workers in the State merit "Coordinator of Special Programs" classification, so all FSW's have Bachelors level education. Our staff shows extremely effective service delivery, professionalism, and fidelity to the Healthy Families model. We have eight Family Support Workers (FSW) with a Bachelor's Degree, one Family Assessment Worker with a Bachelor's Degree and one R.N. Family Assessment Worker (FAW). Of the FSW's, we have one with tenure of 17 years.

- We expanded the program to include Kent County on July 1, 2013. This was made possible through the funding of the Family and Community Partnerships of Kent County (Kent LMB). The program received additional funding to serve Kent County from the Judy Center. We were able to hire one part-time Family Support Worker. We were fortunate enough to hire a FSW from Queen Anne's to serve Kent County. She requested to be transferred so that she could work part-time.

- The program in Kent County continues to receive many referrals from the local agencies and hospitals. For this fiscal year, the program has maintained approximately 15 families on the "waiting list." Ms. Manley, RN, FAW completes home visits for those families on the waiting list to ensure that families remain engaged in the program until a slot is available. Families are receptive to this and appreciate the extra support from Ms. Manley. With the additional FSW in Kent County, this has reduced the waiting list.

- The program expanded into Caroline County in February 2016. A FSW in Queen Anne's County requested to be transferred to Caroline County. That FSW is an experienced home visitor, trained and was able to carry a full caseload. By the end of the Fiscal Year, the FSW was full and met the goals of the grant.

- As a program that serves four counties, it was determined that another Clinical Supervisor needed to be hired. The program was able to re-hire a former FSW that resigned in July 2014. She was working for Early Head Start as a Program Manager and

was very excited to return to work in Healthy Families. She is a great addition to the program as a supervisor.

- Shelly Edwards, Program Director, is the Chair of the Maryland Home Visiting Alliance. This Alliance is comprised of Program Managers and Director's of various home visiting programs. The goal is to educate the community the importance of evidence-based home visiting services. This group meets every month.

- The Program Director is a member of the Executive Committee for the Early Childhood Advisory Council for Queen Anne's County and the Chair of the Strengthening Families Sub-Committee. This is a required committee from the Race to the Top- Early Learning Challenge through Maryland State Department of Education. The goal is to ensure that 100% of children enter Kindergarten "ready to learn." In addition, the Program Director is a member of the Talbot County Early Childhood Advisory Council and Kent County Early Childhood Advisory Council.

- Healthy Families Mid-Shore Advisory Board conducted held four quarterly meetings on 9/3/2015, 12/ 3/2015, 3/3/2016 and 6/2/2016. This program benefits from an exceptionally engaged and committed Advisory Board, which includes parent participants in the program, agency representatives, community members and local business persons. One local Pediatrician is a member of the board and he is very familiar with the program and the referral process. Often, he (via through his staff) will refer families to the program. He is also a consultant for the program staff when concerns or medical training needs are evident.

- The program was awarded a grant through Chesapeake Charities for the Anthem Grant to serve minority pregnant teens who reside in Queen Anne's, Talbot and Kent Counties. A FSW was hired, Ashley Knapp who focuses on serving teens to improve pregnancy outcomes. This is a one year grant.

- Shelly Neal-Edwards, Program Director and Stacey Woodworth attended the "Healthy Families America's Leadership Conference" in Chicago, IL from 11/2-11/5/2015. This was a great opportunity for management to attend workshops pertaining to staff and program development.

- Shelly Neal-Edwards, Program Director was nominated to be a member of the Healthy Families National Advisory Council. There were only 10 members throughout the HFA network. Teleconferences were conducted on 9/1/2015, 10/7/2015, 11/3/2015, 2/3/2016, 4/6/2016 and 6/8/2016. In addition, Mrs. Neal-Edwards is required to attend one face to face meeting each year. The plan is for Mrs. Neal-Edwards to attend the Healthy Families America National Leadership Conference in November 2015 in order to meet that requirement.

- Shelly Neal-Edwards, Program Director is a member of the Maryland Home Visiting Consortium. Meetings were held on 9/29/2015, 11/10/2015, 12/1/2015, 1/25/2016, 3/22/2016 and 6/21/2016. This consortium consists of home visiting programs in the

State of Maryland to address sustainability of evidence-based home visiting programs and to develop core competencies and trainings for home visitors across several different home visiting model.

- The program had its "Participant Connection" on 12/4/2015. There were 70 families, staff and Advisory Board members present. Judi Gaston, DHMH Division of Oral Health was the guest speaker. She presented "Brush, Book, Bed" to the families to show the importance of healthy eating and good oral hygiene after every meal. This was a successful event.

- Stacey Woodworth, Clinical Supervisor, attended Healthy Families America's "Advanced Supervision Training" in Towson, MD from 3/8-3/10/16.

- Ashley Knapp, FSW/FAW; Bonnie Callahan, FSW and Alexis Harrison, FSW attended the "Teen Parents: Creating the Right Vibe" training on 3/9/2016. This training was very helpful to those staff especially when working with teens who can be challenging.

- All Healthy Families Mid-Shore staff attended the "Home Visiting Consortium Conference" in Columbia, MD on 3/17/2016. There were various break-out sessions. Shelly Neal-Edwards was a presenter for one of the break out sessions regarding managing priorities and preventing secondary trauma with staff.

- Shelly Neal-Edwards, Program Director; Bonnie Callahan, FSW; Stacey Woodworth, Clinical Supervisor; Raquel Haley, Interpreter, Alexis Harrison, FSW and Ashley Knapp FSW/FAW attended the "Child Protective Services Mandated Reporting Requirements" training on 4/12/2016.

- Bonnie Callahan, FSW, Ashley Stiles, FSW and Alexis Harrison, FSW attended the "Great Beginnings Start Before Birth" training in Sacramento, CA from 5/16-5/19/2016. This training is required for home visitors that work with families during the prenatal period.

- Kent County Health Department awarded a mini grant in June 2016 to the program for Kent County staff to purchase educational items for program delivery. The Kent County home visitors will be educating the families on the effects of smoking pre and postnatally The staff will educate all families that smoke in the home and how this effects everyone in the home.

- Stacey Woodworth, Clinical Supervisor and Nicole Chase-Powell, Clinical Supervisor attended the Growing Great Kids training called "REMAP" for program supervisors from 6/6/2016-6/8/2016. This training is intended to give program supervisors tools to use for reflective and clinical supervision for quality assurance of the program.

- All staff attended the "CPR and First Aid Safety" trainings on 6/16/2016. This is very important for the job duties and especially when working with families and children.

- A Participant Connection was held on 6/17/2016 at Tuckahoe State Park for the program participants of the four counties. There were 32 families present. Staff and Advisory Board members were present. There was a guest speaker to discuss "Zika Virus." Smoking Cessation information and education was given to the participants as well. This event was well attended and very informative.

CHALLENGES

- One home visitor from Queen Anne's County resigned on 7/1/2015. However, we were able to hire her back part-time in Kent County. We were able to hire for her full-time position in Queen Anne's County.

- With the addition of Caroline County this year, one staff member who was the FSW for Caroline County resigned shortly after Queen Anne's County Department of Health took over. One Queen Anne's County FSW requested to be transferred to Caroline County so that she could be closer to her home. We were able to hire for that vacant position.

- With the new recruitment process for the State of Maryland, it takes much longer to hire. There was a lapse in time for these vacancies. The program was able to retain most of the families.

- The program continues to be level funded by the core grant from MSDE to serve Queen Anne's and Talbot Counties. This has been level funded for 17 years. With the fiscal assistance and support of both counties Local Management Boards, Queen Anne's and Talbot counties have been able to continue to provide home visiting services to "at risk" families. With the addition of two counties, the overhead costs have lessened between each county however, that has added a substantial amount of additional work for those staff, Program Director, Data Entry, Fiscal Clerk and Clinical Supervisor. The Program Director is constantly seeking grant opportunities for the program. We are extremely grateful to have the opportunity to have expanded to Kent and Caroline Counties and will continue to work hard to keep each county at its goals each year.

3. Evaluation Data: Annual Totals

Immunizations Current This Fiscal Year:

Queen Anne's	**44/44**	**100%**
Talbot	**46/46**	**100%**
Kent	**39/39**	**100%**
Caroline	**9/9**	**100%**
Total	**138/138**	**100%**

Note: These reflect children currently receiving services and children current on immunizations at the time of termination if their services from the program have ended. Immunizations ordered skipped by the target child's doctor are counted as current. Doctors order "skip" for individual medical reasons and occasionally when vaccine is in short supply.

Target Child (at least 2 months old) with Medical Provider:

Queen Anne's	**44/44**	**100%**
Talbot	**46/46**	**100%**
Kent	**39/39**	**100%**
Caroline	**9/9**	**100%**
Total	**138/138**	**100%**

Participant's Medical Provider:

M-CHP eligibility for mothers ends 60 days post-partum, so some participants (mothers) have no health insurance after that time except for family planning services. With Health Care Reform, all families must have health insurance coverage. To be eligible for M-CHIP, the income eligibility for this coverage is low. The annual income limit is about $35,000 for a family of three. Staff encouraged Healthy Families participants to apply and assisted with applications when needed. For those families that are not eligible for health insurance coverage and can not afford to purchase their own coverage, the staff refer families to Choptank Community Health, especially important for undocumented persons. We have also assisted several participants to obtain low-cost dental services.

Birth weights over 2500 grams of target children of participants enrolled *before* third trimester*:

Queen Anne's	**15/16**	
Talbot	**8/9**	
Kent	**5/5**	
Caroline	**3/3**	
Total	**31/33**	**94%**

Birth weights over 2500 grams of target children of participants enrolled *in* third trimester or post-natally:

Queen Anne's	**3/3**	
Talbot	**5/5**	
Kent	**4/4**	
Caroline	**1/1**	
Total	**13/13**	**100%**

Gestational age 37 weeks or more of target children of participants enrolled *before* third trimester: *

Queen Anne's	**15/16**	
Talbot	**8/9**	
Kent	**5/5**	
Caroline	**3/3**	
Total	**31/33**	**94%**

Gestational age 37 weeks or more of target children of participants enrolled *in* third trimester or post-natally:

Queen Anne's	**3/3**	
Talbot	**5/5**	
Kent	**4/4**	
Caroline	**1/1**	
Total	**13/13**	**100%**

4. Other Annual Data Reports

A. **Estimated Births in Target Population**

Queen Anne's	**170**
Talbot	**155**
Kent	**83**
Caroline	**220**
Total	**245**

Screens conducted FY 2016

Queen Anne's	**195**	(160 = 82% prenatal)
Talbot	**138**	(103 = 75% prenatal)
Kent	**40**	(32= 80% prenatal
Caroline	**68**	**(**51= 75% prenatal)
Total	**206**	(346 = 79% prenatal)

Screens conducted from FY 2015 to FY 2016 nearly tripled in Queen Anne's County and doubled in Talbot County. The program received many new referrals in both of these counties due to the program expanding its target population to include more than just first time parents. However with level funding, the program is not able to serve more families from previous years.

The above "estimated births in target population" chart has increased from last year. We have expanded the target population to all MCHP births just this past year. Not all referral sources have an understanding of this and there have been staff turn-over in those programs that educating the new staff on how and who to refer, has been challenging. Healthy Families Mid-Shore staff are working hard to educate all referral sources on this change.

With health care reform, families who apply for insurance coverage MUST apply on-line and do not come into the Health Departments as they have in the past years. This has decreased some of the referrals in Kent and Caroline Counties. Since those counties have very limited resources and OB-Gyn physician's available (one in Kent Co and none in Caroline Co), the "Prenatal Risk Assessment's" are not always completed by the physician's offices and sent to the local Health Departments so that they can become aware of those families needed additional community resources. This has resulted in less referrals in those two countis.

B. *Demographics* *from PIMS Report "Intake Characteristics of Mothers" Active Between 7/1/15 and 6/30/16*

VARIABLE	QUEEN ANNE'S N=50	TALBOT N=51	KENT N=39	CAROLINE N=15	TOTAL N=155	PERCENTAGE
Age:						
< 18	10	7	8	2	27	17%
18-19	12	9	7	3	31	20%
20-30	24	29	23	9	85	55%
>30	4	6	1	1	12	8%
Race/Ethnicity:						
African-Amer.	10	17	15	7	49	32%
Caucasian-Amer.	17	11	15	5	48	31%
Hispanic	19	21	1	2	43	29%
Multi-Racial	4	2	5	1	12	8%
Marital Status:						
Single	26	26	20	7	79	52%
Living Together	20	20	16	4	60	39%
Married	3	5	3	2	13	8%
Other	1	0	0	0	1	1%
Education:						
< 7^{th} grade	5	7	5	1	18	12%
8^{th}-12^{th} grade	18	16	17	6	57	37%
HS Diploma	14	15	14	6	49	32%
GED	2	2	1	1	6	4%
Any College	11	11	2	1	25	16%
Unknown	0	0	0	0	0	0%
Employment						
Employed FT	8	10	10	3	31	20%
Employed PT	14	15	5	2	36	23%
Student FT	3	8	4	1	16	10%
Looking	2	3	3	1	9	6%
Not Looking	20	14	16	7	57	37%
Other/Disability	3	1	1	1	6	4%

Repeat Teen Pregnancy (less than 18 years old):	**0**
Child Protective Services *reports* of which HF is aware:	**2** (not made by HF Staff)
Child Protective Services *findings indicated* of which HF is aware:	**1**
Children placed outside the home this year:	**0**
Infant Mortality:	**0**
Child Injuries:	**0**
Deaths to children:	**0**

C. **Other Data Elements** Site fully credentialed by Healthy Families America: March 2013- June 2017. Site visit is tentatively scheduled for February 26-28, 2017.

D. **Date services began**: January 1, 2000 for QA & T Counties, July 1, 2013 for Kent County and February 2016 for Caroline County.

E. **Location**: Queen Anne's, Talbot, Kent & Caroline Counties

F. **Staffing**:
Program Director: 1 FTE
Clinical Supervisor: 1 @.8 FTE, 1 @.70 FTE
Family Assessment Workers: QA: .3 FTE, Talbot: .2 FTE, Kent: .4 FTE and Caroline: .3 FTE
Family Support Workers:
6.35 FTE FSW's (2.0 FTE QA, 1.75 FTE Talbot, 1.6 FTE Kent & 1 FTE Caroline)
Data and Clerical: 1 @ .5 FTE.

G. **Target Population**: New parents, pregnant or with a baby up to three months of age at enrollment, applied for or receiving M-CHP, residing in QA, Talbot, Kent & Caroline Counties.

H. **Overall Demographics**: The counties are rural, with small town population centers. Recently Queen Anne's County has experienced considerable growth in the Kent Island area from exurban expansion of Annapolis, Baltimore and Washington, D.C. Now more development is moving further North in Queen Anne's County and further South in Talbot County. Kent County is very similar however it is the smallest county in the State. Caroline & Kent Counties have a large population of low income families. Incomes range from very high to very low in these counties. HF participants are very low to low and lower-middle income families eligible for MCHP.

I. **Funding Sources** used in FY 2016: Via QACPCF: MSDE Funding ($ 296,372) for basic two-county program, including one .2 FTE FAW and one full time FSW in each county, .95 program director, clerical and data support. Via TFN: CPA Funding ($ 82,424) for .75 FTE additional FSW in Talbot, .33 FTE Clinical Supervisor, and support costs. Via QACPCF: CPA Funding ($57,616) for .50 FTE additional FSW in QA, .25 FTE Family Assessment Worker, .33 FTE Clinical Supervisor and support costs. Via QACDSS: Promoting Safe & Stable Families ($60,000) for .50 FTE FSW in QA, .10 FTE Family Assessment Worker, .20 FTE Clinical Supervisor and support costs.

Kent County is funded from FCPKC through MSDE, CPA, Judy Center and PSSF supports, .33 FTE Clinical Supervisor, 1.0 FTE Family Support Worker, .6 FTE Family Support Worker .4 FTE Family Assessment Worker, .05 FTE Program Director, & .1 FTE Data Entry Worker.

Caroline county is funded from DHMH through the federal government grant- Maternal, Infant, Early Childhood Home Visiting grant. This adds an additional 1 FTE Family Support Worker, 1 FTE Clinical Supervisor/Family Assessment Worker and shares in the cost of overhead to include the Program Director, Clerical and Fiscal Clerks

J. Enhanced Program Services

1. In Talbot County, from the end of last fiscal year when it was determined that we could no longer "share families" with the Early Head Start program to coordinate services to those families who are eligible to receive both services, we have closed several of those families so that they can remain in the Early Head Start program. We will continue to coordinate with the Talbot County Judy Center early childhood activities, and on families receiving multiple services.

2. In QA County, we refer participants who can benefit from the additional support, parenting education, adult education and socialization to the Family Center of QAC, a program of the Judy Center Partnership. The Family Center is located in Sudlersville and this will continue to allow families in the northern part of the county to participate more actively. We will continue to work collaboratively with this agency.

3. In Kent County, a Family Support Center was opened. We have been working collaboratively to serve more families in Kent County. The program makes referrals for families that are interested or that this program is unable to serve. In addition, we received funding to hire a part-time Family Support Worker to serve more Kent County families through the Judy Center. We have been able to lessen the waiting list dramatically.

4. The Program Director sits on the QA Multi-Disciplinary Committee and is a member of the Talbot County Multi-Disciplinary Committee where child abuse and neglect cases, the drug affected newborn policy, child fatality review committee, and other important trainings related to county drug abuse and prevention, gang activities, and computer-related crimes against children are discussed monthly.

5. We continue to recognize participants who remain with Healthy Families for long-term services, as the program model intends. After one year of Healthy Families participation, mothers receive a charm bracelet to which a charm is added each year on their anniversary of participation. Participating fathers will receive a "dog tag" to wear around their neck. The bracelets and "dog tags" are popular features and convey respect and recognition to our participants, many of whom have had few or no experiences of recognized success in their lives. We honored 10 graduates for FY 2015.

6. The program successfully expanded Healthy Families home visiting services to Caroline County in February 2016. This is an opportunity to provide high quality home visiting services to families in Caroline County. Staff have served 15 families from February 2016 through June 30, 2016. We feel that this has been a success and we hope to continue this success throughout Fiscal Year 2017.

5. Screens and outcome instruments administered this year per protocol

A. Healthy Families MD Home Safety Checklist

Home safety is important because accidents are the leading cause of death in children over one year of age. SIDS remains the leading cause of death in children under one year. Healthy Families teaches all participants to share the "Back to Sleep" rule with anyone who cares for their child. The American Academy of Pediatrics has issued new educational information that differentiates between "Back to Sleep" and "Tummy to Play." We distribute this information widely to our families and their children's other caregivers. Healthy Families America made health and safety into "Sentinel Standards" in the 2008 credentialing materials, so these topics have a high priority in the Healthy Families model.

Healthy Families Mid-Shore assist families to improve safety features in participants' homes. The Safety Checklist is a screen to identify some key safety issues that need to be addressed. The FSW works immediately with the family—sometimes even at the same visit—to correct safety deficiencies. Often a follow-up is on a different dwelling, since some participants move frequently. We use the Maryland Safety Checklist to provide effective improvements in safety concerns identified in the first screen on each dwelling. There is statewide interest in changing or improving the Safety Checklist in the future.

Queen Anne's	52 Administered:	22 Baseline	and	30 Follow-up
Talbot	65 Administered:	25 Baseline	and	40 Follow-up
Kent	36 Administered:	11 Baseline	and	25 Follow-up
Caroline	15 Administered:	11 Baseline	and	4 Follow-up
Total	168	72 Baseline	and	99 Follow-up

The MD Home Safety Checklist has a total possible score of **17**. A minimum score of **15** is considered adequate home safety. HF Mid-Shore FY 2013 outcomes included:

Participants who scored *15 or above* on Baseline:

QA: 41%(N=9/22) TA: 80%(N=20/25) Kent: 64%(N=7/**11) Caroline: 45%(N=5/11)**
Combined: 57% (N=41/72)

Participants who scored *15 or above* on Follow-ups:

QA: 100%(N=30/30**) TA:100 % (N=**40/40) **Kent 100%** (N=25/25) **Caroline 100%(N=4/4) Combined: 100% (N=99/99)**

In the past, the FSW's only scored the family based on the initial visit and did not follow-up with the family to "rescore" them once the family made their home safer. All FSW's complete the initial Home Safety within the first 4 home visits. When a family presents to the FSW that they do not have a working smoke detector, outlet covers, baby gates, car seat, etc., the FSW on the next home visit, will bring the family these items and then complete the Home Safety checklist again as the follow-up. The FSW works with the family to ensure that their home is safe and that the Home Safety score is 15 -17 (17 being the highest). The goal of the program is for all families to have follow-up scores at 100%.

B. <u>ASQ and ASQ-SE</u> (Ages and Stages Questionnaire and ASQ Social-Emotional Questionnaire)

Queen Anne's	**127**	Administered
Talbot	**103**	Administered
Kent	**110**	Administered
Caroline	**8**	Administered
Total	**348**	

98% (340/348) of screens scored developmentally on target.
2% (8/348) screens highlighted possible developmental delays.

Of the children (1 in QA, 1 in Talbot, 2 in Kent). All of the families were referred to the Infants and Toddlers program and are receiving services. The home visitors assigned to each family, tracks the early intervention services and participates in the family meetings when possible. We work collaboratively with Infants and Toddlers to assist the child in the developmental area of concern with activities to improve the child's development.

Early detection of developmental delays is important because early diagnosis and treatment have the greatest possibility of successfully addressing the child's needs and minimizing—or avoiding—lifelong disabilities in gross and fine motor, vision, hearing, speech and emotional development. Healthy Families' model of early intervention with pre-natal participants may also have a positive effect in reducing overall developmental delays, but this would require a larger N and a control group study to investigation.

C. Edinburgh (Depression Screen)

	Administered	Risk for Depression	Percentage
Queen Anne's:	34	6	**18%**
Talbot:	25	4	**16%**
Kent	19	7	**37%**
Caroline	11	4	**36%**
Total	**89**	**21**	**24%**

Administration of the Edinburgh is done when services begin, post-partum, and annually. The figures above represent all Edinburgh's given this year. Approximately 16% of the Edinburgh scores reflect the participant at risk for depression with a score of 10 or above. All participants scoring 10 or above were given information about depression, post-partum depression and mental health services referral information.

Maternal depression is significant because it has been associated with poor parent-child bonding, child neglect, and impaired development of social-emotional responses in the child which can affect lifetime mental health. Maternal depression also adversely affects family economic stability and parent goal achievement. Depression can be limited to the perinatal period, or can be a chronic condition. Family Support Workers encouraged participants to apply for the Maryland FAC program (Family and Children's Medical Care via MCHP) which also supports mental heath services for eligible parents.

For the Queen Anne's County participants that scored "at risk for depression," has increased from last year. The program has implemented the "Mothers and Babies Course: Preventing Post-partum Depression Through Home Visiting." This appears to assist families in identifying depressive symptoms and the need for additional services for mental health services. The FSW's encourage families with an elevated depression screening to seek mental health treatment. All of the families were referred to additional services. Most of the families have a history of depression prior to the pregnancies and have been in counseling in medication in the past.

For the Talbot County participants that scored "at risk for depression," 3 of the 4 are Spanish-speaking and the FSW have encouraged them to seek counseling however, due to the language barrier and lack of health insurance, this tends to not happen. The FSW will continue to encourage the mother to consider counseling. In partnership with Talbot County Department of Social Services and "Evolution Mental Health Services", we continue to participate in the "fACEs." This program was developed to refer families that have experienced child hood trauma related to sexual or severe physical abuse. We have referred 21 families to this program. The families that were enrolled in this program were given an option to attend treatment at the clinic. This has been a great addition to the Healthy Families Mid-Shore program. We hope to continue this in the near future and that the Spanish-speaking mothers with an elevated depression score and risk factors will be served.

For Kent County, there has been an increase of depressed mothers since last year. There were 7 families deemed to have depressive symptoms. All 7 families have been referred for mental

health treatment. 4 of the mothers are in treatment however the other 3 have refused services at this time. The FSW has been using the "Mothers and Babies Course" and encouraging the families to seek treatment. She will continue to encourage the families to seek treatment until it occurs.

D. <u>Life Skills Progression</u> (Developed by Linda Wollesen, MA, RN, LMFT and Karen Peifer, PH.D, MPH, RN) A validated and reliable tool.

Queen Anne's	77	Administered.
Talbot	77	Administered.
Kent	47	Administered
Caroline	13	Administered
Total	214	Administered

This is the sixth year of data captured for the Life Skills Progression (LSP). All families are measured at initial start of services then every six months but data is only captured at baseline, 12 month, 24 month and 36 months. The creators of LSP are working on expanding this data to 48 and 60 months of service.

Some of the areas that the LMB's concentrate on are: "Family Relationships and Use of Community Resources." In Queen Anne's County out of those families evaluated in Family Relationships, 92% of families were in the target range at 12 months of service. For Talbot County, 88% of families were in the target range at 12 months of service. For Kent County, 96% of families were in the target range at 12 months of services. At the end of 48 months of service, 100% of families were in the target range for this area in Queen Anne's and Talbot Counties. At 36 months of service, 100% of families were in the target range for this area in Kent County. Kent County has been operating for 3 full years. **Caroline County has only been included in our program for less than 6 months. We hope to have more data for next fiscal year.**

In regards to Community Resources for Queen Anne's County, families when they enter into the program, 100% of families were in the target range by 24 months of service. For Talbot County families, 98% 24 months. For Kent County families entering into the program, 98% were in the target range. By 12 months of service, 100% were in the target range**. For Caroline County, the program has not been able to collect enough data to analyze at this time.**

Encouraging families to build healthy relationships with other family members and to utilize community resources, are just two of many life skills families need to work on in order to be more successful in life. When looking at the results, in most categories the families improved their "scores" by 12 months of service. Discipline is another very important area of concentration. Staff report that one area of trouble for most families is "Discipline." The initial score tend to be higher and as the child ages, the score will decrease. This is related to behavioral concerns that the family will encounter as the child gets older, as they reach toddler hood and will have more tantrums, etc. The parents become increasingly frustrated and will look to other family members that have "experience" to give them information on how to discipline a toddler. The FSW's spend a significant amount of time giving the families information on

discipline in hopes that the family will utilize the information given and to reduce the risk of child abuse. For Queen Anne's County, at the 12 month evaluation, 40% were in the target range. At 24 months, 88% were in the target range. At 36 months, 100% were in the target range. For Talbot County, at the 12, 24 and 36 month evaluations, the families were in 92-100% of the target range. This demonstrates the effectiveness of the home visiting services for families served. For Kent County, the baseline and 12 months, 50% of the families were in the target range. By 24 months of service, 100% of families were in the target range. The FSW's spend a lot of time educating families on this area.

Mental illness of one or both parents, can contribute to the insecure attachment between the parent and child. For Queen Anne's County, at the 12 month evaluation, 100% were in the target range, 100 % were in the target range for Talbot County and 93% were in the target range for Kent County. At 24 months, all three counties had 100% of families were in the target range. At 36 months of service, both Queen Anne's and Talbot County families were 100% in the target range. Most of the families served are eligible for Families and Children MCHP. Most mental health services are covered by MCHP and the FSW's encourage the families with mental illnesses to seek counseling and psychiatric services for medication. The full report for the four counties is located in the Attachments section of this document.

All staff has been trained in utilizing this tool, either informally or formally. The Clinical Supervisor meets with all FSW's to review the tool at each interval for all families served to ensure objectivity.

E. <u>Inter-Partner Violence</u>

All new and existing enrollees for FY 2016 were screened using a formal assessment called "HITS." This screening is designed to have a conversation with the family on a regular basis in regards to inter-personal violence/ domestic violence.

Queen Anne's	**53 were due and 53 administered**	**0 Risk**
Talbot:	**44 were due and 44 administered**	**0 Risk**
Kent:	**40 were due and 40 administered**	**0 Risk**
Caroline:	**17 were due and 17 administered**	**0 Risk**

F. Health Habits

All new and existing enrollees for FY 2016 were screened for substance use/abuse. This includes tobacco products, alcohol, prescription pain medicine and illegal substances. The home visitors use a formal screening mechanism called "Health Habits" to discuss the effects of poor choices on the family including themselves and their children. This tool is designed to be used on a regular basis to discuss these "more difficult" issues and to link families to resources if necessary.

Queen Anne's:	**55 were due and 55 administered**	**1 at risk and referred**
Talbot:	**45 were due and 45 administered**	**0 at risk and referred**
Kent:	**40 were due and 40 administered**	**3 at risk and referred**
Caroline:	**17 were due and 17 administered**	**0 at risk and referred**

G. Participant Satisfaction Survey, 2016

The beginning of May 2016 copies of the most recent version of our participant satisfaction survey were given to all FSW's to be delivered by hand with an envelope to return it, or by mail with postage paid and pre-addressed return envelopes. We began receiving the surveys back immediately and the data was analyzed July 12, 2016. During home visits, each Family Support Worker (FSW) presented and explained the purpose of the survey. The FSW offered to read the survey for the participant when necessary. The FSW requested the participants to complete the survey on their own, not to share the results with her and then mail using the stamped envelope provided. The FSW's verbally reminded the participants to complete and return the survey. The satisfaction surveys are available in English and Spanish.

In addition, in the Healthy Families Policy & Procedures manual, the staff send the survey to all families that have closed from Level X (have not had contact with the family for at least 3 months) and when the participant has graduated only if the last survey was completed more than 6 months prior. The FSW sent notes to the last known addresses of participants closed requesting them to complete the survey and return it in a stamped self-addressed envelope which was enclosed. Approximately one hundred and fifty surveys were distributed (throughout the entire year) and a total of 78 were returned (QA 22, TA 30, K 18, C 8). In summary, our participants continue to express approval of Healthy Families Services: 90% are "Very Satisfied" and 10% are "Satisfied."

Participants also responded that their lives had improved in certain areas since beginning the program. For example:

"Our understanding of child development and parenting"	82 %
"Taking care of our children"	64%
"Our support system"	60%
"Using other community resources"	60%
"Our ability to solve problems"	54%

Participants also responded to the question asking if the first person who came to talk to you (FAW) about the program speak your language. 99% stated yes they did. The program uses an Interpreter/Translator to assist with communication in Spanish.

97% of respondents said they would "definitely" recommend our services to others. 0% of respondents said they could "probably not" recommend our services to others. All questions and both site-specific and combined responses are included in the Attachments. A sampling of quotes from participant surveys about the program are included in Section 6, below.

6. Sample Quotes from Participants
(F*rom Participant Satisfaction Survey, FY 2016)*

What do you like most about the program?
" I love my home visitor"
"I love being able to talk to someone other than my family members and the wonderful help provided"
"The activities"
"The information for how to take care of my baby"
"The education about helping your child development skills"
"Provides landmarks for our child's development"
"Friendly home visitor"
"Nice and caring home visitors"
"My home visitor cares about my childs development and helps me to provide parenting skills that will help my child in his development in all stages"
Spanish translation:
"The teaching about the care and health of children"
""They help me know what my baby needs to do for his age"
"I get the support on the development on my daughter. Also, on how to resolve problems like my daughters insurance"
"They help me resolve some doubts I may have. Whatever info I might need and give"
"The books and all of the information"

What do you like least about the program?
"Nothing"
"Frequent visits"
"can't think of anything"
"Not too many gatherings with other families"
"nothing really"
Spanish Translation:
"It will be over for me very soon"
"That they only come once a month"
"All I like"
"Healthy Families meetings are not as frequently"

How could the program be improved?

"Program is amazing. I don't see the need for improvement"
"Nothing, it's perfect"
"I enjoy the program"
"Everything is great"

Spanish translation:

"I think that everything is fine"
"It is great the way it is"
"Really like the program, I think they don't need nothing"

7. FY 2016 Annual Financial Reports: From QACHD and TCHD under separate cover.

8. Participant Vignette for Fiscal Year 2016 (Names changed for privacy)

Annual Vignette

Brittany is a young, 20 year old mother who enrolled in the Healthy Families program in January of 2012. She was pregnant with her first child and due in May of 2012. Brittany had a history of depression and had tried to commit suicide in 2009. She was on medication and attending therapy when she enrolled in the program. She was convicted of possession of marijuana and was on probation. The father of the baby, Mike, had a criminal background and was in jail at the time of enrollment. Neither Brittany or Mike had graduated from high school. Brittany did have a full-time job at a local restaurant. In the beginning of her involvement in the program, housing was a stress and she felt unsafe because of the condition of the house she was living in at the time.

The first few months of initially enrolling in the program Brittany and the home visitor focused on stress reduction and discussed having a healthy baby. Brittany talked with the home visitor about her stress regarding Mike being in jail and also her living situation. The home visitor made sure that she was enrolled in WIC and that she was going to all of her prenatal appointments. After Brittany delivered her healthy baby girl, Kalee, the focus became on helping Brittany bond with Kalee and also helping her to establish goals. Brittany's number one goal was to find a place to live. Brittany moved in with her father and was staying there until she found her own apartment. The home visitor assisted her to identify what she needed to do to find an apartment and discuss possible options in the community. Brittany was also experiencing dental issues and the home visitor provided her with a listing of dental providers and assisting in getting her to the appointment. Brittany was very appreciative of the home visitor's knowledge of community resources.

Brittany and the home visitor continued to meet and discuss child development and bonding. Brittany and her daughter Kalee were bonded and Brittany loved the activities and the information given to her by the home visitor. On every visit Brittany was ready to play with Kalee and always asked really good questions about her development. Brittany worked two jobs so that she could save for an apartment for her and Kalee. Since child care was too expensive and Brittany was unable to afford that expense, she had appropriate family members watched Kalee while she worked. After over one year of saving and working two jobs, Brittany finally found an apartment of her own. Brittany and Kalee moved into a 2 Bedroom apartment and was very happy!!! After being incarcerated for over two years, Mike was released from jail. He requested to spend some time with Kalee. With much hesitation, Brittany allowed Mike to visit with Kalee while Mike's mother was present. Kalee was shy and timid initially, but was able to grow to have a relationship with Mike.

Four months after moving into her apartment Brittany had to find another apartment because they were tearing down her complex. This was stressful for Brittany but she was able to locate another apartment. Brittany continued to remain in the program. Brittany also continued to take medication for her depression and met with her therapist regularly. There were times that Brittany would tell the home visitor that she felt that she didn't need medication or treatment. But the home visitor discussed the concerns with Brittany on a regular basis and kept her on

track. For the next 3 1/2 years Brittany stayed in her apartment and had several job changes. At times Brittany, became more and more frustrated with her life but she continued to keep her visits and Kalee was thriving. The home visitor would point these accomplishments out often to Brittany to keep positive encouragement in her life. Kalee continues to develop on target with no delays. With the assistance of the home visitor, Kalee will attend Head Start in the Fall. Brittany and the home visitor discussed the importance of an education in order to get a higher waged job. Brittany enrolled through the local community college and has received her GED. Brittany feels she is ready to seek higher education through college. She would like to take nursing courses. Brittany and the home visitor worked very hard in locating a more stable job so that she could have consistent hours. Brittany is now employed as a cook at an assisted living facility where she does not have to work weekends. She can spend that time with her daughter. Brittany has stated that she really enjoys her job and that is why she would like to pursue a career in nursing.

Due to Brittany working so hard in accomplishing goals and keeping her visits, Brittany and the home visitor meet monthly. They continue to focus on Kalee's development, her goals and continue to monitor her depression.

The family will “graduate” from the program in September 2016 when Kalee enters into Head Start full-time. Brittany states that she has a good understanding of her depression and she knows the signs and knows where to turn for help. Brittany has been in the program for over four years. She has accomplished a lot during that time. Brittany contributes her success to the program and to her home visitor for “believing in me when I didn’t” and feels that the home visitor gave her the tools she needed to become successful as a parent.

10. Conclusion and Preview of FY 2017

Healthy Families celebrated 17 years of service to families in Queen Anne's and Talbot Counties in January 2016. The program has been serving Kent County for three years in July 2016 and began in Caroline County in February 2016. The Program has served over 1200 at-risk and vulnerable families of these four counties. This is a big accomplishment.

This past year, little staff turnover has occurred. One home visitor requested to be transferred to Caroline County from Queen Anne's County to be closer to home. One home visitor retired. The program was able to hire two new home visitors, Bonnie Callahan and Ashley Knapp and hire another Clinical Supervisor, Nicole Chase-Powell.

Healthy Families Mid-Shore has been providing services to Kent County for the past three years. The program continues to be successful in this county. We continue to receive referrals from MCHP, DSS, local OB and health providers and other sources. We were fortunate to have been awarded funds from Kent County Judy Center to serve at-risk and vulnerable families for the Chestertown catchman area for FY 2016 and that resulted in more families served and a smaller waiting list. This partnership has been successful for its first year.

The program expanded into Caroline County in February 2016. The goal was to reach 15 families by the end of the fiscal year and that was accomplished. By expanding into this county, the program was able to add staff including a Clinical Supervisor. This is an added addition to assist with programmatic issues including the upcoming Accreditation of the program. This has been an asset to the program service delivery. In addition, this allowed the program to receive the Federal Grant of the "MIECHV" as referenced earlier.

The program received a grant to serve minority teen expectant parents for Kent, Queen Anne's and Talbot Counties. This grant was through the Anthem Foundation, a foundation of Blue Cross and Blue Shield. By receiving this grant, the program is able to serve more families in those 3 counties. The program hopes to be able to continue that grant for future years.

Last, the statewide budget challenges continues to put Healthy Families Mid-Shore at risk for enhanced funding from the Governor's Office for Children and with the "Core Funding" being leveled funded for 16 years that serves Queen Anne's and Talbot Counties. The Kent County portion of the program receives funding from MSDE which is level funded as well. Further budget reductions would affect our capacity to serve the number of families in these 3 counties. And with the Governor's new Initiatives, it is uncertain of the fate of the program. We do know that for FY 2017, the funding will remain for Healthy Families Mid-Shore. We are grateful that Family & Community Partnerships of Kent County and Talbot Family Network awarded the program an increase for FY 2017. We are so thankful and grateful of this opportunity. In addition, the Program Director diligently seeks additional funding sources so that the program can "maintain" and avoid losing staff and/or families due to budget restraints.

PREVENTION OF CHILD ABUSE AND NEGLECT
Healthy Families Mid-Shore Fiscal Year 2016

Based on

Kemp Family Survey
Risk Predictor of Child Abuse and Neglect [1]

Assessment scores:	*Medium Risk* 25-35	*High Risk* 40-100	Total
Number of Participants	78	77	155
Post-natal as of 6/30/16	[TA 25 + QA 30 + K 18 + C 5]	[TA 26 + QA 20 + K 21 + C 10]	[TA 45 + QA 50 + K 39 + C 15]
Predicted Risk of Child Abuse or Neglect	(37%) 29 [TA 9 + QA 11+ K 7 + C 2]	(76%) 59 [TA 20+ QA 15+ K 16 + C 8]	88 [TA 29 + QA 29 + K 23 + C 10]
Known Reports of Child Abuse or Neglect	0	2	2[1]
Indicated Findings of Child Abuse and Neglect	0	1	0
Children Placed Outside The Home	0	0	0

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[1] Murphy, Solbritt M.D. and Bonnie Orkow, M.S.W., "Prenatal Prediction of Child Abuse and Neglect: A Prospective Study," Child Abuse and Neglect, Vol. 9, 1985.

FSC Score	CAN	Mild Neglect	Total Children Impacted by CAN	NONE
0-20	3%	17%	20%	80%
25-35	5%	32%	37%	63%
40+	52%	24%	76%	24%

NOTE: Families in all groups were provided no support or intervention services.

1. There were 2 reports of neglect were made this year by a community member. Two of those reports were ruled out. One report had a ruling of "indicated" and the mother was incarcerated. The child is living with a relative and is safe. There were 0 reports made by the FSW's.

Life Skills Progression Results
Queen Anne's County

N = 77 Healthy Families with LSP at intake- 60 Months
July 1, 2015 – June 30, 2016

PARENT SCALES **Life Skills Progression Item**[1] (Target Range)	**Initial** **% in Target Range** (N=count of responses)	**12 Months** **% in Target Range** (N=count of responses)	**24 Months** **% in Target Range** (N=count of responses)	**36 Months** **% in Target Range** (N=count of responses)	**48 Months** **% in Target Range** (N=count of responses)	**60 Months** **% in Target Range** (N=count of responses)
RELATIONSHIPS						
1. Family (4-5)	76% (19)	90% (19)	93% (13)	82% (9)	100% (4)	100% (2)
2. Boyfriend, Father of Baby, or spouse (4-5)	64% (16)	67% (14)	86% (12)	100% (11)	100% (4)	100% (2)
3. Friends/peers (4-5)	60% (15)	86% (18)	93% (13)	100% (11)	100% (4)	100% (2)
4. Attitudes to pregnancy (4-5)	24% (6)	24% (5)	0% (0)	0% (11)	0% (4)	50% (1)
5. Nurturing (4-5)	36% (9)	71% (15)	93% (13)	100% (11)	100% (4)	100% (2)
6. Discipline (4-5)	20% (5)	81% (17)	93% (13)	100% (11)	100% (4)	100% (2)
7. Development (4-5)	16% (4)	58% (12)	86% (12)	100% (11)	100% (4)	100% (2)
8. Safety (4-5)	36% (9)	81% (17)	100% (14)	100% (11)	100% (4)	100% (2)
9. Home visitor (4-5)	80% (20)	100% (21)	100% (14)	100% (11)	100% (4)	100% (2)
10. Use of information (4-5)	72% (18)	90% (19)	100% (14)	100% (11)	100% (4)	100% (2)
11. Use of resources (4-5)	60% (15)	81% (17)	100% (14)	100% (11)	100% (4)	100% (2)
EDUCATION						
12. Language (3-5)	4% (1)	10% (2)	14% (2)	0% (11)	0% (4)	0% (2)
13. <12 yrs. Education (3-5)	24% (6)	50% (11)	50% (7)	0% (11)	0% (4)	0% (2)
14. Education (2-5)	68% (17)	76% (16)	79% (11)	82% (9)	75% (3)	100% (2)
15. Employment (2-5)	56% (14)	76% (16)	93% (13)	91% (10)	100% (4)	100% (2)
16. Immigration (2-5)	16% (4)	5% (1)	7% (1)	9% (1)	25% (1)	0% (2)
HEALTH/MEDICAL CARE						
17. Prenatal care (4-5)	68% (17)	81% (17)	43% (6)	0% (11)	0% (4)	50% (1)
18. Parent sick care (4-5)	64% (16)	81% (17)	79% (11)	91% (10)	100% (4)	100% (2)
19. Family planning (4-5)	16% (4)	52% (11)	100% (14)	91% (10)	100% (4)	100% (2)
20. Child well care (4-5)	32% (8)	86% (18)	100% (14)	100% (11)	100% (4)	100% (2)
21. Child sick care (4-5)	26% (7)	86% (18)	100% (14)	100% (11)	100% (4)	100% (2)
22. Child dental care (4-5)	0% (25)	5% (1)	29% (4)	36% (4)	75% (3)	100% (2)
23. Child immunizations (4-5)	32% (8)	86% (18)	100% (14)	100% (11)	100% (4)	100% (2)

[1] *Life Skills Progression™ (LSP): An Outcome and Intervention Planning Instrument for Use with Families at Risk*, by L. Wollesen and K. Peifer.

MENTAL HEALTH AND SUBSTANCE USE/ABUSE						
24. Substance use/abuse [alcohol or drugs] (3-5)	84% (21)	95% (20)	100% (14)	91% (10)	100% (4)	100% (2)
25. Tobacco use (3-5)	84% (21)	90% (19)	79% (11)	73% (8)	75% (3)	100% (2)
26. Depression/suicide (4-5)	92% (23)	860% (18)	93% (13)	100% (11)	100% (4)	100% (2)
27. Mental illness (3-5)	100% (25)	100% (21)	100% (14)	10% (11)	100% (4)	100% (2)
28. Self-esteem (3-5)	96% (24)	95% (20)	100% (14)	100% (11)	100% (4)	100% (2)
29. Cognitive ability (3-5)	96% (24)	100% (21)	100% (14)	100% (11)	100% (4)	100% (2)

BASIC ESSENTIALS						
30. Housing (3-5)	84% (21)	95% (20)	100% (14)	100% (11)	100% (4)	100% (2)
31. Food/nutrition (3-5)	96% (24)	100% (21)	100% (14)	100% (11)	100% (4)	100% (2)
32. Transportation (3-5)	96% (24)	100% (21)	100% (14)	100% (11)	100% (4)	100% (2)
33. Medical/health insurance (2-5)	100% (25)	100% (21)	100% (14)	100% (11)	100% (4)	100% (2)
34. Income (3-5)	56% (14)	71% (15)	100% (14)	82% (9)	75% (3)	100% (2)
35. Child care (3-5)	20% (5)	62% (13)	86% (12)	64% (7)	50% (2)	25% (1)

CHILD SCALES **Life Skills Progression Item** (Target Range)	**INITIAL** **% in Target Range** (N=count of responses)	**12 MONTHS** **% in Target Range** (N=count of responses)	**24 Months** **% in Target Range** (N=count of responses)	**36 Months** **% in Target Range** (N=count of responses)	**48 Months** **% in Target Range** (N=count of responses)	**60 Months** **% in Target Range** (N=count of responses)
36. Communication (3-5)	100% (15)	100% (6)	100% (10)	100% (9)	100% (2)	100% (2)
37. Gross motor (3-5)	100% (15)	100% (6)	100% (10)	100% (9)	100% (2)	100% (2)
38. Fine motor (3-5)	100% (15)	100% (6)	100% (10)	100% (9)	100% (2)	100% (2)
39. Problem solving (3-5)	93% (14)	100% (6)	100% (10)	100% (9)	100% (2)	100% (2)
40. Personal-social (3-5)	100% (15)	100% (6)	100% (10)	100% (9)	100% (2)	100% (2)
41. Social-emotional (4-5)	100% (15)	100% (6)	100% (10)	100% (9)	100% (2)	100% (2)
42. Regulation (4-5)	93% (15)	100% (6)	100% (10)	100% (9)	100% (2)	100% (2)
43. Breast feeding (4-5)	40% (6)	17% (1)	40% (4)	11% (1)	50% (1)	0% (2)