

Agency Name:	Healthy Families Rappahannock Area (HFRA)				
Physical Address:	3302 Bourbon Street, 2nd Floor				
Mailing Address:	Same				
City:	Fredericksburg	State:	VA	Zip:	22408
Telephone Number:	540-374-3366	Fax:	540-899-4361		
Federal Tax ID #:	54-2029476				
Web Address:	healthyfamiliesrappahannock.org				
General Email Address:	hfamily2@racsb.state.va.us				
Agency Main Contact:	Michele Powell	Title:	Program Manager		
Telephone Number:	540-374-3366 ext. 118				
E-Mail Address:	michelepowell@racsb.state.va.us				

Agency Mission:

Empowering parents to raise healthy children

Number of years agency has been in operation: 17

Localities Served:

City of Fredericksburg and the counties of Caroline, King George, Spotsylvania, and Stafford

Total Projected Agency Expenses for FY2017

List Program Title/Name		Salary	Benefits	Operating Expenses	Capital Expenses	Total
Program 1	HFRA	\$ 220,340.00	\$ 64,699.00	\$ 202,818.00	\$ -	\$ 487,857.00
Program 2		\$ -	\$ -	\$ -	\$ -	\$ -
Program 3		\$ -	\$ -	\$ -	\$ -	\$ -
Program 4		\$ -	\$ -	\$ -	\$ -	\$ -
Program 5		\$ -	\$ -	\$ -	\$ -	\$ -
Total Program Budgets		\$ 220,340.00	\$ 64,699.00	\$ 202,818.00	\$ -	\$ 487,857.00
Agency Administrative Expenses		\$ -	\$ -	\$ -	\$ -	\$ -
Total Agency Expenses		\$ 220,340.00	\$ 64,699.00	\$ 202,818.00	\$ -	\$ 487,857.00

Total Agency Revenues

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline	\$ -	\$ -	\$ 2,880.00
Fredericksburg	\$ 9,000.00	\$ 9,000.00	\$ 10,530.00
King George	\$ -	\$ -	\$ 3,454.00
Spotsylvania	\$ 16,800.00	\$ 16,000.00	\$ 19,800.00
Stafford	\$ 7,200.00	\$ 7,200.00	\$ 9,432.00
United Way	\$ 63,779.97	\$ 70,000.00	\$ 70,000.00
Grants	\$ 123,783.67	\$ 181,237.00	\$ 181,237.00
Client Fees	\$ -	\$ -	\$ -
Fundraising	\$ 1,315.27	\$ 3,000.00	\$ 5,000.00
Other*	\$ 193,605.50	\$ 177,787.00	\$ 185,524.00
Total Agency Revenues	\$ 415,484.41	\$ 464,224.00	\$ 487,857.00

**Detail below what revenues are included under "Other", in the table above:*

Third-party Medicaid billing for case management services provided and retained earnings from prior year's budget

Agency Name:	Healthy Families Rappahannock Area (HFRA)
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Agency Administrative Expenses Overview

In the box below, provide an overview of the administrative costs detailed on the Agency Overview Tab, in the Total Projected Agency Expenses table for the agency as a whole. If your agency is requesting an increase or decrease in administrative funding, please describe, in detail, the reasons for these changes. Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds (as detailed in the chart below). (Do not exceed 15 lines of text.)

No agency administrative expenses are requested

Administrative Revenue

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline			
Fredericksburg			
King George			
Spotsylvania			
Stafford			
United Way			
Grants			
Client Fees			
Fundraising			
Other*			
Total Agency Revenues	\$ -	\$ -	\$ -

**Detail below what revenues are included under "Other", in the table above:*

Agency Capital Expenses Overview

In the box below, provide an overview of the capital costs detailed on the Agency Overview Tab, in the Total Projected Agency Expenses table, 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 15 lines of text.)

No Capital Outlay Expenses are requested

Agency Name:	Healthy Families Rappahannock Area (HFRA)
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Salary & Benefit Expenses Overview

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.)

In FY2015, HFRA received 1,046 referrals from at-risk parents needing family support. This is a 33% increase over FY2014 referrals of 786. HFRA maximum home visiting service capacity is 145 families yet in FY15 80 vulnerable families were turned away due to lack of staff. In order to serve the increased demand from the community, HFRA is looking to hire two additional Family Support Workers to reduce the 80 families turned away to 30 families; a 62.5% decrease.

Budget Issues

Please detail below any legislative initiatives or issues that may impact the agency for the upcoming year. 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 for a small increase since this will be Governor McAuliffe's first budget. Funding is not guaranteed and advocacy efforts are predicated upon inclusion or exclusion of the budget. HFRA currently receives \$134,972.

Healthy Families Virginia participates on the Commonwealth Council on Childhood Success (CCCS) created by Governor McAuliffe. The CCCS is chaired by Lt. Governor Northam and focuses on improving the health, education, and well-being of our youngest children. The CCCS developed recommendations that were submitted to the Governor's administration. The CCCS Recommendation #3: Ensure the well-being of our youngest and most vulnerable children and identify timely interventions. Priority Strategy: Virginia should expand the state's investment in home visiting for at-risk families who are pregnant or have children under the age of 6, to meet at least 25% of the need statewide. The Virginia Home Visiting Consortium (HVC) should advise on communities that would benefit most from additional services. Per this recommendation the Virginia Home Visiting Consortium developed a sustainability plan to expand access to high quality home visiting services throughout the Commonwealth. The HVC proposed that an initial investment of an additional \$11.25 million dollars over two fiscal years to serve 1,000 new families and strengthen the statewide infrastructure to support local capacity for future expansion be considered.

It is our hope that local governments will follow suit and foster a more collaborative partnership with the home visiting programs like, HFRA and other services, to better serve PD16 youngest citizens.

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. 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/HD staff to on-site HFRA Family Resource Specialist. HFRA feels this collaboration will lessen the workload of the nurses/HD staff, 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 mothers using the maternity clinics the opportunity to receive education and support early in their pregnancies, when it is proven to be most effective.

Agency Name:	Healthy Families Rappahannock Area (HFRA)
Locality Notes	
<i>Please use the spaces below to provide any locality specific notes or statements that may be relevant to your application.</i>	
City of Fredericksburg	
<p>In FY13 & FY14, 145 children were victims of abuse; a 25% increase over FY12 & FY13 data. Forty children suffered physical and sexual abuse (27.5%), 103 experienced parental neglect (71%), and 2 infants were born substance exposed (1.3%). An evaluation demonstrated that since 2003, HFRA had no founded cases of child maltreatment among participants. This is particularly impressive considering HFRA focuses on parents most at risk. In FY14, the city spent \$1,680,306 (PD16-\$17,534,405) on treatment services (e.g., foster care, special ed., CPS cases) for 78 children. That calculates to \$21,542/child. HFRA estimated service cost is \$4,000/ child. Therefore, prevention would have cost \$312,000, a city savings of \$1,368,306. Return on investment research suggest when communities focus on low-income parents, costs are recovered 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.</p>	
Caroline County	
<p>In FY13 & FY14, 69 children were victims of abuse. Thirty-two children suffered physical and sexual abuse (46.3%), thirty-six experienced parental neglect (52.1%), and one infant was born substance exposed (1.4%). An evaluation demonstrated that since 2003, HFRA had no founded cases of child maltreatment among participants. This is particularly impressive considering HFRA focuses on parents most at risk. In FY14, the county spent \$2,319,717 (PD16-\$17,534,405) on treatment services (e.g., foster care, special ed., CPS cases) for 58 children. That calculates to \$39,995/child. HFRA estimated service cost is \$4,000/ child. Therefore, prevention would have cost \$232,000, a county savings of \$2,087,717. Return on investment research suggest when communities focus on low-income parents, costs are recovered 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.</p>	
King George County	
<p>In FY13 & FY14, 35 children were victims of abuse; the same number of victims for FY12 and FY13. Twenty-three children suffered physical and sexual abuse (65.7%), and twelve experienced parental neglect (34.2%). An evaluation demonstrated that since 2003, HFRA had no founded cases of child maltreatment among participants. This is particularly impressive considering HFRA focuses on parents most at risk. In FY14, the county spent \$1,938,944 (PD16-\$17,534,405) on treatment services (e.g., foster care, special ed., CPS cases) for 85 children. That calculates to \$22,811/child. HFRA estimated service cost is \$4,000/ child. Therefore, prevention would have cost \$340,000, a county savings of \$1,598,944. Return on investment research suggest when communities focus on low-income parents, costs are recovered 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.</p>	
Spotsylvania County	
<p>In FY13 & FY14, 279 children were victims of abuse. One hundred and twenty-two children suffered physical and sexual abuse (43.7%), 82 experienced parental neglect (29.3%), two infants were born substance exposed (0.7%) and eight children's abuse was listed as "other" (2.8%). An evaluation demonstrated that since 2003, HFRA had no cases of child abuse among participants. This is particularly impressive considering HFRA focuses on parents most at risk. In FY14, the county spent \$7,498,458 (PD16-\$17,534,405) on treatment services (e.g., foster care, CPS cases, etc.) for 270 children. That calculates to \$27,772/child, HFRA cost is \$4,000/ child. Therefore, prevention would have cost \$1,080,000; savings of \$6,418,458. Return on investment suggest when communities focus on low-income parents, costs are recovered 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.</p>	
Stafford County	
<p>In FY13 & FY14, 108 children were victims of abuse. Thirty-three children suffered physical and sexual abuse (30.5%), 69 experienced parental neglect (63.8%), five infants were born substance exposed (4.6%) and one child's abuse was listed as "other" (0.9%). An evaluation demonstrated that since 2003, HFRA had no cases of child abuse among participants. This is particularly impressive considering HFRA focuses on parents most at risk. In FY2014, the county spent \$4,096,980 (PD16-\$17,534,405) on treatment services (e.g., foster care, CPS cases, etc.) for 187 children. That calculates to \$21,908/child, HFRA cost is \$4,000/ child. Therefore, prevention would have cost \$748,000; a savings of \$3,348,980. Return on investment suggest when communities focus on low-income parents, costs are recovered by the time a child reaches age four, by the time children reach age 15, the savings quadruple the original investment due to reductions in crime, welfare expenditures, health-care costs, and taxes paid by newly working parents.</p>	

Agency Name:	Healthy Families Rappahannock Area (HFRA)		
Program Name:	HFRA	<i>Is This a New Program?</i>	No
Program Contact:	Michele Powell	Title:	Program Manager
Telephone Number:	540-374-3366 ext. 118		
E-Mail Address:	michelepowell@racsb.state.va.us		

Projected Program Expenses for FY2017

Program Name	Salary	Benefits	Operating Expenses	Capital Expenses	Total
HFRA	\$ 220,340.00	\$ 64,699.00	\$ 202,818.00	\$ -	\$ 487,857.00

Program Revenues

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
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****Detail below what revenues are included under "Other", in the table above:***

Third-party Medicaid billing for case management services provided and retained earnings from the prior year's budget

In the box below, please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2017. 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.

In FY2015, HFRA received 1,046 referrals from at-risk parents needing family support. This is a 33% increase over FY2014 referrals of 786. HFRA maximum home visiting service capacity is 145 families yet in FY15 80 vulnerable families were turned away due to lack of staff. In order to serve the increased demand from the community, HFRA is looking to hire two additional Family Support Workers to reduce the 80 families turned away to 30 families; a 62.5% decrease.

Client Fees

In the box below, please describe the fees clients must pay for the services provided by this program. Please also include how those fees are determined and if any scales are used, or if determinations are made on an ability to pay basis. This description should not exceed 10 lines of text.

Services are free; there is no cost to families

Agency Name:	Healthy Families Rappahannock Area (HFRA)
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Program Purpose / Description

In the box below, provide an overview of the program. The description should not exceed 10 lines of text.

Healthy Families Rappahannock Area (HFRA) is an evidence-based, home visiting program 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 goal is to equip parents with 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, history of childhood abuse, single parenthood, low education levels, and unemployment. Many are also overburdened by personal trauma, substance abuse, domestic 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 by reducing risk factors and building protective factors.

Justification of Need

In the box below, 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 description should not exceed 10 lines of text.

In FY2013 and FY2014, 636 children in PD16 were victims of abuse. Two hundred and fifty children suffered physical and sexual abuse (39.3%), 367 experienced parental neglect (57.7%), 10 infants were born substance exposed (1.6%) and nine children's abuse was listed as "other" (1.4%). In FY2014, children younger than 4 years old accounted for 31 out of 41 fatalities statewide. Eight-three percent of children who died from abused died in their own homes. Most of their deaths were considered "preventable". Also, in 2010 Rappahannock United Way conducted a Community Engagement Initiative surveying area leaders and residents about community needs and concerns. The survey illustrated need for increased services for at-risk families. In fact, reduction of child abuse was the highest need identified by survey respondents: 79% identified this as a top priority. Concerns about high teen pregnancy (54%), inadequate access to prenatal care (48%), and reduction in number of low birth-weight babies (28%) were also top priorities.

Target Audience and Service Delivery

In the box below, 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. In the second box, list the actual numbers served, along with the projected numbers to be served during the upcoming fiscal year. The description should not exceed 10 lines of text.

Parents in PD16 at risk of child maltreatment are referred via Mary Washington Healthcare, Spotsylvania Regional Medical Center, and the local health departments. Referred parents are offered by a HFRA 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 issues, 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 birth to age five learn parenting techniques and problem-solving skills. Each visit involves parent-child bonding lesson, child development activity, developmental screenings and family assessment tools, parenting resources and community referrals.

Number of Individuals Served		
<i>Locality</i>	<i>FY2015 (Actual)</i>	<i>FY2017 (Projected)</i>
<i>Fredericksburg City</i>	258	289
<i>Caroline County</i>	61	88
<i>King George County</i>	57	75
<i>Spotsylvania County</i>	448	479
<i>Stafford County</i>	219	250
<i>Other Localities</i>	0	0
Total Served	1,043	1,181

Please use the columns to the left to provide the actual numbers of individuals served in this program during FY2015, and the projected numbers of individuals to be served in FY2017.

Agency Name:	Healthy Families Rappahannock Area (HFRA)
Program Collaboration	
In the box below, describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area. The description should not exceed 10 lines of text.	
<ul style="list-style-type: none"> * 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 * 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. 	
Collaborative Impact	
In the box below, describe, in detail, how the community would be impacted if your agency were dissolved or merged with another partner agency. The description should not exceed 10 lines of text.	
<p>Healthy Families Rappahannock Area is designed to work within an interagency collaborative system of care. A key primary component of HFRA is joining together state agencies, local community programs and citizens for the purpose of interdependent problem solving that focuses on improving services to children and families. Since 1998 HFRA has successfully been under the umbrella of the RACSB's 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 their Healthy Families Rappahannock Area program. In FY 2015, HFRA received 1046 referrals, of which 634 presented with risk factors. Due to insufficient staffing, HFRA could provide only 356 with an in-home assessment. Of these, 151 families met the criteria for home visiting services and 90% (136) opted to receive them. The remaining 278 referrals had to close without receiving any contact at all. This means, a conservative estimate of an additional 90 families, with at least 100 children, remained at risk for child abuse and neglect. Last fiscal year, HFRA had to turn away 80 families who wanted services due to under staffing.</p>	
Community Impact	
In the box below, 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.	
<p>Kayla felt lost when she was pregnant and had no idea how she was going to care for a baby. Kayla had started smoking marijuana at 15 because “it’s what all my friends were doing”. After a car accident, she got addicted to prescription pain killers and then heroin. At the time of her pregnancy, Kayla was in methadone treatment and drug counseling and had been clean for less than a year. She’d been convicted of felony drug possession and was on probation. Kayla remembers being determined to do “everything I had to do for the sake my baby” but she had virtually no support: all of her friends were still using drugs and she had a strained relationship with her parents. That’s when Kayla was introduced to Healthy Families and her Family Support Worker (FSW). Her FSW provided Kayla with the information she needed to have a healthy pregnancy and birth and made sure that Kayla was continuing with her drug treatment, even picking her up when Kayla couldn’t find a ride. Once her baby - a healthy boy - was born, her FSW helped Kayla plan for their future. Kayla made a goal of getting a job so that she could support her son and be independent but it was difficult because of felony conviction. Her FSW connected her with job placement programs and local employers, and introduced Kayla to a connection who hired her on the spot. Kayla is proud of the progress she’s made since joining Healthy Families and can’t wait to tackle her next goal of going back to school. Chloe was happy and scared when she got pregnant. Then, 6 months into her pregnancy, she learned her son would be born with a cleft lip and palate. Chloe worried about the potential developmental and medical challenges facing her child. When Chloe’s infant son was rushed to the NICU for dehydration due to feeding challenges, she knew she needed some support. So she was grateful when a friend told her about Healthy Families. Chloe’s Family Support Worker helped her get connected with the Parent Education Infant Development program, which provides early intervention services for children with developmental challenges. Her FSW provided support and encouragement through her son’s many surgeries and hospital stays and helped Chloe learn about how to help him with feeding and speech challenges. Chloe says “because of Healthy Families, I've had someone in my life who supported me and pushed me to do what I needed to make life better for me and my son”.</p>	

Agency Name:	Healthy Families Rappahannock Area (HFRA)	
Goals & Objectives		
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, along with a space for the most recently collected data for that program objective. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Please note the data collection period for each objective's outcome data.		
Program Goal 1		
Promote the development of healthy parent development through intensive (weekly, one-hour) home visiting services.		
Objective 1a:	Most Recent Outcome Data for Objective 1a:	
<ol style="list-style-type: none"> 1,000 Families at risk of child maltreatment are screened 288 parents received an initial home assessment to determine risk factors and connect them to community resources 	<ol style="list-style-type: none"> 1,046 families screened for child maltreatment 356 parents received an initial home assessment to determine risk factors and connect them to community resources 	
	<i>Data Collection Period for 1a:</i>	<i>July 1, 2014- June 30, 2015</i>
Objective 1b:	Most Recent Outcome Data for Objective 1b:	
<ol style="list-style-type: none"> 95% of participants will have no founded case of abuse or neglect after receiving at least 6-months of home visiting services 85% of participants will demonstrate positive parent-child interaction after 1 year of participation 	<ol style="list-style-type: none"> 98% of participants will have no founded case of abuse or neglect after receiving at least 6-months of home visiting services 96% of participants will demonstrate positive parent-child interaction after 1 year of participation 	
	<i>Data Collection Period for 1b:</i>	<i>July 1, 2014- June 30, 2015</i>
Program Goal 2		
Improve maternal and child health through preventive practices and measures		
Objective 2a:	Most Recent Outcome Data for Objective 2a:	
<ol style="list-style-type: none"> 75% of prenatal enrollees will make 80% of prenatal care visits on schedule 85% of prenatal enrollees will deliver babies weighing at least 5 ½ pounds 	<ol style="list-style-type: none"> 90% of prenatal enrollees will make 80% of prenatal care visits on schedule 96% of prenatal enrollees will deliver babies weighing at least 5 ½ pounds 	
	<i>Data Collection Period for 2a:</i>	<i>July 1, 2014- June 30, 2015</i>
Objective 2b:	Most Recent Outcome Data for Objective 2b:	
<ol style="list-style-type: none"> 90% of target children will be screened for developmental delay 85% of the target children will have a primary health care provider 	<ol style="list-style-type: none"> 89% of target children will be screened for developmental delay 99% of the target children will have a primary health care provider 	
	<i>Data Collection Period for 2b:</i>	<i>July 1, 2014- June 30, 2015</i>

Agency Name:	Healthy Families Rappahannock Area (HFRA)	
Outcomes Explanation & Goal Updates for FY2017		
<p><i>Please note below if you feel you have met your goals and objectives for the data reported above. If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case. Also, please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported above. If you are restating the goals or objectives for FY2017, please include those below.</i></p>		
Explanation & Overview		
Goal 1	Goal 2	
Objective 1a	Objective 2a	
All goals met	All goals met	
Objective 1b	Objective 2b	
All goals met	Goal 2b.1 was missed by 1% and is currently being monitored	
Updates for FY2017		
Goal 1	Goal 2	
Promote the development of healthy parent development through intensive (weekly, one-hour) home visiting services.	Improve maternal and child health through preventive practices and measures	
Objective 1a	Objective 2a	
<ol style="list-style-type: none"> 1,000 Families at risk of child maltreatment are screened 288 parents received an initial home assessment to determine risk factors and connect them to community resources 	<ol style="list-style-type: none"> 75% of prenatal enrollees will make 80% of prenatal care visits on schedule 85% of prenatal enrollees will deliver babies weighing at least 5 ½ pounds 	
Objective 1b	Objective 2b	
<ol style="list-style-type: none"> 95% of participants will have no founded case of abuse or neglect after receiving at least 6-months of home visiting services 85% of participants will demonstrate positive parent-child interaction after 1 year of participation 	<ol style="list-style-type: none"> 90% of target children will be screened for developmental delay 85% of the target children will have a primary health care provider 	