

## **Critical Element #4**

**Offer services intensely with well-defined criteria for increasing or decreasing intensity of service over the long term.**

<b>HFNY POLICY AND PROCEDURE MANUAL</b>	
<b>Subject</b>	<b>Length and Frequency of Services to Families</b>
<b>Policy</b>	See Below
<b>Site specific reference</b>	4-1A-B, 4-2A, 4-2D
<b>Effective date</b>	July 2001
<b>Revised date(s)</b>	June 2007
<b>Appendices</b>	<ul style="list-style-type: none"> <li>-Service Agreement</li> <li>- Criteria for Level Change and Level Completion form</li> <li>-Pre-Intake Activity Form (MIS)</li> <li>- HFNY Change Form (MIS)</li> <li>- HFNY Home Visit log (MIS)</li> <li>- Supervisor Case List (MIS)</li> <li>- FSW Case List (MIS)</li> </ul>

**Policy:**

For those families who accept home visitor services, the first home visit occurs prenatally or within the first three months after the birth of the baby.

HFNY Home Visiting Services are offered intensely, i.e. at least once a week following the birth of the baby. Services are offered over the long term, i.e. for a minimum of three years and up to five years or until the child has entered school or Head Start.

Parents who accept home visiting services must be offered a minimum of weekly visits of approximately one-hour for at least 6 months (183 days) following the child's birth, excluding time spent on Level X. If a family enters the program postnatally, the family must be provided weekly services for a full 183 days. In other words, the baby turning 6 months old is not the marker which should be used by programs.

Families identified prenatally may receive less frequent home visits until the birth of the child, (twice per month minimally) but ideally they will receive visits more often to focus on prenatal bonding and preparation for parenthood for both mothers and fathers.

The home visiting schedule for the program will be consistent with that of Healthy Families America. Following weekly visits for at least a full six months (183 days excluding level X), staff will apply "Criteria for Level Promotion" (HFA Training Manual) to determine the frequency of home visits, except that, contrary to the criteria in the training manual, the Kempe Family Stress Checklist is not re-administered.

The participant's progression to a new level of service is reviewed by the family, the home visitor, and the supervisor, although all three parties do not have to be present at the same time to conduct this review.

**Rationale:**

To ensure that HFNY programs have a well-thought out process for determining and managing the intensity and frequency of home visits that is consistent with the needs and the progress of each individual family. Offering services intensely for at least the first six months is critical for reasons such as relationship development, newborn care and safety, and monitoring the family's adjustment to parenthood.

**Procedures**

**1. Frequency of Visits**

The frequency of home visits will vary over the three to five years, as defined below. Participants are assigned to levels according to the intensity of service needed. All families enrolled will begin at either the Prenatal Level or, if enrolled post-partum, at Level One. In rare cases of exceptional need, families may begin services at Level 1SS (Special Services). Families may move to more or less intensive levels of service, depending on need, as defined in the "Criteria for Level Promotion." (See "Three party review of level completion" under Procedures section.) The levels are as follows:

- Prenatal Service Level: from two home visits per month to weekly home visits
- Level 1: weekly home visits, generally for a period of six to nine months, *excluding time spent on Level X*. For families who entered the program when the baby is older than 1 month, or for families who have been on creative outreach, it is important to have record keeping that will ensure a total of at least 6 months (183 days) active time spent on Level 1, and not remove families from Level One when the baby turns 6 months old.
  - Level 2: home visits 2x per month
  - Level 3: home visits 1x per month
  - Level 4: home visits every three months
  - Level X: Creative Outreach
  - Level 1-SS: more than one home visit weekly, or weekly visits plus other contacts

**7. Length of Visits**

Home visits typically last 60 minutes. However, a visit of 30-50 minutes can be logged with supervisor approval on the corresponding forms (i.e. MIS Home Visit log and narratives forms). Approval is based on HV content and situational factors.

**8. Scheduling of visits**

Workers should schedule home visits when both the child and the caregiver will be available. While the worker may discover otherwise at the visit, the intent is to schedule when both are available in order to address parent-child interaction.

FSWs are encouraged to create a consistent schedule of visits and to conduct only previously scheduled visits. However, if a family does not have a phone and is not available for the scheduled visit, the worker may attempt an unscheduled visit. Phone contact is not recognized as an attempted visit.

#### 4. Definition of home visit

A family is considered to have had their first home visit when the family states to the FSW that they want the program. This visit occurs in the family's home unless circumstances prohibit this and the alternate venue has been discussed with a supervisor. The first Home Visit Log (MIS) is submitted, and each program develops internal procedures for other paperwork such as Service Agreements/Consents that may need to be signed at the first home visit.

A visit is considered "in home" as long as it takes place on the property of the family and the worker is able to see the child and parent in the child's environment. HFNY is a family-centered program and there are occasions when the FSW may work with the child and someone other than the parent. For example, in some communities, the FSW may work to promote PCI with a caregiving grandparent since s/he is with the child for many hours each day. This does not replace working directly with the parents.

Workers meet with families in the family's home so that they can assess safety, experience the family's living environment, develop first hand knowledge of the strengths and stresses of the home environment, and to engage the family where they live. Programs provide a minimum of 75% of all visits in the participants' homes. This percentage is tracked by the MIS.

Home visits are face-to face interactions with the promotion of parent child interaction as a primary focus. They also focus on the promotion of healthy childhood growth and development and the enhancement of family functioning. Programs use the MIS to manage and track the intensity of home visitor services.

#### 5. Content of Home Visit levels

- **Prenatal Home Visits:** During these home visits the FSW provides information to the family regarding prenatal care, fetal development, preparation for birth, and preparation for newborn care. A major emphasis is on encouraging the parent to obtain regular prenatal care, on supporting the parent in obtaining care, and on helping the parent to prepare a safe environment for themselves and the baby.
- **Level One Home Visits:** During this period, the emphasis is on educating about child growth and development, evaluating parent-child interaction and conducting activities to promote bonding and attachment and positive parent-

child interaction. Appropriate developmental assessments are completed and, when appropriate, referrals made for further developmental evaluation and intervention. Programs may document one group meeting per month as a home visit for families on Level 1 only when the home visitor is also involved with the group meeting.

- Families requiring very high level of service due to unusual circumstances may be placed on **Level One-SS (special service)**. However, it is recommended that families be moved to One-SS only from Level One.
- **Level Two Home Visits:** The major emphasis is on activities that promote positive parent-child interaction, healthy child growth and development, family life stability, and self-sufficiency. Also on level two, as with all levels throughout the program, support is provided to the families on whatever issues are identified, by providing information and referrals as needed.
- **Level Three Home Visits:** The education that has occurred previously will have enhanced families' knowledge and understanding of community resources. The activities discussed for levels one and two continue on level three. IFSPs continue to be reviewed and developed at least every six months, as do all appropriate developmental assessments.
- **Level Four Home Visits:** During these visits, materials on child growth and development and parent-child interaction continue to be reviewed. Close monitoring of the child's health and development, and progress toward the family's IFSP goals are the main emphasis.
- **Level X Home Visits:** Attempting home visits is a useful strategy for re-engaging families who are on Level X and should be attempted when appropriate. During supervisory sessions, the supervisor and FSW make a judgment regarding the type and frequency of participant contact for Level X families. (See Outreach to and Engaging Families for procedures and ideas. See "Typical Course of Service," the HFA Training Manual, and the HFA Family Support Worker Training Manual for additional detail on services provided at the various levels.)
- **Out-of-Home Visits:** For Level 1 participants, one group meeting per month may be counted as a required weekly contact provided the family's FSW also attends, to encourage parent and FSW involvement in parenting, socialization and play groups. If a group is used as that week's contact, the FSW still completes documentation in the Home Visit Log. These visits are marked as "out of home" on the MIS home visit log form. Participants on Levels 2-4 may participate in group meetings, but these should not be counted in lieu of the required number of home visits.

## Procedures for Staff

1. Introducing length and frequency of home visiting

Before the family agrees to participate in the program, they need to have a clear understanding of the length and frequency of involvement. Programs typically use a Service Agreement to assure that all important information about length and frequency of involvement is shared in advance with the family. Explain to the family that the program will be available until the child enters school or Head Start and their continued and consistent participation is needed for the family's goals to be accomplished. At the same time, since the program is voluntary, they can withdraw from the program anytime.

2. Three party review of level completion

a. The participant's progression to a new level of service is reviewed by the family, the home visitor, and the supervisor. All three parties do not have to be present at the same time to conduct this review. All conversations regarding the review are to be documented in the participant file and supervisor notes. Program data reflects that a participant was moved to a new level only after all three parties were involved in this review.

b. The frequency of visits is dependent on such factors as the quality of parent-child interaction, the level of risk, number of family crises, family problem-solving skills, family needs and the use of community resources.

c. A family may be moved to a different level depending on their progress. Decisions about level change will be made by the Supervisor following a recommendation made by the FSW for review. Programs specify in their own policies how frequently the Family Support Worker and Supervisor will together review each family's progress; however, it should not be any less than every two to three months.

d. The Supervisor completes the case review and reaches a decision at that time. The decision to move the family to a different level, up or down, will depend on the following areas: stability of functioning, number of social supports, family problem-solving skills, number and type of family crises, percentage of scheduled home visits completed, appropriate use of medical services, medical well-being of the child, and quality of parent-child interaction, as stated in the "Criteria for Level Promotion." (See HFA Training Manual.) Programs may utilize a form such as a Level Completion Form (see attachment) to document which criterion have been met. Decisions to move a family to a different level are not made based on program need or the age of the child.

e. The FSW will discuss the plan to change levels with the family, and when the family is ready, they will be moved to the appropriate level, with the frequency of home visits changing accordingly.

<b>HFNY POLICY AND PROCEDURE MANUAL</b>	
<b>Subject</b>	<b>Home Visit Completion Rate</b>
<b>Policy</b>	Seventy-five percent of HFNY participants receive a minimum of 75% of the appropriate number of home visits based upon the individual level of service to which they are assigned, with at least 75% occurring in the home. Visits that occur outside of the home have a similar focus as in-home visits, including focusing primarily on promoting parent-child interaction. Programs develop a plan, at a minimum of once a year, to address the home visit completion.
<b>Multi-Site Reference</b>	Q-2.6
<b>Site specific reference</b>	4-2B, 4-2C
<b>Effective date</b>	June 2007
<b>Revised date(s)</b>	
<b>Appendices</b>	-Credentialing Tool 4-1B Home visit completion rate analysis (MIS) -HFNY Home Visit Log

**Rationale:** Home visiting is the foundation upon which the HFNY program is built. In-home visits (taking place where the family lives) provide the opportunity to experience the family's living environment, to develop first hand knowledge of the strengths and stresses of the home, and to utilize this knowledge in working with the family.

This policy ensures that families at the various levels of service offered by the program receive the appropriate number of home visits, based upon the level of service to which they are assigned and that the program monitors and addresses how it might increase its home visitation completion rate.

**Procedures:**

1. The HFNY Management Information System collects information related to levels of service and home visitation completion rates by level of service and length of time in the program. This information is used to track and evaluate how individual sites and the system as a whole are doing in comparison to the HFA standard.
2. Programs submit monthly data (MIS home visit logs) into the MIS in order to monitor the home visit completion rate per FSW and per family. It tracks the number of completed visits against the number of expected visits.

3. Programs can access their home visit completion rates from the MIS as regularly as desired; however, it is best to look at these rates over a period of three months.
4. Supervisors review the home visit completion rate per FSW on a regular basis and work with FSWs to identify scheduling strategies, engagement issues, or other barriers to be addressed.
5. The supervisor and FSW review the MIS home visit completion rates per family during supervision to identify families who may be disengaging or having scheduling conflicts. They also reflect on the engagement process and various aspects of the FSW/family relationship and if there is anything about it that might be impacting the rates. These discussions for increasing the home visit completion rate are documented in the supervisor notes.
6. Programs are encouraged to focus on home visit completion rates during team and staff meetings. When rates are above the threshold, programs focus on what activities have contributed to their success; when rates have fallen below the threshold, programs brainstorm reasons for this, and develop program-wide strategies for increasing the rates. These discussions are typically documented in staff meeting minutes.
7. Based on regular monitoring of the home visit completion rate, programs can determine related patterns and trends. A plan is developed each year that may include actions related to staffing, policies, and program operations and included in the Annual Service Review. (See Annual Service Review.)

<b>HFNY POLICY AND PROCEDURE MANUAL</b>	
<b>Subject</b>	<b>Transfer of Cases</b>
<b>Policy</b>	Program services are not interrupted when a participant family moves from one HFNY target area to another.
<b>Site specific reference</b>	n/a
<b>Effective date</b>	June 2007
<b>Revised date(s)</b>	
<b>Appendices</b>	<ul style="list-style-type: none"> <li>-Guidelines for Transfers from one HFNY Program to Another HFNY Program</li> <li>-Guidelines for Transfers from a HFA (non-NYS) Program to a HFNY Program</li> <li>-Site to Site Transfer Control Form</li> </ul>

**Rationale:**

To ensure that Healthy Families services are not interrupted when a family moves out of the original service area.

**Procedures:**

When there is a transfer of a family from one HFNY Program (original program) to another HFNY Program (new program), the original program will close out the case by the usual procedure and follow the instructions detailed in the attachment “Guidelines for Transfers from one HFNY Program to Another HFNY Program.”

When there is a transfer of a family from a non-NYS HFA Program to a HFNY Program, the HFNY program will attempt to obtain as much information on the case as possible from the non-NYS program or the participant, and follow the instructions detailed in the attachment “Guidelines for Transfers from a HFA (non-NYS) Program to a HFNY Program.”

<b>HFNY POLICY AND PROCEDURE MANUAL</b>	
<b>Subject</b>	<b>Completion of HFNY Program</b>
<b>Policy</b>	Healthy Families New York offers voluntary services to families for a minimum of three years after the birth of the baby depending on the needs of the family.
<b>Site specific reference</b>	4-3
<b>Effective date</b>	June 2007
<b>Revised date(s)</b>	
<b>Appendices</b>	Service Status Sheet (MIS) Credentialing Tool Participant in program at least 3 years. 4-3B (MIS)

**Rationale:**

To ensure that HFNY programs offer voluntary services to families for a minimum of three years after the birth of the baby, depending on the needs of the family.

**Procedures:**

1. A family has completed the program when one of the following is true and is marked on the MIS Service Status sheet:
  - Participant graduated, met goals, target child in school, and completed program
  - Target child entered Kindergarten
  - Target child entered Head Start
2. Transition time of 3 months may be allowed for families to move out of the program.
3. A family may complete the program in between 3 – 5 years, depending on the family’s progress.
4. The date of closure is the last home visit.
5. The MIS Credentialing tool “Participant in program for at least 3 years” provides evidence that the program is following its policy and procedures around this standard.