

Partner Agency Application for Funding

FY2016

FACE SHEET

Agency Name:	Healthy Families Rappahannock Area				
<i>Has the City/ County Funded This Agency in Previous Years?</i>					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address:	3302 Bourbon Street, 2 nd Floor				
Mailing Address/PO Box:					
City:	Fredericksburg	State:	VA	Zip:	22408
Telephone Number:	540-374-3366	Fax Number:	540-899-4361		
Federal Tax ID #:	54-2029476				
Web Address:	healthyfamiliesrappahannock.org				
General Email Address:	hfamily2@racs.state.va.us				
Agency Main Contact:	Michele Powell	Title:	Program Manager		
Telephone Number:	540-374-3366 ext. 118				
E-Mail Address:	michelepowell@racs.state.va.us				

Agency General Information

Agency Mission:	Healthy Families Rappahannock Area mission is to offer long term in-home family strengthening services to fragile parents who have been identified with poor parenting risk factors (i.e., child maltreatment and abuse) and need additional support and education.
Number of years agency has been in operation:	15 years
Localities Served:	Fredericksburg City, the counties of Caroline, King George, Spotsylvania, and Stafford

Agency Financial Information

List Programs	Personnel Expenses	Benefits	Operating Expenses	Total Program Budget
1. Healthy Families Rappahannock Area	\$182,589	\$49,151	\$229,673	\$461,413
2.				
3.				
4.				
5.				
Agency Administration:	0	0	0	0
Capital Outlay:	0	0	0	0
Total Agency Budget:	\$182,589	\$49,151	\$229,673	\$461,413

If your application includes funding increases for personnel (to include new positions or merit / COLA increases), please check here and explain in detail the need for this type of increase under each program budget.

Submission Checklist: <i>(include 1 copies of each)</i>	<input checked="" type="checkbox"/> IRS 501(c)(3) Letter	<input checked="" type="checkbox"/> Audit Report <i>(with Audit Management Letter)</i>	<input checked="" type="checkbox"/> Current Financial statement	<input checked="" type="checkbox"/> IRS 990
<input checked="" type="checkbox"/> Accountant Contact Information	<input checked="" type="checkbox"/> Organizational Chart	<input checked="" type="checkbox"/> Current Board Roster <i>(with contact information)</i>	<input checked="" type="checkbox"/> Agency's Current Strategic Plan	

Agency Administrative Expenses:

In the box below, provide an overview of the administrative costs detailed on the face sheet for the agency as a whole. Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds. If your agency is requesting an increase or decrease in administrative funding, please describe, in detail, the reasons for these changes. (The description should not exceed 15 lines of text.)

No agency administrative expenses are requested

Capital Outlay:

In the box below, provide an overview of the capital expenses detailed on the face sheet for the agency as a whole. Please provide justification for and specific amounts of capital costs that are defrayed by locality funds. (The description should not exceed 10 lines of text.)

No Capital Outlay Expenses are requested

Personnel Expenses (General):

In the box below, provide an overview of any increases or decreases in general personnel expenses for the agency. This would include any planned or projected merit or COLA increases, or new positions being requested. Also include a description of any changes to agency benefits structure or cost. (The description should not exceed 10 lines of text.)

HFRA expects increases in health and dental benefits coverage for current full-time employees. At this point the Human Resource Department is in the process of negotiating the FY16 benefits package for employees so an exact cost cannot be determined. In addition a 2% COLA increase is expected for all eligible employees.

The program is also looking to hire additional staff to meet the increased demand for our services since opening our target population from first-time mothers to any expectant or newly delivered mother.

Partner Agency Funding Application FY 2016
BUDGET EXPLANATIONS

Budget Information

Please complete the following chart with the financial information for the agency as a whole. In each area include the budget specifically allocated to your agency from each locality/entity listed below.

	FY2014 Actual	FY2015 Budgeted	FY2016 Projected
Caroline	0	0	2,880
Fredericksburg	9,000	9,000	10,530
King George	0	0	3,454
Spotsylvania	16,000	16,800	21,168
Stafford	8,000	7,200	9,432
United Way	47,476	60,000	72,000
Grants	116,306	132,525	132,525
Client Fees	0	0	0
Fundraising	25,222	8,000	3,000
Other <i>(explain below)</i>	198,503	227,888	179,032
Total Agency Budget for PD16	420,507	\$461,413	434,021

Detail below what is included in the category 'Other':

Retained earnings from previous year and third-party Medicaid billing.

Please detail below any legislative initiatives or issues that may impact the agency for the upcoming year and how you are planning for them. This could include new legislation that may increase or decrease projected funding at any level (Federal/State/Local), or could affect grants or designated funds as they are currently received. If you are aware of "outside" funding sources that will expire or be reduced on a set cycle or date, please note those below and how you are planning for them.

HFRA and 31 other Healthy Families sites across Virginia receive advocacy guidance each year from *Healthy Families Virginia (HFV)*. This year's advocacy strategy is to ask the General Assembly for level funding since there was gridlock on the current budget and funding cuts foreseeable on the horizon. Inclusion in the Governor's budget is not guaranteed and advocacy efforts are adjusted depending upon inclusion or exclusion. Although we have been successful getting funding cuts restored in the past, each year requires a new combined effort. HFRA currently receives \$126,925 from the General Assembly.

Healthy Families Virginia is very excited about the newly developed *Children's Cabinet* and the *Commonwealth Council on Childhood Success* created by Governor McAuliffe. The *Children's Cabinet* is solely dedicated to the education, health, safety, and welfare of Virginia's children and youth. The newly launched Cabinet will develop and implement a policy agenda that will help better serve Virginia's children and will also foster collaboration between state and local agencies. The Council will be chaired by Lt. Governor Northam and will focus on improving the health, education, and well-being of our youngest children. It is our hope that local governments will follow suit and foster a more collaborative partnership with Healthy Families Rappahannock Area and other services around young citizens.

HFRA received a great honor and was asked to represent the state of Virginia on a federal government initiative through U.S. Health Resources and Services Administration called *Home Visiting Collaborative Improvement and Innovation Network* or *HV ColIN*. HFRA was 1 out of 3 home visiting programs across the state asked to participate.

HRSA invited 11 states and 2 tribal programs totaling 36 sites across the nation to conduct PDSA cycles (Plan, Do, Study, Act) to develop innovative techniques over 18 months to improve family engagement, breastfeeding, developmental screening and maternal depression.

The HV ColIN study results will be used to inform best practice for home visiting programs nationwide, present benefit of services at congressional hearings, and seek ongoing sustained funding from the federal government for prevention.

Please detail below any identified agency needs or areas of concern that are currently not being addressed in your funding request. This could include training or technical assistance for specific areas, administrative support for a program or service, evaluation of current programs, or consultation for strategic planning, board support, or fundraising.

Healthy Families Rappahannock Area has identified an opportunity for county governments to provide administrative support in developing and expanding collaborative partnerships.

In March 2014 Healthy Families successfully expanded its target population from **FIRST-TIME** mothers to **ALL NEWLY PREGNANT** mothers delivering at Mary Washington Healthcare and Spotsylvania Medical Regional Center or using the maternity clinic at any of the local health departments. The program made this decision based upon two years of observed trends:

1. There were an increasing number of referring partners looking for support for mothers who were not first-time mothers. (e.g. *25 year old mother with 3 kids and completely overwhelmed*)
2. HFRA partners were having logistical difficulties screening only first-time mothers and providing monthly data on first-time mothers.
3. Increased feedback from partners that they would be more willing to support referring **ALL NEWLY PREGNANT** vs. **FIRST-TIME** mothers.
4. Addressing #2 and #3 lessened partner's frustration with HFRA and strengthened collaborative partnerships.
5. The loss of Rappahannock Area Council for Children and Parents (RACCAP) creates an additional surge of referrals for at-risk families.

HFRA would like to continue to improve its ability to access prenatal mothers within the local health departments. HFRA is currently receiving referrals from the WIC program; however referrals from the maternity clinics have decreased to an all-time low. HFRA knows that engaging families early is critical and would like to become a more recognized partner with the county health departments by offering assistance during maternity clinics and shifting the responsibility of completing the HFRA screen from nurses to on-site HFRA Family Resource Specialist. HFRA feels this collaboration will lessen the workload of the nurses, increase prenatal mother's awareness of available support services and allow HFRA to become a more effective partner within the continuum of care for families.

Support from local county governments, in the form of increased funding and facilitating the development of a MOA between county, health departments and HFRA would provide all new or expectant mothers using the maternity clinics with the opportunity to receive education and support early in their pregnancies, when it is proven to be most effective.

Please use the area below to provide locality specific notes or statements that may be relevant to your application.

City of Fredericksburg:

In FY2012 & FY2013, 116 children in Fredericksburg were victims of founded abuse; **94%** of the abuse was physical abuse or neglect and 404 children were involved in a CPS assessment. Evaluation demonstrates that since 2003, HFRA had **no founded** cases of child maltreatment among participants. This is impressive considering HFRA focuses on parents most at risk. In FY2012, Fredericksburg spent **\$1,661,968** (PD16-\$17,269,912) on treatment services (e.g., foster care, special ed., CPS cases) for **70** children. That calculates to **\$23,742**/child. HFRA estimated service cost is \$4,000/ child. Therefore, prevention would have cost **\$280,000** for these same children, a county savings of **\$1,381,968**. Return on investment research suggest when communities focus on low-income parents, they recover its costs by the time a child reaches age four, by the time children reach age 15, the cost savings quadruple the original investment because of reductions in crime, welfare expenditures, health-care costs, and taxes paid by newly working parents.

Caroline County:

In FY2012 & FY2013, 103 children in Caroline were victims of founded abuse; **68%** of the abuse was physical abuse and neglect and 575 children were involved in a CPS assessment. Evaluation demonstrates that since 2003, HFRA had **no founded** cases of child maltreatment among participants. This is impressive considering that HFRA focuses on parents most at risk. In FY2012, Caroline spent **\$1,705,036** (PD16-\$17,269,912) on treatment services (e.g., foster care, special ed., CPS cases) for **56** children. That calculates to **\$30,447**/child. HFRA estimated service cost is \$4,000/ child per. Therefore, prevention would have cost **\$224,000** for these same children, a county savings of **\$1,481,036**. Return on investment research suggest when communities focus on low-income parents, they recover its costs by the time a child reaches age four, by the time children reach age 15, the cost savings quadruple the original investment because of reductions in crime, welfare expenditures, health-care costs, and taxes paid by newly working parents.

King George County:

In FY2012 & FY2013, 35 children in King George were victims of founded abuse, **77%** of the abuse was physical abuse and neglect, and 309 children were involved in a CPS assessment. Evaluation demonstrates that since 2003, HFRA had **no founded** cases of child maltreatment among participants. This is impressive considering that HFRA focuses on parents most at risk. In FY2012, King George spent **\$2,334,548** (PD16-\$17,269,912) on treatment services (e.g., foster care, special ed., CPS cases) for **87** children. That calculates to **\$26,949**/child. HFRA estimated service cost is \$4,000/child. Therefore, prevention would have cost **\$348,000** for these same children, a county savings of **\$1,986,548**. Return on investment research suggest when communities focus on low-income parents, they recover its costs by the time a child reaches age four, by the time children reach age 15, the cost savings quadruple the original investment because of reductions in crime, welfare expenditures, health-care costs, and taxes paid by newly working parents.

Spotsylvania County:

In FY2012 & FY2013, 283 children in Spotsylvania were victims of founded abuse; **78%** of the abuse was physical abuse and neglect, and 1,628 children were involved in a CPS assessment. Evaluation demonstrates that since 2003, HFRA had **no founded** cases of child maltreatment among participants. This is impressive considering that HFRA focuses on parents most at risk. In FY2012, Spotsylvania spent **\$6,826,235** (PD16-\$17,269,912) on treatment services (e.g., foster care, special ed., CPS cases) for **228** children. That calculates to **\$29,940**/child. HFRA estimated cost is \$4,000/child. Therefore, prevention would have cost **\$912,000** for these same children, a county savings of **\$5,914,235**. Return on investment research suggest when communities focus on low-income parents, they recover its costs by the time a child reaches age four, by the time children reach age 15, the cost savings quadruple the original investment because of reductions in crime, welfare expenditures, health-care costs, and taxes paid by newly working parents.

Stafford County:

In FY2012 & FY2013, 165 children in Stafford were victims of founded abuse; **72%** of the abuse was physical abuse and neglect and 996 children were involved in a CPS assessment. Evaluation demonstrates that since 2003, HFRA had **no founded** cases of child maltreatment among participants. This is impressive considering that HFRA focuses on parents most at risk. In FY2012, Stafford spent **\$4,732,125** (PD16-\$17,269,912) on treatment services (e.g., foster care, special ed., CPS cases) for **182** children. That calculates to **\$26,000**/child. HFRA estimated cost is \$4,000/child. Therefore, prevention would have cost **\$782,000** for these same children, a county savings of **\$4,004,125**. Return on investment research suggest when communities focus on low-income parents, they recover its costs by the time a child reaches age four, by the time children reach age 15, the cost savings quadruple the original investment because of reductions in crime, welfare expenditures, health-care costs, and taxes paid by newly working parents.

Partner Agency Funding Application FY2016
PROGRAM INFORMATION

Program Name:	Page 6
Healthy Families Rappahannock Area	

Each agency submitting a funding request must fill out the following pages for each program serving citizens within the region and for which funding is requested. Any incomplete applications or programs that do not have a full application will not be considered for funding. PLEASE do not include any unrequested information. Each locality reserves the right to request additional information once the application has been submitted.

Program Name:	HEALTHY FAMILIES RAPPAHANNOCK AREA	Is this a new program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Contact:	Michele Powell	Title:	Program Manager
Telephone Number:	(540) 374-3366 ext. 118		
E-Mail Address:	michelepowell@racs.state.va.us		

1. Program Purpose/Description: *(the following description should not exceed 10 lines of text)*

Healthy Families Rappahannock Area (HFRA) is an evidence-based, home visiting model that advances healthy child development, by reducing child maltreatment and increasing positive parenting in the first three to five years of the child's life. The voluntary home-visiting services are offered to fragile parents residing in PD-16; and designed to promote healthy family functioning by reducing risk factors and building protective factors in vulnerable families. The goal is to ensure that Virginia's children, from their earliest years, are healthy and safe, and thrive in self-sufficient families. The model sets forth best practices, based on more than 30 years of research, to:

- Reduce incidents of child abuse and neglect by increase positive parenting,
- Improve maternal and child health outcomes (e.g. prenatal care, low birth weight, immunization & well-baby rates),
- Decrease dependency on welfare, or TANF (Temporary Assistance to Needy Families) and other social services,
- Shape healthy families that nurture and grow healthy children who are ready and able to learn.

2. Justification of Need: *(Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request. If this is a new program, be sure to include the benefit to the region for funding a new request. The following should not exceed 10 lines of text, and should include the most recent data available.)*

In 2012 and 2013, 702 children in PD16 were victims of founded abuse/neglect. Another 3,912 children were involved in a CPS assessment. In 2011, children younger than 4 years old accounted for 75 out of 81 fatalities statewide. Eight-three percent of children who died from abused died in their own homes. Most of their deaths were **preventable**. HFRA's voluntary in-home prevention services equip parents with the skills and support they need to develop safe and loving homes for their children. Families served by HFRA face a number of risk factors for child abuse and neglect: poverty, single parenthood, low education levels, and unemployment. Many are also overburdened by personal trauma, substance abuse, intimate partner violence, and/or mental health challenges. Discovering they are going to have a baby, or struggling to nurture the young child(ren) they already have, adds to the weight of these families' challenges. As a result, many parents reach their breaking point and resort to child abuse. HFRA helps these families instead make a breakthrough, so that they can raise a healthy child and strengthen the family unit. Other circumstances that place children at particular risk for being abused and/or neglected are:

- Parents who were themselves abused as children
- Teenage parents or young adult in his/her mid-20's
- Community violence and family isolation
- Parents who lack knowledge of child development and children's needs

3. Program Collaboration: *(The following should describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area, and should not exceed 10 lines of text.)*

- Rappahannock Area Community Services Board, fiscal agent and counseling resource for HFRA parents.
- Mary Washington and Stafford Hospitals, referrals collected by nurses from the Mother Baby Unit
- Spotsylvania Regional Medical Center, referrals collected by nurses from the Labor and Delivery Unit
- Three OB/GYN offices (Dr. Josephs, Dr. Walker and Dr. Mercado) , referrals collected by nurses **NEW PARTNERS**
- Rappahannock Area Health District (Caroline, King George, Stafford, Spotsylvania and City of Fredericksburg), prenatal referrals completed by Project LINK during Maternity Clinic at local health departments.
- Department of Social Services (Caroline, King George, Stafford, Spotsylvania and City of Fredericksburg), to help support families for reunification, follow-up and/or additional support after DSS case is closed.
- Parent Education-Infant Development (PE-ID) program, resource for families when delays or disabilities occur.

Partner Agency Funding Application FY 2016
PROGRAM INFORMATION

4. Program Audience and Service Delivery: *(The following should describe the program's intended audience or client base and how those clients are served. This should include the location of the service and what geographic areas are served or targeted for service. If your program has specific entry or application criteria, please describe it below. Please do not exceed 10 lines of text.)*

Parents in PD16 at risk of child maltreatment referred via local hospitals, local health departments and three OB/GYN's. Referred parents are offered by a Family Resource Specialist an in-home assessment focused on helping parents see their strengths and needs, and addressing risk factors within the family, including childhood history, mental health problems, substance use/abuse, coping skills, negative discipline, support systems, unrealistic expectations, and CPS involvement. Families are connected to appropriate community resources to address, such as:

- Immediate needs: mental health, developmental delays, domestic violence, financial assistance, baby supplies, etc.
- Family stability: paternity, child support, employment training, housing, counseling, etc.

The on-going home-visiting component consists of weekly 1-hour visits by a Family Support Worker (FSW). Parents of children from birth to age five learn positive parenting and problem-solving skills. Each home visit involves parent-child interaction activities with toys, books, child development screenings, parenting resources, family assessment tools and community referrals.

5. Client Fees: *(Please describe the fees clients must pay for the services provided in this program, and how those fees are determined.)*

Services are free; there is no cost to families

6. Budget Information: *(Please complete the following chart with the financial information for this program. In each area include the dollars specifically allocated/requested for this program.)*

	FY2014 Actual	FY2015 Budgeted	FY2016 Projected
Caroline	0	0	2,880
Fredericksburg	9,000	9,000	10,530
King George	0	0	3,454
Spotsylvania	16,000	16,800	21,168
Stafford	8,000	7,200	9,432
United Way	47,476	60,000	72,000
Grants	116,306	132,525	132,525
Client Fees	0	0	0
Fundraising	25,222	8,000	3,000
Other	198,503	227,888	179,032
Total Program Budget for PD16	420,507	\$461,413	434,021

Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY2016. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the program. In particular, please describe in detail if any increase is sought for new positions or personnel.

HFRA has looked for ways to increase program capacity with viable revenue. The program has always been able to demonstrate the demand from the community but continues to be underfunded and under-staffed. Armed with this knowledge the program completed a Program Return on Investment (PROI) assessment through *Saint Wall Street, LLC* to determine HFRA's actual return on investment to PD-16 (e.g. poor birth outcomes, cost for child maltreatment, reducing poverty, etc.) amongst program participants. The analysis highlights the increase need for services, shows stakeholders the value of their investment, demonstrates the program's worth to the community, and supports HFRA in strengthening its partnerships with private foundations, area businesses, and local government.

In 2011 HFRA in partnership with RACSB, PEID, Project Link, Fredericksburg Health Department and Smart Beginnings, was awarded the *Maternal, Infant, and Early Childhood Home Visiting* (MIECHV) federal grant. Receiving the grant allowed HFRA to increase services only to families residing in Fredericksburg City.

However, HFRA understands that these highlights and PROI analysis is just the beginning of building the program's capacity. The program turned away 76 families, who wanted home visiting services, because of under staffing; from July-September of this year HFRA has already turned away 32 families; with a projected number of 128 turned away for FY15. In order to continue moving forward HFRA is seeking increased funding of \$47,464 for direct costs (salaries, benefits, training, printing, supplies and travel) for one full-time Bilingual Family Support Worker and one full-time Family Support Worker. In addition HFRA is requesting supplemental funding for in-direct costs (database) for evaluation of outcome measures.

Fredericksburg (17%), Spotsylvania (26%) and Stafford (31%) funding increases were aligned with the projected increase of families to be served by HFRA in FY16.

Caroline and King George funding increases are seeking restored funding to continue to serve at-risk families without the consideration of cutting services to citizens in perspective counties.

BUDGET CATEGORY FY16	JUSTIFICATION	REQUEST FROM CITY/COUNTY	TOTAL PROJECT COST
SALARIES	Based on pay grade with RACSB; 38% of total salary cost for (2) Family Support Workers	32,309	85,024
EMP. BENEFITS	Based on pay grade with RACSB; 38% of total benefits cost for (2) Family Support Workers	11,055	29,092
POSTAGE		0	163
RENT & UTILITIES		0	5,923
EQUIPMENT		0	1,400
PRINTING	20% of total cost of printing materials for home visit	425	2,125
CONSUMABLE SUPPLIES	25% of supplies need for home visits	448	1,792
TRAVEL	33% of total cost for mileage for (2) FSWs	2,348	7,200
OTHER	10% of total cost for database to track outcomes	879	8,793
TOTAL REQUESTED FROM CITY/COUNTY	34% of total project request	\$47,464	\$141,512

7. Goals, Objectives, & Evaluation: *(Please provide the following information regarding the goals and objectives for your program. Space has been provided for two goals, with two objectives per goal. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Individual descriptions should not exceed 5 lines of text.)*

Program Goal 1:

Promote the development of healthy parent/child relationships through the provision of intensive (weekly, one-hour) long-term (up to five years) home visiting services.

Objectives:

1a.	<p><i>To promote the development of healthy families and parent/child relationships</i> Specific objectives/outcomes include:</p> <ol style="list-style-type: none"> 1. A minimal of 100 at-risk parents will positively parent a healthy child socially, emotionally, and physically 95% of participants will have no founded abuse reports after 6-months in program 2. 85% of participants will demonstrate positive parent-child interaction after 1 year of participation
1b.	<p><i>To systematically identify the strengths and needs of families at risk of unhealthy families functioning</i> Specific objectives/outcomes include:</p> <ol style="list-style-type: none"> 1. 952 parents learn and access community resources that can help them as a parent and how to access the services 2. 288 parents understand what supplies and support systems need to be in place when they bring their babies home and identify community or family resources that can help with self-sufficiency

Program Goal 2:

Improve maternal and child health through preventive practices and measures (e.g. prenatal care, healthy births, immunizations, well baby visits)

Objectives:

2a.	<p><i>To improve maternal and child health for identified families at risk of poor parenting outcomes</i> Specific objectives/outcomes include:</p> <ol style="list-style-type: none"> 1. 75% of prenatal enrollees will make 80% of prenatal care visits on schedule 2. 85% of prenatal enrollees will deliver babies weighing at least 5 ½ pounds 3. 85% of the Healthy Families target children will have a primary health care provider 4. 80% of children will receive 100% of scheduled immunizations 5. 85% of mothers will have an interval of at least 24 months between subsequent births
2b.	<p><i>To optimize child development for identified families at risk of poor parenting outcomes</i> Specific objectives/outcomes include:</p> <ol style="list-style-type: none"> 1. 90% of target children will be screened for developmental delay 2. 90% of children referred for further developmental assessment 3. 100% of children with confirmed developmental delays will be monitored

Evaluation Method: *(Please describe the method used to measure the above goals/objectives. Please do not exceed 10 lines of text.)*

Healthy Families Rappahannock Area is part of the Healthy Families Virginia State System, coordinated by Prevent Child Abuse Virginia (PCAV). The directors of Healthy Families programs from across Virginia and PCAV developed a standard outcome evaluation plan. The domains included in the evaluation plan are Maternal and Child Health, Child Development, Parent-Child Interaction and the Home Environment, and Child Abuse and Neglect. This evaluation includes both outcome and process evaluation and is analyzed yearly by Lee Huntington & Joseph Galano from Huntington Associates. Also, Prevent Child Abuse Virginia conducts an annual Quality Assurance Technical Assistance review for each participating Healthy Families site.

8. Outcome Data: *(Please give the most recent outcome data for the objectives above. Indicate below what time period the data covers.)*

Data Collection Period: July 1, 2013 to June 30, 2014

Objective 1a.

To promote the development of healthy families and parent/child relationships

Specific objectives/outcomes include:

1. 129 at-risk parents will positively parent a healthy child socially, emotionally, and physically
2. 98% of participants will have no founded abuse reports after 1 full year in program
3. 93% of participants will demonstrate positive parent-child interaction after 1 year of participation

Objective 1b.

To systematically identify the strengths and needs of families at risk of unhealthy families functioning

Specific objectives/outcomes include:

1. 783 parents learn and access community resources that can help them as a parent and how to access the services
2. 268 parents understand what supplies and support systems need to be in place when they bring their babies home and identify community or family resources that can help with self-sufficiency

Objective 2a.

To improve maternal and child health for identified families at risk of poor parenting outcomes

Specific objectives/outcomes include:

1. 100% of prenatal enrollees will make 80% of prenatal care visits on schedule
2. 100% of prenatal enrollees will deliver babies weighing at least 5 ½ pounds
3. 100% of the Healthy Families target children will have a primary health care provider
4. 79% of children will receive 100% of scheduled immunizations

Objective 2b.

To optimize child development for identified families at risk of poor parenting outcomes

Specific objectives/outcomes include:

1. 97% of target children will be screened for developmental delay
2. 100% of children referred for further developmental assessment
3. 100% of children with confirmed developmental delays will be monitored
- 4.

9. Program Goal Updates: *(Please provide a brief description of the current status of your program goal(s), given your outcome data. For example, if reported data was well below the stated outcome measure, please indicate why you feel that is the case. Also, include how your outcome data will influence or modify the program for the upcoming fiscal year. These descriptions should not exceed 20 lines of text.)*

Program Goal 1:

All goals met

Program Goal 2:

Goals will continued to be monitored

10. Community Impact: (Please provide at least two examples of how your services have impacted members of our community. This description should not exceed 20 lines of text.)

Quaneisha D. was a pregnant 15 year old 9th grader when she was referred to HFRA. Anger issues had her facing criminal assault charges for fighting at school. Because of the chaos surrounding the young mother, her probation officer referred her to HFRA. Quaneisha was resistant: "I didn't want anything to do with Healthy Families. I wasn't worried about being a mom because I figured I already knew everything about babies. It wasn't until my son was born that I realized how hard being a mom was going to be and how much I didn't know." Her first year with Healthy Families was especially challenging as she struggled with school due to childcare and transportation issues. HFRA helped her enroll in *Turning Points*, where she earned her GED. Quaneisha credits involvement in HFRA with changing the direction of her life. She has made amazing progress; she got off probation, went to live with her son's father's family, and has better access to transportation and help with childcare. She's earned her driver's license, gotten a car, is working and in school for nursing and emancipated. Now 17 years old, Quaneisha values the support she received in parenting and life skills. "I like having someone who believes in me. I'm proud of the mom I am now but I wouldn't be here if it wasn't for Healthy Families."

Amanda H. had a rough childhood. Her parents were addicted to drugs and alcohol. There was a lot of physical abuse and they were often homeless. Amanda's earliest memory is being taken from her family at 3 years old; she was in and out of foster care for the next 14 years. She was bitter towards the system and ran away so often that she was placed in locked facilities. When, at age, 17, she got her high school diploma and aged out of foster care, Amanda thought things were going to change. Then she got pregnant. When their son was 2 months old, Amanda's then-boyfriend Michael fell down the stairs while carrying the baby. Child Protective Services was called and Michael and Amanda had to prove to a system she feared and resented that they didn't harm their son. Amanda remembers, "I had no idea that I was going to be punished for the actions of my parents and I would be labeled a "bad" parent just because they were." One condition for regaining custody was enrolling in HFRA. This was a turning point for Amanda: "from day one... Healthy Families has believed in my possibilities. They helped me break the cycle of abuse in my family." Four years later, Amanda and Michael are married, employed, own a home, and have a baby girl. Amanda explains "I'm in a better place now. I am safe and know you can't change your past but you can change your future. My children know what it feels like to have a healthy family."

11. Collaborative Impact: (Please describe how the community would be impacted if your agency were dissolved or merged with another partner agency. This description should not exceed 20 lines of text.)

Healthy Families America (HFA) model is designed to work within an interagency collaborative system of care. The process of state and local agencies, community programs and parents joining together for the purpose of interdependent problem solving that focuses on improving services to children and families is a key primary component of HFA. Since 1998 Healthy Families Rappahannock Area has successfully been under the umbrella of the Rappahannock Area Community Services Board (RACSB) and is under their Prevention Department. The RACSB has several successful collaborations with community partners to expand and/or improve services to families and would welcome the same partnerships for Healthy Families Rappahannock Area.

In FY 2014 (July 1, 2013, to June 30, 2014), HFRA received 783 referrals, of which 494 presented with risk factors. Due to insufficient staffing, HFRA could provide only 268 with an assessment service from the Family Resource Specialist. Of these, 128 families met the criteria for HFRA home-visiting services and 75% (96) opted to receive them. The remaining 226 referrals had to close **without** receiving first-step services (any contact at all). This means, in the past year, a conservative estimate of an additional 90 families, with at least 100 children, remained at risk for child abuse and neglect. And as mentioned above, HFRA turned away 76 families, who **wanted** home visiting services, because of under staffing; from July-September of this year HFRA has already turned away 32 families; with a projected number of turning away 128 for FY15.

Partner Agency Funding Application FY 2016
SERVICE DATA

Program Service Data: **Service Period:** July 1, 2013 to June 30, 2014

Locality Served	Total Served		Gender		Race					
	FY2014	FY2016*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian	Other
Fredericksburg	130/61/48	183/66/56	47	72	20	43	3	43	0	10
Caroline	46/14/8	66/14/8	9	12	13	6	0	0	0	2
King George	45/16/3	65/17/3	3	4	4	2	0	1	0	0
Spotsylvania	321/98/38	441/105/48	41	52	36	16	1	36	0	4
Stafford	241/79/32	334/86/42	38	44	29	16	6	26	0	5
Other	NA	NA	0	0	0	0	0	0	0	0
Total	783/268/129	1089/288/157	138	184	102	83	10	106	0	21

**Please include the projected number to be served in each locality for the upcoming fiscal year.*

Locality Served	Age Groups								Income Levels				
	0-4	5-10	11-13	14-18	19-25	26-40	41-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000	Over \$60,000
Fredericksburg	38	0	0	10	33	36	2	0	30	13	4	0	1
Caroline	8	0	0	5	4	4	0	0	7	1	0	0	0
King George	2	0	0	3	3	0	0	0	1	1	1	0	0
Spotsylvania	30	0	0	13	29	19	1	0	18	7	7	2	4
Stafford	27	0	0	11	17	24	3	0	16	8	7	1	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	105	0	0	42	86	83	6	0	72	30	19	3	5

Please describe below your data collection methodology and tracking measures. Indicate systems or processes that are used and responsible parties. Please also describe how your projections are determined for the upcoming year. If any of the above information is not available, please indicate why:

Total Served data represents screens completed / assessments completed / home visiting services.

Gender, Age, Race and Income data represents the 129 families who received home visiting services in fiscal year 2014.

Upcoming projections are based on referrals received each year. The number of referrals determines the number of assessments and potential families. Typically the breakdown of referrals expected from each locality is as follows: Fredericksburg 17%, Caroline 6%, King George 6%, Spotsylvania 41%, and Stafford 31%.