HEALTHY FAMILIES VIRGINIA

Statewide Evaluation
Executive Report
FY 2011-2015

Prevent Child Abuse Virginia

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BEHAVIORAL EPIGENETICS

A recent brief from the Council For Early Child Development (2010) provides this concise statement: "The science of early child development encompasses the fields of neurobiology, genetics and the social sciences, including psychology, social work and medicine. Research conducted over the past few decades gives us a much better understanding of human brain development and the impact of experience from conception onwards. The first phase of life is one in which there are both great opportunities and great risks that can set trajectories across a lifetime. Early experiences affect how genes are expressed and how brain connections are built. Thus early life has a long reach forward."

What is behavioral epigenetics?

In the recent past, the field of human development tried to distinguish between processes of development that were controlled by "nature," or the genetic material, and those controlled by "nurture," or the environment. Research conducted over the past 40 years has indicated that the genetic material is inextricably connected to the environment in which it functions. Genes don't operate in a vacuum. At the same time, the way in which genes are expressed can affect the environment around them, in a continuous "transaction" between the two. This is true of genes that effect development of cells as well as those that have effects on behavior.

Interest in behavioral epigenetic was increased by findings that the children of Holocaust survivors demonstrated the effects of traumatic stress on their own responses to stress, an effect that carried over to the second generation. A study of the stress of the attacks on 9/11 also showed that if the stress occurred during the third trimester of pregnancy, the period of the most rapid prenatal brain development, the children also exhibited an increased stress response.

Epigenetics might also explain the effects of exposure to high levels of "Adverse Childhood Experiences" (ACES) including later risk-taking behavior, mental health problems, reduced productivity, and higher rates of poor health and premature death. At the same time, leading researchers hypothesize that understanding the epigenetic mechanism might provide a basis for improving prevention of negative consequences and genetic transmission of developmental problems.

Part I: Fatherhood

Historically, Healthy Families programs have focused both services and evaluation primarily on the mother's role, although individual sites have adopted programs specifically directed at fathers, and some have male staff who are tasked with providing "fatherhood services." Recent research has shown that having a male parent/caregiver in the home acts as a strong protective factor for children (Lamb, 2004; Rosenberg & Wilcox, 2006a). Children raised without an involved father are more vulnerable socially and economically than others (Palkovitz, 2002).

In addition, fathers may also play a role in child maltreatment. Recent data on perpetrators of child maltreatment indicates that fathers accounted for 35.4% of cases (Rosenberg & Wilcox, 2006b). Additional research indicates that male parents/caregivers are disproportionately represented as perpetrators of severe child abuse, even though they spend less time caring for children. Mediating factors, such as the father's relationship with the child's mother, particularly in the context of co-parenting, intimate partner violence, or maternal harsh parenting, can increase risk for child maltreatment.

In addition to research on the effects of father presence or absence on children's development, security, and health, Jay Fagan has conducted research examining the patterns of involvement by fathers, and the effects of fathers' risk level, quality of co-parenting with child's mother, and early engagement on those patterns of involvement (Fagan, 2015).

This is the second year that we are analyzing data on fatherhood participation. Those data will be presented in the main body of the aggregate report.

Part II: Introduction to Healthy Families

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

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

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

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

Over the past 15 years, HFV evaluations documented that enrolled families:

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

Part III: Healthy Families Virginia Evaluation Results

The FY 2011-2015 statewide report summarizes a decade of evaluation studies and highlights the findings and accomplishments from the past five fiscal years.

A. Participants Screened, Assessed, Enrolled, and Engaged

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

Healthy Families performs exceptionally well in the domains of systematically identifying families most in need and successfully engaging those families in services. Since FY 2011, the 21 PIMS-using Healthy Families sites have conducted more than 34,930 screens and provided assessments to approximately 10,385 families.

The assessment process uses a standardized scientific measure designed to identify families who can benefit from these home-visiting services. Of the 10,385 individuals who were assessed, 85% assessed positive. Of the 7,835 positively assessed families offered services, approximately 88% accepted. In the single year of FY 2015, a total of 1,559 participants enrolled and 25% of all families terminated before receiving a first home visit.

Based on the risk assessment interview of the enrolled participants, 59% were considered high-risk for child abuse and neglect and 40% were at moderate-risk. This proportion of high-risk families represents a continuing trend towards enrolling more high-risk families. Fifty-seven percent of the assessed parents reported a childhood history of maltreatment. Statewide, the factors that most frequently warranted classifying families as at-risk were multiple stressors, childhood history of abuse, and poor coping skills. Having slightly more than half of the parents entering the program at high risk has been relatively consistent for the last few years. *On a sobering note, since the initiative began, more than half of all the women who enrolled reported that they themselves had been abused as children.* These assessment data suggest that the family histories and mix of risk factors and needs of Healthy Families participants place them at higher-than-average risk for child maltreatment and other poor childhood outcomes.

Characteristics of the Enrolled Families

- Unmarried - 82%
- Less than a high school education - 37%
- College graduates - 6%
- Average age - 23.5 years.
- Race - Black 47%, White 29%, Hispanic 19%, Multiracial or Asian/Pacific Islander 3%
- No health insurance at enrollment - 22%
- English not primary language - 20%

More than one-fifth of enrolled families are without health insurance (22%), increasing the difficulty of accessing services for their children.

After six months, 90% of enrolled participants were engaged successfully. This rate has been consistent for several years. Engagement is a major challenge for prevention programs because families may be distrustful or defensive and are faced with circumstances reducing the likelihood of continued involvement. HFV can be proud of this strong record of engagement, given the characteristics of the families and their settings, and the fact that HFV is a completely voluntary program.

B. Outcomes Summary and Conclusions

The outcome results are organized within the framework of the Statewide Goals and Objectives adopted in June, 1999 and revised in June, 2007. Unless otherwise noted, findings cover FY 2011-2015. In each analysis the results are also presented for the participants who were active during the most recent fiscal year. “Active” is defined as those participants who were enrolled at the beginning of the year plus those enrolled during the fiscal year. The major HFV evaluation domains aim:

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

Table 1. Fiscal Year 2011-2015 Maternal and Child Health Goal Attainment

Goal	FY 2011 - 2015	FY 2015	Total Number	Objectives
1	**Maternal and Child Health Outcomes**			
	95%	97%	782	**Prenatal Care** - 75% of prenatal enrollees will receive 80% of the recommended prenatal care.
	90%	92%	1,677	**Birth Weight -** 85% of prenatal enrollees will deliver babies weighing at least 2500 grams.
	93%	94%	4,728	**Connection to Medical Care Providers** - 85% of participating children will have a medical provider at birth or within two months.
	94%	98%	2,400	**Continuation with a Medical Care Providers** - 80% of participating children with a medical provider will continue to receive services from the medical provider.
	86%	90%	2,840	**Immunization*** - 80% of participating children will receive 100% of scheduled immunizations.
	85%	N/A**	46	**Delay Repeat Birth (Teens) -** 85% of teen mothers will have no subsequent births or will have an interval of at least **24 months** between the target child's birth and the subsequent birth.
	87%	N/A**	626	**Delay Repeat Birth (Non-Teens) -** 75% of non-teen mothers will have no subsequent births or will have an interval of at least **24 months** between the target child's birth and the subsequent birth.

*Scientific Alert: A recent CDC&P study found that after rising significantly from 1994 to 2004, Virginia's immunization rates initially stalled at 81.5%, and decreased from 2005 to 2006 with the 2006 rate returning to the level of 2004. **Alarmingly, the FY 2013 rate for the Virginia population rate was 74.6% and the FY 2014 VDH Sentinel Report for high-risk families comparable to HFV's service population 68.2%. HFV never experienced the large, negative, state or national trends, however, the HFV completion rate declined two points for the FY11-FY15 period and three points during FY 2015.**
** Increasing the interval between target births and subsequent births is a 24-month goal and can not be examined on an annual basis.

1. Child Health

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

Healthy Birth Weight: 90%* of the babies born to the 1,677 prenatal enrollees were within the healthy birth weight range, surpassing the state criterion. The FY 2015 rate was similarly strong; 92% of all infants were born within the healthy birth weight range. Staff can be proud of this achievement. Reaching expectant mothers early ensures that they get regular prenatal care, quit smoking, and eat a balanced diet. These behaviors dramatically increase the chances of having a full-term baby, and promote strong brain architecture. In fact, mothers participating in home-visiting programs were half as likely to deliver low birth weight babies.

Connection to and Continuation with Medical Care Providers: Approximately 93% of the 4,728 births to enrolled Healthy Families mothers had a primary medical care provider within two months of enrollment. Importantly, 94% of those children continued with health care providers after six months of participation in the program. Positively, the FY 2015 continuation rate was 98%. These rates far exceed the HFV criteria.

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

The U.S. Department of Health and Human Services (2013) estimated that the national base rate was 77.7% in CY 2011 for children receiving the recommended series of **15** immunizations. For a more direct comparison with HFV programs, the 2010 U.S. National Immunization Survey conducted by the Centers for Disease Control and Prevention estimated the FY 2014 completion rate was 74.6% for the Virginia general population.

HFV's five-year performance (86%) surpasses the demanding statewide objective, exceeds the Virginia average of 74.6% for the general population, and far exceeds the DOH FY 2014 Sentinel Report immunization rate of 68.2% for comparable high-risk families. Healthy Families programs can take pride in this level of performance. **The immunization coverage rate for FY 2015 of 90% is substantially higher than the five-year range of 86%.** Although the immunization rates exceed those set as criteria for this objective, both the five-year and single-year rates showed a small decrease this year.

Scientific alert: Progress towards full immunization of young preschoolers has stalled and DECLINED since 2004, according to a Child Trends analysis of recently released national data from the Centers for Disease Control and Prevention (CDC&P). Examining

the demanding 4:3:1:3:3 Series demonstrates that it rose from 55.1% to 80.9% between 1995 and 2004. That rate then stalled at 80.6% in 2006. The national rate actually declined over the last two years – the 2008 rate was 78.2%. In Virginia, the situation was worse due to an even steeper decline. The 4:3:1:3:3 Series rates rose from 52.8% to 81.0% between 1995 and 2004. The 2006 rate was 81.5%. **The 2013 rate for Virginia was 74.6%**. This is a major decline in an indicator that many scientists view as a proxy for the overall health of our children. **Importantly, during the same period, the immunization rates for HFV (based on families at high risk for poor outcomes) have not stalled; rather, they have continued to remain strong and the rate was 86% for the last five years–** ***the same time period that Virginia declined.***

Of special significance is the 90% immunization coverage rate for FY 2015 compared to the Virginia average of 74.6%. These positive child and maternal health findings complement the results emerging from other Healthy Families America (HFA) programs nationally, which have demonstrated improved health care status, service utilization, and high rates of immunization.

2. Maternal Health

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

Separate goals have been established for teen and older mothers. Overall, 1,969 mothers (164 teen and 1,805 non-teen mothers) were enrolled in HFV programs long enough (i.e., a minimum of 24 months following the birth of a child) to merit inclusion in this evaluation component.

Subsequent Births: Teen Mothers: **Teen mothers had a 85% success rate.** That is, 80% of all teen mothers had no subsequent births and 5% had a subsequent birth after the targeted 24-month interval.

Subsequent Births: Non-Teen Mothers: **Older mothers had an overall success rate of 87%**. That is, 80% of all non-teen mothers had **no** subsequent births and 7% had subsequent births after their child reached the age of two.

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

Table 2. Fiscal Year 2011-2015 Attainment of Child Development Objectives

Goal	FY 2011 - 2015	FY 2015	Total Number	Objectives
2	**Child Development Outcomes**			
	88%	92%	2,292	**Child Development Screening -** 90% of participating children will be screened for appropriate development semiannually for the first three years and annually thereafter.
	91%	**N/A***	134	**Child Development Referral -** 90% of children with suspected developmental delay will be referred for further developmental assessment and services where appropriate.
	91%	**N/A***	61	**Child Development Follow-up -** 100% of children with confirmed developmental delay will be monitored for follow-through with recommended services.

*Because these outcomes are based on a small number of subjects, providing one year rates would not be reliable or valid.

3. Child Development

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

Developmental Screening:

Approximately 88% of the 2,615 children who were eligible were appropriately screened for developmental delays, and the FY 2015 rate was 92%,. Although these rates are a significant improvement over the low FY 2004 rate of 76%, and the single-year 2015 rate exceeded the demanding formal evaluation criterion established for this objective, HFV experienced a small decline in the rates attained this year.

Referral for Developmental Services:

One hundred and thirty-four (91%) of the 148 children with suspected delays were referred for additional assessment, which easily

surpassed the demanding criterion set in this domain. Most often, when suspected delays were not referred, it was because parents left the program before the referral process was completed.

Monitoring Follow-through: Sixty seven of the 134 children referred for developmental assessment had confirmed delays, and 61 (91%) of those children received additional appropriate developmental services. This level of performance is slightly below the very demanding 100% referral and monitoring criterion.

Table 3. Fiscal Year 2011-2015 Attainment of Parenting and Home Environment Objectives

Goal	FY 2011 - 2015	FY 2015	Total Number	Objectives
3	**Parent-Child Interaction and the HOME Environment Outcomes**			
	94%	94%	2,006	**Parent-Child Interaction -** 85% of participants will demonstrate positive parent-child interaction or show improvement.
	95%	90%	2,254	**Home Environment -** 85% of participants will have optimal home environments to support child development or their home environments will show improvement.
	93%		1076	**Father Involvement -** 80% of fathers who are involved in parenting their children at program entry will continue involvement at same or improved levels
	35%		80	**Father Involvement -** 50% of fathers who are not involved in parenting their children at program entry demonstrate improved involvement in parenting their children.

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4. Parenting and the Home Environment

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

Parent-Child Interaction: Of the 2,344 children old enough for assessment of parent-child interaction 2,134 (91%) had at least one NCAST or KIPS assessment completed. Of those children with assessments, 2,006 families (94%) were within normal limits. During FY 2015, HFV's performance was similarly strong; 94% of all active families with an NCAST or KIPS assessment were within normal limits. HFV's performance clearly exceeds the 85% evaluation criterion. Parents are more supportive in their interactions with their children and overall rate of positive parent-child interaction matched the highest five -year rate ever attained.

Home Environment: There were 2,690 families whose children were old enough for the HOME

assessment, and 2,486 (92.4%) of those families received one or more HOME assessments. Of those families, 2,254 (95%) had home environments that were within normal limits. HFV's FY 2015 performance was similarly excellent; 90% of all active families had HOME environments within normal limits. This performance easily exceeded the statewide objective in this domain. Overall, Healthy Families participants displayed more optimal sensitivity to their children's cues, under-standing of their children's development, knowledge of alternative methods of discipline, and less overall distress and rigidity.

Father Involvement: Of the 1,513 participants with father involvement data at both intake and one follow-up, 1,161 (73.3%) showed at least financial involvement with their children. Of those, 1,076 (93%) either stayed at the same level or improved by follow-up.

Of the 228 (15.1%) participants who were not involved at intake, 80 (35%) showed improvement by follow-up.

These results indicate, that for fathers for whom there is information available on involvement, HFV is meeting the objective of maintaining or improving the level of involvement for those who start with some level of involvement. They also indicate that improving the level of fifty percent of the uninvolved fathers might be overly ambitious. Setting a goal that 1 in 3 fathers demonstrate improved involvement in parenting might be more appropriate.

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

Number of CPS searches conducted	1179	
	N	%
Founded CPS Cases	10	0.8

5. Child Abuse and Neglect

This year's report provides continuing strong evidence for the effectiveness of Healthy Families as a child maltreatment prevention program. Despite the economic downturn, HFV's programs have done an outstanding job of preventing child maltreatment across the last two years. The founded rate for FY 2015 was 0.8% based on 1,179 searches and the previous year, FY 2014, the statewide rate of confirmed cases of child abuse and neglect was 0.7% based on 1,260 searches.

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

Part VII. Program Recommendations

All Virginians should feel a sense of pride for the support our leaders in the General Assembly have provided to the citizens of the Commonwealth through their unwavering support of the Healthy Families initiative. Despite the difficult period of the recession starting in 2009, the General Assembly continued to provided financial support to help nurture and strengthen families through home visiting. Now, it is time to renew and enhance the legislators' partnership with the 75 localities that comprise HFV by taking action that will improve early family outcomes and reduce reliance on expensive systems of repairing preventible problems. Implementing these recommendations can further reduce child abuse and neglect, and improve the lives of children and families served by Healthy Families, saving both lives and scarce economic resources.

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

The National Human Services Assembly brief, "Home Visiting Strengthening Families by Promoting Parenting Success," presented information suggesting that home visiting may carry more benefits for high-risk families than low-risk ones. A cost-benefit analysis comparing low-risk to high-risk families indicated that the benefits were only slightly greater than the costs for low-risk families, however, the return for high-risk families was $5.7 to $1. *That translates to $43,320 in savings for every $7,600 invested to serve a HFV family for two years*. Healthy Families serves many families that have low incomes, low education levels, and non-English-speaking parents, and families headed by parents who are neither currently employed nor attending school. These high-risk families may enjoy the greatest long-term benefits and more of them should be included as important targets of HFV's intervention.

New York State's Healthy Families (HFNY) recently conducted a cost-benefit analysis. They estimated that if the state of New York had a record of preventing low birth weight in their highest risk population similar to HFNY's, the state would have averted 4,300 low birth weight deliveries and saved $96.8 million in Medicaid expenditures. Reducing HFV's capacity to serve high-risk families will likely result

in increased CPS reports and foster care placements with the associated program costs, which some communities are already experiencing.

Healthy Families works.

For the last three years in the Commonwealth, the Healthy Family Virginia (HFV) statewide initiative achieved a very high level of success in preventing child abuse and neglect.The founded rate for FY 2015 was 0.6% based on 1,273 searches, FY 2014 was 0.7% based on 1,260 searches, and the previous year, FY 2013, the statewide rate of confirmed cases of child abuse and neglect was 0.8% based on 863 searches.

In addition, between 2007 and 2012, Galano and Huntington (2012) conducted 12,500 searches of the Child Protective Services (CPS) Central Registry. Using a scientifically derived 4.7% incidence estimate[1], we predict that there would have been 587 founded cases of child maltreatment among Healthy Families participants. The actual number of cases was 137, meaning that **HFV prevented 450 founded cases of abuse and neglect.**

One way to understand these findings is to examine the impact of HFV for a single year. Across each of the past 5 years, the average number of cases prevented was 90. This indicates that the annual costs of child abuse and neglect were reduced by $709,678 and that the total lifetime cost was reduced by $18,901,080. At a time when healthcare spending accounts for 18% of Virginia's economy and is projected to increase because of preventable conditions, we cannot afford to ignore the value of prevention programs such as HFV.

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

Moreover, never before have we known as much about the high costs of failing to preventing child abuse and neglect. A Pew Center on the States economic impact analysis of child abuse and neglect concluded that the cost to the U.S. is a staggering $258 million per day, exacting a toll on the educational, health and mental health, and criminal justice arenas. Preventing child abuse and neglect is the most logical way to reduce those costs. Preventing a single incident of child abuse and neglect not only averts the immediate cost of treatment and prosecution, but also long-term criminality, mental health, and health problems.

The Continuing Need

Despite HFV's strong record of prevention with its participants, abuse and neglect, as well as the fatalities which can result, continue to be problems for the families and children of the Commonwealth. **Forty-seven** children in Virginia, **35** of whom were younger than 4, died from child abuse and neglect in FY 2014. This number is significantly higher than the number of child fatalities reported each year from 2011-2013, (32, 38, and 33 respectively–an average of 34.3). This highlights the insufficiency of home visiting programs reaching only 7.5% of the families in need statewide, which leads to the next recommendation.

- **Support the 5-Year Home Visiting Expansion Plan submitted by the Children's Cabinet to make evidence-based home visiting services available to more Virginia families while maintaining the current funding level of $4,285,501 for Healthy Families.**

Scaling up services for HFV's programs will yield significant savings by producing fewer low birth weight babies, less child maltreatment, fewer teen births, and fewer children not ready to learn. Currently, 31 of the 32 sites are serving less than 10% of the families who could benefit from the services.

Today, 9,066 families are served by 450 home visitors in 110 communities, meeting 7.5% of the statewide need, which is supported by $34 million in public/private investments. In 2017, the new plan would serve 10,000 families by 500 home visitors, meeting 8% of the need and representing 4.5 million in new dollars. In 2021, 17,000 families would be served by 850 home visitors, meeting 15% of the need and requiring $8 million in new allocations. The new biennial investment for 2017-2018 would be $15.75 million, and the new biennial investment for 2019-2020 would be $21.5 million. Healthy Families TA/QA staff should work with the communities in which HFV sites exist to ensure that home visitors receive optimal training and evidence-based curricula.

- **Provide full-time funding for all of the Technical Assistance/Quality Assurance staff to foster high-quality programs that are capable of producing strong outcomes.**

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

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

- **Involved and responsible fathers who are present in the lives of their children contribute to improved outcomes for children, families, and the entire community.**

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

- **Continue to use evidence-based curricula approved by HFA for parent education. PCAV/HFV, through its membership in the Virginia Home Visiting Consortium, should continue to ensure training is provided for new staff and facilitate full implementation of evidence-informed curricula.**

The HFA accreditation standards have approved four curricula including Growing Great Kids (GGK), The Nurturing Parenting Program, Parents As Teachers (PAT), and Partners for a Healthy Baby. GGK was specifically designed to be utilized in Healthy Families home visiting programs. It is a research-based curriculum designed to foster optimal parenting skills, strengthen the parent-child relationship, and strengthen the role of the home visitor, that has the potential to improve services for Virginia families. PAT is a nationally recognized, award-winning curriculum with demonstrated intermediate and long-term impacts on children and their parents, which has been widely utilized by home visiting programs, and has been shown to be cost-effective. Focusing on fidelity of implementation will ensure that short-term, intermediate, and long-term objectives are realized. HFV should utilize its full cadre of TA/QA staff to more effectively utilize its most important resources: the home visitor and the home visit. Having

additional funds to support the training of trainers for the GGK curriculum in Virginia would be a valuable resource for our programs.

- **Support the Virginia Pay for Success Initiative in order to finance proven productive early childhood programs that will increase life outlook for Virginia's children, strengthen workforce development, and reduce taxpayer burdens.**

Cultivate a diverse network of supporters including State agencies, the Virginia Chamber, philanthropic foundations, service providers, academic institutions, and managed care organizations. Continue to work with Third Sector Capital Partners, the Pay For Success Council, and Virginia Home Visiting Consortium to model stakeholder returns by building on the results of a 2003 study concerning prenatal home visiting to at risk mothers and its measurable reduction of infant healthcare costs.

Work with the Pay For Success Council to identify initial social impact target issue areas in prenatal healthcare, early childhood health and development that can be used to justify Pay for Success (PFS) for social impact financing model and participate in and support the PFS Feasibility Study.

- **Continue HFV's support for the HFA accreditation process by participating as a State System in FY 2016.**

In 2007 HFV staff and administrators attained the goal of having 100% of all eligible sites fully accredited. During the last eight years, HFV has continued to train and deploy regionally-based technical assistance/quality assurance (TA/QA) staff. With their assistance, each Virginia site individually completed the rigorous national accreditation process, and in the following accreditation round, HFV and the sites became fully accredited at the State System level. Virginia is one of the few states that can cite this accomplishment. Successfully completing the process to be accredited as a State System has a number of benefits, including; greater ability to demonstrate fidelity of implementation across the entire

range of Healthy Families sites in Virginia; a consistent, standardized process for developing and maintaining policies and procedures; and greater investment in all 32 sites' quality of services and attainment of statewide goals and objectives.

In FY2015, HFV underwent their second accreditation round as a State System. This process is continuing into FY2016, with continuing site visits and recommendations from the HFA Accreditation Panel. We, the Evaluators, are certain that the HFV system will again come through with flying colors.