

Healthy Families Florida Evaluation Report

January 1, 1999 – December 31, 2003

February 2005



Williams, Stern & Associates
3050 Biscayne Boulevard, Suite 307
Miami, FL 33137

Telephone: (305) 573-4002
Fax: (305) 573-4007

jwilliams@wsahealth.com
www.wsahealth.com

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Acknowledgements

Williams, Stern & Associates is solely responsible for the data and analysis in this evaluation and report. However, the evaluation could not have been completed fully without the assistance of many other people and organizations. We would like to acknowledge the following:

Healthy Families Florida for its full cooperation with all aspects of the evaluation, and for their willingness to make improvements along the way, for their assistance in obtaining data from many sources and for their constructive critiques of drafts. In particular we are grateful for the leadership and efforts of Carol McNally, Juanita Arnold, Elizabeth Jensen and other HFF staff.

The Ounce of Prevention Fund of Florida, Inc. for their excellent data system, for being willing to constantly improve the structure, collection and use of the data system and for their critique of the evaluation design. We wish to thank Douglas Sessions of the Ounce and Terry Rhodes, Mary Kay Falconer, Chengyou Chi and YunHong Ling from the Research and Evaluation Unit.

Healthy Families Florida project staff for their cooperation, help with data collection, assistance with arranging site and home visits, time spent being interviewed by us, and for their willingness to dig into and really use data to improve performance.

The final report work group, for taking the time to read, and thoroughly review the final report and for helping us make sure the report is clear.

The Healthy Families Florida Advisory Committee, for hearing our annual presentations and providing constructive critiques.

The Department of Children and Families, for the maltreatment data provided by Susan Chase and Tim Nickel and the Economic Self-Sufficiency unit, for the Medicaid, TANF and Food Stamp data provided by Bill Hudgens and his team.

The Department of Education, for the education and employment data provided by Jay Pfeiffer and his staff.

The Department of Health, for the vital statistics data provided by Meade Grigg and his staff.

The WSA Institutional Review Board (IRB), for meeting and reviewing our research design to ensure the protection of human subjects.

Behavioral Science Research (BSR) for conducting telephone interviews over several years.

The principal WSA staff members who worked on the project over the years are: Judy Williams, Elliot Stern, Don Parris, Ruth Weber, Sylvia Ansay, Rachel Pincu, Taryn Foster, Jennifer Meneskie, Lou Esposito and Ravi Baskaran.

Executive Summary

Introduction

The Florida Legislature passed legislation creating Healthy Families Florida in July 1998. This action was in response to the increasing number of child deaths due to child maltreatment and the increasing rates of maltreatment.

Healthy Families Florida is a nationally credentialed community-based, voluntary home visiting program designed to enable families to raise healthy, safe and nurtured children. It is intended to prevent child maltreatment, promote parenting skills and help parents set and achieve goals for themselves and their children. The program promotes positive parent-child relationships and healthy child development, as a way to prevent child maltreatment and other negative childhood outcomes.

Healthy Families Florida offers home visiting services, beginning prenatally or at the birth of a baby, to families living in geographically targeted areas who are assessed as experiencing stressful life situations. Services can last up to five years depending on the needs of the family, with the intensity and duration decreasing over time. Home visiting is a strategy for offering information, guidance and emotional and practical support directly to families in their homes. Home visiting services are provided by trained paraprofessional family support workers who work with the parent(s) to promote positive parent-child interaction and healthy child development and to enhance family functioning and problem solving skills.

Healthy Families Florida (HFF) has, from its inception, included annual and long term evaluation of its implementation and impacts. Williams, Stern & Associates has performed the evaluation and prepared this report, which is the final of a series of five evaluation reports covering calendar years 1999 through 2003. The report summarizes the program's development and experience, progress on goals and objectives and impacts on the families receiving services.

Summary of Findings

The evaluation found that Healthy Families Florida has had a positive impact on preventing child maltreatment, showing that children in families who completed or had long-term, intensive HFF intervention experienced significantly less child maltreatment than did comparison groups with little or no service. This effect was accomplished in spite of the fact that, in general, HFF participants are at significantly higher risk for child maltreatment than the overall population. Healthy Families Florida participants had 20 percent less child maltreatment than all families in their target service areas.

In addition, Families who completed HFF were significantly more likely than comparison group members to read to their children at early ages. HFF positively affected self-sufficiency, defined as employment. The program met or exceeded its goals for preventing maltreatment after program completion, immunizations and well-baby checkups, baby-spacing and participant satisfaction with services.

Healthy Families Florida Implementation

The Department of Children and Families (DCF) contracts with the Ounce of Prevention Fund of Florida, Inc., a private, non-profit corporation, to administer the program. The Healthy Families Florida central office is responsible for providing oversight and program support to individual projects, and has created a network of

projects operating under uniform criteria and toward the same goals. The Department of Children and Families is responsible for contract management and data support for evaluation purposes. The state-level Healthy Families Florida Advisory Committee meets regularly, reviews progress and makes recommendations on program improvements and other topics.

The program has evolved over the five years covered by the evaluation, developing operating systems and continuously working to improve them. These include technical assistance, quality assurance, data system, training, collaborative relations in communities, and the attainment of national credentialing for the program. This centralized system of training, technical assistance, monitoring, data collection and measurement provided critical structure and direction to local projects and is widely recognized by projects as important to their success. Similarly recognized is the web-based data system, which is used to record, track and measure HFF activities and outcomes.

Healthy Families Florida is one of the largest home visiting programs of its type in the nation. The program served 22,708 families from January 1, 1999 through December 31, 2003.

Healthy Families Florida is funded by appropriations from the Florida Legislature. In addition, local projects are required by the Ounce of Prevention Fund of Florida to provide a 25 percent cash or in-kind contribution as evidence of the communities' support of Healthy Families. In 1998, the Legislature appropriated \$10 million to establish the state and local operating infrastructures and to fund 24 community-based programs to begin operations in targeted areas within 26 counties. In FY 1999-2000, the Legislature more than doubled the base funding to \$22.2 million, which funded 36 projects serving 43 counties. In FY 2003-2004, the base funding was increased to \$28.2 million to expand two projects and create one new project serving four new counties for a total of 38 projects serving parts or all of 53 of Florida's 67 counties. By FY 2003-2004, communities were contributing \$9.7 million per year in local in-kind or cash contributions.

Healthy Families Florida Serves Diverse and High-Risk Families

Healthy Families Florida serves a diverse population. The average age at enrollment of participants was 23 years with a range of 11 to 79 years. Close to 40 percent of participants were 19 years old or younger when they enrolled in HFF. Black non-Hispanics (44%) comprise the largest group, followed by Whites (31%) and Hispanics (22%); other categories account for slightly more than three percent.

The families served by Healthy Families are some of the state's most at risk for child maltreatment. They typically have experienced adverse life situations that most Floridians never experience. They are primarily low-income, mostly single parents with less than a high school education living in inadequate housing. In addition, many have late or inadequate prenatal care, are socially isolated, have themselves experienced abuse and neglect in childhood or have been exposed to or engaged in behaviors that may place their baby at risk. These include drugs and alcohol in the home, domestic violence and maternal depression.

This evaluation identified many child maltreatment risk factors in the HFF population. They include smoking during pregnancy, having a prior report of maltreatment, inability to meet basic needs, less than a high school education, instability of childhood, currently a victim of domestic violence or other abuse, physical response to anger, inappropriate coping mechanisms, a sense of hopelessness upon knowledge of pregnancy, use of alcohol or drugs and other risk factors. Furthermore, many of these young parents lack parenting skills, awareness of discipline options and suitable role models for learning them. Many are teen parents and lack the life skills necessary to navigate new parenthood.

What Is Healthy Families Florida?

Healthy Families Florida is based on the model developed in Hawaii and adopted by Healthy Families America (HFA) in 1992. The Healthy Families America model is based on a set of critical elements that promote early intervention over the long term. The model incorporates the premise that working with parents before or right after the birth of a baby can be successful at reducing the risk of child maltreatment and promoting positive child outcomes. According to HFA, home visiting services need to be offered long term: three to five years. Healthy Families Florida offers home visiting services for up to five years depending on the needs of the families.

Services begin with an assessment of the family situation, including child maltreatment risk factors. Families assessed as needing HFF are offered and volunteer to participate in the program (families who are active in the Child Protection System at the time of assessment are not eligible to participate). They are then assigned a trained paraprofessional family support worker (FSW), who is the home visitor and key staff person in the delivery of services. The FSW is selected for ability to forge a relationship with the family and cultural competence. The FSW is backed by clinical and supportive supervision, intensive training and skills building, curricula for assisting participants with parenting and child development and an array of community services. During home visits the family support workers accomplish several groups of tasks:

- Work with parents to build on their existing strengths and minimize potentially harmful behavior, help families set and achieve goals that lead to greater self-sufficiency, help parents cope with the everyday stress of raising a child by listening to their concerns and providing information on stress management and help parents better manage their lives through life skills
- Model positive interaction with the child, provide information on alternative forms of discipline, help parents develop skills to increase their sensitivity and responsiveness to the child's needs and cues and help parents understand their child's capabilities at each developmental stage
- Help ensure that the families' social and medical needs are met by linking the parents and children to a medical home, motivating mothers to access prenatal care, timely well-baby care and to get their child's immunizations according to schedule, educating parents on the benefits of spacing between pregnancies, providing developmental screenings to help detect potential delays, referring to appropriate services to address suspected delay and linking the family to other needed services in the community such as mental health, substance abuse and domestic violence services

Healthy Families Florida relies on referrals for identifying new participants and accepts referrals from any individual or provider in the community. Most referrals originate from Healthy Start; others come from hospitals, teen pregnancy programs, health care or human services providers and word of mouth. Healthy Start and Healthy Families use a joint screening process to prevent duplication of effort in identifying families in need of services.

Healthy Families Florida forms part of a continuum of community services for children and families. Though rich in content, Healthy Families is limited in scope in that it is not designed to address all social, emotional, and medical and child health needs. Healthy Families has developed strong collaborative relationships with community resources to eliminate duplication of services and enhance and extend its services in providing for the health and well-being of mothers, babies and, indeed, whole families. Healthy Families FSWs link families to needed health and support services that are available in the community in order to connect mothers and their

children to medical care, immunizations and other needed services. More than 12,500 families, or 58 percent, received referrals to other services. Funding for HFF core and enhancement services has also been provided through these collaborative relationships.

Healthy Families Florida Impacts

Child Maltreatment

Child maltreatment is the key program effect being measured for Healthy Families Florida. The major evaluation finding is that HFF had a significant impact on preventing child maltreatment. This finding was based on a quasi-experimental design using several comparison groups. In addition, we compared child maltreatment rates among children participating in the program with rates among children living in the targeted service areas.

The program and the evaluation used the state's maltreatment data maintained by the Department of Children and Families. Maltreatment is categorized as "some indication" and "verified" child maltreatment. Both categories are included in the measure of child maltreatment. Although there are some methodological limitations with the study design, the finding that people who completed or had long-term, intensive HFF intervention experienced significantly less child maltreatment held in four comparisons. The specific findings based on the analyses between the different comparison groups are:

- There was significantly higher maltreatment in the group that received no HFF services (No HFF Service Group) than the group who completed the HFF program (Completers Group). Children in the No HFF Service Group were 3.7 times more likely to have been victims of maltreatment than those in the HFF Completers Group during the first two years of their life.
- There was significantly higher maltreatment in the group that received less than three months of HFF services (Comparison Group) than the Completers Group. At three years, children in the Comparison Group were 3.2 times more likely to have been victims of maltreatment than children in the HFF Completers Group.
- There was significantly higher maltreatment in the No HFF Service Group than the High Fidelity Group (received at least 75 percent of expected visits over a three-year period and were on an outreach level for less than three months). At two years, children in the No HFF Service Group were 1.7 times more likely to have been victims of maltreatment than children in the High Fidelity Group.
- There was significantly higher maltreatment in the Comparison Group than the High Fidelity Group. At three years, children in the Comparison Group were two times as likely to have been victims of maltreatment as children in the High Fidelity Group.

We also compared maltreatment rates among children less than five years of age in the targeted service areas where there are HFF projects with all HFF children of the same ages. HFF families had a 20 percent lower maltreatment rate than families in the target service areas at four percent for HFF versus five percent in the target areas. This difference is impressive considering the fact that HFF serves very high-risk families. The majority of projects (62%) had the same or lower maltreatment rates than their target areas. The rate for HFF was the same as the state rate overall (4%). Again, it is commendable for the program to have achieved the same rate as the state since the population in HFF is at much higher risk for maltreatment than the overall population.

Additional Impacts

The evaluation assessed employment and found that HFF had a positive impact on employment at three years after the birth of the target child. Those who completed the program were 1.5 times more likely to be employed at 36 months than the comparison group.

In order to measure the impact of HFF on outcomes other than child maltreatment, a telephone survey collected information on outcomes addressing child immunizations, child development, child health care, parent-child interaction, parenting attitudes, maternal health, maternal stress, life situation or self-image, and housing. This analysis determined the significance of differences between a group receiving less than six months of HFF services who received the telephone survey and a group of HFF program completers who received the telephone survey.

There were few significant differences for this set of items. One important finding concerned a parent-child interaction question on the telephone survey. Mothers who completed the program or remained in for three years or more were found to be significantly more likely to read to their children than those in a comparison group. Given the importance of such parent-child interaction, stimulation and reading to child development and future success, this is an important finding. There were no significant differences in the child's developmental milestones at any period, parent stress, life situation or self-image, and immunizations. High rates of immunization among all children might be expected given the mandate by Healthy Families 2010 regarding childhood immunization and the fact that all children must be immunized by the time they reach first grade. However, 92 percent of HFF target children had their immunizations complete, surpassing the statewide immunization rate of 77 percent.

Achievement of Participant Outcomes

The final report assesses progress towards meeting participant outcomes for the period of January 1, 1999 through December 31, 2003.

- 95 percent of all children in Healthy Families Florida were free of maltreatment a year after completing the program. The goal is 95 percent. Those who have had the full dose of HFF can be expected to do better than the HFF population as a whole.
- 92 percent of all children who received more than six months of HFF service were free of maltreatment while receiving services. The goal is 95 percent. This group includes all families in the program more than six months regardless of whether they completed.
- 93 percent of children enrolled in HFF were fully immunized by two. The goal is 85 percent. The HFF rate exceeds that of Florida as a whole (77 percent) and that of the U.S., which had achieved a 76 percent immunization rate for two-year-olds.
- 92 percent of mothers enrolled in the project did not have a subsequent pregnancy within two years of the target child's birth. The goal is 85 percent.
- Over 90 percent of children are up to date with well-baby checks at ages three and four. The goal is 85 percent for each category.

- 98 percent of families reported an overall satisfaction with HFF. The goal is 95 percent. The overwhelming majority of participants agree that HFF gives them useful information about parenting and their babies' health and development, and that their patience with children and ability to cope with stress have improved.

Achievement of Program Objectives

Healthy Families Florida follows the critical elements developed by Healthy Families America (HFA). The HFA model includes defined procedures as a basis for staff training, program operation, family involvement and achievement of program outcomes for families and for participating projects.

- Participant objectives include linking participants and children to medical providers. Ninety -nine percent of participants and 97 percent of target children were linked to a medical provider. The HFF goal is 90 percent for each group.

Other objectives measure program performance and ensure timely and appropriate services to families. These include the following, measured cumulatively through December 31, 2003:

- 89 percent of all assessments occurred either prenatally or within the first two weeks after the birth of the target child. The HFF goal is 80 percent.
- 81 percent of families developed a Family Support Plan with their FSW within the first 90 days of enrollment, and 88 percent had it updated on schedule. The HFF goal is 90 percent.
- 78 percent of children receive an age appropriate developmental screen within five months of enrollment and 93 percent received the most recent one on schedule. The HFF goal is 90 percent.
- 81 percent of participants who completed the program improved their education level, received job training or acquired employment while enrolled in the program. The HFF goal is 80 percent.
- 74 percent of participants received at least 75 percent of home visits according to the leveling system. The HFF goal is 80 percent.
- 70 percent of projects showed improvement in retention rates if they were below state median.

Conclusion

All structural elements are in place for high quality program management. All local projects work within consistent guidelines, requirements and procedures. The central office continues to provide training, technical assistance, quality assurance and fiscal and data management support. Frequent site visits from central office staff provide and support opportunities for improvement. In addition to providing guidance to local projects, HFF has managed rapid program growth and expansion into new areas. In doing so it has assessed community preparedness and provided guidance on establishing new services. Central office and project staff is well - represented in Prevent Child Abuse America activities and conferences.

Healthy Families Florida has had a positive impact on child maltreatment. Most of the critical elements and program objectives have been successfully implemented and most outcome goals have been met. The central office and the projects have worked together to constantly improve performance.

Retention (staying in the program for the recommended length of time) and delivering the expected frequency of visits (intensity) are continuing concerns for all Healthy Families and similar voluntary home visiting programs around the country. Healthy Families Florida's performance was slightly better than the average in the number of visits delivered and retention. However, it is clear that home visiting programs around the country face similar challenges as they work to implement the Healthy Families model. Although some progress has been made over the past few years to retain families, many families who might benefit from HFF leave before the program can have an impact. In addition families who drop out early are more likely to have higher risk scores and are doing poorly on other HFF measures before they drop out.

One question to be answered is whether the model should be modified or enhanced to better serve people who leave the program or face multiple stressors during participation in the program. Another issue to be examined is whether it would be advantageous to add professional staff, such as mental health or high-risk specialists, to support the paraprofessional family support worker. Since visit intensity is the most challenging in the early stage of HFF enrollment when frequent visits are expected, it is also reasonable to examine whether more flexibility is needed.

