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

Fiscal Year 2014 Annual Report
July 1, 2013 ~ June 30, 2014

Queen Anne's Community Partnerships for Children and Families
+
Talbot Family Network
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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

July 31, 2014

Healthy Families Mid-Shore
Final Program Report, Fiscal Year 2014
TO
Community Partnerships for Children and Families
Talbot Family Network
Family & Community Partnerships of Kent County

July 1, 2013-June 30, 2014

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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 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 ***100% 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 2014	**Queen Anne's**	**Talbot**	**Kent**	**Total**
Participants enrolled	55	48	23	126
Target children served	47	40	20	107
Home visits made	806	670	380	1556
Developmental screens completed	122	133	26	281
Referrals to community resources	225	198	94	517
Predicted Risk for Child Abuse/Neglect*	28	12	15	55
Actual Findings of Child Abuse/Neglect	0	0	0	0

*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 2014 Highlights and Challenges for Queen Anne's and Talbot 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's 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), and the Family Center of Queen Anne's County. 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 had two Family Support Workers with a Bachelor's Degree, one Family Support Worker with a Master's Degree, one Family Assessment Worker with a Bachelor's Degree, two R.N. Family Assessment Worker's. Of the Family Support Workers, we have one with tenure of 15 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). Since the program has been in existence and is already accredited, expansion to this county went smoothly. We hired a FAW from the Kent County Health Department, Faye Manley, RN. Ms. Manley has many years of experience in the public health field. She worked many years at the local hospital in the Maternity Division where she was a certified Obstetric and Gynecological Nurse. She continues to maintain that certification inspite of the local hospital closing that unit in 2011. The program has benefited from her expertise and ability to form relationships with at risk families easily. The program hired Jenna Edwards as the FSW for Kent County at the end of August 2013. From July 1, 2013 until Ms. Edwards was hired, the Queen Anne's County FSW's enrolled and engaged the Kent County families easily and were able to provide this high quality home visiting services to those at risk families until Ms. Edwards was trained and ready to serve families. We feel that because the program has been in existence and there are policies and procedures related to these incidents, we were able to successfully begin services into this "new" county with professionalism and ease.

- Shelly Edwards, Program Director, is a member 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 also continues to benefit from an exceptionally engaged and committed Advisory Board, which includes parent participants in the program, agency representatives, community members and local business persons. With the addition of Kent County, the Board has expanded with many new members and the program has benefited from their expertise. The Board meets quarterly.

- Shelly Neal-Edwards, Program Director attended the Healthy Families America Leadership Conference in Jacksonville, Florida from November 5- November 7, 2013. This was an opportunity for Ms. Edwards to receive leadership training for the program. It was a wonderful training opportunity and we are grateful to be able to have attended this training.

- The Holiday Participant Connection was held on 12/06/2013 at the Queen Anne's County Department of Community Services building (Kramer Center) from 11 am- 2 pm. There were 40 families, staff and Advisory Board members present. Families shared their holiday traditions and recipes for the holidays. This was a successful event.

- Shelly Neal-Edwards, Program Director, attended the "Alternative Response: Train the Trainers" on 1/27/2014 at the Talbot County Department of Social Services. Mrs. Edwards will assist the Queen Anne's County DSS staff in training the Queen Anne's County agencies and programs about the Alternative Response. Ms. Edwards has been able to train two other agencies in Alternative Response.

- All of the Healthy Families Mid-Shore completed the "Mothers and Babies Course: Preventing Post-Partum Depression Through Home Visiting" training. This was a two-day training held on 2/10 & 2/11/2014 at the Queen Anne's County Department of Health. Darius Tandon from Northwestern University, the creator of this evidence-based curriculum, trained the staff. Healthy Families Mid-Shore was chosen to participate in the pilot program of the research based program. The course is 15 weeks and there are criteria that mothers have to meet in order to receive the service. However, most of the families that participate in the Healthy Families Mid-Shore program qualify and will receive the services. There will be a national evaluation of the results of this curriculum used in this program. This is a wonderful opportunity for the program to be a part of this national research program.

- Program staff attended the training "CPS Reporting Requirements for Professionals" through Queen Anne's County Dept. of Social Services on 4/22/2014 .

- Staff attended the "What's Going On" summit held at the Queen Anne's County Department of Health on 5/14/2014. The speakers were Lance Richardson, State's Attorney and Sheriff Gary Hoffman who discussed street drug problem on the Eastern Shore. Other speakers included Dr. Martha Clark who discussed Substance Exposed Newborns and Steve Berry who talked about CPS referrals and Alternative Response. This was a very successful training opportunity.

- Staff attended the "Upper Shore Diversity Summit" in Kent County on 4/24/2014. This was a very informative training opportunity. There were several break-out sessions for working with diverse populations. This training enhanced all staff's skills in home visiting with high risk families.

- Three staff members had the privilege of attending the Healthy Families America Conference in Jacksonville, Florida from 5/18/2014-5/21/2014. This was an extremely informative and successful conference. Staff were able to network with other Healthy Families programs across the country as well as enhance their skills for families served by the program.

- Thanks to the funding provided by Community Partnerships for Families and Children, Talbot Family Network and Family and Community Partnerships of Kent County, the staff were able to attend several trainings that will enhance their skills as home visitors as well as educational supplies that meet each family's diverse needs in service delivery. We are extremely thankful for the support.

CHALLENGES

- 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 15 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 uncertainty of the economy, the program is not sure of what FY 14 will bring. The Patient Protection and Affordable Care Act signed by the President on March 23, 2010 included a new state grant program for Maternal, Infant, and Early Childhood Home Visiting Programs. However, when the State of Maryland, DHMH, Maternal and Child Health Division completed the levels of the needs assessment, it was deemed that Queen Anne's, Talbot and Kent Counties needs were not as great as the other jurisdictions were and the all jurisdictions were put into tiers 1 being the most in need to 4 being the least in need. All three counties are in the 4th tier which may result in these counties not ever being eligible for additional funds through this grant. However, the Program Director will continue to be a part of the committees to look for additional funding sources as they become available. We are extremely grateful to have the opportunity to have expanded to Kent County. This allows for all three counties to share the "over head" costs which is helpful since the program has been level funded for so many years.

- As of the end of this fiscal year, one Queen Anne's County home visitor resigned from her position. Her last day of employment was July 11, 2014. We are recruiting for that vacant position and hope to fill it as soon as possible. In the meantime, the other home visitors will be assisting with maintaining the families engaged and enrolled in the program. Accreditation Standards are very specific of home many families 1 full-time employee can have in his/her caseload. However, the families have been assigned to the other FSW's, FAW's, Clinical Supervisor and Program Director temporarily until the vacancy is filled with a qualified candidate. The ultimate goal is to keep the families engaged and enrolled in the program. This can be very challenging when families get bonded to a certain FSW and then he/she leaves. We try to ensure that all families know other staff members in case these types of scenarios occur but that is not always successful.

3. Evaluation Data: Annual Totals

Immunizations Current This Fiscal Year:

Queen Anne's	**47/47**	**100%**
Talbot	**40/40**	**100%**
Kent	**20/20**	**100%**
Total	**107/107**	**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	**47/47**	**100%**
Talbot	**40/40**	**100%**
Kent	**20/20**	**100%**
Total	**107/107**	**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. Beginning on July 1, 2008, some parents of target children on MCHP became eligible for FAC, the new Family and Children's health insurance coverage. However, the income eligibility for this coverage is extremely low. The annual income limit is about $21,200 for a family of three. Staff encouraged Healthy Families participants to apply and assisted with applications when needed. Some families did qualify for FAC and now have health insurance. All participants are also informed of the lower-cost medical resources such as 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	**9/9**	
Talbot	**4/4**	
Kent	**2/3**	
Total	**15/16**	**94%**

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

Queen Anne's	1/1	
Talbot	**2/2**	
Kent	**4/4**	
Total	**7/7**	**100%**

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

Queen Anne's	**9/9**	
Talbot	**4/4**	
Kent	**2/3**	
Total	**15/16**	**94%**

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

Queen Anne's	**1/1**	
Talbot	**2/2**	
Kent	**4/4**	
Total	7/7	**100%**

4. Other Annual Data Reports

A. **Estimated Births in Target Population**

Queen Anne's	**50**
Talbot	**60**
Kent	**65**
Total	**175**

Screens conducted FY 2014

Queen Anne's	**109**	(90 = 83% prenatal)
Talbot	**84**	(73 = 87% prenatal)
Kent	72	(54= 75% prenatal
Total	**265***	(217 = 82% prenatal)

**N.B.* We always screen a higher number than the actual births in the target population due to miscarriages, abortions, adoptions and moves out of county.

B. ***Demographics*** *from PIMS Report "Intake Characteristics of Mothers" Active Between 7/1/13 and 6/30/14*

VARIABLE	QUEEN ANNE'S N=55	TALBOT N=48	KENT N=23	TOTAL N=126	PERCENTAGE
Age:					
< 18	13	10	3	26	20%
18-19	8	9	3	20	16%
20-30	30	27	16	73	58%
>30	4	2	1	7	6%
Race/Ethnicity:					
African-Amer.	19	16	6	41	33%
Caucasian-Amer.	27	11	14	52	41%
Hispanic	7	20	2	29	23%
Multi-Racial	2	1	1	4	3%
Marital Status:					
Single	38	30	19	87	69%
Living Together	14	17	3	34	27%
Married	3	1	1	5	4%
Other	0	0	0	0	0
Education:					
< 7th grade	3	1	1	5	4%
8th-12th grade	22	15	8	45	36%
HS Diploma	10	14	7	31	25%
GED	5	1	4	10	8%
Any College	15	17	3	35	27%
Unknown	0	0	0	0	
Employment					
Employed FT	8	5	4	17	14%
Employed PT	8	9	5	22	18%
Student FT	6	10	3	19	15%
Looking	12	5	5	22	17%
Not Looking	18	18	6	42	33%
Other/Disability	3	1	0	4	3%

Repeat Teen Pregnancy (less than 18 years old):	**0**
Child Protective Services *reports* of which HF is aware:	3 (none made by HF Staff)
Child Protective Services *findings indicated* of which HF is aware:	**0**
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- March 2017

D. **Date services began**: January 1, 2000 for QA & T Counties, July 1, 2013 for Kent Co.

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

F. **Staffing**:
Program Director: 1 FTE
Clinical Supervisor: .8 FTE
Family Assessment Workers: QA: .3 FTE, Talbot: .2 FTE, Kent: .4 FTE
Family Support Workers:
4.75 FTE FSW's (2.0 FTE QA, 1.75 FTE Talbot & 1.0 FTE Kent)
Data and Clerical: 1 @ .5 FTE.

G. **Target Population**: First time parents, pregnant or with a baby up to three months of age at enrollment, applied for or receiving M-CHP, residing in QA, Talbot and Kent 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. Kent County has 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 2014: 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 ($64,182) for .50 FTE FSW in QA, .10 FTE Family Assessment Worker, .20 FTE Clinical Supervisor and support costs.

Since adding Kent County the funding from FCPKC through MSDE and CPA supports, .33 FTE Clinical Supervisor, 1.0 FTE Family Support Worker, .4 FTE Family Assessment Worker, .05 FTE Program Director, & .1 FTE Data Entry Worker.

J. Enhanced Program Services

1. In Talbot County, we have continued to work closely with the Early Head Start program to coordinate services to those families who are eligible to receive both services. For example, Healthy Families provides the home visiting/GGK curriculum portion of services, while EHS provides the center-based services. We also coordinate with the Talbot County Judy Center early childhood activities, and on families receiving multiple services. There are several HF families that participate in these programs. The families participate in the adult education in order to receive their GED and ESL classes.

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. 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.

4. 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 5 graduates for FY 2013.

5. The program successfully expanded Healthy Families home visiting services to Kent County in Fiscal Year 2014. Since the program was already established, accredited and operating, the staff of Queen Anne's and Talbot Counties assisted in engaging and enrolling families in the program until the Kent County staff were fully trained and able to complete home visits. This occurred with no disruption of services for Kent County families.

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	50 Administered:	17 Baseline	and	33 Follow-up
Talbot	60 Administered:	12 Baseline	and	48 Follow-up
Kent	33 Administered:	18 Baseline	and	15 Follow-up
Total	143	47		96

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: 59% (N=10/17) **TA: 92%** (N=11/12)**Kent: 17%**(N=3/18) **Combined: 51%** (N=24/47)

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

QA: 100%(N=33/33) **TA:100 %** (N=48/48) **Kent 93%** (N=14/15)**Combined: 99%** (N=95/96)

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%. However, when a family is on Level X (Creative Outreach) or has moved out of the county, etc., and the FSW has not been in the home to

complete a home visit, it is not possible to complete a follow-up score. In the case of the Kent County family that does not have a follow-up score of 15 or higher is due to the fact that the family is temporarily residing in a motel. The FSW was unable to accurately assess the safety of the motel. The mother is pregnant and due in the Fall 2014. The family is planning to move into a trailer of their own in the next few months before the baby is born. The FSW will be able to assess the home for safety at that time.

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

Queen Anne's	**122**	Administered
Talbot	**133**	Administered
Kent	**26**	Administered
Total	**281**	

96% (269/281) of screens scored developmentally on target.
4% (12/281) screens highlighted possible developmental delays.

Of the children (2 in QA, 3 in Talbot, 0 in Kent) that were suspected of delays, one child is of a Spanish-speaking family with a delay in communication. This family after much convincing is receiving Infants and Toddlers services. The other 4 families are English speaking families and were referred to Infants and Toddlers for services. Those families have accepted Infants and Toddlers services as well. 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 investigate.

C. Edinburgh (Depression Screen)

	Administered	Risk for Depression	Percentage
Queen Anne's:	51	11	**22%**
Talbot:	61	8	**13%**
Kent	24	3	**13%**
Total	**136**	**22**	**16%**

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," 1 is Spanish-speaking (who's score was elevated last year) who continues to remain in a very unhealthy relationship with the FOB (father of the baby). The FSW's have continuous encouraged MOB to seek Mid-Shore Council on Family Violence however she has refused. The FOB does not want MOB to be on birth control (this is their culture) and MOB has had two premature babies and is pregnant with her third child. The FSW provides as much education to this family about prematurity and the risks on MOB's health. The other 10 participants consist of Caucasian and African America families. Most of the families have a history of depression prior to the pregnancies and have been in counseling in medication in the past. Three of them are currently in counseling. When the tool was re-administered, the scored went down significantly. The FSW's will continue to encourage all families with elevated scores to seek counseling for depression.

For the Talbot County participants that scored "at risk for depression," 3 are Spanish-speaking and the FSW's 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 have begun a new program called "fACEs." This program was developed to refer families that have experienced child hood trauma related to sexual or severe physical abuse. We have referred 10 families to this program. Of those 14 families, 10 are enrolled and receiving mental health services in the home. "Evolution Mental Health Services" have therapists that go to the home of the families to provide trauma informed therapy. The goal is to "break the cycle of abuse" by providing early intervention, trauma informed intensive therapy to families that are the most at-risk in Talbot County. This has been a

great addition to the Healthy Families Mid-Shore program. This allows families to access mental health treatment in their home so that they can build a trusting relationship with the therapists and make life style changes for themselves and their families.

For Kent County, there were 3 families deemed to have depressive symptoms. All 3 of the families have experienced trauma as a child. One family has moved several times in the county and has recently exited from a domestic violent relationship. She was seeing a therapist on a regular basis but she has not followed through since she does not have transportation. The FSW has been working with the mother to assist in getting her the treatment she needs. The other 2 families are currently receiving mental health treatment and the FSW is supporting them in ensuring that they get to their appointments and follow through with their treatment plans.

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.

Talbot	152	Administered.
Queen Anne's	135	Administered.
Total	287	Administered

This is the fourth 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, 86% of families were in the target range at 12 months of service which is an improvement since last year. For Talbot County, 88% of families were in the target range at 12 months of service. At the end of 48 months of service, 100% of families were in the target range for this area.

In regards to Community Resources for Queen Anne's County, families when they enter into the program, 71% of families were in the target range and by 48 months of services, 100% of families were in the target range. For Talbot County families, when they entered into the program, 77% were in target range. By 48 months of services, 100% of families were in the target range. 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. Garrett County Healthy Families have been utilizing this tool for over 5 years. The 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, 70% were in the target range. At 24 months, 100% 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, 100% were in the target range. This demonstrates the effectiveness of the home visiting services for families served.

Another area of concentration is prenatal care. For Queen Anne's County, at the 12 month evaluation, 71% were in the target ranges. At 24 months, 87% were in the target range. Talbot County, at the 12 month evaluation, 85% were in the target range for prenatal care and at 24 months, 90% were in the target range. Both counties had an increase from the initial evaluation to the 12 month evaluation. This is extremely important for healthy birth outcomes.

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, 91% were in the target range and 96 % were in the target range for Talbot County participants. At 24 months, 100% of Queen Anne's County families were in the target range and 94% of Talbot County 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 both counties are 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.

F. Participant Satisfaction Survey, 2014

On June 1, 2014 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 11, 2014. 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 ninety-five surveys were distributed (throughout the entire year) and a total of 63 were returned (QA 19, TA 31, K 13). In summary, our participants continue to express approval of Healthy Families Services: 93% are "Very Satisfied" and 7% 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"	68 %
"Taking care of our children"	68%
"The health care of our children"	65%
"Our happiness"	67%

Participants also responded to the question asking if the first person who came to talk to you (FAW) about the program speak your language. 100% stated yes they did. The program uses an Interpreter/Translator to assist with communication in Spanish.

100% 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

(From Participant Satisfaction Survey, FY 2014)

What do you like most about the program?

" The support"
"The friendly support & new advice"
"I like everything it's helped me to become a better parent"
"The information we receive about what to expect and my son enjoys the activities"
"The home visitor answers all of my questions"
"Educational Videos"
"Helpful resources/info, activities to do with your child"
"Books, survey on child development, things to help teach my child"

Spanish translation:

"I'm a first time mom and like to learn good this is for my baby"
"They give me information on my child and help me resolve doubts"
"timely and necessary information"

What do you like least about the program?

"I love everything about the program"
"My work schedule conflicts with certain things"
"nothing"
"She's leaving Healthy Families"

Spanish Translation:

"I like it all"
"It's only once a week and can't attend meetings because of my job"
"They visit me every two weeks"

How could the program be improved?

"Field trips- farms, strawberry picking"
"No need for any improvement!"
"I like it the way it is"
"I wouldn't change anything"

Spanish translation:

"to me all is good"
"for the government to give more economic support so they can reach out to more families"
"helping more people"

7. FY 2014 Annual Financial Reports:
From QACHD and TCHD under separate cover.

8. Participant Vignette for Fiscal Year 2014 (Names changed for privacy)

Annual Vignette

Tatum is a 20 year old female who enroll in the program in December 2012. When Tiffany enrolled she was only 14 weeks pregnant and was living with her boyfriend, Fred. This was Tatum's and Fred's first child. Tiffany and Fred were together for two years but have known each other since high school.

As a child Tiffany was raised by her mother until the age of 7 when her mother passed away in a motor vehicle accident. As a result Tatum was placed with her maternal grandmother along with her 2 brothers because their father was "unfit to care for the children due to his heroin addiction." As Tatum was growing up, she experienced much trauma in her life. She was sexually assaulted by a family member. This incident was reported to the police and Department of Social Services. It was investigated and the family member served time in prison for his actions. Tatum continued to have a tough childhood. She stated that her grandmother who raised her was addicted to pain medication and often put Tatum down by calling her hurtful names which affected her self-esteem. This is something that Tatum has struggled with her whole life.

When the home visitor met Tatum, it was obvious she had been through many traumatic events in her life. Tiffany had extremely low self-esteem, always crying, and appeared to struggle with depression. Within the first few home visits, the home visitor completed a depression screening with Tatum and it confirmed that Tatum suffers from depression. The home visitor discussed the screening tool with Tatum. The home visitor discussed the importance of professional help and that she could really benefit from counseling. After several home visits and discussions, Tatum agreed to go to therapy. The home visitor referred Tatum to a "Trauma-Informed Therapist" where the therapist specialized in trauma treatment. Tatum has been attending her therapy sessions on a bi-weekly basis. Tatum made it her goal to complete 10 therapy sessions by the time the baby was born and she has successfully made it through all her sessions. Tatum has reported to the home visitor that therapy has really been helping Tatum cope with life stressors and how to deal with her past.

Since being enrolled in the Healthy Families Program and therapy, there is an obvious change in Tatum's behaviors. She is more confident and willing to start making decisions to better her mental health and overall well-being. In the recent months, Tatum has gained full-time employment. She has reported to the home visitor that she loves working and it is" nice to get out of the house and make my own money." Tatum recently gave birth to a healthy baby a girl, Alexis. Tatum has bonded with Alexis and it is apparent that she loves her very much. Tatum made it a goal to breastfeed Alexis for as long as she can. She informed the home visitor that breastfeeding "reduces the risk of postpartum depression in addition to many other things."

Although Tatum and Fred are not together, Fred has expressed interest in visiting with Alexis often. Fred works full-time and pays child support to Tatum. He has stated that he is "nervous with Alexis since she is so young and little." Fred is not always comfortable feeding, bathing and diapering Alexis. He often relies on Tatum to do this while he is visiting. The FSW has provided support to Fred about how to care for the baby. Since Fred works full-time and does not reside in the home of Tatum and Alexis, the FSW does not always get to discuss these topics with Fred. When Fred is not available to participate in the home visits, the FSW will leave handouts and DVD's on these topics so that Fred can view them at his convenience. Tatum has informed the FSW that Fred does read the hand-outs and view the DVD's.

Tatum has expressed interest in returning to school one day in the near future. She feels that higher education would be a benefit to her and her family. In addition, Tatum is saving money so that she can purchase a car since she has to rely on others for transportation. She is becoming more self-reliant and more confident in her parenting. Tatum has reported that it is because of the Healthy Families Mid-Shore program that she has been able to change her life. She was not receptive to therapy and other resources that she was given until she was able to form a trusting and healthy relationship with the FSW. Tatum plans to continue in the program for as long as she can so that she can be the best parent she can be to Alexis.

10. Conclusion and Preview of FY 2014

Healthy Families will celebrate 15 years of service to families in Queen Anne's and Talbot Counties in January, 2014. The Program has nearly 900 families since it began in January, 2000.

This past year, staff turnover has not occurred. The program was able to have a full year of use in the evidence-based curriculum called "Growing Great Kid." This curriculum was implemented in May 2013. This curriculum is endorsed by Healthy Families America. HFA feels that this curriculum is aligned with Healthy Families mission and vision and is an effective curriculum to produce outcomes.

Healthy Families expanded services to Kent County. This was a smooth transition. The staff in Queen Anne's County provided the home visits to the families of Kent County until a full-time home visitor was hired. We were able to partner with Kent County Health Department to deliver high quality home visiting services to Kent County residents. By six months of hire, the FSW was completely full and serving the maximum number of families. She has been very successful in maintaining those families in the program.

The Federal Government deemed Healthy Families America as an evidence-based model. Having this status is important as it relates to funders. For Maryland, although Queen Anne's and Talbot Counties are not eligible for the new Federal Home Visiting grant, our sister sites in other jurisdictions that were deemed "in need" will be able to receive additional funding. We hope that in the future, all of 3 counties will be eligible to receive additional funds to support the continuation of staff. We hope that the program would be able to receive additional funding to continue services. With these hard economic times, the future of Healthy Families Mid-Shore is uncertain. Staff prefer stability and would like to be offered benefits, etc however, the majority of our staff are contractual (no benefits) which may result in future staff turn-over.

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 14 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. The Program Director diligently seeks additional funding sources so that the program can "maintain" its current caseload. The program does not serve 100% of the target population. If additional funds become available, the program could expand to serve more families in the target population. At this time, that is not possible.

Healthy Families Mid-Shore

Prevention of Child Abuse and Neglect

FY 2014

PREVENTION OF CHILD ABUSE AND NEGLECT
Healthy Families Mid-Shore Fiscal Year 2014

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	56	44	100
Post-natal as of 6/30/13	[TA 18 + QA 25 + K 13]	[TA 6 + QA 25 + K 13]	[TA 24 + QA 50 + K 26]
Predicted Risk of Child Abuse or Neglect	(37%) 21 [TA 7 + QA 9 + K 5]	(76%) 34 [TA 5+ QA 19 + K 10]	55 [TA 12 + QA 28 + K 15]
Known Reports of Child Abuse or Neglect	0	3	3[1]
Indicated Findings of Child Abuse and Neglect	0	0	0
Children Placed Outside The Home	0	0	0

[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 3 reports of neglect were made this year by a community member. All 3 reports were ruled out. There were 0 reports made by the FSW's.

Healthy Families Mid-Shore

Participant Satisfaction Survey

FY 2014

Analysis of Participant Satisfaction Survey
Queen Anne's 2014

Zip Code	Ratio	Percentage
21607-BARCLAY	1/19	5%
21617-CENTREVILLE	5/19	26%
21619-CHESTER	1/19	5%
21620-CHESTERTOWN	4/19	21%
21638-GRASONVILLE	0/19	0%
21644-INGLESIDE	1/19	5%
21651-MILLINGTON	3/19	16%
21658-QUEENSTOWN	1/19	5%
21666-STEVENSVILLE	3/19	16%
21668-SUDLERSVILLE	0/19	0%
21623- CHURCH HILL	1/19	5%
Last Home Visit	**Ratio**	**Percentage**
Within the past week	13/19	68%
Within the past 2 weeks	3/19	16%
Within the past month	3/19	16%
A month ago	0/19	0%
Several months ago	0/19	0%
N/A, I left the program/ OR DID NOT ANSWER	0/19	0%

Did the first person who came to talk to you about the program. . . . .:	Ratio	Percentage
Speak your language?		
• Yes	19/19	100%
• No	0/19	0%
• N/A	0/19	0%
Greet you respectfully?		
• Yes	19/19	100%
• No	0/19	0%
• N/A	0/19	0%
Make you feel comfortable when discussing personal issues?		
• Very Comfortable	17/19	89%
• Comfortable	2/19	11%
• Uncomfortable	0/19	0%
• Very Uncomfortable	0/19	0%
• N/A	0/19	0%

My home visitor provides positive feedback and support:	Ratio	Percentage
Strongly Agree	18/19	95%
Agree	1/19	5%
Disagree	0/19	0%
Strongly Disagree	0/19	0%

Does your home visitor communicate with you in your primary language or through an interpreter in a way that is easy for you to understand?	Ratio	Percentage
Always	19/19	100%
Usually	0/19	0%
Sometimes	0/19	0%
Never	0/19	0%
N/A	0/19	0%

Have you been satisfied with the information received on child development and parenting skills?	Ratio	Percentage
Very Satisfied	18/19	95%
Satisfied	1/19	5%
Dissatisfied	0/19	0%
Very Dissatisfied	0/19	0%

Do you generally feel understood when talking with your home visitor and feel you communicate well with each other?	Ratio	Percentage
Always	19/19	100%
Usually	0/19	0%
Sometimes	0/19	0%
Never	0/19	0%
N/A	0/19	0%

Have you been satisfied with the Healthy Families groups, family gatherings and parties?	Ratio	Percentage
Very Satisfied	15/19	79%
Satisfied	3/19	16%
Dissatisfied	0/19	0%
Very Dissatisfied	0/19	0%
No response	1/19	5%

How often do you attend Healthy Families gatherings?	Ratio	Percentage
Always or almost always	5/19	26%
Sometimes	6/19	32%
Never	8/19	42%
No Response	0/19	0%

What do you like about them?	Ratio	Percentage
Food	0/19	0%
Educational Program	1/19	5%
Seeing Other Families	2/19	11%
No Response	9/19	47%
More than one answer on the above question	7/19	37%

"Suggestions for topics at family gatherings:
RESPONSES THAT WERE SHARED ON SURVEYS: "Health issues, crafts" "more parties" "more often"

If you have not attended, we would like to know why.
RESPONSES THAT WERE SHARED ON SURVEYS: "We are a very busy family with regular doctor visits and out of state adventures" "Haven't had a chance with moving and appointments" "I would either forget or not have the time." "something always came up. I'm looking forward to attending the one in December." translated to English " I missed because I had an appointment for my son."

Have any of the following areas of your family's life improved since beginning the program?	Ratio	Percentage
Our support system	14/19	74%
Our ability to solve problems	11/19	58%
Ability to cope with problems/stress	14/19	74%
Our happiness	7/19	37%
Using other community services	11/19	58%
Our adult relationships	9/19	47%
The health care of our children	11/19	58%
Our living situation	4/19	21%
Anger management	5/19	26%
More patience with our child's challenging behavior	11/19	58%
Our understanding of child development and parenting	12/19	63%
Taking care of our children	13/19	68%
Other	0/19	0%

Does your home visitor accept that your religious and other beliefs may play an important role in how your family makes decisions?	Ratio	Percentage
Yes	18/19	95%
No	0/19	0%
No Response	1/19	5%

Do you feel that the materials used by the program adequately reflect your family's culture or ethnicity?	Ratio	Percentage
Yes	17/19	89%
No	2/19	11%
No response	0/19	0%

Overall, are you satisfied with the services provided by Healthy Families – Queen Anne's/Talbot?	Ratio	Percentage
Very Satisfied	19/19	100%
Satisfied	0/19	0%
Dissatisfied	0/19	0%
Very Dissatisfied	0/19	0%

Would you recommend our services to others if they needed support?	Ratio	Percentage
Yes, definitely	19/19	100%
Yes, probably	0/19	0%
No, probably not	0/19	0%
No, definitely not	0/19	0%

What do you like most about the program?

RESPONSES THAT WERE SHARED ON SURVEYS:

"The support"
"having someone to talk to and help when I have questions"
"The friendly support & new advice"
"Our worker, Ms. Nikki"
"The information that is given to better understand your child"
"I like everything it's help me to become a better parent"
"Getting information"
"All I like"
"Gives a lot of information and what I should expect each month"
"Interaction with others for my baby girl"
"How nice everyone is"
"My son is learning more activities shapes and colors and learning how to clean up behind himself. He also learning numbers with his caseworker and from tv also."
"N/A" x 1
"learning activities to do with my child to support her development."
"our home visitor"
"I love the relationship I have with my home visitor because of how good we communicate with each other."
"having someone to talk to about my baby and why she is the way she is. And the activities that help baby grow."

What do you like least about the program?

RESPONSES THAT WERE SHARED ON SURVEYS:

"there is nothing that I don't like"
"N/A" x 7
"She's leaving Healthy Families"
"There's nothing I don't like"
"Just more parties so the kids can enjoy more time with other kids and have fun."
"I like it"
"they don't work other children you have to see how they developing"
"

How could the program be improved?

RESPONSES THAT WERE SHARED ON SURVEYS:

"it's already great"
"I wouldn't change anything"
"I think it's doing just great"

"N/A" x 5 "Do more gatherings" "work with other kids that you have while in the program"

Analysis of Participant Satisfaction Survey
TALBOT 2014

Zip Code	Ratio	Percentage
21601-EASTON	23/31	74%
21663-ST.MICHAELS	4/31	13%
21673-TRAPPE	4/31	13%

Last Home Visit	Ratio	Percentage
Within the past week	8/31	26%
Within the past 2 weeks	16/31	52%
Within the past month	2/31	6%
A month ago	2/31	6%
Several months ago	1/31	3%
N/A, I left the program	2/31	6%

Did the first person who came to talk to you about the program. . . . .:	Ratio	Percentage
Speak your language?		
• Yes	29/31	94%
• No	0/31	0%
• N/A	2/31	6%
Greet you respectfully?		
• Yes	29/31	94%
• No	0/31	0%
• N/A	2/31	6%
Make you feel comfortable when discussing personal issues?		
• Very Comfortable	27/31	87%
• Comfortable	3/31	10%
• Uncomfortable	0/31	0%
• Very Uncomfortable	0/31	0%
• N/A	1/31	3%

My home visitor provides positive feedback and support:	Ratio	Percentage
Strongly Agree	27/31	87%
Agree	4/31	13%
Disagree	0/31	0%
Strongly Disagree	0/31	0%

Does your home visitor communicate with you in your primary language or through an interpreter in a way that is easy for you to understand?	Ratio	Percentage
Always	30/31	97%
Usually	0/31	0%
Sometimes	0/31	0%
Never	1/31	3%
N/A	0/31	0%

Have you been satisfied with the information received on child development and parenting skills?	Ratio	Percentage
Very Satisfied	29/31	94%
Satisfied	2/31	6%
Dissatisfied	0/31	0%
Very Dissatisfied	0/31	0%

Do you generally feel understood when talking with your home visitor and feel you communicate well with each other?	Ratio	Percentage
Always	31/31	100%
Usually	0/31	0%
Sometimes	0/31	0%
Never	0/31	0%
N/A	0/31	0%

Have you been satisfied with the Healthy Families groups, family gatherings and parties?	Ratio	Percentage
Very Satisfied	22/31	71%
Satisfied	4/31	13%
Dissatisfied	0/31	0%
Very Dissatisfied	0/31	0%
No response	5/31	16%

How often do you attend Healthy Families gatherings?	Ratio	Percentage
Always or almost always	9/31	29%
Sometimes	8/31	26%
Never	12/31	39%
No Response	2/31	6%

What do you like about them?	Ratio	Percentage
Food	2/31	6%
Educational Program	8/31	26%
Seeing Other Families	3/31	10%
No Response	14/31	45%
More than one answer on the above question	4/31	13%

Suggestions for topics at family gatherings:
RESPONSES SHARED ON SURVEYS: translated to English "would like more renunions"

If you have not attended, we would like to know why.
RESPONSES SHARED ON SURVEYS: "Because I get sidetracked and forget all about the parties." "I don't have much time because of school and work" "My work schedule conflicts with parties" translated to English " I work all week for my child, and I can't make it!" "my daughter is young"

Have any of the following areas of your family's life improved since beginning the program?	Ratio	Percentage
Our support system	22/31	71%
Our ability to solve problems	16/31	52%
Ability to cope with problems/stress	18/31	58%
Our happiness	16/31	52%
Using other community services	17/31	55%
Our adult relationships	11/31	35%
The health care of our children	25/31	81%
Our living situation	10/31	32%
Anger management	10/31	32%
More patience with our child's challenging behavior	14/31	45%
Our understanding of child development and parenting	25/31	81%
Taking care of our children	25/31	81%
Other	1/31	3%

Does your home visitor accept that your religious and other beliefs may play an important role in how your family makes decisions?	Ratio	Percentage
Yes	29/31	94%
No	0/31	0%
No Response	2/31	6%

Do you feel that the materials used by the program adequately reflect your family's culture or ethnicity?	Ratio	Percentage
Yes	29/31	94%
No	2/31	6%
No response	0/31	

Overall, are you satisfied with the services provided by Healthy Families – Queen Anne's/Talbot?	Ratio	Percentage
Very Satisfied	29/31	94%
Satisfied	2/31	6%
Dissatisfied	0/31	
Very Dissatisfied	0/31	

Would you recommend our services to others if they needed support?	Ratio	Percentage
Yes, definitely	31/31	100%
Yes, probably	0/31	
No, probably not	0/31	
No, definitely not	0/31	

What do you like most about the program?
RESPONSES SHARED ON SURVEYS: "Information about baby." "I love the way my home visitor does things for me to understand" "The information we receive about what to expect and my son enjoys the activities☺" "The reassurance that we are parenting ok" "That I have a way to make sure my son is on the right track" "The educational activities" translated to English "I'm a first time mom and like to learn good this for my baby." translated to English "timely and necessary information" translated to English "the information that we receive" translated to English "the topics we talk about" translated to English "they give information on my child, and help me resolve doubts" translated to English "the advice they give the help they provide to the families" translated to English "all" translated to English "the communication and the confidence I have or if I have doubts over my child" translated to English " the talks they offer" translated to English "They provide me with good ideas for my child and on how to best care for him and attention for my baby" translated to English " Advise on how to treat babies, what they should have and not and how to play with them." "Communicating with the home visitor and the information she provided" "support and friendly home visitors" "the information and the activities are very helpful. My child loves her home visitor and we enjoy the visits" "Different families coming together" "I love the support that I receive" "My home visitor is the best and is so helpful and understanding" "the talks, how I have help with parenting skills" "open communication paper on certain information" "there activity help a lot" "my home visitor answers all my questions" "understanding child support"

What do you like least about the program?
RESPONSES SHARED ON SURVEYS: " I love everything about the program." "N/A" x8 "I'd like to see more gatherings with the parents & kids(but I understand)" "My work schedule conflicts with certain things" translated to English "that they visit me every 2 weeks" "Nada" translated to English " all is good" translated to English " I like it all" translated to English "Its only once a week, and can't attend meetings because of my job." translated to English " like it all" "Nothing, just don't have time for it anymore." "I love everything about it" "nothing, everything is great"

How could the program be improved?
RESPONSES SHARED ON SURVEYS: "Its improved my relationship with my daughter and family." "N/A" x 5 "field trips- ex. Farm, strawberry picking" "no suggestions" translated to English "I'm really very pleased" translated to English "Very good program" translated to English "I believe program is very good" translated to English "everything is good" translated to English " helping more people" translated to English " to me all is good" translated to English " for the government to give more economic support so they can reach out to more families." translated to English "with advice teach many things" "No need for any improvement" "Don't need to" "It's already great" "I like it the way it is" "I good, nothing to improved"

Analysis of Participant Satisfaction Survey
Kent County 2014

Zip Code	Ratio	Percentage
21610-BETTERTON	1/13	8%
21620-CHESTERTOWN	7/13	54%
21635-GALENA	1/13	8%
21650-MASSEY	1/13	8%
21651-MILLINGTON	2/13	15%
21678-WORTON	1/13	8%
Last Home Visit	**Ratio**	**Percentage**
Within the past week	11/13	85%
Within the past 2 weeks	0/13	0%
Within the past month	2/13	15%
A month ago	0/13	0%
Several months ago	0/13	0%
N/A, I left the program/ OR DID NOT ANSWER	0/13	0%

Did the first person who came to talk to you about the program. . . . .:	Ratio	Percentage
Speak your language?		
• Yes	13/13	100%
• No	0/13	0%
• N/A	0/13	0%
Greet you respectfully?		
• Yes	13/13	100%
• No	0/13	0%
• N/A	0/13	0%
Make you feel comfortable when discussing personal issues?		
• Very Comfortable	10/13	77%
• Comfortable	3/13	23%
• Uncomfortable	0/13	0%
• Very Uncomfortable	0/13	0%
• N/A	0/13	

My home visitor provides positive feedback and support:	Ratio	Percentage
Strongly Agree	13/13	100%
Agree	0/13	0%
Disagree	0/13	0%
Strongly Disagree	0/13	0%

Does your home visitor communicate with you in your primary language or through an interpreter in a way that is easy for you to understand?	Ratio	Percentage
Always	13/13	100%
Usually	0/13	0%
Sometimes	0/13	0%
Never	0/13	0%
N/A	0/13	0%

Have you been satisfied with the information received on child development and parenting skills?	Ratio	Percentage
Very Satisfied	12/13	92%
Satisfied	1/13	8%
Dissatisfied	0/13	0%
Very Dissatisfied	0/13	0%

Do you generally feel understood when talking with your home visitor and feel you communicate well with each other?	Ratio	Percentage
Always	13/13	100%
Usually	0/13	0%
Sometimes	0/13	0%
Never	0/13	0%
N/A	0/13	0%

Have you been satisfied with the Healthy Families groups, family gatherings and parties?	Ratio	Percentage
Very Satisfied	10/13	77%
Satisfied	2/13	15%
Dissatisfied	0/13	0%
Very Dissatisfied	0/13	0%
No response	0/13	0%

How often do you attend Healthy Families gatherings?	Ratio	Percentage
Always or almost always	1/13	8%
Sometimes	3/13	23%
Never	6/13	46%
No Response	3/13	23%

What do you like about them?	Ratio	Percentage
Food	0/13	0%
Educational Program	3/13	23%
Seeing Other Families	1/13	8%
No Response	6/13	46%
More than one answer on the above question	3/13	23%

"Suggestions for topics at family gatherings:
RESPONSES THAT WERE SHARED ON SURVEYS:

If you have not attended, we would like to know why.
RESPONSES THAT WERE SHARED ON SURVEYS:

Have any of the following areas of your family's life improved since beginning the program?	Ratio	Percentage
Our support system	7/13	54%
Our ability to solve problems	5/13	38%
Ability to cope with problems/stress	7/13	54%
Our happiness	6/13	46%
Using other community services	3/13	23%
Our adult relationships	6/13	46%
The health care of our children	5/13	38%
Our living situation	3/13	23%
Anger management	1/13	8%
More patience with our child's challenging behavior	2/13	15%
Our understanding of child development and parenting	6/13	46%
Taking care of our children	5/13	38%
Other "Helping our children reach goals"	1/13	8%

Does your home visitor accept that your religious and other beliefs may play an important role in how your family makes decisions?	Ratio	Percentage
Yes	12/13	92%
No	0/13	0%
No Response	1/13	8%

Do you feel that the materials used by the program adequately reflect your family's culture or ethnicity?	Ratio	Percentage
Yes	11/13	85%
No	0/13	0%
No response	2/13	15%

Overall, are you satisfied with the services provided by Healthy Families – Queen Anne's/Talbot?	Ratio	Percentage
Very Satisfied	11/13	85%
Satisfied	2/13	15%
Dissatisfied	0/13	0%
Very Dissatisfied	0/13	0%

Would you recommend our services to others if they needed support?	Ratio	Percentage
Yes, definitely	13/13	100%
Yes, probably	0/13	0%
No, probably not	0/13	0%
No, definitely not	0/13	0%

What do you like most about the program?
RESPONSES THAT WERE SHARED ON SURVEYS:
"Very open, relaxed"
"All the information was very helpful, from the paper work to the talking"
"Educational videos"
"everything"
"N/A" x 1
"Learning new stuff or refreshing my memory about pregnancy and being a parent"
"the information" x 2
"Having someone to talk and the help I get"
"Helpful resources/info, activities to do with your child"
"How it helped me!"
"Books, surveys on child development, things to help teach child"

What do you like least about the program?
RESPONSES THAT WERE SHARED ON SURVEYS:
"Nothing" x 8
"N/A" x 3

How could the program be improved?
RESPONSES THAT WERE SHARED ON SURVEYS:
"N/A" x 3
"Nothing" x 2
"More visits"
"No way. Its already great"
"More information about preemies"
"Everything is good"

Analysis of Participant Satisfaction Survey
MID SHORE (Queen Anne's, Talbot & Kent) 2014

Zip Code	Ratio	Percentage
21607-BARCLAY	1/63	2%
21617-CENTREVILLE	5/63	8%
21619-CHESTER	1/63	2%
21620-CHESTERTOWN	4/63	6%
21638-GRASONVILLE	0/63	0%
21644-INGLESIDE	1/63	2%
21651-MILLINGTON	3/63	5%
21658-QUEENSTOWN	1/63	2%
21666- STEVENSVILLE	3/63	5%
21668- SUDLERSVILLE	0/63	0%
21623- CHURCH HILL	1/63	2%
21601-EASTON	23/63	37%
21663-ST.MICHAELS	4/63	6%
21673-TRAPPE	4/63	6%
21610-BETTERTON	1/63	2%
21620-CHESTERTOWN	7/63	11%
21635-GALENA	1/63	2%
21650-MASSEY	1/63	2%
21651-MILLINGTON	2/63	3%
21678-WORTON	1/63	2%

Last Home Visit	Ratio	Percentage
Within the past week	32/63	51%
Within the past 2 weeks	19/63	30%
Within the past month	7/63	11%
A month ago	2/63	3%
Several months ago	1/63	2%
N/A, I left the program	0/63	0%

Did the first person who came to talk to you about the program. . . . .:	Ratio	Percentage
Speak your language?		
• Yes	61/63	97%
• No	0/63	0%
• N/A	2/63	3%
Greet you respectfully?		
• Yes	61/63	97%
• No	0/63	0%
• N/A	2/63	3%
Make you feel comfortable when discussing personal issues?		
• Very Comfortable	54/63	86%
• Comfortable	8/63	13%
• Uncomfortable	0/63	0%
• Very Uncomfortable	0/63	0%
• N/A	1/63	2%

My home visitor provides positive feedback and support:	Ratio	Percentage
Strongly Agree	58/63	92%
Agree	5/63	8%
Disagree	0/63	0%
Strongly Disagree	0/63	0%

Does your home visitor communicate with you in your primary language or through an interpreter in a way that is easy for you to understand?	Ratio	Percentage
Always	61/63	97%
Usually	0/63	0%
Sometimes	0/63	0%
Never	0/63	2%
N/A	1/63	2%

Have you been satisfied with the information received on child development and parenting skills?	Ratio	Percentage
Very Satisfied	59/63	94%
Satisfied	4/63	6%
Dissatisfied	0/63	0%
Very Dissatisfied	0/63	0%

Do you generally feel understood when talking with your home visitor and feel you communicate well with each other?	Ratio	Percentage
Always	63/63	100%
Usually	0/63	0%
Sometimes	0/63	0%
Never	0/63	0%
N/A	0/63	0%

Have you been satisfied with the Healthy Families groups, family gatherings and parties?	Ratio	Percentage
Very Satisfied	47/63	75%
Satisfied	9/63	14%
Dissatisfied	0/63	0%
Very Dissatisfied	0/63	0%
No response	6/63	10%

How often do you attend Healthy Families gatherings?	Ratio	Percentage
Always or almost always	15/63	24%
Sometimes	17/63	27%
Never	26/63	41%
No Response	5/63	8%

What do you like about them?	Ratio	Percentage
Food	2/63	3%
Educational Program	12/63	19%
Seeing Other Families	6/63	10%
No Response	29/63	46%
More than one answer on the above question	14/63	22%

Suggestions for topics at family gatherings:

RESPONSES THAT WERE SHARED ON SURVEYS:

If you have not attended, we would like to know why.		

RESPONSES THAT WERE SHARED ON SURVEYS:

Have any of the following areas of your family's life improved since beginning the program?	Ratio	Percentage
Our support system		
Our ability to solve problems		
Ability to cope with problems/stress		
Our happiness		
Using other community services		
Our adult relationships		
The health care of our children		
Our living situation		
Anger management		
More patience with our child's challenging behavior		
Our understanding of child development and parenting		
Taking care of our children		
Other		

Does your home visitor accept that your religious and other beliefs may play an important role in how your family makes decisions?	Ratio	Percentage
Yes	48/50	96%
No	1/50	2%
No Response	1/50	2%

Do you feel that the materials used by the program adequately reflect your family's culture or ethnicity?	Ratio	Percentage
Yes	43/50	86%
No	4/50	8%
No response	3/50	6%

Overall, are you satisfied with the services provided by Healthy Families – Queen Anne's/Talbot?	Ratio	Percentage
Very Satisfied	48/50	96%
Satisfied	2/50	4%
Dissatisfied	0/50	0%
Very Dissatisfied	0/50	0%

Would you recommend our services to others if they needed support?	Ratio	Percentage
Yes, definitely	48/50	96%
Yes, probably	2/50	4%
No, probably not	0/50	0%
No, definitely not	0/50	0%

What do you like most about the program?

RESPONSES THAT WERE SHARED ON SURVEYS:

"The information & support & help provided"
"My worker, Nicole Chase-Powell. She has been a great help to myself and my son. If we ever have questions she has always got the answers we need."
"My child is learning to do more things like holding his bottle and trying to sit up, but still working on it."
"Easy"
"The help"
"The support system"
"N/A"
"Everything"
"All the activities and flexability to work with your schedule."
"Everything"
"The support I've received from the program"
"All of the helpful development information."
"Everything I have no complaints"
"We like getting along with Ms. Melissa, because she is very nice."
"the support & education materials"
"My program teacher"
"Friendly and very supportive."
"Informational, helpful, preparing me for my baby."
"The activities"
"I like everything about the program."
"The genuine friendliness, parenting help."
"Everybody is very friendly and helpful."
"Estoy my satisfecha en verda me gusto todo"
"Que ayudan a entender el crecimiento de los ninos y lidiar con la conducta"
"Oy mucha comunicacion"
"Que a aprendo cosas buenas para mi salud"
"Getting feed back on parenting and education my kids are getting"
"Help out a lot, very nice, teach me how to be a better parent."
"It help me understand child development."
"El apoyo y los consejos"
"Que le ensinan a como educar a los ninos"
"La informacion que se nos proporciona, las actividades con los ninos"
"Que me explicaron los comportamientos de cada etapa de mi bebe"
"Que estan pendientes de nuestra necesidad y desarollo de los ninos"
"El apoyo con el desarrollo de mi bebe las opciones que medan para ser una major mama"
"The information and support"
"Having a lot of support from them"
"My visiter understand very well"
"They help learn more about parenting"
"Learning more about child development & parenting"
"When my home visitor brings games & activities for my child to help her learn & see what she can do."
"Not stressful and someone I can go to when I have questions about my child"
"They give me lots of good information"
"The unbiased support & educational resource"
"Looking at the different movies she bring for me to watch."
"In-home, focuses on many aspects of child health"
"Talking to someone outside of family"
"That my son has a good relationship with our home visitor"
"That the program teaches you how to cope with children when stressed out"

What do you like least about the program?

RESPONSES THAT WERE SHARED ON SURVEYS:

"N/A" x 9 times
"I think there should be more family interaction among the families."
"Nothing everything fine."
"Nothing" x 10 times
"We like everything"
"There's nothen"
"Their nothing I don't like"
"Que es Una vez al mes y es poco tiempo"
"El programa esta muy bien"
"Todo me gusta" x 2
"Me gusta todo"
"Nada"
"The program is great"
"I can't make it to the partys cause I work"
"Nothing, everythings great"
"I didn't get to go to any of the parties"
"Events hard to attend for working families"

How could the program be improved?

RESPONSES THAT WERE SHARED ON SURVEYS:

"Not sure"
"Again, I feel maybe during the parties since we live in an isolated area some activities could be done to introduce families maybe bring some together for children to play with more regularly."
"Nothing needs improved everything is fine."
"N/A" x 6 times
"Nothing"
"I think it is good the way it is"
"More hands-on activities"
"Include Kent County☺"
"Nothing everything is good I wouldn't change a thing."
"Its already improved"
"I love everything!!"
"I can't think of anything."
"Activities to improve relationship between parent & child"
"I think it's just fine."
"tener mucho comuncacion con las personas que estan en el programa"
"Just stay the lovely people that yall are, thanks for everything!"
"Ayundando a mas familias"
"It's great theirs no need to improve"
"N/A" x3
"No improvement, its great."
"None needed"
"Show more items you can get when in the hospital"
"Enjoy everything"

Healthy Families Mid-Shore

Life Skills Progression

FY 2014

Life Skills Progression Results
Queen Anne's County/Kent County

N = 109 Healthy Families with LSP at intake to 60 Months
Families served from 7/1/2013-6/30/2014

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)	84%(37)	79% (23)	80% (12)	93% (14)	100% (3)	33% (1)
2. Boyfriend, Father of Baby, or spouse (4-5)	64% (28)	69% (20)	60% (9)	53% (8)	67% (2)	100% (3)
3. Friends/peers (4-5)	45% (20)	45% (13)	67% (10)	80% (12)	100% (3)	100% (3)
4. Attitudes to pregnancy (4-5)	7% (3)	3% (1)	N/A	N/A	0% (0)	0% (0)
5. Nurturing (4-5)	32% (14)	52% (15)	80% (12)	100% (15)	100% (3)	0% (0)
6. Discipline (4-5)	7% (3)	41% (12)	73% (11)	100% (15)	100% (3)	100% (3)
7. Development (4-5)	14% (6)	48% (14)	67% (10)	80% (12)	100% (3)	100% (3)
8. Safety (4-5)	25% (11)	62% (18)	93% (14)	93% (14)	100% (3)	100% (3)
9. Home visitor (4-5)	80% (35)	90% (26)	100% (15)	100% (15)	100% (3)	100% (3)
10. Use of information (4-5)	68% (30)	90% (26)	93% (14)	87% (13)	100% (3)	100% (3)
11. Use of resources (4-5)	73%(32)	93% (27)	93% (14)	87% (13)	100% (3)	100% (3)
EDUCATION						
12. Language (3-5)	16% (7)	7% (2)	7% (1)	0% (0)	0% (0)	0% (0)
13. <12 yrs. Education (3-5)	18% (8)	17% (5)	7% (1)	7% (1)	0% (0)	0% (0)
14. Education (2-5)	68% (30)	69% (20)	87% (13)	73% (11)	2/3	100% (3)
15. Employment (2-5)	43% (19)	31% (9)	27% (4)	60% (9)	100% (3)	0% (0)
16. Immigration (2-5)	5% (2)	10% (3)	7% (1)	N/A	N/A	N/A
HEALTH/MEDICAL CARE						
17. Prenatal care (4-5)	68% (30)	48% (21)	N/A	N/A	N/A	N/A
18. Parent sick care (4-5)	57% (25)	76% (22)	93% (14)	80% (12)	100% (3)	100% (3)
19. Family planning (4-5)	9% (4)	38% (11)	40% (6)	60% (9)	100% (3)	100% (3)
20. Child well care (4-5)	27% (12)	70% (19)	100% (15)	100% (15)	100% (3)	100% (3)
21. Child sick care (4-5)	27% (12)	59% (17)	100% (15)	100% (15)	100% (3)	100% (3)
22. Child dental care (4-5)	5% (2)	7% (2)	20% (3)	87% (13)	100% (3)	67% (2)
23. Child immunizations (4-5)	27% (12)	62% (18)	100% (15)	100% (15)	100% (3)	100% (3)

[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)	86% (38)	100% (29)	93% (14)	100% (15)	100% (3)	100% (3)
25. Tobacco use (3-5)	82% (36)	76% (22)	60% (9)	53%(8)	100% (3)	33% (1)
26. Depression/suicide (4-5)	82% (36)	86% (25)	67% (10)	100% (15)	100% (3)	100% (3)
27. Mental illness (3-5)	91% (40)	93% (27)	100% (15)	100% (15)	100% (3)	100% (3)
28. Self-esteem (3-5)	59% (26)	90% (26)	93% (14)	100% (15)	100% (3)	100% (3)
29. Cognitive ability (3-5)	93% (41)	100% (29)	100% (15)	100% (15)	100% (3)	100% (3)

BASIC ESSENTIALS						
30. Housing (3-5)	98% (43)	100% (29)	100% (15)	100% (15)	100% (3)	100% (3)
31. Food/nutrition (3-5)	98% (43)	100% (29)	100% (15)	100% (15)	100% (3)	100% (3)
32. Transportation (3-5)	67% (29)	93% (27)	80% (12)	93% (14)	100% (3)	100% (3)
33. Medical/health insurance (2-5)	89% (39)	93% (27)	100% (15)	100% (15)	100% (3)	100% (3)
34. Income (3-5)	43% (19)	38% (11)	27% (4)	60%(9)	100% (3)	0% (0)
35. Child care (3-5)	2% (1)	7% (2)	7%(1)	27% (4)	67% (2)	0% (0)

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)	**48 Months** **% in Target Range** (N=count of responses)
36. Communication (3-5)	100% (14)	100% (1)	100% (10)	100% (14)	100% (4)	3/4
37. Gross motor (3-5)	100% (14)	100% (1)	100% (10)	100% (14)	100% (4)	100% (3)
38. Fine motor (3-5)	100% (14)	100% (1)	100% (10)	100% (14)	100% (4)	100% (3)
39. Problem solving (3-5)	100% (14)	100% (1)	100% (10)	100% (14)	100% (4)	100% (3)
40. Personal-social (3-5)	100% (14)	100% (1)	100% (10)	100% (14)	100% (4)	100% (3)
41. Social-emotional (4-5)	93% (13)	100% (1)	100% (10)	100% (14)	100% (4)	100% (3)
42. Regulation (4-5)	86% (12)	100% (1)	100% (10)	100% (14)	100% (4)	3100% (3)
43. Breast feeding (4-5)	7% (1)	0% (0)	10% (1)	0% (0)	0% (0)	0% (0)

Life Skills Progression Results
Talbot County

N = 78 Healthy Families with LSP at intake to 60 Months
Families served from 7/1/2013-6/30/2014

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)	81% (17)	77% (10)	86% (12)	93% (14)	88%7/8	71% (5)
2. Boyfriend, Father of Baby, or spouse (4-5)	52%(11)	62% (8)	71% (10)	27% (4)	38% (3)	57% (4)
3. Friends/peers (4-5)	48% (10)	46% (6)	43% (6)	87% (13)	100% (8)	100% (7)
4. Attitudes to pregnancy (4-5)	5% (1)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
5. Nurturing (4-5)	29% (6)	85% (11)	93% (13)	93% (14)	100% (8)	100% (7)
6. Discipline (4-5)	29% (6)	86% (12)	100% (14)	87% (13)	100% (8)	100% (7)
7. Development (4-5)	29% (6)	85% (11)	86% (12)	100% (15)	100% (8)	100% (7)
8. Safety (4-5)	29% (6)	86% (12)	93% (13)	100% (15)	100% (8)	100% (7)
9. Home visitor (4-5)	100% (21)	100% (13)	100% (14)	100% (15)	100% (8)	100% (7)
10. Use of information (4-5)	100% (21)	100% (13)	93% (13)	100% (15)	100% (8)	100% (7)
11. Use of resources (4-5)	95% (20)	100% (13)	93% (13)	100% (15)	100% (8)	100% (7)
EDUCATION						
12. Language (3-5)	29% (6)	31% (4)	14% (2)	7% (1)	0% (0)	0% (0)
13. <12 yrs. Education (3-5)	5% (1)	31% (4)	21% (3)	13% (2)	0% (0)	0% (0)
14. Education (2-5)	71%(15)	54% (7)	36% (5)	80% (12)	75% (6)	100% (7)
15. Employment (2-5)	43% (9)	46% (6)	43% (6)	67% (10)	100% (8)	100% (7)
16. Immigration (2-5)	43% (9)	23% (3)	29% (4)	13% (2)	25% (2)	
HEALTH/MEDICAL CARE						
17. Prenatal care (4-5)	100% (21)	62% (8)	7% (1)	0% (0)	13% (1)	0% (0)
18. Parent sick care (4-5)	90% (19)	77% (10)	64% (9)	93% (14)	75% (6)	100% (7)
19. Family planning (4-5)	14% (3)	46% (6)	43% (6)	73% (11)	100% (8)	100% (7)
20. Child well care (4-5)	33% (7)	86% (12)	100% (14)	100% (15)	100% (8)	100% (7)
21. Child sick care (4-5)	29% (6)	86% (12)	100% (14)	100% (15)	100% (8)	100% (7)
22. Child dental care (4-5)	N/A	15% (2)	21% (3)	87% (13)	88% (7)	100% (7)
23. Child immunizations (4-5)	29% (6)	86% (12)	100% (14)	100% (15)	100% (8)	100% (7)

[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)	10% (2)	100% (13)	100% (14)	100% (15)	100% (8)	100% (7)
25. Tobacco use (3-5)	10% (2)	100% (13)	100% (14)	100% (15)	88% (7)	86% (6)
26. Depression/suicide (4-5)	90% (19)	85% (11)	86% (12)	93% (14)	100% (8)	100% (7)
27. Mental illness (3-5)	10% (2)	100% (13)	100% (14)	100% (15)	100% (8)	100% (7)
28. Self-esteem (3-5)	100% (21)	100% (13)	100% (14)	100% (15)	100% (8)	100% (7)
29. Cognitive ability (3-5)	10% (2)	100% (13)	100% (14)	100% (15)	100% (8)	100% (7)

BASIC ESSENTIALS						
30. Housing (3-5)	95% (20)	100% (13)	100% (14)	100% (15)	100% (8)	100% (7)
31. Food/nutrition (3-5)	100% (21)	100% (13)	100% (14)	100% (15)	100% (8)	100% (7)
32. Transportation (3-5)	100% (21)	100% (13)	100% (14)	93% (14)	100% (8)	100% (7)
33. Medical/health insurance (2-5)	95% (20)	69% (9)	57% (8)	93% (14)	75% (6)	86% (6)
34. Income (3-5)	33% (7)	39% (5)	50% (7)	80% (12)	100% (8)	100% (7)
35. Child care (3-5)	10% (2)	39% (5)	57% (8)	93% (14)	100% (8)	86% (6)

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)	75% (3)	80% (4)	100% (12)	100% (15)	100% (8)	100% (7)
37. Gross motor (3-5)	75% (3)	80% (4)	100% (12)	100% (15)	100% (8)	100% (7)
38. Fine motor (3-5)	75% (3)	80% (4)	100% (12)	100% (15)	100% (8)	100% (7)
39. Problem solving (3-5)	75% (3)	80% (4)	100% (12)	100% (15)	100% (8)	100% (7)
40. Personal-social (3-5)	75% (3)	80% (4)	100% (12)	100% (15)	100% (8)	100% (7)
41. Social-emotional (4-5)	75% (3)	80% (4)	100% (12)	100% (15)	100% (8)	100% (7)
42. Regulation (4-5)	75% (3)	80% (4)	100% (12)	100% (15)	100% (8)	100% (7)
43. Breast feeding (4-5)	0% (0)	20% (1)	67% (8)	13% (2)	0% (0)	14% (1)

Life Skills Progression Results
Combined

N = 187 Healthy Families with LSP at intake- 60 Months
July 1, 2013- June 30, 2014

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)	83% (54)	79% (33)	83% (24)	93% (28)	91% (10)	60% (6)
2. Boyfriend, Father of Baby, or spouse (4-5)	60% (39)	67% (28)	66% (19)	40% (12)	45% (5)	70% (7)
3. Friends/peers (4-5)	46% (30)	45% (19)	55% (16)	83% (25)	100% (11)	100 % (10)
4. Attitudes to pregnancy (4-5)	6% (4)	2% (1)	0% (0)	0% (0)	0% (0)	0% (0)
5. Nurturing (4-5)	31% (20)	62% (26)	86% (25)	97% (29)	100% (11)	70% (7)
6. Discipline (4-5)	14% (9)	57% (24)	86% (25)	93% (28)	100% (11)	100 % (10)
7. Development (4-5)	19% (12)	60% (25)	76% (22)	90% (27)	100% (11)	100 % (10)
8. Safety (4-5)	26% (17)	71% (30)	93% (27)	97% (29)	100% (11)	100 % (10)
9. Home visitor (4-5)	51% (33)	93% (39)	100% (29)	67% (20)	100% (11)	100 % (10)
10. Use of information (4-5)	78% (51)	93% (39)	93% (27)	100% (30)	100% (11)	100 % (10)
11. Use of resources (4-5)	80% (52)	95% (40)	93% (27)	93% (28)	100% (11)	100 % (10)
EDUCATION						
12. Language (3-5)	22% (14)	14 % (6)	10% (3)	3% (1)	0% (0)	0% (0)
13. <12 yrs. Education (3-5)	14% (9)	21% (9)	14% (4)	10% (3)	0% (0)	0% (0)
14. Education (2-5)	69% (45)	64% (27)	62% (18)	77% (23)	73% (8)	100 % (10)
15. Employment (2-5)	43% (28)	36% (15)	35% (10)	63% (19)	100% (11)	70% (7)
16. Immigration (2-5)	17% (11)	14% (6)	17% (5)	7% (2)	27% (3)	0% (0)
HEALTH/MEDICAL CARE						
17. Prenatal care (4-5)	78% (51)	69% (29)	3% (1)	0% (0)	9% (1)	0% (0)
18. Parent sick care (4-5)	68% (44)	76% (32)	79% (23)	87% (26)	82% (9)	100 % (10)
19. Family planning (4-5)	11% (7)	40% (17)	41% (12)	20/30	100% (11)	100 % (10)
20. Child well care (4-5)	29% (19)	74% (31)	100% (29)	100% (30)	100% (11)	100 % (10)
21. Child sick care (4-5)	28% (18)	69% (29)	100% (29)	100% (30)	100% (11)	100 % (10)
22. Child dental care (4-5)	3% (2)	13% (4)	21% (6)	87% (26)	91% (10)	90% (9)
23. Child immunizations (4-5)	28% (18)	71% (30)	100% (29)	100% (30)	100% (11)	100 % (10)

[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)	62% (40)	100% (42)	97% (28)	100% (30)	100% (11)	100 % (10)
25. Tobacco use (3-5)	59% (38)	100% (42)	100% (29)	100% (30)	100% (11)	70% (7)
26. Depression/suicide (4-5)	85% (55)	86% (36)	76% (22)	100% (30)	100% (11)	100 % (10)
27. Mental illness (3-5)	65% (42)	95% (40)	100% (29)	100% (30)	100% (11)	100 % (10)
28. Self-esteem (3-5)	72% (47)	93% (39)	97% (28)	100% (30)	100% (11)	100 % (10)
29. Cognitive ability (3-5)	66% (43)	100% (42)	100% (29)	100% (30)	100% (11)	100 % (10)

BASIC ESSENTIALS						
30. Housing (3-5)	97% (63)	100% (42)	100% (29)	100% (30)	100% (11)	100 % (10)
31. Food/nutrition (3-5)	99% (64)	100% (42)	100% (29)	100% (30)	100% (11)	100 % (10)
32. Transportation (3-5)	77% (50)	95% (40)	90% (26)	93% (28)	100% (11)	100 % (10)
33. Medical/health insurance (2-5)	91% (59)	86% (36)	79% (23)	97% (29)	82% (9)	90% (9)
34. Income (3-5)	40% (26)	38% (16)	38% (11)	70% (21)	100% (11)	70% (7)
35. Child care (3-5)	5% (3)	17% (7)	31% (9)	93% (28)	91% (10)	60% (6)

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)	94% (17)	83% (5)	100% (22)	100% (29)	100% (13)	100 % (10)
37. Gross motor (3-5)	94% (17)	83% (5)	100% (22)	100% (29)	100% (13)	100 % (10)
38. Fine motor (3-5)	94% (17)	83% (5)	100% (22)	100% (29)	100% (13)	100 % (10)
39. Problem solving (3-5)	94% (17)	83% (5)	100% (22)	100% (29)	100% (13)	100 % (10)
40. Personal-social (3-5)	94% (17)	83% (5)	100% (22)	100% (29)	100% (13)	100 % (10)
41. Social-emotional (4-5)	89% (16)	83% (5)	100% (22)	100% (29)	100% (13)	100 % (10)
42. Regulation (4-5)	83% (15)	83% (5)	100% (22)	100% (29)	100% (13)	100 % (10)
43. Breast feeding (4-5)	6% (1)	17% (1)	41% (9)	7% (2)	0% (0)	10% (1)

Healthy Families Mid-Shore

GOC Matrix

FY 2014

LMB: Queen Anne's
Program Name: Healthy Families
Program Summary: Intensive home visiting service which prevents child maltreatment and supports healthy brain development in children prenatal to 5 years, using child development education for parents, screenings, and service referrals.
Target Population: First-time teen parents who are eligible for Maryland Children's Health Program (M-CHP) who are at risk of poor parenting outcomes due to several risk factors for juvenile delinquency.
Promising Practice/Model Program/Evidence-Based Practice Employed: OJJDP Effective Program
Explain How the Program Serves the SB 882 Population: This program will target at least 15 teens (age 19 and younger) who are at risk for delinquency.
FY13 Funding: $57,616

Performance Measure	FY11 Actual	FY12 Actual	FY13 Actual	FY14 Target	FY14 Actual-Mid-Year	FY 14 Actual	
What/How Much We Do:							
▪ # of families served.	38^^	50	51	40	41	55	
▪ # of developmental screenings.	78	119	114	75	46	127	
▪ # of referrals to service.	175	288	203	200	123	225	
▪ # of teen parents served (subset of # of families served).	12^^^	13	18	13	11	13	
▪ # of referrals to service for teen parents.	62	78	107	60	31	68	
▪ # of home visits.		611	614	500	358	806	
How Well We Do It:							
▪ #/% of participants who report they are satisfied or very satisfied with services. (survey given at end of services).	13/100%	24/100% N=24	100% 29/29	90%	Completed at End of Year	96% 24/25	
▪ #/% of participants that maintain or reach the target range for "Use of Community Resources" using the Life Skills Progression Tool (new measure).	9/75%	11/79% N=14	74% 37/50	70%	76% 31/41	84% 84/100	
▪ #/% screened children that are identified as having a developmental delay.		0/0% N=37	5% 2/42[1]	<1%	0% 0/34	98% 46/47	
Is Anyone Better Off?							

Performance Measure	FY11 Actual	FY12 Actual	FY13 Actual	FY14 Target	FY14 Actual-Mid-Year	FY 14 Actual	
▪ #/% of participants without child abuse/neglect findings while enrolled in the Healthy Families program.	37/97%	46/100% N=46	98% 50/51	85%	100% 33/33	100% 47/47	
▪ #/% of participants that maintain or reach the *target range for "Family Relation-ships" using the Life Skills Progression Tool (new measure). *	8/67%^^^^	10/83% N=12	88% 44/50	75%	78% 32/41	82% 82/100	
▪ #/% of participant children who are fully immunized for the year.		45/98% N=46	100% 42/42	90%	100% 33/33	100% 47/47	

* Target Range is a score of 3 or better on a scale of 1-5.

1. The program is serving more than half of the target for mid year. It is expected that the program will reach its goal by the end of the year.
2. It is expected that the program will reach the target by the end of the year for developmental screenings.
3. It is expected that the program will reach the target by the end of the year for community resource referrals.

LMB: Talbot County
Program Name: Healthy Families (HF) Mid-Shore (Program serves two counties, data is for Talbot County only)
Program Summary: Healthy Families Mid-Shore provides intensive prevention and early intervention services to first time parents, eligible for M-CHP and residing in Talbot County, who also have risk factors for poor parenting outcomes. Home visitors (Family Support Workers) share the Growing Great Kids child development curriculum, build a sustained relationship with the participants, conduct developmental screens, refer for services, and model essential parenting skills.
Target Population: First time parents, pregnant or with a baby up to three months of age at enrollment, receiving M-CHP or uninsured, residing in Talbot (or QA) County who are at risk of poor parenting outcomes.
Promising Practice/ Model Program/ Evidence-Based Practice Employed: Healthy Families America
Explain How the Program Serves the SB 882 Population: N/A
FY14 Funding: $82,424

Performance Measure	FY10 Actual	FY11 Actual	FY12 Actual	FY13 Actual	FY14 Target	FY14 Actual 1st Quarter	FY14 Actual 2nd Quarter	FY14 Actual 3rd Quarter	FY14 Actual 4th Quarter	FY14 Actual
What/How Much We Do:										
▪ # participants (Talbot families) served.	48	40	52	46	42	32	33	40	41	48
▪ # developmental screenings completed.	81	72	120	127	100	30	30	33	41	134
▪ # of referrals to other services.	168	246	444	202	150	61	46	51	40	198
How Well We Do It:										
▪ % of participants who report they are satisfied or very satisfied with services.	100% (N=14)	94% (17/18)	100% (24/24)	100% 21/21	90%	Completed at End of Yr	Completed at End of Yr	Completed at End of Yr	Completed at End of Yr	100% 31/31
▪ % of families enrolled prenatal.	94% (N=15/16)	88% (15/17)	75% (18/24) Newly enrolled	81% 13/16	80%	80% 4/5	66% 2/3	83% 5/6	100% 4/4	83% 15/18
▪ % of participating children fully immunized.			100% (47/47) (5 families served are pre-natal)	100% 40/40	100%	100% 29/29	100% 29/29	100% 38/38	100% 32/32	100%

Performance Measure	FY10 Actual	FY11 Actual	FY12 Actual	FY13 Actual	FY14 Target	FY14 Actual 1st Quarter	FY14 Actual 2nd Quarter	FY14 Actual 3rd Quarter	FY14 Actual 4th Quarter	FY14 Actual
Is Anyone Better Off?										
▪ % of participants without "indicated" child abuse/neglect findings while enrolled in the HF program.	100% (N=48)	98% (39/40)	98% (46/47)	100% 46/46	90%	100% 29/29	100% 29/29	100% 38/38	100% 32/32	100% 40/40
▪ # and % of participants who maintain or reach the target range* for "Use of Community Resources" using the Life Skills Progression Tool.		91% (10/11)	93% (14/15)	91% 53/58	85%	95% 21/22	91% 10/11	100% 23/23	95% 20/21	95% 39/41
▪ # and % of participants that main or reach the target range* for "Family Relationships" using the Life Skills Progression Tool.		91% (10/11)	87% (13/15)	83% 48/58	80%	77% 17/22	82% 9/11	78% 18/23	90% 19/21	90% 37/41

*Target range of 4 or better on a scale of 1-5.

1. It is expected that the program will reach its goal by the end of the year.
2. At 3rd Quarter. the program has almost reached its goal. It is expected that the program will reach the target by the end of the year for developmental screenings.
3. At 3rd Quarter. the program has reached its goal. 158 total referrals have been completed.
4. The 5 families that did not reach the target range in this area were baseline measurements. We anticipate that as those families stay in the program, this area will improve through the knowledge and information the family gains from the program.

Healthy Families Mid-Shore

MSDE Matrix

FY 2014

Maryland State Department of Education
Division of Special Education/Early Intervention Services
FY14 Home Visiting/Healthy Families
Final-Annual Reporting Matrix

Type of Program: Home Visiting	**Program Vendor:** Queen Anne's County Community Partnerships for Children & Families
Program Name: Healthy Families Queen Anne's/Talbot	
Target Population (to be served by program): First time parents, residents of Queen Anne's or Talbot County, MD, eligible for Maryland Children's Health Insurance Program (MCHP), who are screened for risk factors, assessed at risk for child abuse and neglect, and participate voluntarily in intensive home visiting services.	
FY14 Funding Level: Healthy Families: $ 296,372	**Other Home Visiting:**

Result Area(s)	State Indicator(s) associated with Result	Baseline for State Indicator(s)
Babies Born Healthy	Infant Mortality *Rate of deaths occurring to infants under 1 year of age* Low Birth Weight *The percentage of babies born at low birth weight, weighting less than2500 grams (5.5 pounds)*	To be determined for FY14
Healthy Children	Immunization *The percentage of children fully immunized by age two*	
Children Enter School Ready to Learn	Kindergarten Assessment *The percentage of kindergarten students who have reached one of three levels of readiness on the Work Sampling System Kindergarten Assessment*	
Children Safe in Their Families and Communities	Child Abuse and Neglect *The rate of investigations of child abuse or neglect ruled as indicated or unsubstantiated*	

All LMB's must complete columns 1-3 and 5. Columns 4 and 6 must be completed as a part of the LMB's semi-annual and annual program report.

Service Projections		
Indicate the targeted number of families to be assessed	55	**66**
Indicate the targeted number of families to receive home visiting services	40	**55**

1	2	3	4	5	6
Program Goal(s)	**Description of Activities/Services**	**Process Measures TARGETED**	**Process Measures ACHIEVED (July 1, 2013- June 30, 2014)**	**Performance Measures TARGETED**	**Performance Measures ACHIEVED (July 1, 2013- June 30, 2014)**
Babies Born Healthy	Pre-Enrollment in HF: 1. The Family Assessment Worker and Family Support Worker use Creative Outreach to assess and enroll participants pre-natally whenever possible. Post Enrollment in HF:Using Home Visits, phone calls, collateral contacts and written materials, and cultural sensitivity, the Family Support Worker: 2. Refers participants to WIC, M-CHP, Healthy Start, OB, pediatric and other services for healthy pregnancy and infancy and facilitates use of these services. 3. Teach participants (mother and father of baby when possible)	All families enrolled prenatally will receive information related to health and nutrition 90% of families will complete a MD Home Safety Scale within 90 days of enrollment (and annually thereafter) and the HV will address identified safety issues	100% 15/15 100% 55/55	Deaths occurring to infants <1 year of age will be below 5% 75% of families who enroll during 1st or 2nd trimester will have a child weighing 2500 grams or greater at birth Target: Serve minimum of 40 families per year according to HFA Standards	0% 100% 15/15 55 families served

All LMB's must complete columns 1-3 and 5. Columns 4 and 6 must be completed as a part of the LMB's semi-annual and annual program report.

	Growing Great Kids(GGK) and supplementary curricula on pre-natal health, nutrition and well-being for mother and baby, e.g. breastfeeding and other topics. 4. Teach participants GGK and supplementary curricula on baby care and safe parenting practices, e.g. prevention of Shaken Baby Syndrome by helping parent make a plan for "when baby cries." 5. Assist participants in acquiring and proper use of items needed for safe baby care, e.g. infant car seat.				
Healthy Children	1. Using GGK and supplementary curricula, teach participants about complete series of childhood immunizations and their importance to child health. 2. Facilitate visits to child's doctor to obtain immunizations as scheduled. 3. Using properly signed release of information (HIPPA compliant) obtain verification of imm's from Dr.	90% of target children will have an identified primary care provider by two months of age 100% of target children without health insurance will be referred to MCHP	100 % 47/47 100% 47/47	90% of target children will be current with immunizations through age two	100% 47/47

All LMB's must complete columns 1-3 and 5. Columns 4 and 6 must be completed as a part of the LMB's semi-annual and annual program report.

	4. Encourage participants to keep immunization record. 5. Help participants maintain MCHP eligibility for cost of child's medical care.				
Children Enter School Ready to Learn	1. Administer ASQ and ASQ-SE to 100% of target children according to program schedule (at least semi-annually through age 2 and annually thereafter) and following guidelines for administering tools. 2. All staff administering ASQ and ASQ-SE are trained in use of tool before using with families. 3. Involve the parents in recognition of child's development. 4. Provide parent with additional activities to promote development and school readiness. Based on past experience, estimate that 90% of children will dev. on target. 5.100% of parents whose child is suspected of a developmental delay will be informed of the availability of MITP or Child Find. 6. Family Support Worker will refer child to	% of children developing on target % of children with suspected developmental delay who were referred to MITP or Child Find % of families accessing information and activities designed to promote child development skills	96% 45/47 100% 2/2 100% 55/55	100% of target children will be screened for developmental delays semi-annually through age 2 and annually thereafter % of children developing on target % of children with suspected developmental delay who were referred to MITP or Child Find % of families accessing information and activities designed to promote positive parent-child interaction and child development skills	100% 47/47 96% 45/47 100% 2/2 100% 55/55

All LMB's must complete columns 1-3 and 5. Columns 4 and 6 must be completed as a part of the LMB's semi-annual and annual program report.

	MITP or Child Find with parent's permission. 7. Family Support Worker encourages parent to discuss findings or concerns about developmental delay with child's doctor. 8. Family Support Worker is available to facilitate parent's participation with MITP or Child Find. 9. 100% of families who have 8 visits or more will receive information on these topics. 10. Family Support Workers offer GGK, supplementary curricula, Ready at Five Activity Boxes and other information to promote positive parent-child interaction and child development skills. 11. At Home Visits, Family Support Workers model positive parent-child interaction and demonstrate activities. 12. 100% of participants are invited to HF seasonal gatherings where parent-child socialization and activity are featured. 13. 100% of families are given at least one book				

All LMB's must complete columns 1-3 and 5. Columns 4 and 6 must be completed as a part of the LMB's semi-annual and annual program report.

	per year to encourage reading with target child. 14. 100% of families are informed of availability of other community resources for child development, e.g., Judy Center, Family Support Center, etc. 15. Family Support Workers encourage parent involvement with educational opportunities for target child and facilitate referral, enrollment and ongoing participation in e.g. Early Head Start, Head Start, etc.				
Children Safe in their Families and Communities	1. Family Support Workers offer GGK and supplementary curricula that provide information and promote positive parenting behavior to foster child's health and safety. 2. Family Support Worker with assistance from Clinical Supervisor will report suspected child abuse and neglect to DSS. 3. Family Support Workers administer Maryland Home Safety Checklist according to policy and procedure.	% of families accessing information and activities designed to promote positive parent-child interaction and health and safety practices	100% 55/55	% of families accessing information and activities designed to promote positive health and safety practices 90% of participants without "indicated" child abuse/neglect finding while enrolled in HF program.	100% 55/55 100% 47/47

All LMB's must complete columns 1-3 and 5. Columns 4 and 6 must be completed as a part of the LMB's semi-annual and annual program report.

	4. Family Support Workers help families become compliant with Home Safety when possible, e.g. provide Poison Control information, gates, smoke alarms, gun locks etc. 5. Family Support Workers complete "Life Skills Progression" per protocol				

All LMB's must complete columns 1-3 and 5. Columns 4 and 6 must be completed as a part of the LMB's semi-annual and annual program report.

Healthy Families Mid-Shore

Annual Summaries

FY 2014

Queen Anne's Co. Dept. of Health Talbot County Health Department Kent County Health Department

Annual Report to the Community-Queen Anne's County

July 1, 2013 – June 30, 2014

Target Population and Objectives

Healthy Families Mid-Shore is an evidence-based program that provides intensive prevention and early intervention services to first-time parents, residing in Queen Anne's, Talbot or Kent Counties, eligible for Maryland Children's Health Program (MCHP) and at risk because of their own history of abuse as a child, current or past mental illness, substance abuse, anger control problems, inadequate support, high stress, limited knowledge about child development and other risk factors.

The first objective of Healthy Families is to reduce the occurrence of child abuse and neglect in families at risk. The second objective is to build the capacity of first time parents to raise a young child who will have the social, emotional, language and learning skills to be "ready for school" when they reach kindergarten age. Brain development in the early years affects learning for a lifetime.

Program Summary

Families' risk factors are assessed during an interview that follows a research-based set of questions. Eligible families are offered Healthy Families and voluntarily engage in an intensive, strength-based home visiting service that begins prenatally and continues until the target child starts school. Extensively trained home visitors (Family Support Workers) utilize the "Growing Great Kids" evidence-based curriculum, build a trusting, sustained relationship with the participants, conduct health and developmental screens, refer to other needed services, help families develop and achieve goals, and model positive parenting skills.

What and How Much We Did in Fiscal Year 2014

- Served 55 first time parents who requested extra support during their children's early years.

49% were Caucasian	35% were African American	96 % were unmarried
13% were Spanish speaking	4% was Multi-Racial	45 % did not graduate from high school
		22 % had symptoms of depression

- Served 47 target infants and children under 5.
- Made 806 home visits and shared exciting information about how children's brains develop.
- Conducted 122 developmental screens to make sure child development is on target.
- Made 225 referrals to other community services including follow-ups for developmental delays.

Families and Children Are Better Off

- As of June 30, 2014, 100% of the children in the program were current on their immunizations.
- Healthy Families parents report that they know more about children's brain development—and 11 other parenting areas-- now than they did before Healthy Families.

Thanks to: Queen Anne's County Community Partnerships for Families and Children , Talbot Family Network, Family & Community Partnerships of Kent County & Governor's Office for Children

- The number of FY 2014 child abuse and neglect reports (2) and findings (0) contrasts with the predicted number possible (28) for the high-risk population we served.

How Well We Do It

- 100% of respondents to our annual Participant Satisfaction Survey reported that they are "Very Satisfied" (100%) with Healthy Families services.
- During FY 2014, 11 participants had been in the program for over three years.
- Participants, community members and partner agencies serve on our Advisory Board.
- Since the Program began in January 2000, we have served 415 families in Queen Anne's County.
- Skilled and sensitive interpreters help us serve Spanish-speaking families.
- The program is accredited through Healthy Families America.

Participants Say

"I like the friendly support and new advice"
"I like that my son is learning more activities shapes and colors"
"I like learning activities to do with my child to support her development"
"I like having someone to talk to and help when I have questions"

Investing in Children at Risk Brings Human and Economic Benefits to Our Communities

- Children who have a good start in the first three years of life also have more success in school and fewer problems later with school failure, violence, drug abuse, delinquency, and teen pregnancy. (Hawkins and Catalano, Risk and Protective Factors, 1992).
- Quality early childhood programs not only save on future costs like criminal justice services, but also generate additional employment earnings and taxes paid by adults able to achieve more of their potential. (See, e.g., Exceptional Returns, Economic Policy Institute, Robert Lynch, Ph. D., October 2004)
- Young children who are emotionally well adjusted have a significantly greater chance of early school success. (Raver, C.C., 2003)

Fiscal Year 2014 Funding

(1)	Maryland State Department of Education, Healthy Families QA/T Combined Grant Granted *through* QACPC *to* QACDH *for* Queen Anne's *and* Talbot County Services	$ 296,372
(2)	QA Community Partnerships for Children *to* QACHD *for* Queen Anne's Services	57,616
(3)	Promoting Safe & Stable Families for Queen Anne's County only	60,000
(4)	Both QACDH and TCHD provide in-kind materials, space and other support	Thank you!

Maryland Child Well-Being Result Areas Addressed

* Babies Born Healthy * Healthy Children * Children Safe in Their Families & Communities *

* Children Enter School Ready to Learn * Stable & Economically Independent Families *

Thanks to: Queen Anne's County Community Partnerships for Families and Children , Talbot Family Network, Family & Community Partnerships of Kent County & Governor's Office for Children

Queen Anne's Co. Dept. of Health Talbot County Health Department Kent County Health Department

Annual Report to the Community-Talbot County

July 1, 2013 – June 30, 2014

Target Population and Objectives

Healthy Families Mid-Shore is an evidence based program that provides intensive prevention and early intervention services to first-time parents, residing in Queen Anne's, Talbot or Kent Counties, eligible for Maryland Children's Health Program (MCHP) and at risk because of their own history of abuse as a child, current or past mental illness, substance abuse, anger control problems, inadequate support, high stress, limited knowledge about child development and other risk factors.

The first objective of Healthy Families is to reduce the occurrence of child abuse and neglect in families at risk. The second objective is to build the capacity of first time parents to raise a young child who will have the social, emotional, language and learning skills to be "ready for school" when they reach kindergarten age. Brain development in the early years affects learning for a lifetime.

Program Summary

Families' risk factors are assessed during an interview that follows a research-based set of questions. Eligible families are offered Healthy Families and voluntarily engage in an intensive, strength-based home visiting service that begins prenatally and continues until the target child starts school. Extensively trained home visitors (Family Support Workers) utilize the "Growing Great Kids" evidence-based curriculum, build a trusting, sustained relationship with the participants, conduct health and developmental screens, refer to other needed services, help families develop and achieve goals, and model positive parenting skills.

What and How Much We Did in Fiscal Year 2014

- Served 48 first time parents who requested extra support during their children's early years.

23% were Caucasian	13% were African American	98% were unmarried
42% were Spanish speaking	2% was Multi-Racial	33 % did not graduate from high school
		13 % had symptoms of depression

- Served 40 target infants and children under 5.
- Made 670 home visits and shared exciting information about how children's brains develop.
- Conducted 133 developmental screens to make sure child development is on target.
- Made 198 referrals to other community services including two for developmental delays.

Families and Children Are Better Off

- As of June 30, 2014, 100% of the children in the program were current on their immunizations.

Thanks to: Queen Anne's County Community Partnerships for Families and Children , Talbot Family Network, Family & Community Partnerships of Kent County & Governor's Office for Children

- Healthy Families parents report that they know more about children's brain development—and 11 other parenting areas-- now than they did before Healthy Families.
- The number of FY 2014 child abuse and neglect reports (0) and findings (0) contrasts with the predicted number possible (12) for the high-risk population we served.

How Well We Do It

- 100% of respondents to our annual Participant Satisfaction Survey reported that they are "Very Satisfied" (97%) or "Satisfied" (3%) with Healthy Families services.
- During FY 2014, 8 participants had been in the program for over three years.
- Participants, community members and partner agencies serve on our Advisory Board.
- Since the Program began in January 2000, we have served 373 families in Talbot County.
- An Interpreter/Translator for the 3 counties help us serve Spanish-speaking families.
- The program is accredited through Healthy Families America.

Participants Say

"I like the way my home visitor gives me information that I understand"
"I like the educational activities for my child"
"I like when different families come together for groups"
"I like that my home visitor answers all of my questions"

Investing in Children at Risk Brings Human and Economic Benefits to Our Communities

- Children who have a good start in the first three years of life also have more success in school and fewer problems later with school failure, violence, drug abuse, delinquency, and teen pregnancy. (Hawkins and Catalano, Risk and Protective Factors, 1992).
- Quality early childhood programs not only save on future costs like criminal justice services, but also generate additional employment earnings and taxes paid by adults able to achieve more of their potential. (See, e.g., Exceptional Returns, Economic Policy Institute, Robert Lynch, Ph. D., October 2004)
- Young children who are emotionally well adjusted have a significantly greater chance of early school success. (Raver, C.C., 2003)

Fiscal Year 2014 Funding

(1)	Maryland State Department of Education, Healthy Families QA/T Combined Grant Granted *through* QACPC *to* QACDH *for* Queen Anne's *and* Talbot County Services	$ 296,372
(2)	Talbot Family Network *to* TCHD *for* Talbot County Services	82,424
(3)	Both QACDH and TCHD provide in-kind materials, space and other support	Thank you!

Maryland Child Well-Being Result Areas Addressed

* Babies Born Healthy * Healthy Children * Children Safe in Their Families & Communities *
* Children Enter School Ready to Learn * Stable & Economically Independent Families *

Thanks to: Queen Anne's County Community Partnerships for Families and Children , Talbot Family Network, Family & Community Partnerships of Kent County & Governor's Office for Children

Queen Anne's Co. Dept. of Health Talbot County Health Department Kent County Health Department

Annual Report to the Community-Kent County

July 1, 2013 – June 30, 2014

Target Population and Objectives

Healthy Families Mid-Shore is an evidence based program that provides intensive prevention and early intervention services to first-time parents, residing in Queen Anne's, Talbot or Kent Counties, eligible for Maryland Children's Health Program (MCHP) and at risk because of their own history of abuse as a child, current or past mental illness, substance abuse, anger control problems, inadequate support, high stress, limited knowledge about child development and other risk factors.

The first objective of Healthy Families is to reduce the occurrence of child abuse and neglect in families at risk. The second objective is to build the capacity of first time parents to raise a young child who will have the social, emotional, language and learning skills to be "ready for school" when they reach kindergarten age. Brain development in the early years affects learning for a lifetime.

Program Summary

Families' risk factors are assessed during an interview that follows a research-based set of questions. Eligible families are offered Healthy Families and voluntarily engage in an intensive, strength-based home visiting service that begins prenatally and continues until the target child starts school. Extensively trained home visitors (Family Support Workers) utilize the "Growing Great Kids" evidence-based curriculum, build a trusting, sustained relationship with the participants, conduct health and developmental screens, refer to other needed services, help families develop and achieve goals, and model positive parenting skills. This program expanded to Kent County on July 1, 2013. This is the program's first full year of data below.

What and How Much We Did in Fiscal Year 2014

- Served 28 first time parents who requested extra support during their children's early years.

45% were Caucasian	36% were African American	96% were unmarried
14 % were Spanish speaking	5% was Multi-Racial	46 % did not graduate from high school
		13 % had symptoms of depression

- Served 20 target infants and children under 5.
- Made 390 home visits and shared exciting information about how children's brains develop.
- Conducted 26 developmental screens to make sure child development is on target.
- Made 94 referrals to other community services including two for developmental delays.

Thanks to: Queen Anne's County Community Partnerships for Families and Children , Talbot Family Network, Family & Community Partnerships of Kent County & Governor's Office for Children

Families and Children Are Better Off

- As of June 30, 2014, 100% of the children in the program were current on their immunizations.
- The number of FY 2014 child abuse and neglect reports (0) and findings (0) contrasts with the predicted number possible (15) for the high-risk population we served.

How Well We Do It

- 100% of respondents to our annual Participant Satisfaction Survey reported that they are "Very Satisfied" (85%) or "Satisfied" (15%) with Healthy Families services.
- Participants, community members and partner agencies serve on our Advisory Board.
- Since the Program began on July 1, 2013, we have served 28 families in Kent County.
- An Interpreter/Translator for the 3 counties help us serve Spanish-speaking families.

Participants Say

"I like all of the information and the educational videos"
"I like having someone to talk to and the help I get"
"I like the helpful resources/info, and the activities to do with your child"
"I like the books, surveys on child development, things to help teach my child"

Investing in Children at Risk Brings Human and Economic Benefits to Our Communities

- Children who have a good start in the first three years of life also have more success in school and fewer problems later with school failure, violence, drug abuse, delinquency, and teen pregnancy. (Hawkins and Catalano, Risk and Protective Factors, 1992).
- Quality early childhood programs not only save on future costs like criminal justice services, but also generate additional employment earnings and taxes paid by adults able to achieve more of their potential. (See, e.g., Exceptional Returns, Economic Policy Institute, Robert Lynch, Ph. D., October 2004)
- Young children who are emotionally well adjusted have a significantly greater chance of early school success. (Raver, C.C., 2003)

Fiscal Year 2014 Funding

(1)	Maryland State Department of Education, Healthy Families Kent County	60,824
(2)	Family & Community Partnerships of Kent County- LMB	93,291
(3)	QACDOH & KCHD provide in-kind materials, space and other support	Thank you!

Maryland Child Well-Being Result Areas Addressed

* Babies Born Healthy * Healthy Children * Children Safe in Their Families & Communities *
* Children Enter School Ready to Learn * Stable & Economically Independent Families *

Thanks to: Queen Anne's County Community Partnerships for Families and Children , Talbot Family Network, Family & Community Partnerships of Kent County & Governor's Office for Children

Queen Anne's Co. Dept. of Health Talbot County Health Department Kent County Health Department

Annual Report to the Community- Mid-Shore

July 1, 2013– June 30, 2014

Target Population and Objectives

Healthy Families Mid-Shore is an evidence-based program that provides intensive prevention and early intervention services to first-time parents, residing in Queen Anne's, Talbot or Kent Counties, eligible for Maryland Children's Health Program (MCHP) and at risk because of their own history of abuse as a child, current or past mental illness, substance abuse, anger control problems, inadequate support, high stress, limited knowledge about child development and other risk factors.

The first objective of Healthy Families is to reduce the occurrence of child abuse and neglect in families at risk. The second objective is to build the capacity of first time parents to raise a young child who will have the social, emotional, language and learning skills to be "ready for school" when they reach kindergarten age. Brain development in the early years affects learning for a lifetime.

Program Summary

Families' risk factors are assessed during an interview that follows a research-based set of questions. Eligible families are offered Healthy Families and voluntarily engage in an intensive, strength-based home visiting service that begins prenatally and continues until the target child starts school. Extensively trained home visitors (Family Support Workers) utilize the "Growing Great Kids" evidence-based curriculum, build a trusting, sustained relationship with the participants, conduct health and developmental screens, refer to other needed services, help families develop and achieve goals, and model positive parenting skills.

What and How Much We Did in Fiscal Year 2014

- Served 126 first time parents who requested extra support during their children's early years.
  - 41% were Caucasian
  - 32% were African American
  - 96 % were unmarried
  - 23% were Spanish speaking
  - 3% was Multi-Racial
  - 47 % did not graduate from high school
  - 16 % had symptoms of depression
- Served a total of 107 infants and children under 5.
- Made 1556 home visits and shared exciting information about how children's brains develop.
- Conducted 281 developmental screens to make sure child development is on target.
- Made 517 referrals to other community services including two for developmental delays.

Families and Children Are Better Off

- As of June 30, 2014, 100% of the children in the program were current on their immunizations.
- Healthy Families parents report that they know more about children's brain development—and 11 other parenting areas-- now than they did before Healthy Families.
- The number of FY 2014 child abuse and neglect reports (3) and findings (0) contrasts with the predicted number possible (55) for the high-risk population we served.

Thanks to: Queen Anne's County Community Partnerships for Families and Children , Talbot Family Network, Family & Community Partnerships of Kent County & Governor's Office for Children

Healthy Families Mid-Shore

How Well We Do It

- 100% of respondents to our annual Participant Satisfaction Survey reported that they are "Very Satisfied" (96%) or "Satisfied" (4%) with Healthy Families services.
- During FY 2014, 19 participants had been in the program for over three years.
- Participants, community members and partner agencies serve on our Advisory Board.
- Since the Program began in January 2000, we have served nearly 850 families.
- A bi-lingual home visitor and interpreters help us serve Spanish-speaking families.
- We continue to be a credentialed site through Healthy Families America.

Participants Say

"I like the information and support I get"
"I like everything about the program"
"It helps me understand about child development"
"I like the unbiased support and educational resources"
" I like that it focuses on many aspects of child health"

Investing in Children at Risk Brings Human and Economic Benefits to Our Communities

PAY NOW OR PAY LATER

- Children who have a good start in the first three years of life also have more success in school and fewer problems later with school failure, violence, drug abuse, delinquency, and teen pregnancy. (Hawkins and Catalano, Risk and Protective Factors, 1992).
- Quality early childhood programs not only save on future costs like criminal justice services, but also generate additional employment earnings and taxes paid by adults able to achieve more of their potential. (See, e.g., Exceptional Returns, Economic Policy Institute, Robert Lynch, Ph. D., October 2004)
- Research has demonstrated that supporting healthy early childhood development from birth through age 5 produces substantial educational, social and financial benefits for children and their communities.
- Young children who are emotionally well adjusted have a significantly greater chance of early school success. (Raver, C.C., 2003)

Fiscal Year 2014 Funding

(1)	Maryland State Department of Education, Healthy Families QA/T Combined Grant Granted *through* QACPC *to* QACDH *for* Queen Anne's *and* Talbot County Services	$ 296,372
(2)	QA Community Partnerships for Children *to* QACHD *for* Queen Anne's Services	$57,616
(3)	Talbot Family Network *to* TCHD *for* Talbot County Services	$82,424
(4)	Promoting Safe & Stable Families for Queen Anne's County only	$60,000
(5)	Maryland State Department of Education for Kent County	$60,824
(6)	Family & Community Partnerships of Kent County for Kent County	$93,291

(5) QACDH, TCHD. KCHD provide in-kind materials, space and other support — Thank you!

Maryland Child Well-Being Result Areas Addressed

Thanks to: Queen Anne's County Community Partnerships for Families and Children , Talbot Family Network, Family & Community Partnerships of Kent County & Governor's Office for Children