

# Healthy Families New York: Findings from a Pilot Study of Enrollment Processes

## BACKGROUND

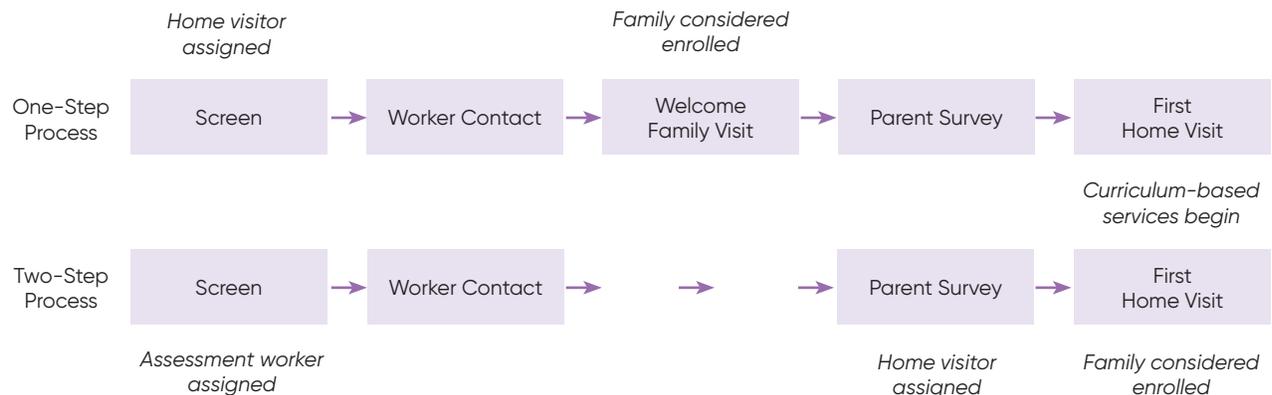
Healthy Families New York (HFNY) is a voluntary, evidence-based Healthy Families America (HFA) home visiting program supporting families with high needs across New York State. HFNY’s goals are to foster parent-child bonding and relationships; promote optimal child and family health, development, and safety; enhance family self-sufficiency; and prevent child abuse and neglect (see: [www.healthyfamiliesnewyork.org](http://www.healthyfamiliesnewyork.org)).

Under typical HFNY processes, known as a two-step process, a Family Resource Specialist meets with families in their homes to conduct an in-depth discussion of their service needs and eligibility for intensive home visiting services. The information obtained during this discussion is then used to refer families to services in the community that meet their needs and goals, and to score the Parent Survey to determine HFNY eligibility. Families who score 25 or higher on the Parent Survey are offered intensive HFNY in-home services. Those who accept are referred to a Family Support Specialist for enrollment and service delivery. However, some HFA programs across the country have moved to a streamlined assessment and enrollment process, known as a one-step process, where the same worker conducts the assessment and provides intensive home visiting services to eligible families. This process allows for continuity for families but also requires staff to master multiple skillsets. In January 2018, HFNY embarked on a three-year pilot of one-step enrollment process in three program sites. In this Brief, we present key findings from the first year of implementing a one-step process.

Three HFNY programs were included in the pilot study. Two are in Upstate New York, and one is in New York City. The Center for Human Services Research compared data from families who were assessed and enrolled under the one-step process (post-pilot) with data from families who were assessed and enrolled under the two-step process (pre-pilot) within each of the three sites.<sup>1</sup> Figure 1 depicts the differences between a two-step and a one-step process.

- Pre-Pilot period: This was comprised of cases with initial screens from the *year prior to implementation of the pilot* and used the standard HFNY two-step processes that consisted of a program introduction and assessment by a Family Resource Specialist and then service provision by a Family Support Specialist.
- Post-Pilot period: This was comprised of families with initial screens in the *year after implementation of the one-step process* that consisted of program introduction, assessment, and service provision by the same worker, the Family Support Specialist.

Figure 1. Key Events in a Two-Step and a One-Step Process



<sup>1</sup> Note that this first year concluded prior to 2020 for all three programs; as such, the COVID-19 pandemic does not impact these findings.

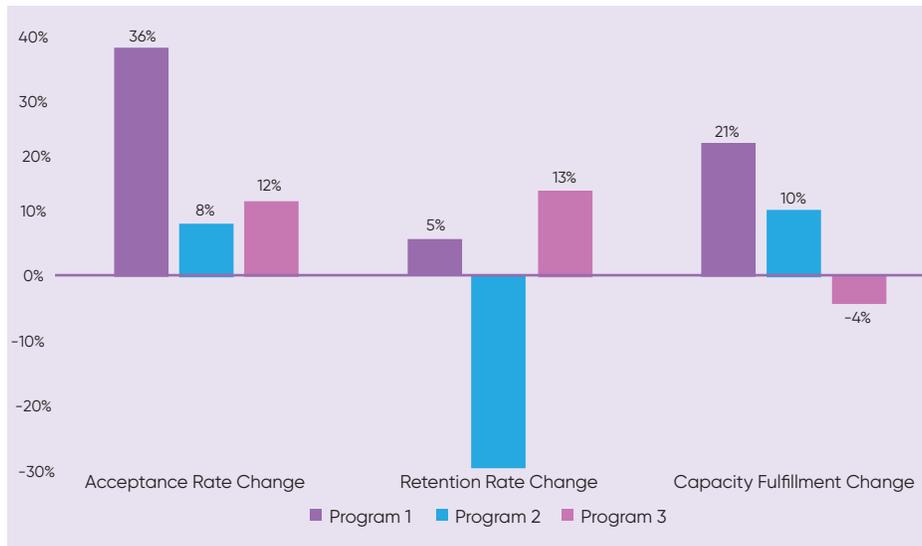
## FINDINGS

### Quantitative Results

Pre-pilot and post-pilot data analysis compared changes in the percentage of cases reaching each event (e.g. assessment, home visit), the amount of elapsed time between events, and retention and capacity at one year. **In general, programs demonstrated maintenance or improvement in performance on these key metrics from before to after implementation of the one-step process.**

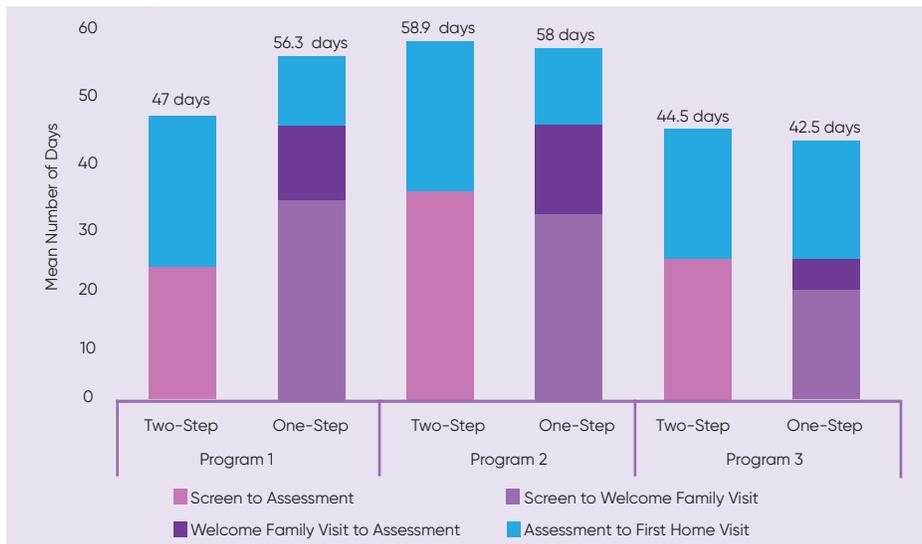
All three programs showed notable improvement in acceptance rates (i.e., conversion from Assessment to the First curriculum-based Home Visit) over the pre-post periods. Programs 1 and 3 showed improvement in twelve-month retention rates (rate of families remaining enrolled for one year), and Programs 1 and 2 showed improvement in capacity fulfillment (provision of services to expected number of families; see Figure 2).<sup>2</sup>

Figure 2. Change in Key Events



Total elapsed time between receipt of the initial screen and the first home visit was generally similar between the pre- and post-periods (see Figure 3). Even with the inclusion of the new Welcome Family Visit, only one program was slower to move families from screen to First Home Visit after implementation of the one-step process.

Figure 3. Elapsed Time between Key Events



<sup>2</sup> The decrease in retention rate in Program 2 may be due to simultaneous program-specific changes, including an expanded service area and office relocation, which corresponded to particularly high staff turnover.

## Qualitative Results

The quantitative analyses were supplemented with qualitative data. A total of 31 staff and supervisors across the three programs were interviewed six months after they began the pilot; program managers were interviewed after one year. Notes from technical assistance calls with the sites throughout the pilot were reviewed to provide additional context to the findings. These data provide important context to the quantitative findings. Key themes include:

- *Staff adjustment to a one-step process.* Staff who were more familiar with both assessment and home visiting roles were more confident in their ability to master a new skillset. Some who were entrenched in their roles were reluctant to learn assessment or home visiting skills, but program managers did not feel this was a major issue for anyone. However, staffs' lack of confidence, particularly in this first year, may have impacted their ability and comfort level with the different elements of the process. This adjustment may account for the similar elapsed times between the two periods.
- *Inclusion of the Welcome Family Visit.* Most staff valued the Welcome Family Visit, viewing it as important to building rapport with families. However, others felt this visit may not always be necessary, indicating that rapport may be built over the phone, and a family may be comfortable completing the assessment during the first visit. Feedback largely reflected the experience and role of the respondent; those lacking confidence appreciated meeting with families before going into the inherently personal questions of the assessment. This finding is notable given the increase in acceptance rates.
- *Perceived impact of a one-step process on families.* Regardless of how entrenched staff were in the two-step process, they saw the value to families of having just one worker. While many felt it was too soon to know the impact of a one-step process on families, they speculated that having the same person conduct the assessment and the home visits has a positive effect. This finding may speak to the increased retention rates in two sites over the course of the first year; while retention in Program 2 decreased, other site-specific factors may account for this change (e.g., simultaneous implementation of a centralized intake system and geographic program expansion).

## CONCLUSION

These early findings provide valuable information as the pilot continues over the course of three years. Even at this early stage, improvements in key program metrics were evidenced, demonstrating that the shift to a one-step process at least did not impair programs' abilities to effectively and efficiently serve families, and in many cases may have helped make this process smoother. There were growing pains across the programs that provide important context to the pre-post analyses, including staff confidence in mastering a new skillset. It is expected that with time and experience staff will gain confidence, and the one-step process will become routine. The pre-post analyses will be repeated upon two and three years of pilot participation. The continued monitoring of key indicators of success will further inform the trends and themes identified during this first year and inform any needed modifications to program practice.

## About the Center for Human Services Research

The Center for Human Services Research (CHSR) is a research department at the University at Albany. CHSR has nearly 30 years of experience conducting evaluation research, designing information systems, and informing program and policy development for a broad range of agencies serving vulnerable populations. For more information about CHSR, please visit [www.albany.edu/chsr](http://www.albany.edu/chsr)



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