NEW YORK STATE | Office of Children and Family Services | Healthy Families NY

Healthy Families NY

Annual Service Review

2018-2019

NEW YORK STATE | Office of Children and Family Services
Prevent Child Abuse New York
Center for Human Services Research, University at Albany, State University of New York
Healthy Families America

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HEALTHY FAMILIES NY

2018-2019 ANNUAL SERVICE REVIEW

Introduction

Healthy Families NY (HFNY), a national Healthy Families America (HFA)-accredited program, is an evidence-based prevention program that seeks to improve the health and well-being of children by providing intensive home visiting services to expectant and new parents living in targeted high-risk communities. Participation in the program is voluntary. The goals of the program are to:

- promote positive parent-child bonding and relationships;
- promote optimal child and family health, development, and safety;
- enhance family self-sufficiency; and
- prevent child abuse and neglect.

HFNY started in 1995 and operates 44 programs throughout New York State (NYS). From its inception through March 31, 2019, HFNY has provided 1,699,889 home visits to 43,333 families. Approximately 6,000 families are served each year, at an average cost of $5,000 (upstate) to $6,100 (New York City) per family per year. The HFNY program is managed by the New York State Office of Children and Family Services (OCFS), which contracts with community-based agencies to provide home visitation services. HFNY supports OCFS's commitment to promoting services that are developmentally appropriate, family-centered, responsive to local needs, community-based, and demonstrated to be effective in achieving desired outcomes.

HFNY is a multisite system, administered by a central administration that provides guidance and leadership to the network of HFNY programs. The partners in the HFNY Central Administration (CA) Team include OCFS, Prevent Child Abuse New York (PCANY), and the Center for Human Services Research (CHSR). The CA team supports the statewide system in six functional areas: (1) policy, (2) training and staff development, (3) quality assurance, (4) technical assistance, (5) evaluation, and (6) administration. The CA team also provides the system with information and networking support, access to educational resources, and assistance with national model accreditation.

Target Population

HFNY serves expectant parents and families with an infant under three months of age who live in communities considered to be at high risk based on community level indicators such as high rates of teen pregnancy, low birth weight and premature births, infant mortality, Medicaid births, and mothers with late or no prenatal care.

As shown in Figure 1 below, NYS rates on various perinatal indicators for 2014-2016 (the most recent data available from the NYS Department of Health) have not changed substantially since 2012-2014, with the exception of teen birth and pregnancy rates. During this period, the teen birth rate decreased from 17.3 per 1,000 to 13.9 per 1,000, and the teen pregnancy rate decreased from 36 per 1,000 to 29.8 per 1,000. The greatest reductions occurred in New York City, with rates decreasing from 20.1 per 1,000 to 16 per 1,000 for the teen birth rate, and from 52.3 per 1,000 to 42 per 1,000 for the teen pregnancy rate. Though smaller, reductions also occurred in the rest of the state as well (Teen birth rate: 15.5 per 1,000 to 12.7 per 1,000; Teen pregnancy rate: 25.9 per 1,000 to 22.3 per 1,000). The

rates for these two indicators continue to drop as the state invests resources into addressing the root causes.[1]

	Percent of Births						Infant and Neonatal Deaths, rate per 1,000 live births				Teen Rates per 1,000	
	Total Births	Premature Birth	Low Birth Weight	Out of Wedlock	Medicaid or Self-pay	Late or No Prenatal Care	Infant Deaths	Infant Death Rate	Neonatal Deaths	Neonatal Death Rate	Teen Birth Rate	Teen Pregnancy Rate
2012-2014	712,425	10.8	7.9	40.7	50.7	5.6	3,419	4.8	2,360	3.3	17.3	36.0
2014-2016	705,716	10.5	7.8	39.5	52.7	5.4	3,214	4.6	2,185	3.1	13.9	29.8

Figure 1. New York State Perinatal Indicators for 2012 to 2014[2] and 2014 to 2016[3]

Figure 2 provides a visual representation of the average perinatal risk[4] by zip code. The yellow to red shaded areas represent clusters of zip codes with relatively high risk levels. This allows us to quickly identify high-risk communities that might benefit from HFNY program services.

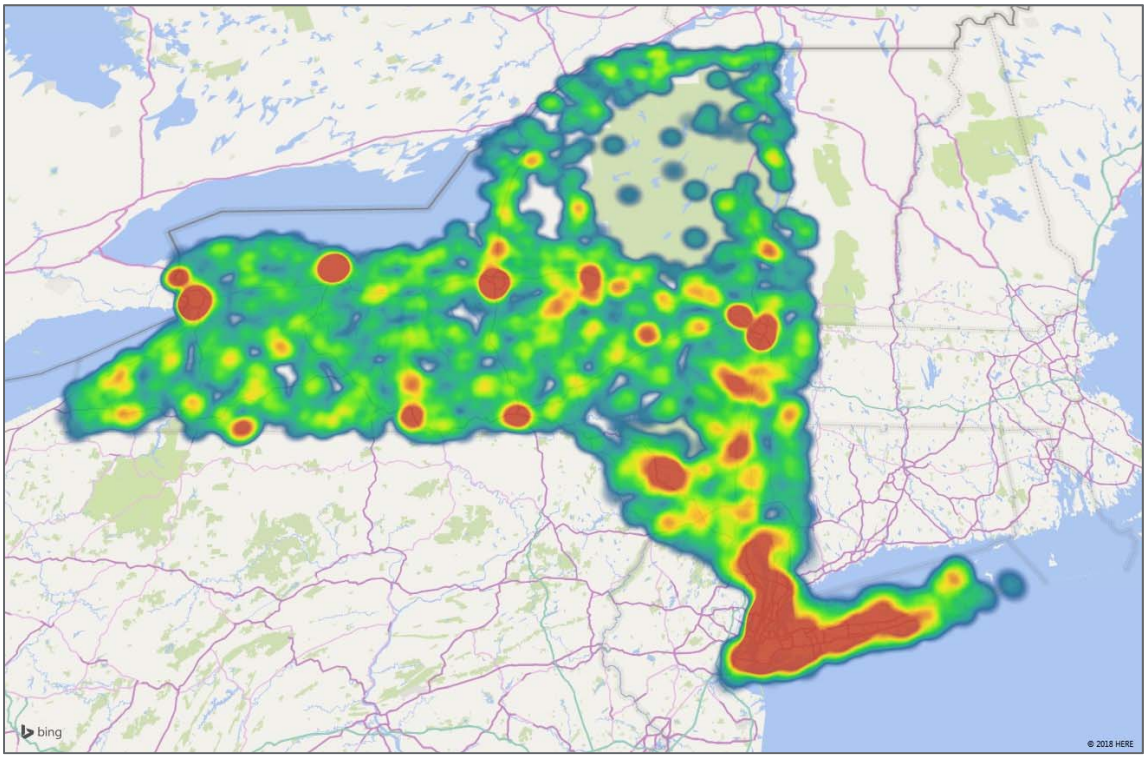

Figure 2. New York State Zip Code Level Perinatal Indicators Risk for 2014 to 2016

[1] https://www.health.ny.gov/prevention/prevention_agenda/healthy_mothers/adolescent_health.htm.
[2] https://www.health.ny.gov/statistics/chac/perinatal/county/2012-2014/regions.htm.
[3] https://www.health.ny.gov/statistics/chac/perinatal/county/2014-2016/regions.htm.
[4] Average perinatal risk was calculated by averaging the values of premature birth rate, low birth weight rate, out of wedlock birth rate, Medicaid or self-pay rate, later or no prenatal care rate, infant death rate, neonatal death rate, and teen birth rate to obtain a rough estimate of risk for each zip code.

During the 2018-2019 state fiscal year, HFNY continued its expansion into a number of new high-risk communities. Figure 3 overlays HFNY program coverage on the average perinatal risk. While many HFNY programs serve families county wide, others, particularly those in urban areas, target specific zip codes or communities with high rates of perinatal risk.

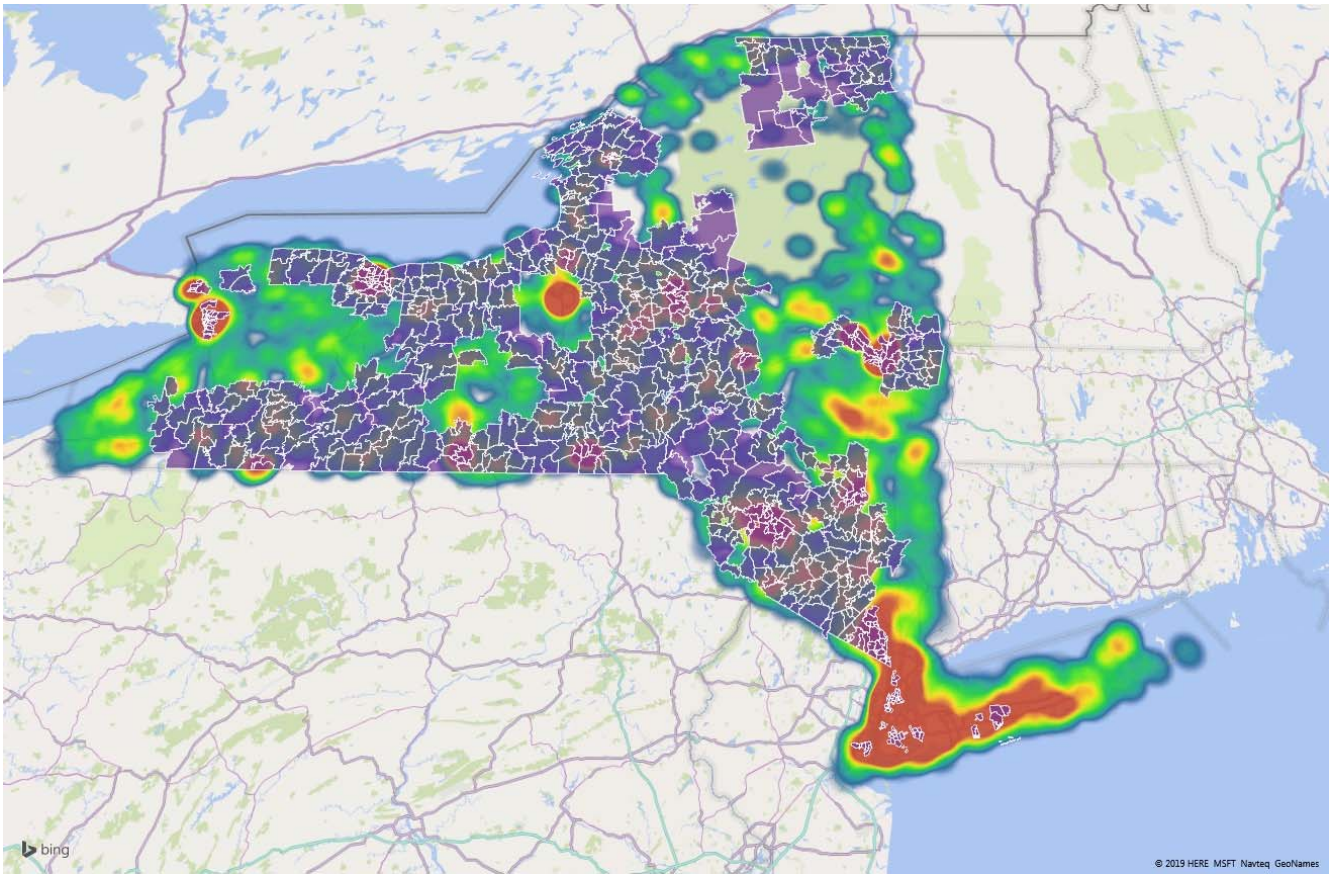

Figure 3. Healthy Families New York Program Coverage by Zip Code 2018-2019

Although NYS continues to expand HFNY services as additional funds are made available, there remain many high-risk communities that are not yet served. Table 4 shows the number of unserved zip codes in each county with a perinatal risk score of 20 or more (i.e., what we consider to be especially high risk) as well as the average risk for those high-risk communities. The average risk across all zip codes in NYS is 15.52 (17.75 among served zip codes and 13.49 among unserved zip codes).

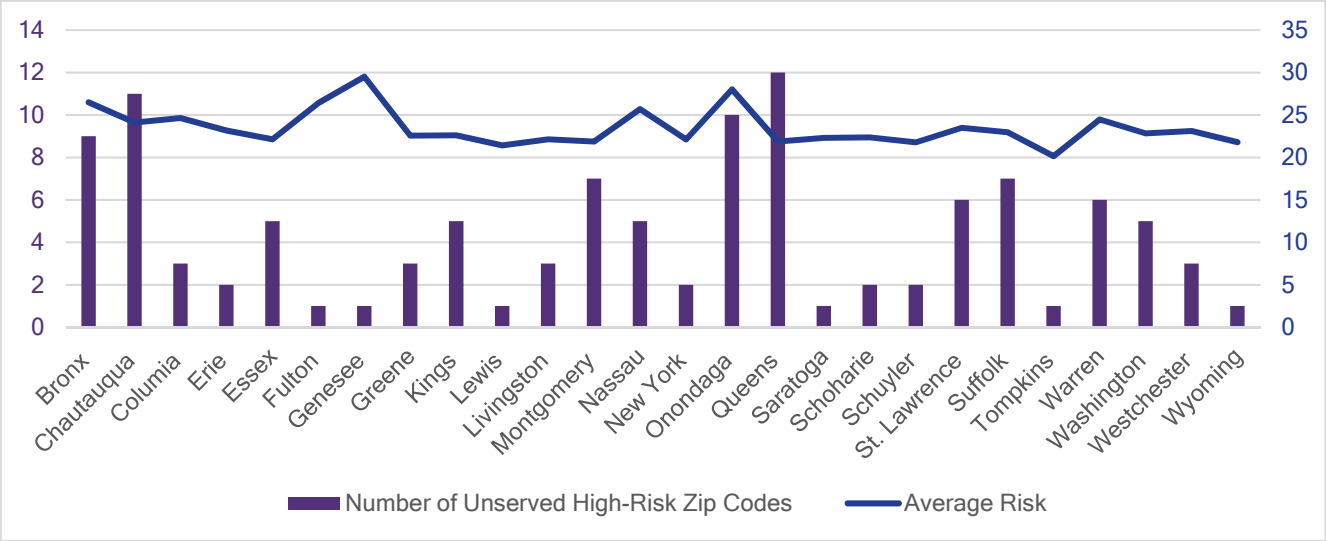

Figure 4. Number of Unserved Zip Codes in Each County with Perinatal Risk Scores 20 or Higher (left axis) and Average Risk Score (right axis)

Referral Sources and Screen Forms

One of the primary mechanisms for engaging with potential families is through outreach and referral. Referrals from community partners make up most of the program's referrals. As shown in Figure 5, health clinics, hospitals, and Women, Infants, and Children (WIC) agencies provided the greatest number of referrals statewide. Only a small number of referrals come from HFNY program outreach activities or friends and family.

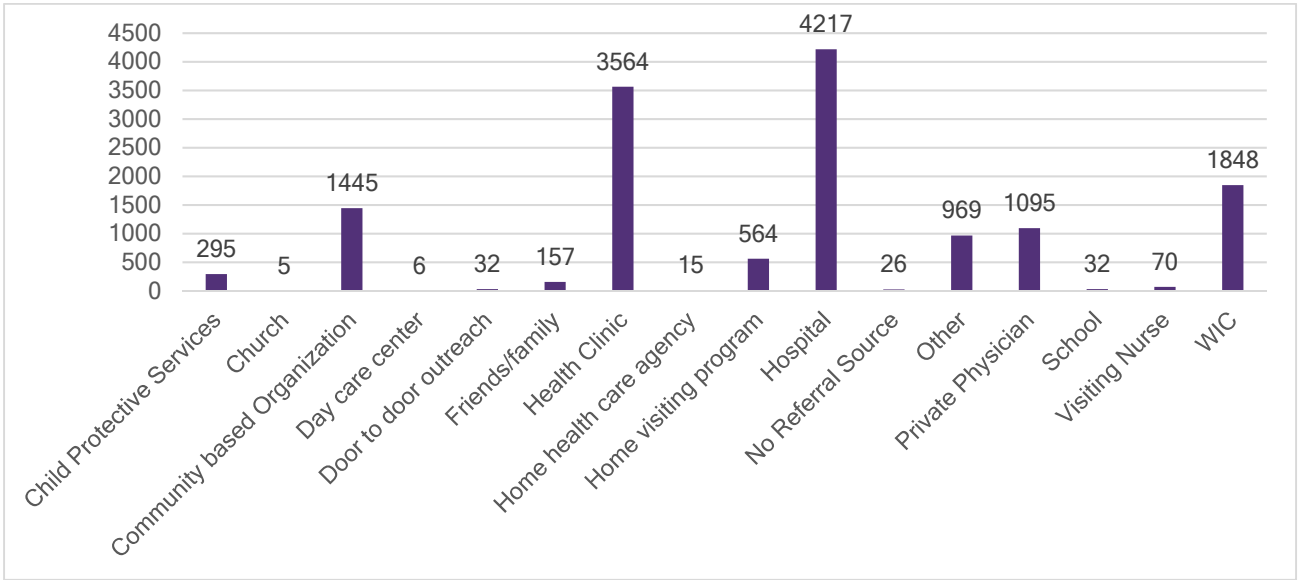

Figure 5. Total Number of Screens by Referral Source (4/1/18 to 3/31/19)

Each referral source completes, or asks families to complete, a form that includes four items that identify families who are most likely to be eligible for HFNY services. The items on this screening form include the following: under 21, unmarried, inadequate income, and late or no prenatal care. If any

one of the items is positive or information is missing for the last three items, it results in a positive screen.

Between April 1, 2018, and March 31, 2019, HFNY programs received a total of 14,340 screens.[5] Figure 6 shows the outcomes of those screens at each stage of the HFNY enrollment process. More detailed information about the outcomes at each of these stages will be presented below.
Eighty-nine percent of all screens were positive. Approximately 56 percent of the screens listed the participant as being unmarried. Sixty-two percent had inadequate income (or provided no information on income). Approximately nine percent had late or no prenatal care, and 17 percent were under the age of 21.

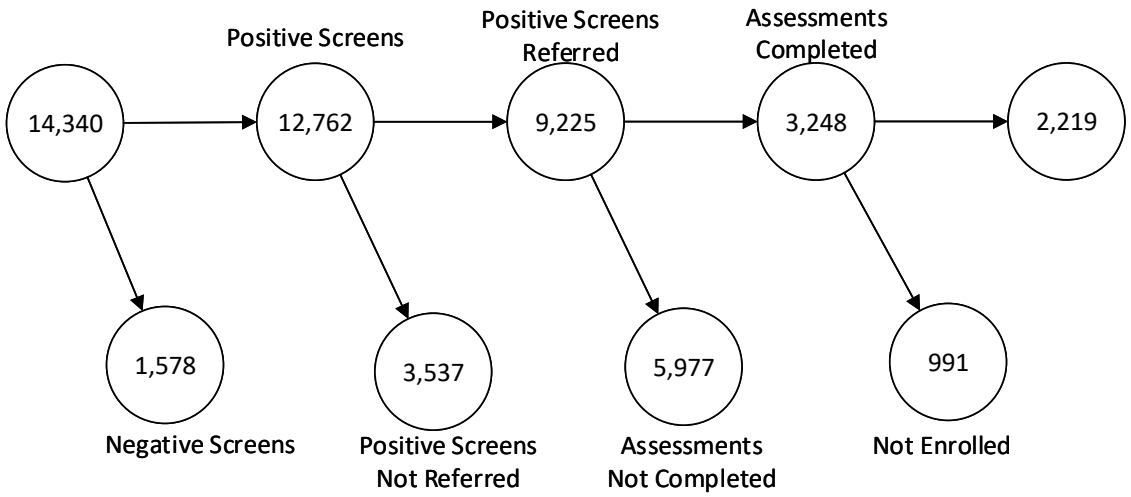

Figure 6. Screen Outcomes

Of those positive screens, approximately 28 percent were not referred for assessment. As shown in the Figure 7, the most common reasons for a positive screen not being referred for assessment included the family being out of the service area, the family refusing, a positive screen already having been recorded, or the family being transferred or referred to another program[6].

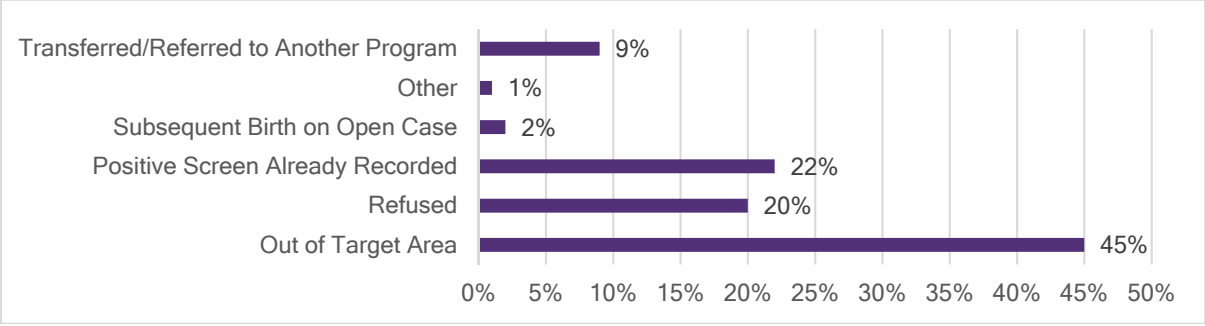

Figure 7. Reasons Positive Screens Were Not Referred for Assessment (4/1/18 to 3/31/19)

[5] Screen/Referral Source Demographic and Outcome Analysis (4/1/18-3/31/19).
[6] Quarterly Pre-Assessment Engagement: Positive Screens Not Referred (4/1/18-3/31/19).

Acceptance of Assessment Visit

Of the 9,225 positive screens that were referred for assessment, almost two-thirds were not assessed. For those screens for which a closure reason was assigned between April 1, 2018 and March 31, 2019,[7] the most common reasons for closure without an assessment were due to refusals, both active and passive, the target child aging out of service eligibility, and being unable to locate the family. See Figure 8 for additional reasons.

Assessment (Parent Survey)

HFNY services begin when a specially trained staff member meets with the family in their home to conduct an in-depth assessment of the family's strengths and needs. After the assessment (which includes obtaining information to score the Parent Survey[8]), families are provided with referrals and services that address the needs and goals identified during the assessment. Families who score above a specific threshold on the Parent Survey are also offered intensive HFNY in-home services.

Between April 1, 2018 and March 31, 2019, 3,104 assessments were conducted by HFNY programs.[9] The majority (97 percent) were positive and therefore eligible for intensive HFNY in-home services. Seventy-four percent of assessments were conducted prenatally or within two weeks of the target child's birth (Figure 9).

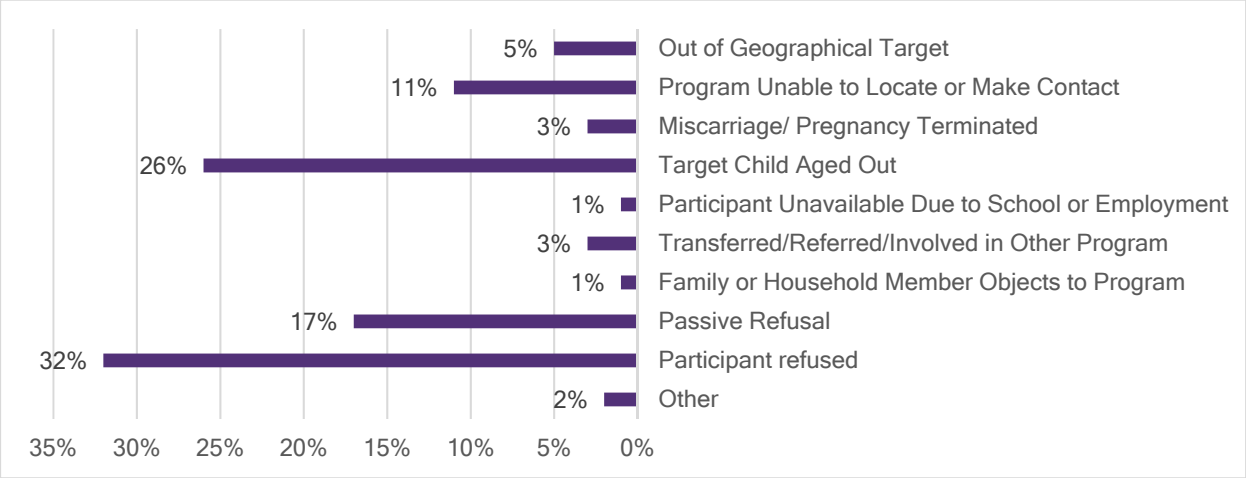

Figure 8. Reasons Positive Screens Referred for Assessment Were Not Assessed (4/1/18 to 3/31/18)

[7] Quarterly Pre-Assessment Engagement: Positive Screens Not Assessed (4/1/18-3/31/19).
[8] The Parent Survey is used to identify family strengths and needs and determines eligibility for HFNY program services.
[9] 1-2.C Assessment Information (4/1/18-3/31/19). Note that the denominators are different between this report and the Screen/Referral Source Demographic and Outcomes Analysis Report. The Assessments conducted during this period are not necessarily the same as those that occurred as a result of screens received between 4/1/17 to 3/31/18.

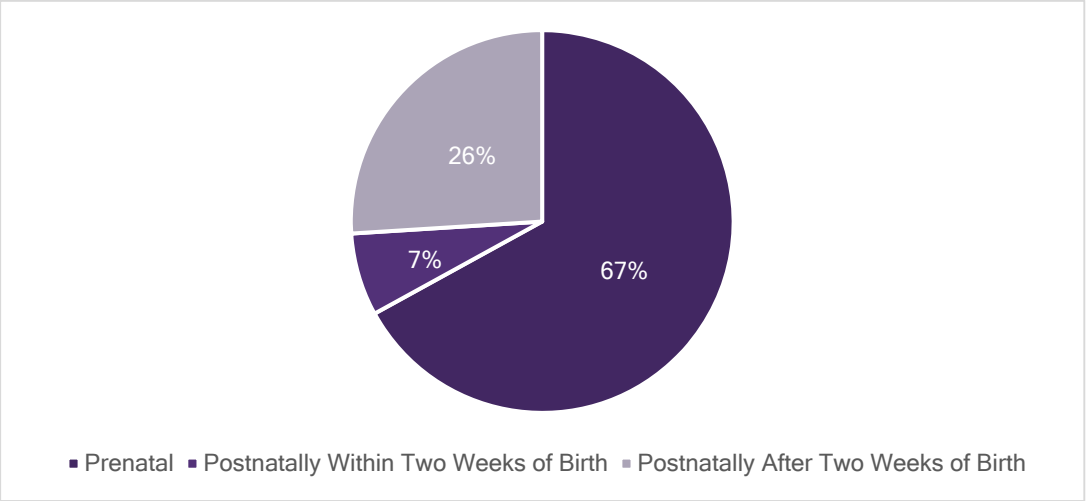

Figure 9. Timing of Assessment

Acceptance Rate and Enrollment in Home Visiting Services

During the 2018-2019 fiscal year, 3,058 families with positive assessments were offered HFNY home visiting services.[10] Seventy-five percent of families verbally accepted services, and 72 percent ultimately enrolled in services and received at least one home visit. Whether a family enrolled in HFNY varied depending on many different demographic, social, and programmatic factors (see Table 1 for details).

Demographic Factors

Demographic factors influencing enrollment include characteristics such as age, education, employment status, marital status, parity, primary language, and race/ethnicity. As shown in Table 1, families where the primary participant was between the ages of 20 to 30 were least likely to enroll compared to those under the age of 20 and those 30 and older. Interestingly however, only 43 percent of first-time moms accepted a first home visit and agreed to enroll in services. They were far more likely to refuse outright or accept a first home visit but not enroll than families with prior children. More than three quarters of families with at least one prior child accepted and enrolled in services. Families who identified as Latino were less likely than those who identified as white or black to accept and enroll in services.

Social Factors

Social factors influencing enrollment include factors such as Parent Survey score, whose score qualifies the family for services, or the presence of issues such as domestic violence, mental health, and substance abuse at assessment. Typically, those with higher Parent Survey scores were more likely to accept services than those with lower scores. Additionally, when it was the father's score that qualified the family for services, and not the mothers, families were more likely to refuse services. The presence of challenging issues also had an impact on acceptance of services. Those experiencing

[10] 1-4. A and B Acceptance Rate and Analysis (4/1/18-3/31/19).

domestic violence were less likely than those experiencing mental health issues or substance abuse issues to accept and enroll in services.

Programmatic Factors

Programmatic factors influencing enrollment include events such as referral sources, time between the screen and assessment, and trimester at enrollment. Families in the first trimester were the most likely to decline services, followed by postnatal families. Families who were in the second and third trimesters were the most likely to accept and enroll in services. The amount of time between the screen and assessment was also related to enrollment—when families were contacted to complete the assessment within 30 days of the screen, they were more likely to accept and enroll in services than if more time had passed. Referral source also plays a role in acceptance and enrollment in services. Families referred by private physicians, health clinics, and child protective services were among the least likely to accept and enroll in services.

Summary

Demographic, social, and programmatic differences highlight the need for targeted approaches to increase enrollment rates for these families. HFNY continues its efforts to increase acceptance and enrollment of families into services. All programs are required to examine their acceptance data annually and use that information to analyze who refused services and why. Program sites are then required to develop a plan to address those specific issues.

At the state level, HFNY Central Administration continues its work on a pilot project incorporating several promising approaches to increasing family engagement and retention in services. This approach tests a one-step model of program eligibility where the screen determines eligibility, has the same worker both administer the assessment and provide home visiting services, and adds a first home visit specifically designed to build rapport and provide information about program services.

Service Information

Between April 1, 2018, and March 31, 2019, HFNY programs provided services to 5,874 families. The following sections provide additional information about these families and the services they received.

Program Demographics[11]

As shown in the figures below, HFNY served a very diverse group of families during this period.

[11] Program Demographics (4/1/18-3/31/19)

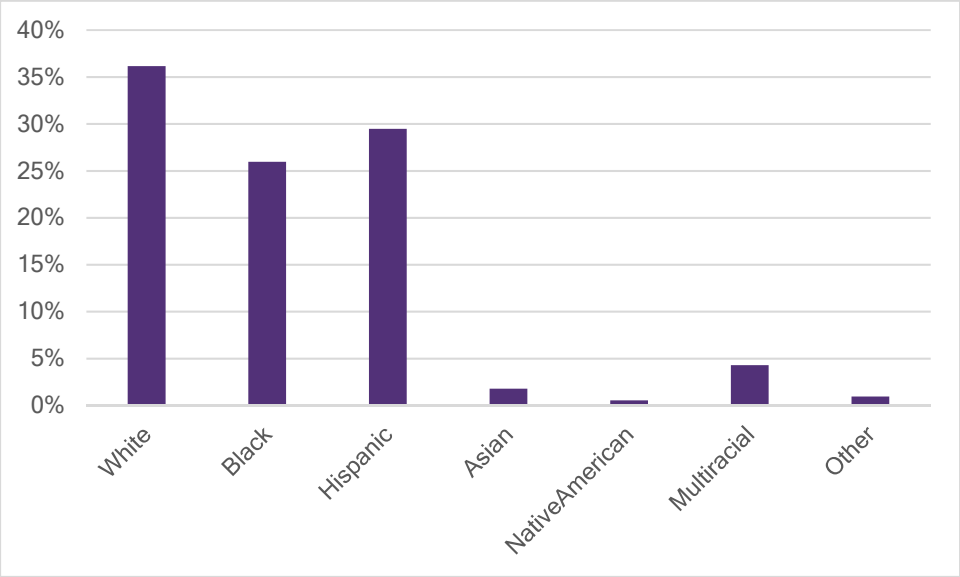

Figure 10. Race/Ethnicity of Primary Caregiver

Although the teenage pregnancy rate continues to decline, 15 percent of primary caregivers who received services during the 2018-2019 fiscal year were under the age of 21. More than half had enrolled when they were between 21 and 30 years old (Figure 11).

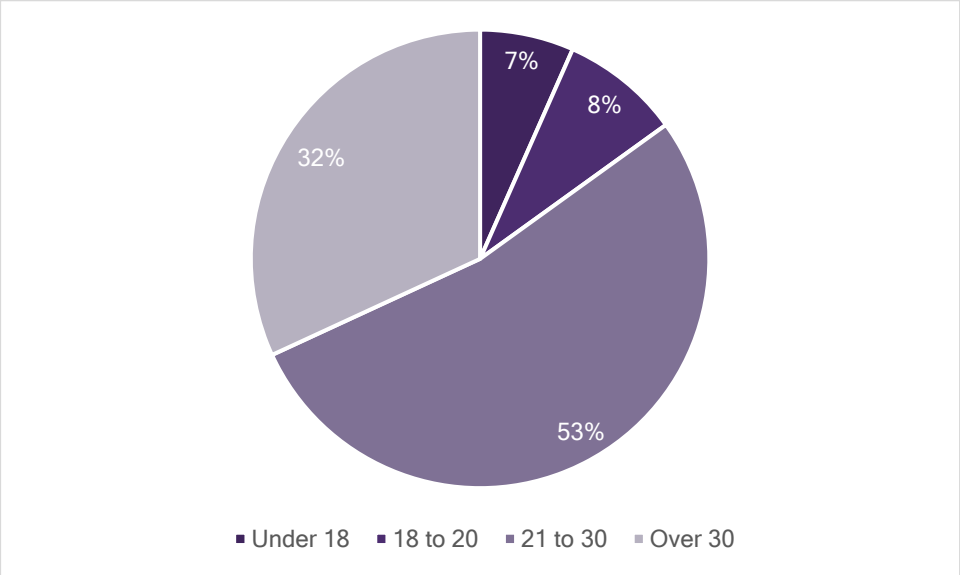

Figure 11. Age of Primary Caregiver at Enrollment

Despite the number of primary caregivers over the age of 18, a substantial number of families who received services during this period had not yet completed high school or obtained a GED at the time of program enrollment (Figure 12).

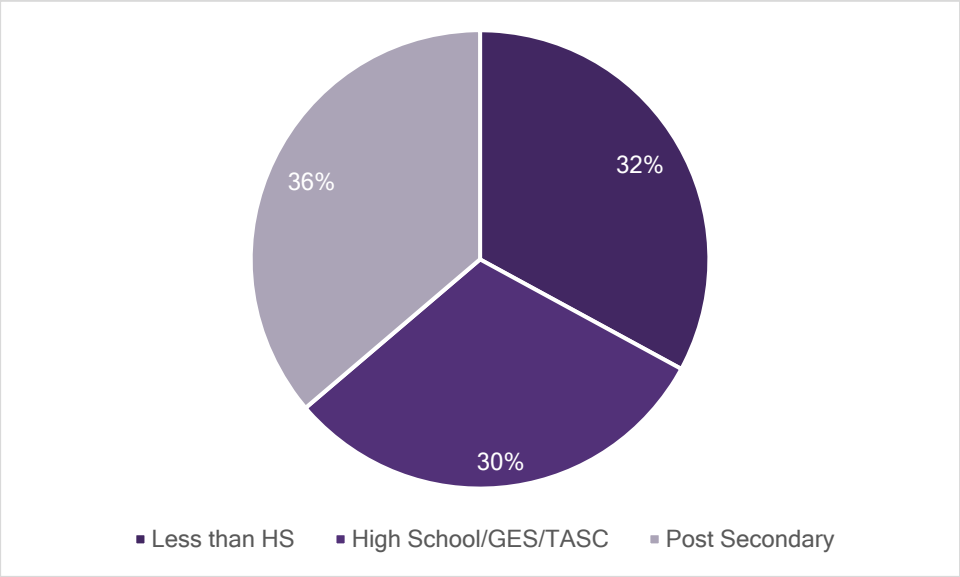

Figure 12. Education Level of Primary Caregiver at Enrollment

As shown in Figure 13, many of the families served by the program during this period had entered the program with low or very low income. A large percentage were also already connected to various services for low income families. The high rate of primary caregivers who already received Medicaid and WIC services when they enrolled in services may also be related to who HFNY receives referrals from (i.e., prenatal clinics, hospitals, and WIC programs).

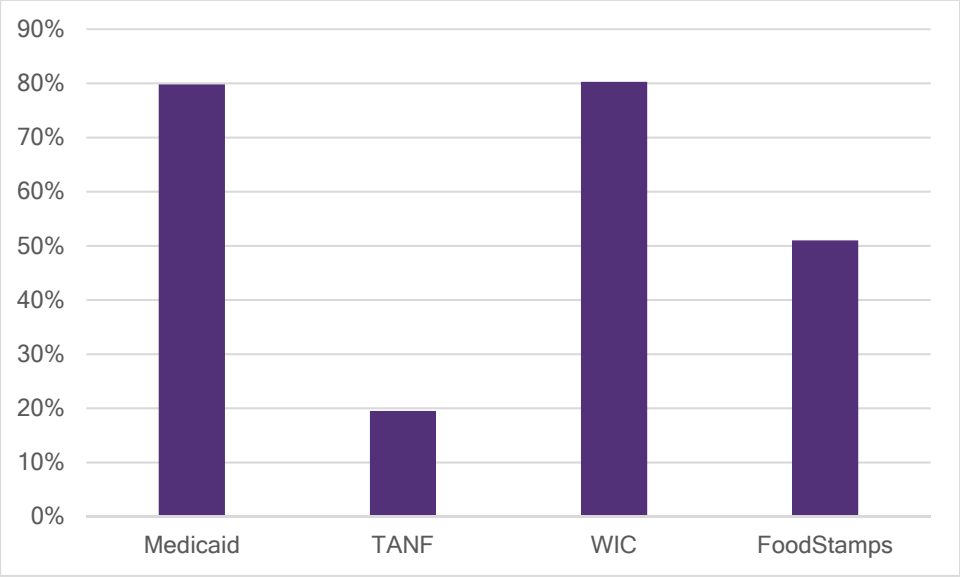

Figure 13. Service Connections at Enrollment

Additionally, 56 percent of the primary caregivers who received services during this period were first-time moms when they enrolled. Sixty-three percent of caregivers had enrolled while they were pregnant.

Of the families who received services during 2018-2019, more than 58 percent had been receiving services for over a year. A quarter had been receiving services for more than three years (Figure 14).

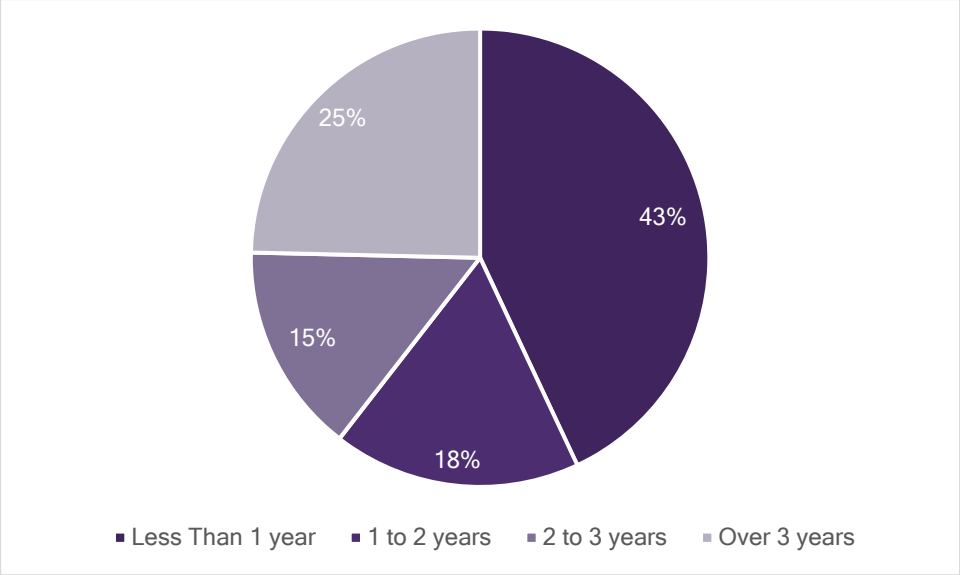

Figure 14. Length of Program Enrollment

Home Visit Completion Rates

Rate of expected visits is an important predictor of program outcomes. During the 2018-2019 fiscal year, 73 percent[12] of served families received the intended level of service (i.e., at least 75 percent of expected visits).

Home Visit Content

Home visit logs capture the participants involved and activities engaged in during each home visit. During the 2018-2019 fiscal year, 74,545 home visits were completed.[13] The primary caregiver was present in 97 percent of those visits, and the target child was present for 88 percent of postnatal visits. The other biological parent, generally the baby's father, was present during 15 percent of visits. Visits were approximately 60 minutes long.

Figure 15 shows the percentage of visits that included each of the program activity types. Most visits included activities related to reflective strategies, parent-child interaction, and family goal plan activities. Almost two-thirds of visits utilized one of the four HFNY approved primary curricula.

Home visiting programs use various curricula in their work with families. The curricula used varies depending on the needs and characteristics of the families and communities being served. HFNY requires program sites to use at least one of four primary curricula: Partners for a Healthy Baby

[12] 4-2.B HFA Home Visiting Completion Rate Analysis – Summary (4/1/18-3/31/19).

[13] Summary of HV Log Activities (4/1/18-3/31/19).

(Florida State University), Parents as Teachers, Healthy Babies…Healthy Families (San Angelo), and/or Growing Great Kids (Great Kids International). Figure 16 shows the percentage of home visits that included the use of at least one of the four primary curricula. During 2017-2018, Growing Great Kids was the most commonly used curriculum, followed by Partners for a Healthy Baby.

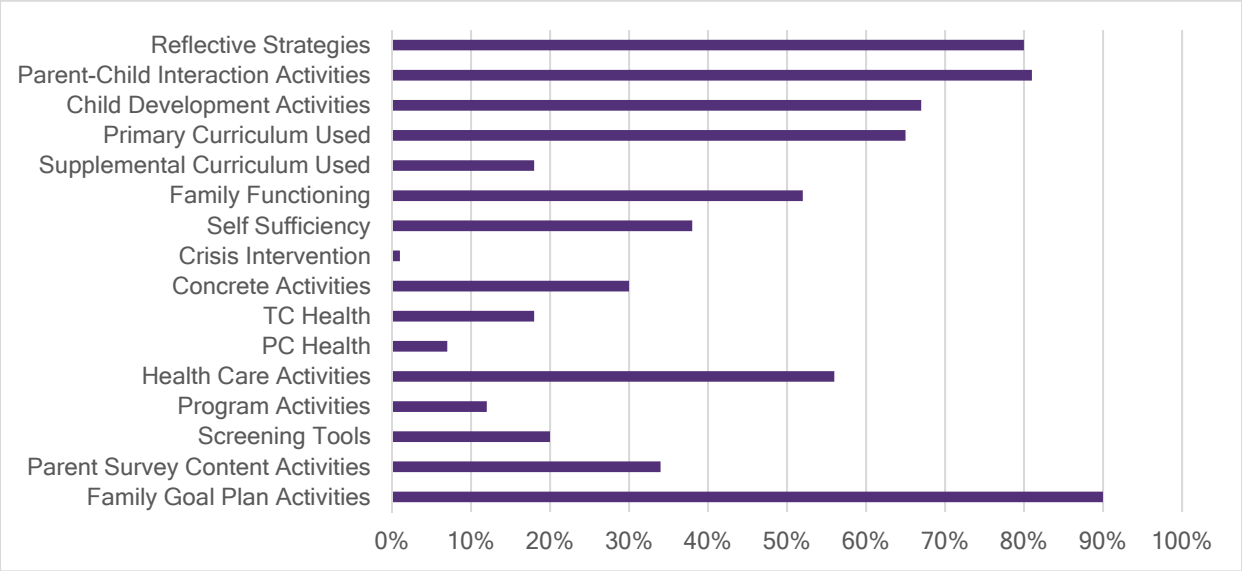

Figure 15. Percentage of Home Visits by Activity Type

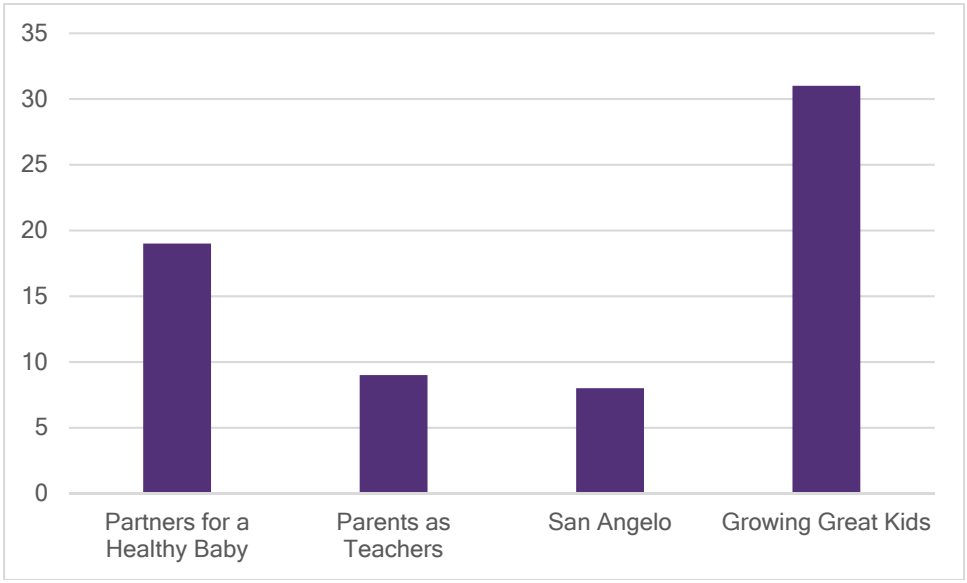

Figure 16. Percentage of Home Visits Using Primary Curriculum

Service Referrals

Connecting families to needed services is a primary goal of HFNY. During the 2018-2019 fiscal year, home visitors documented over 19,000 referrals to community-based services.[14] Figure 17 shows the number of service referrals made by home visitors broken down by whether the referral was arranged directly by the home visitor (3,430 referrals) or the family was provided with information about the referral source (22,302 referrals). The most common referrals were for services such as concrete supports, counseling and support services, health care, and family or social support services. Most of the referrals within each service category were the result of the home visitor providing the family with information; a smaller number were arranged directly by the home visitor.

A service was more likely to be received when the referral was arranged directly by the home visitor (73 percent) as opposed to when the home visitor provided the family with information about a possible service that might address an identified need (23 percent). However, home visitors use their best judgment to determine the most appropriate mechanism for connecting families with community resources. Supporting families in obtaining resources for themselves is often part of the goal setting process and can be a useful skill to support future successes. As shown in Figure 18, a sizable proportion of services were received through referrals where the home visitor provided the family with the information they needed to connect to the service on their own.

Figure 19 presents the reasons that a service was not received by referral mechanism. For both referral mechanisms, the most common reason for a service not being received was because the participant did not follow through.

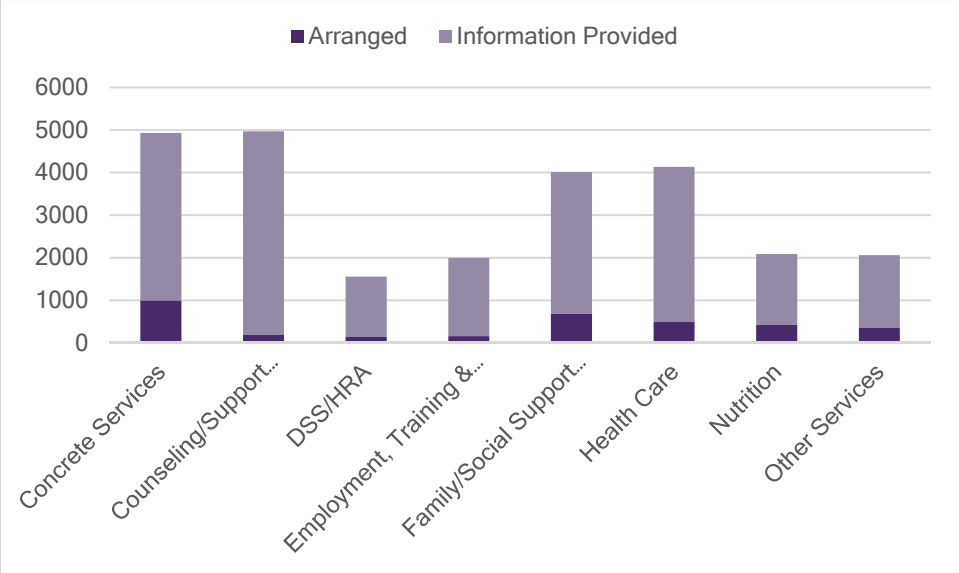

Figure 17. Services Referrals by Mechanism and Service Category

[14] Service Referrals (04/01/17-03/31/18)

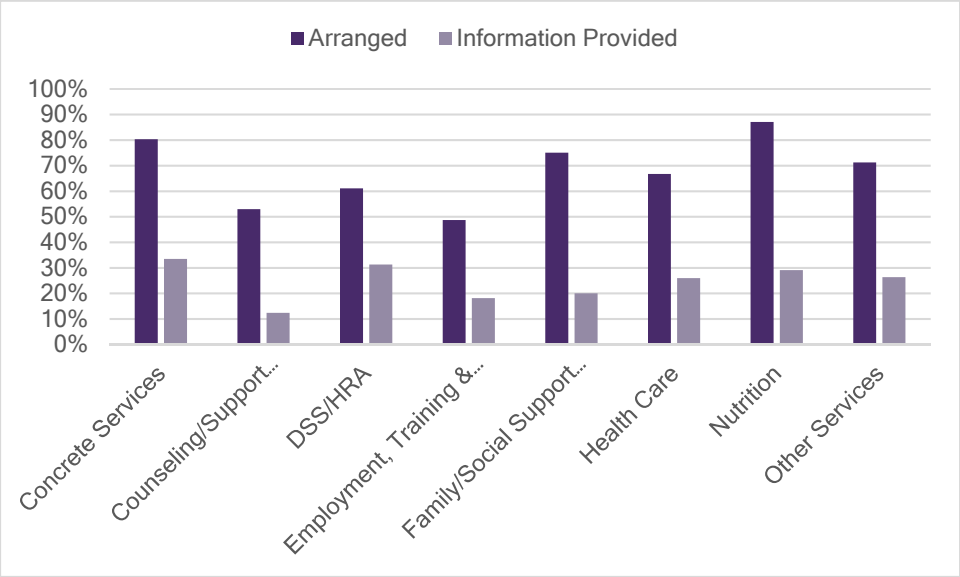

Figure 18. Proportion of Referrals Where Services Were Received by Referral Mechanism

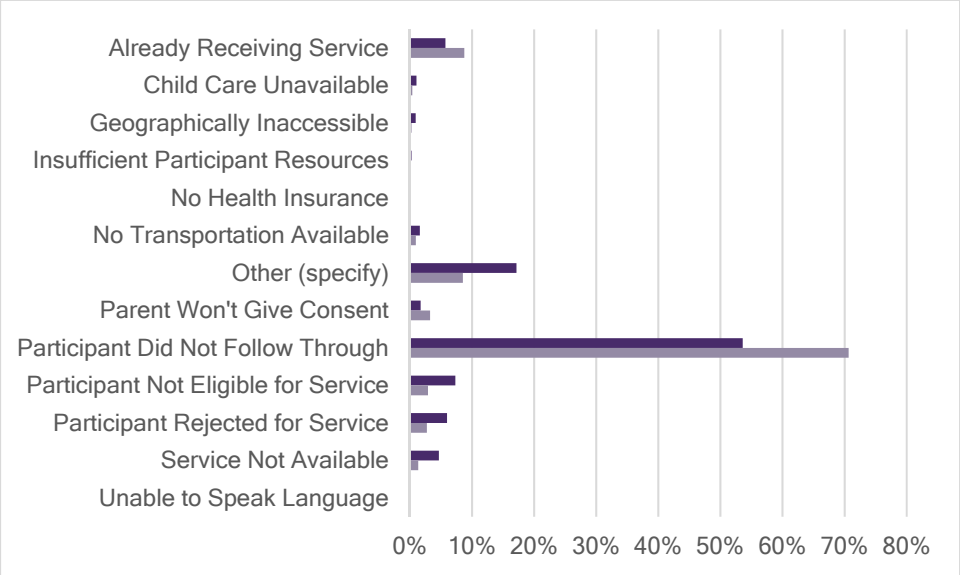

Figure 19. Reasons Referrals Were Not Received

Retention Rate

Retention rates are important measures of how well program sites are retaining families in home visiting services. HFNY's primary retention goal is for at least half of families to remain enrolled in intensive home visiting services for at least one year. Not all families who enrolled during the 2018-2019 fiscal year have been enrolled for a full year. Therefore, we will not be able to assess their one-year retention rate until April 2020. However, we can look back at a group of families enrolled a year prior to assess their retention rate at one year. For families enrolled during the 2017-2018 fiscal year, retention at one year was 53 percent. In other words, 53 percent of the families enrolled during the 2017-2018 fiscal year were still enrolled one year later. Figure 20 shows the one-year retention rates for HFNY since 2000.

To get an even clearer picture of program retention we look at a series of demographic, social, and programmatic factors for a group of families who enrolled during the 2016-2017 fiscal year.[15] This allows us to look for patterns associated with dropping out of services at specific intervals: three months, six months, 12 months, 18 months, and 24 months from enrollment. Examining these patterns provides a starting point for discussions related to who stays and who leaves, and facilitates the development of targeted strategies to improve the retention of families in services. See Table 2 for details.

Of the families enrolled during 2016-2017, 78 percent were still enrolled at three months, 67 percent were still enrolled at six months, 52 percent were still enrolled at 12 months, 46 percent were still enrolled at 18 months, and 41 percent were still enrolled at 24 months. As these percentages indicate, most discharges occurred within the first year.

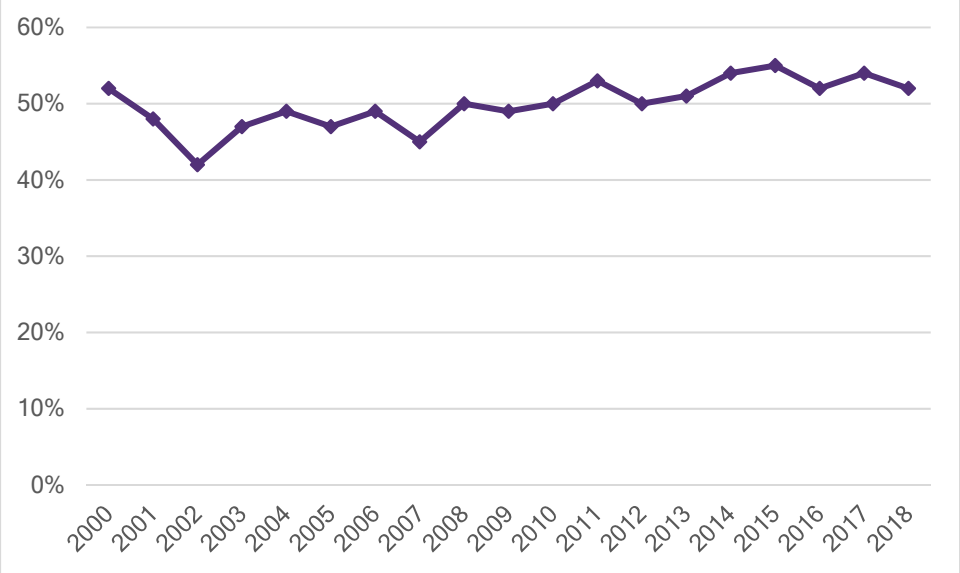

Figure 20. Program Retention at One Year

Demographic Factors

Demographic factors include characteristics such as age at intake, marital status, parity, education, employment status, primary language, and race. Examination of retention rates by age group showed that participants who were younger when they enrolled were more likely to leave the program. After two years, 72 percent of participants under the age of 18 and 73 percent of participants between the ages of 18 to 20 left the program, compared to 60 percent of participants between the ages of 20 to 30 and 51 percent of participants 30 and over.

Marital status also showed patterns in retention, with married participants more likely to still be enrolled after two years than never married participants (44 percent vs. 36 percent). Participants who were separated and widowed were the most likely to remain enrolled, however these groups each made up a very small percentage of participants enrolled during this period.

[15] 3-4.A & B Retention Rate Analysis of Enrolled Participants at Discharge (04/01/16-03/31/17)

Parity was also a predictor of retention in the program. Within the first three months of enrollment, 56 percent of participants who were first-time mothers left the program, compared to 19 percent of those with one prior child, and 18 percent of those with two or more prior children. After two years, 83 percent of participants who were first-time participants had left the program compared to just 59 percent of participants who had one prior child and 58 percent of those with two or more prior children. Similarly, education was also a predictor of who left the program after two years. Sixty-two percent of those with less than a high school diploma (HSD) left the program compared to 56 percent of those with a HSD or Test Assessing Secondary Completion (TASC), and 56 percent of those with more than a HSD/TASC. It should be noted that many of these characteristics are co-occurring (e.g., mothers under 18 are also more likely to be first-time mothers and to not yet have completed high school).

Race also influenced retention. After two years, participants who identified themselves as black were more likely to have left the program compared to whites and those who identified as Hispanic (64 percent and 57percent vs. 56 percent).

Social Factors

Social factors include factors such as parent survey score, whose score qualifies the family for the program, and the presence of issues related to domestic violence, mental health, and substance use at enrollment. Approximately 54 percent of participants with Parent Survey scores over 75 had dropped out after 12 months, compared to 46 percent of those with parent survey scores between 25 to 49 and 50 percent of those with parent survey scores between 50 to 75. After two years, 61 percent of those with parent survey scores over 75 and 60 percent of those with scores between 50 to 74 had left the program, compared to 57 percent of those with parent survey scores between 25 to 49.

Compared to participants who reported having current issues with mental health at enrollment, participants who reported have current issues with domestic violence and substance abuse were more likely to have left the program within the first three months of enrollment (21 percent, versus 26 percent and 29 percent, respectively). After two years of enrollment this pattern continued, with those reporting mental health as a current issue being less likely to have left the program than those who reported domestic violence or substance abuse (58 percent versus 69 percent and 75 percent, respectively).

Programmatic Factors

Programmatic factors include factors such as number of home visits, the time between screen and assessment, and the trimester at intake. Of those enrolled during this period, 27 percent received between zero and ten home visits, 12 percent received between 11 and 20 home visits, and 61 percent received more than 20 home visits.

There were also differences in retention for the timing between screen and assessment. Thirty-five percent of families where the number of days between screen and assessment was greater than 90 left the program in the first three months, compared to 21 percent of families where the number of days between screen and assessment was zero to 30 days and 22 percent of families where the number of days between screen and assessment was between 31 and 90 days. After two years,

families where the number of days between screen and assessment was between zero and 30 days were less likely to have left the program (57 percent) compared to those where the number of days between screen and assessment was between 31 to 90 days (62 percent) and those where the number of days between screen and assessment was more than 90 days (62 percent).

Trimester at intake was also relevant to retention. Families enrolled during the first (12 percent) and second (19 percent) trimesters were less likely to have left the program after the first six months than families enrolled during the third trimester (23 percent) or postnatally (25 percent). After two years, 55 percent of the families enrolled during the first trimester had left the program compared to 61 percent of those enrolled during the second trimester, 59 percent of those enrolled during the third trimester, and 58 percent of those enrolled postnatally.

Discharge Reasons

Families decided to leave the program for a variety of reasons. As shown in Figure 21, more than half of families refused services, either by passively rejecting visits (22 percent), actively stating that they no longer desired services (30 percent), or by refusing a new home visitor (6 percent). An additional 22 percent were unable to be located at some point during service provision and were subsequently discharged from services after a period of follow-up. Interestingly, 13 percent were discharged due to unavailability as a result of school or employment. As HFNY programs are required to be flexible in the scheduling of their service provision days and house, this category will require some additional exploration.

Summary

These differences highlight the need for targeted approaches to increase retention rates. HFNY continues its efforts to increase retention of families in services. All program sites are required to examine their retention data annually and use that information to analyze who left services and why. Program sites then develop a plan to address those specific issues.

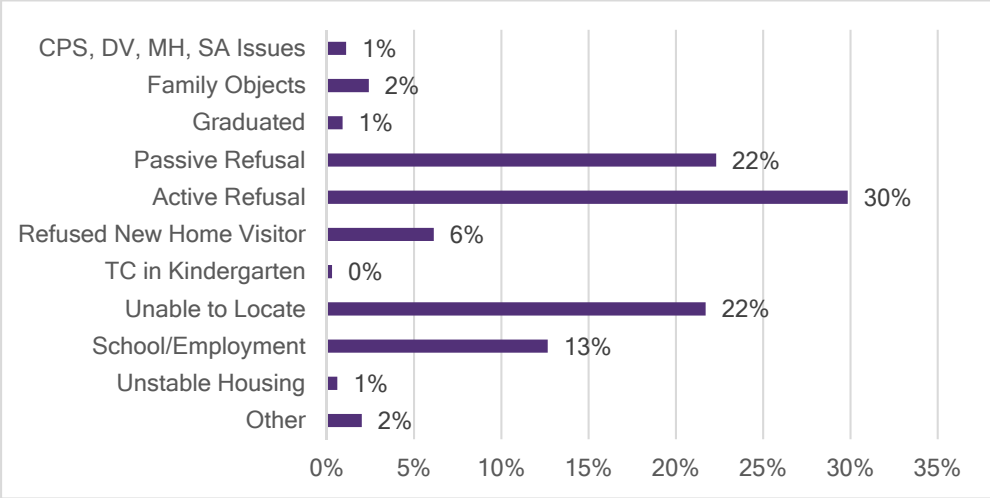

Figure 21. Discharge Reasons

Outcomes

Performance Targets

HFNY's goals include the following: (1) support positive parent-child bonding and relationships; (2) promote optimal child and family health, development, and safety; (3) enhance family self-sufficiency; and (4) prevent child abuse and neglect. To achieve these goals, HFNY programs work toward achieving 21 family outcomes that fall within three domains: Health and Development, Parent-Child Interaction, and Family Life Course. Table 3 provides detailed information about each outcome and its associated performance target. Programs are required to examine their progress and report on each of these outcomes on a quarterly basis. Figure 22 summarizes performance on these outcomes for all HFNY home visiting programs for 2018-2019[16]. During this period, the HFNY statewide system made several changes to the family outcomes that are monitored. New items are highlighted. The CHEERS Check-In instrument replaced the Parenting Stress Index as a measure of parent-child interaction. Because of the recency with which this change occurred, we do not yet have valid data to report for these outcomes (i.e., PCI2 and PCI3).

The majority of HFNY programs were meeting their targets for family outcomes. There were a number of areas where less than 75 percent of programs were meeting statewide targets: immunizations at two years, well visits by 27 months, breastfeeding at six months (new), employment, education, or training at two years, off TANF benefits at one year, off TANF benefits at two years, education of participants under 21 at six months, and education of participants at 12 months.

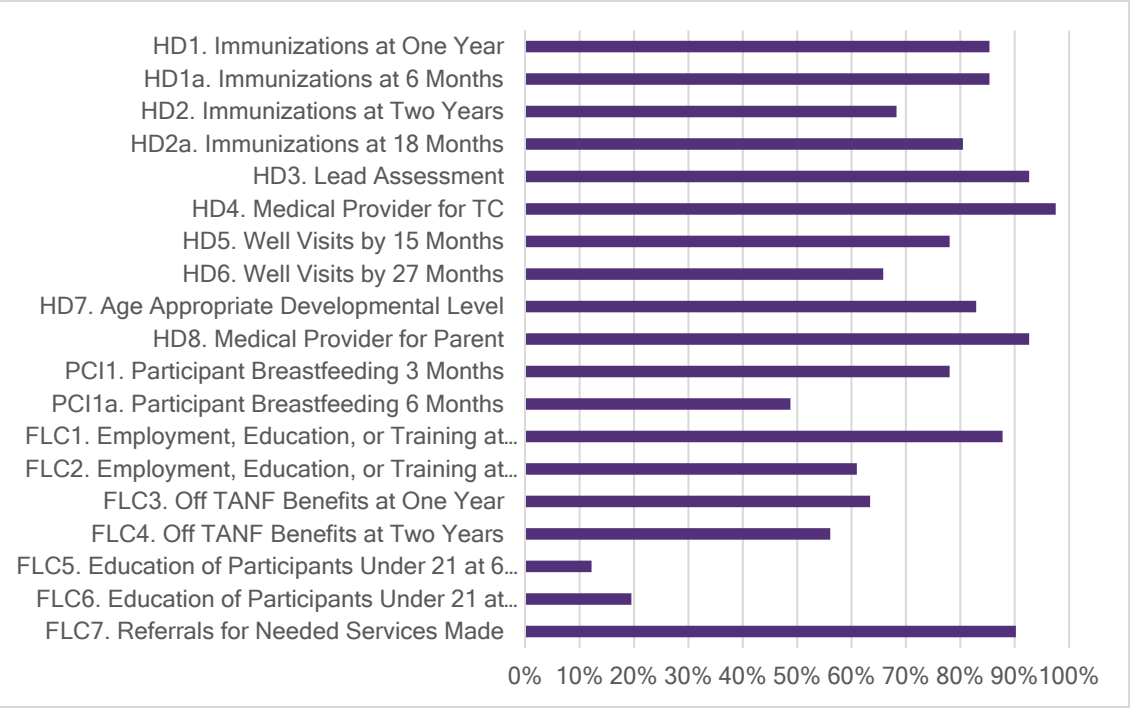

Figure 22. Percent of HFNY Programs Meeting Performance Targets

[16] Performance Targets (4/1/18-3/31/19)

Performance Indicators
(4/1/18 to 9/30/18 & 10/1/18 to 3/31/19)

HFNY programs are monitored for adherence to 14 performance indicators twice a year (see Table 4 for details). These indicators focus primarily on important program processes, structural aspects of the program, or areas that HFNY has deemed in need of improvement. Each indicator has an associated target that program sites must meet in order to be considered as operating within program requirements. Overall, the majority of programs were meeting their targets (see Figure 23).

The performance indicators that many programs seem to be struggling with include:

- PI3. 80% Assessments Completed Prenatally or Within Two Weeks of the Birth of the Target Child
- PI9. Supervisor Observations of FSW/FAW (4 visits/2 assessments)
- PI10. 65% Prenatal Enrollment
- PI12. 85% Program Capacity

HFNY Central Administration partners work closely with each program to provide technical assistance and support to address performance that is not yet meeting targets. For those indicators that seem to be a challenge statewide, HFNY Central Administration will often develop targeted strategies to improve statewide practices.

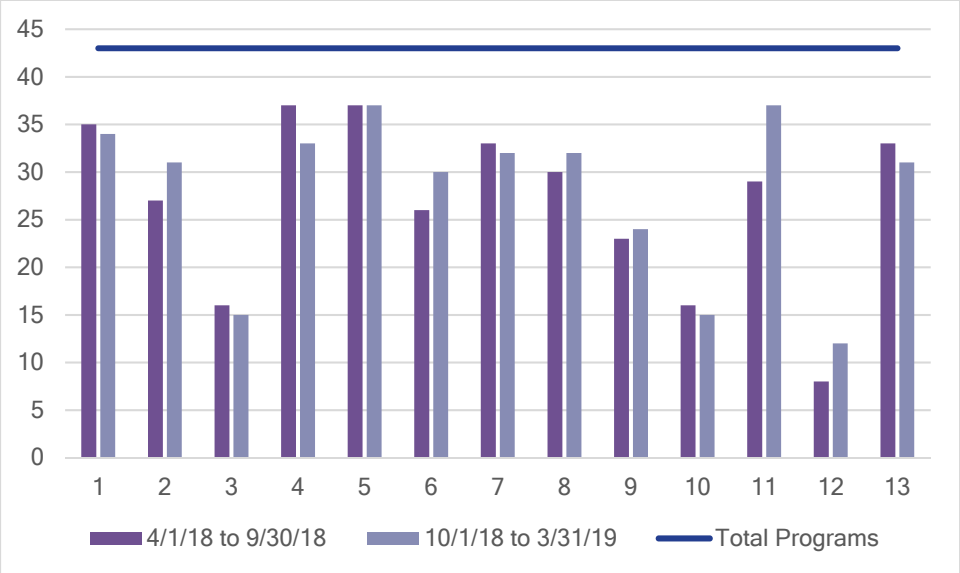

Figure 23. Number of Programs Meeting Performance Indicators by Time Period

Evaluation, Practice Improvement, and Research Activities

HFNY engages in a variety of evaluation projects designed to better understand and improve the services offered to families. These projects are often developed as a result of information learned from conversations with HFNY program staff and families or from results generated by the performance monitoring system and annual service reviews. Data are collected from participating families and program staff, often through surveys or program data already collected. The results are

then discussed with HFNY administrators and program staff and used as the foundation for developing and implementing practices and policies to improve service delivery. Several of HFNY's recent evaluation, practice improvement, and research projects are highlighted below.

Exploring the Complexity of Service Networks in HFNY Communities

Program capacity has been an ongoing challenge for many HFNY programs. The nature of the relationships between home visiting programs and other community resources can have a substantial impact on programs' ability to both receive and make referrals. Home visiting programs also play an instrumental role in helping families to access community resources. Coordinating home visiting efforts with other services for children and families in the community helps to ensure that families are connected to the supports they need and reduces the duplication of services. To better understand the relationship between home visiting programs and community resources, we undertook an analysis of service referrals made for participants enrolled in HFNY during 2016-2017. The results of this study suggest that there are regional differences in the number and type of referrals that are made for HFNY participants. These differences may be due to variations in participant needs, availability of services, program implementation, or data entry. Future analyses will explore service referrals in greater detail. For additional information about the study, see the research brief: https://www.healthyfamiliesnewyork.org/Research/Publications/SocialNetworkAnalysisBrief2019.pdf.

Developing and Piloting a New Family Enrollment Strategy

Engaging and retaining families in home visiting services has long been a challenge for programs, both locally and nationally, across all home visiting models. Currently, HFNY uses a two-step process to engage families in services. HFNY programs receive referrals from other community organizations of potential participants. A specially trained HFNY assessment worker contacts the family to conduct a lengthy assessment to determine eligibility for intensive home visiting services and other family strengths and service needs. Families who are deemed eligible are then transferred to another home visitor who provides intensive home visiting services to address those needs.

There have been concerns that this approach of telling their history to one worker and then being told that they will then be receiving services from someone else can be off-putting to some families, resulting in them declining services. A few HFA programs across the country have moved toward a more streamlined assessment and enrollment process where the same worker conducts the assessment of needs and strengths and provides the intensive home visiting services. It is believed that this approach may foster service delivery that is more tailored to individual needs and engages the family in a consistent manner.

During the 2016-2017 fiscal year, we finalized the development of a one-step assessment and enrollment strategy that meets the needs of HFNY. This strategy incorporates an initial visit, called the Welcome Family Visit, to engage with families who screen positive for services, describe HFNY program services, and provide some basic information about infant brain development. The worker who conducts this visit will, at subsequent visits after the family enrolls, conduct the assessment of strengths and needs and provide the intensive home visits. During the 2017-2018 fiscal year, one of the three pilot sites chosen for participation began implementing the new strategy. Two additional pilot

sites began implementation in 2018-2019. One-year results are expected to be available in 2019-2020.

Understanding Effective Service Delivery and Outcomes

Within HFNY programs, the retention of home visitors is critical for success, both because it promotes family retention, and because frequently training new workers is a burden for the programs themselves. While programs aim to hire home visitors who will effectively provide the intervention and will stay at the program for several years, many leave much sooner. During the 2017-2018 fiscal year, we used data collected during the 2014-2015 fiscal year from Family Support Workers (FSWs) to explore the demographic and organizational factors impacting worker retention.

The results suggest that younger FSWs with a bachelor's degree or higher were most likely to have left their position after three years. Older workers with a high school diploma or an associate's degree were most likely to have been retained. Additionally, home visitors who lived in the target community served by their program were also more likely to be retained after three years. Factors such as gender, race, and having outside paid employment were not related to retention.

Several organizational factors related to work experience were then evaluated. Of these, respondents' ratings of work climate were the strongest predictor of retention. Work climate consists of the perceived quality, sustainability, and supportiveness of an organization; questions included the degree to which respondents felt that their organization cared about their general satisfaction at work, and whether they were held responsible for things over which they had no control. Staff who were retained after three years had higher, more positive ratings of work climate than those who left the program.

Importantly though, all of the organizational factors tested were highly interrelated. As such, improvements in one aspect of work experience may indirectly promote other components as well. For example, increased reflective supervision may help to build mastery and create a positive work climate, which supports job satisfaction and decreases burnout, et cetera, together making a worker more likely to stay in their position. Additional details and results of the study can be found in this research brief:
https://www.healthyfamiliesnewyork.org/Media/pdf/HFNYResearchBriefSummer2018.pdf

During 2018-2019, a series of focus groups with home visitors were planned to explore select topics related to HFNY practice and policy. The content was designed to further explore topics that were previously assessed during the home visitor survey (e.g., worker competencies, organizational climate, etc.). The information obtained from the focus groups will deepen our understanding of the issues that home visitors face in their work and help us to implement strategies to address any needs or concerns that they may have about their work. Results from these focus groups are expected in 2019-2020.

Exploring Strengths and Challenging in Obtaining Referrals from the Women, Infants, and Children Program

HFNY program enrollment relies heavily on referrals from community organizations. The Women, Infants, and Children (WIC) program administered by the NYS Department of Health has historically

been one of HFNY's more fruitful recruitment sources. HFNY programs reported that WIC referrals had declined in recent years. To better understand the scope of this decline, HFNY undertook a study to examine referrals from WIC. The data showed that many programs were indeed experiencing decreasing referrals. We then conducted a series of focus groups to obtain more information from HFNY programs managers about what was working, what was concerning, and what hopes they had for engaging with WIC more effectively in the future. Following these focus groups, program managers completed a survey asking about the nature of their relationships with the WIC programs that served their communities. Results suggest that strategies such as having a presence at the WIC office, developing service agreements with WIC offices, conducting in-person outreach at WIC to provide information about HFNY services, and having a representative from WIC on the HFNY program's advisory board can help to increase referrals to the program. Additional information about the study and its results can be found in this research brief: https://www.healthyfamiliesnewyork.org/Research/Publications/WICPosterResults8.15.19FinalforWebsite.pdf.

HFNY Randomized Controlled Trial 15 Year Follow-Up Study

Beginning in 2000, the HFNY research team embarked on a longitudinal, randomized controlled trial to assess the impact of HFNY on child abuse and neglect, child health and development, family functioning, and parenting practices. Families eligible for HFNY in three sites were randomly assigned to either an intervention group that was offered HFNY services or to a control group that was given information for referrals to appropriate services other than home visiting. Baseline interviews were conducted with 1173 women (HFNY, n=579; control, n=594). Mothers were again interviewed in their homes around the time of the child's birth if enrolled during pregnancy, and around the child's first, second, third, and seventh birthdays. Target children were also interviewed around the time of their seventh birthday. The research team obtained videotaped observations of parent-child interactions, and data from child protective services reports, foster care placements, public assistance, birth records, and school records. In 2015, we began a 15-year follow up study; interviewing mothers and their now approximately 15-year-old children. By the end of the 2016-2017 fiscal year, we had completed interviews with 830 mothers (74 percent response rate) and 702 youth (63 percent response rate). During the 2017-2018 fiscal year, we began cleaning, coding, and re-structuring the data to carry out some preliminary analyses. During 2017-2018 and 2018-2019, we also began to request school records and administrative data. Preliminary analyses of survey data have been conducted and preliminary results are expected in 2019-2020.

Peer Reviewed Publications

The following manuscripts were accepted for publication in a peer-reviewed academic journal during this period:

McGinnis, S., Lee, E., Kirkland, K., Smith, C., Miranda-Julian, C., & Greene, R. (2019). Engaging at-risk fathers in home visiting services: Effects on program retention and father involvement. *Child and Adolescent Social Work Journal, 36*(2), 189-200. Retrieved from https://doi.org/10.1007/s10560-018-0562-4.

Lee, E., Kirkland, K., Miranda-Julian, C., & Greene, R. (2018). Reducing maltreatment recurrence through home visitation: A promising intervention for child welfare involved families. *Child Abuse & Neglect, 86*, 55-66. Retrieved from https://www.sciencedirect.com/science/article/pii/S0145213418303673.

Fiscal Data

In 2018-2019, HFNY received $ 34,017,105. The majority of funding came from state appropriations, which is $26,121,267. These state funds support HFNY programs throughout the state, as well as the contract with PCANY for training and staff development, and the contract with CHSR for the maintenance of the MIS and evaluation of program services. In 2018-2019, HFNY also received additional funds in the amount of $2,519,843 as a result of Adoption Delinking appropriations and $1,270,000 from TANF.

OCFS also received $4,105,995 in federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds from the New York State Department of Health (DOH) to support HFNY.

Additionally, each HFNY program is required to provide a minimum 10 percent local share toward the program in the form of cash, in-kind services, or private donations. This local share is not captured in the total amount above. Also not captured in the total amount is the cost to administer the program and evaluate its effectiveness at OCFS.

Table 1. Acceptance Rate Analysis

Positive Kempe Assessments With Outcomes: 04/01/18 to 03/31/19				
Total (N = 3058) Acceptance Rate - 75%				
Factor	**Total**	**Accept & Enroll**	**Accept & Don't Enroll**	**Refused**
Age				
Under 18	211	75%	2%	23%
18 up to 20	277	74%	1%	25%
20 up to 30	1631	70%	3%	27%
30 and Over	939	73%	4%	23%
Race				
White, Non-Hispanic	916	83%	2%	15%
Black, Non-Hispanic	716	80%	2%	18%
Hispanic/Latina/Latino	847	74%	2%	24%
Asian	43	81%	2%	16%
Native American	18	89%	6%	6%
Multiracial	143	79%	3%	18%
Other	23	83%	4%	13%
Missing	335	10%	13%	77%
Marital Status				
Married	590	73%	4%	23%
Not Married	2038	71%	3%	25%
Separated	91	76%	2%	22%
Divorced	62	76%	2%	23%
Widowed	8	88%	0%	13%
Unknown	269	69%	2%	29%
Education				
Less than 12	1085	71%	3%	26%
HS/GED	987	72%	4%	24%
More than 12	871	72%	3%	25%
Unknown	115	70%	5%	25%
Employed				
Yes	870	69%	2%	29%
No	2188	73%	4%	24%
Parity				
First-time Parent	420	43%	6%	51%
One Prior Child	1262	78%	3%	19%
Two or More Prior Children	1295	76%	3%	21%
Missing/Unknown	81	49%	9%	42%

Table 1. Acceptance Rate Analysis (continued)

Positive Kempe Assessments With Outcomes: 04/01/18 to 03/31/19				
Total (N = 3058) Acceptance Rate - 75%				
Factor	**Total**	**Accept & Enroll**	**Accept & Don't Enroll**	**Refused**
Kempe Score				
25-49	1902	70%	3%	27%
50-74	1076	74%	4%	22%
75+	80	71%	1%	28%
Whose Score Qualifies				
Mother	1327	73%	3%	24%
Father	93	56%	4%	40%
Mother and Father	1638	72%	3%	26%
Primary Caregiver Current Issues				
Domestic Violence	292	68%	4%	28%
Mental Health	1234	73%	4%	23%
Substance Abuse	295	72%	3%	26%
Trimester				
1st	183	64%	1%	36%
2nd	695	73%	2%	25%
3rd	853	76%	4%	20%
Postnatal	1327	69%	4%	27%
Time Between Screen and Assessment				
0 to 30 Days	2182	74%	3%	23%
31 to 90 Days	649	65%	3%	32%
More Than 90 Days	227	70%	2%	29%
Referral Source				
Private Physician	98	64%	2%	34%
Health Clinic	597	59%	3%	38%
Hospital	547	71%	3%	25%
WIC	383	70%	4%	26%
Child Protective Services	131	67%	5%	28%
Home Visiting Program	220	84%	1%	15%
Visiting Nurse	35	86%	3%	11%
Home Health Care Agency	7	86%	0%	14%
Church	5	100%	0%	0%
Community-Based Organization	487	76%	3%	21%
School	23	74%	4%	22%
Daycare Center	2	50%	0%	50%
Friends/Family	123	79%	3%	18%
Door to Door Outreach	3	100%	0%	0%
Other	397	79%	3%	18%

Table 2. Retention Rate Analysis

Retention Rate Analysis of Enrolled Participants: Participants Enrolled From 04/01/16 to 03/31/17							
Total (N=1638)							
			By 3 Months	**By 6 Months**	**By 12 Months**	**By 18 Months**	**By 24 Months**
Retention Rate			78%	67%	52%	46%	41%
Enrolled Participants			1272	1094	853	749	673
Total Number Discharged			366	544	785	889	965
		Characteristics of Those Discharged Between					
Factor (at Intake)	**Number at Intake**	**Intake to 3 Months**	**3 to 6 Months**	**6 to 12 Months**	**12 to 18 Months**	**18 to 24 Months**	**Intake to 24 Months**
Total	1638	366	178	241	104	76	965
Demographic Factors							
Age							
Under 18	105	25%	15%	20%	4%	8%	72%
18 to 20	147	26%	19%	15%	10%	3%	73%
20 to 30	842	24%	10%	15%	6%	5%	60%
30 and Over	542	19%	9%	13%	6%	4%	51%
Race/Ethnicity							
White	563	23%	8%	13%	6%	6%	56%
Black	436	25%	14%	15%	7%	3%	64%
Hispanic	498	19%	11%	16%	6%	5%	57%
Asian	27	26%	4%	22%	11%	4%	67%
Native American	8	12%	38%	38%	12%	0%	100%
Multi-Racial	81	28%	17%	15%	7%	9%	76%
Other	11	18%	0%	9%	0%	0%	27%
Unknown/Missing	14	29%	7%	21%	14%	0%	71%
Marital Status							
Married	306	17%	7%	14%	7%	4%	49%
Never Married	1183	23%	12%	15%	6%	5%	61%
Separated	36	17%	6%	22%	0%	3%	48%
Divorced	58	26%	5%	16%	7%	7%	61%
Widowed	3	0%	0%	0%	0%	33%	33%
Missing/Unknown	52	50%	8%	13%	4%	2%	77%

Table 2. Retention Rate Analysis (continued)

Retention Rate Analysis of Enrolled Participants: Participants Enrolled From 04/01/16 to 03/31/17							
Total (N=1638)							
		Characteristics of Those Discharged Between					
Factor (at Intake)	**Number at Intake**	**Intake to 3 Months**	**3 to 6 Months**	**6 to 12 Months**	**12 to 18 Months**	**18 to 24 Months**	**Intake to 24 Months**
Total	1638	366	178	241	104	76	965
Parity							
First-Time Parent	129	56%	15%	8%	2%	2%	83%
One Prior Child	658	19%	11%	17%	8%	4%	59%
Two or More Prior Children	752	18%	11%	16%	7%	6%	58%
Unknown/Missing	99	36%	6%	4%	2%	3%	51%
Education Level							
Less than 12	550	23%	12%	17%	5%	5%	62%
HS/GED/TASC	469	20%	10%	15%	5%	6%	56%
More than 12	585	22%	10%	14%	7%	3%	56%
Missing/Unknown	34	50%	9%	3%	21%	3%	86%
Employed							
Yes	451	22%	10%	14%	7%	5%	58%
No	1162	22%	11%	15%	6%	5%	59%
Missing/Unknown	25	52%	8%	12%	0%	0%	72%
Primary Language							
English	1174	23%	11%	14%	6%	5%	59%
Spanish	346	17%	9%	16%	6%	4%	52%
Other/Missing/Unknown	118	29%	12%	18%	8%	4%	71%

Table 2. Retention Rate Analysis (continued)

Retention Rate Analysis of Enrolled Participants: Participants Enrolled From 04/01/16 to 03/31/17							
Total (N=1638)							
		Characteristics of Those Discharged Between					
Factor (at Intake)	**Number at Intake**	**Intake to 3 Months**	**3 to 6 Months**	**6 to 12 Months**	**12 to 18 Months**	**18 to 24 Months**	**Intake to 24 Months**
Total	1638	366	178	241	104	76	965
Social Factors							
Parent Survey Score							
25 to 49	1076	22%	10%	14%	7%	4%	57%
50 to 75	505	22%	12%	16%	4%	6%	60%
75 +	56	29%	11%	14%	7%	0%	61%
Whose Parent Survey Score Qualifies							
Mother Only	748	22%	10%	14%	7%	4%	57%
Father Only	50	20%	6%	18%	8%	4%	56%
Both Parents	839	22%	12%	15%	6%	6%	61%
Current Issues							
Domestic Violence	135	26%	14%	16%	6%	7%	69%
Mental Health	635	21%	13%	15%	4%	5%	58%
Substance Abuse	126	29%	18%	17%	5%	6%	75%
Programmatic Factors							
Time Between Screen and Assessment							
Zero to 30 Days	1185	21%	10%	15%	6%	5%	57%
31 to 90 Days	340	22%	13%	15%	8%	4%	62%
More than 90 Days	113	35%	10%	9%	5%	3%	62%
Trimester at Intake							
1st	60	12%	7%	25%	8%	3%	55%
2nd	420	19%	13%	15%	7%	7%	61%
3rd	546	23%	12%	14%	6%	4%	59%
Postnatal	612	25%	9%	14%	6%	4%	58%

Table 3. Performance Outcomes and Targets

Performance Targets: 04/01/18 to 03/31/19
Cohorts vary by measure
Health and Development Targets
HD1. Immunizations at 1 Year (Target: 90%)
HD1a. Immunizations at 6 Months (Target: 80%) New 2018 BPS Requirement
HD2. Immunizations at 2 Years (Target: 90%)
HD2a. Immunizations at 18 Months (Target: 80%) New 2018 BPS Requirement
HD3. Lead Assessment (Target: 90%)
HD4. Medical Provider for Target Children (Target: 95%)
HD5. Target Child Well Baby Visits by 15 Months (Target: 90%)
HD6. Target Child Well Baby Visits by 27 Months (Target: 90%)
HD7. Age Appropriate Developmental Level (Target: 98%)
HD8. Medical Provider for Primary Caretaker 1 (Target: 90%)
Parent Child Interaction Targets
PCI1. Participant Breastfeeding at 3 Months (Target: 30%)
PCI1a. Participant Breastfeeding at 6 Months (Target: 30%)
PCI2. Valid First Required CHEERS Check-In Instrument at 6 Months (Target: 95%)
PCI3. Improved Parent-Child Interaction by 24 Months (Target: 60%)
Family Life Course Targets
FLC1. Employment, Education and Training at Target Child's First Birthday (Target 50%)
FLC2. Employment, Education and Training at Target Child's Second Birthday (Target 75%)
FLC3. No Longer receiving TANF Benefits on Target Child's First Birthday (Target: 35%)
FLC4. No Longer receiving TANF Benefits on Target Child's Second Birthday (Target: 50%)
FLC5. Education of Participants Under 21 When Target Child is 6 Months of Age (in school/GED program or received High School Degree/GED) (Target: 85%)
FLC6. Education of Participants Under 21 When Target Child is 1 Year Old (in school/GED program or received High School Degree/GED) (Target: 90%)
FLC7. Referrals for Needed Services Within 6 Months of Enrollment (Target: 75%)

Table 4. HFNY Performance Indicator Descriptions and Targets

1. Quarterly Performance Targets Four quarters of performance are reviewed for these targets: HD 1a, 2a, 3 through 8, PCI1, FLC 1, 3, 7. If stated target is achieved at least 3 of 4 times, target is considered met for the period. NYS Target Performance: 9 of 12 Performance targets achieved at least 3 out of 4 quarters
2. Retention Rate at One Year NYS Target Performance:50%
3. Assessment Completed Prenatally or Within Two Weeks of Birth of Target Child for Performance Period NYS Target Performance: 80%
4. First Home Visit prior to 3 Months after Target Child's Birth NYS Target Performance:95%
5. Required forms (PSI, Follow-Up, ASQ-SE or ASQ) for Last Month of Performance Period NYS Target Performance: no invalid forms over 25%
6. Accreditation Requirements for Training: Orientation, Core, Shadowing (FSW and FAW) and IFSP NYS Target Performance: 4 of 4
7. Accreditation Requirements for Training: Wraparound Training: 3, 6 and 12 Month NYS Target Performance: 3 of 3
8. Accreditation Requirement for HFA Home Visit Rate NYS Target Performance: 75%
9. Supervisor Observation of FSW/FAW NYS Target Performance: 4 visits/2 assessments
10. Prenatal Enrollment in Performance Period NYS Target Performance: 65%
11. Creative Outreach NYS Target Performance: 10% or less
12. Program Capacity NYS Target Performance: 85%
13. Regular and Protected Supervision NYS Target Performance: 75% of expected supervision sessions for all staff
14. Time on Level 1 NYS Target Performance: 90% of families served in the past year remain on Level 1 for a minimum of six months