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

2016-17

Program Services and Outcomes Analysis

Andrew M. Cuomo, Governor

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Healthy Families New York

2016-2017 Program Services and Outcomes Analysis

Healthy Families New York (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 now operates 38 programs throughout New York State. From its inception through March 31, 2017, HFNY has provided nearly 1,532,000 home visits to more than 39,000 families. Approximately 6,100 families are served each year, at an average annual cost of $4,500 (upstate) to $5,000 (New York City) per family. 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 multi-site system, administered by a central administration that provides guidance and leadership to the network of HFNY programs. The partners in the HFNY Central Administration Team include OCFS, Prevent Child Abuse New York (PCANY), and the Center for Human Services Research (CHSR). The Central Administration Team provides the statewide system with (1) support to new and developing programs, (2) data collection and analysis, (3) staff training and professional development, (4) informational and networking support, (5) assistance with HFA accreditation, (6) access to educational resources, (7) quality assurance, and (8) technical assistance.

I. Screens

Screening is used to target expectant parents and families with infants less than three months of age who are at risk for adverse childhood experiences and live in targeted high risk communities. During the 2016-2017 Fiscal Year (April1, 2016 to March 31, 2017), almost 14,500 screens were received from community referral sources or completed by HFNY program staff. Over 13,000 (91%) of those screens were positive.

II. Assessments

Families who screen positive are referred to the HFNY program and a Family Assessment Worker (FAW) assesses the family's strengths and needs using the Kempe Family Stress Checklist (FSC)[1]. If either parent scores above a certain threshold on the checklist indicating the presence of substantial risk of adverse child and family outcomes, they are eligible to receive intensive home visiting services. If parents score under the threshold, they are referred to other needed community services. During the 2016-2017

[1] Kempe, C.H. (1976). Approaches to preventing child abuse, the health visitor concept. *American Journal of Diseases of Children, 130*(9), 941-947.

fiscal year, a total of 3,260 assessments were conducted. Approximately 96 percent of those assessments were positive and therefore eligible for intensive HFNY services.

III. Acceptance and Enrollment

During the 2016-2017 fiscal year, 3,073 positive assessments were followed up on. Seventy-two percent of families who were assessed verbally accepted services, and 66 percent ultimately enrolled in services and received at least one home visit. These rates were the same as the 2015-2016 fiscal year. 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 include characteristics such as age, race/ethnicity, marital status, education level, and employment status. As shown in Table 1, families where the primary participant was between the ages of 18 to 20 were the least likely to enroll compared to those under the age of 18 and those over age 20. Latino families were less likely to enroll when compared to white, non-Hispanic and black, non-Hispanic families. Interestingly, while black, non-Hispanic families were the least likely to refuse services outright compared to white and Latino families, they were more likely to verbally accept but not enroll in services. Compared to 2015-2016, 2016-2017 saw an increase in the percentage of black families who accepted and enrolled in home visiting services (70% vs. 76%). A large percentage of assessments were missing information on participant race/ethnicity (14%). Almost all families in which this information was missing refused services outright or verbally accepted but declined to enroll (95%). Participants who had less than a high school education or more than 12 years of education were less likely to accept services, as were participants who were employed.

Social Factors

Social factors include characteristics such as whether the child's biological father was living in the home, Kempe risk score, and any issues (domestic violence, substance abuse, or mental health) that might be present at the time of the assessment. There were no differences in acceptance of services related to the presence of the father in the home. Notably, the percentage of assessments in which it was unknown whether the biological father was in the home at assessment decreased from 17percent last year to less than 1 percent this year. This was likely due to statewide efforts over the course of the past year to increase documentation of fathers' involvement in home visiting services at various points of contact. Participants with Kempe risk scores of 75 or higher (among the highest risk) were the most likely to accept services compared to participants with scores from 25 to 29 and those with scores from 50 to 74. Participants with substance abuse as a current issue were less likely than those with domestic violence or mental health issues to decline services outright.

Programmatic Factors

Programmatic factors include items such as whose score (mother, father, or both) qualifies the family for services, the trimester of enrollment/discharge, and who was present at the assessment. When the mother's score or both parents' scores qualify the family, they are more likely to accept services; however, when it is the father's score alone that qualifies, the family is less likely to accept and enroll in services. Trimester at enrollment also shows differences in acceptance rates. Participants in the first

trimester and those who are postnatal are less likely than those in the second and third trimesters to accept and enroll in services.

Summary

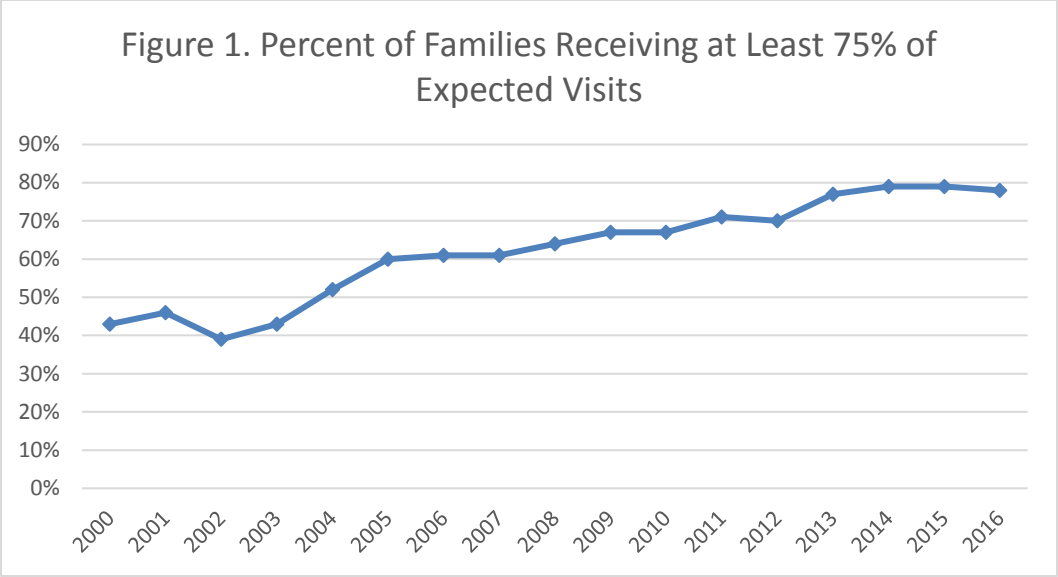
Demographic, social, and programmatic differences highlight the need for targeted approaches to increase enrollment rates for these families. HFNY continues its efforts to increase acceptance and enrollment of families into services. All program sites are required to examine their acceptance data at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

At the state level, HFNY Central Administration has been developing a pilot project that incorporates 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 designed specifically to facilitate building rapport and provide information about program services.

IV. Service Information

Home Visit Completion Rates

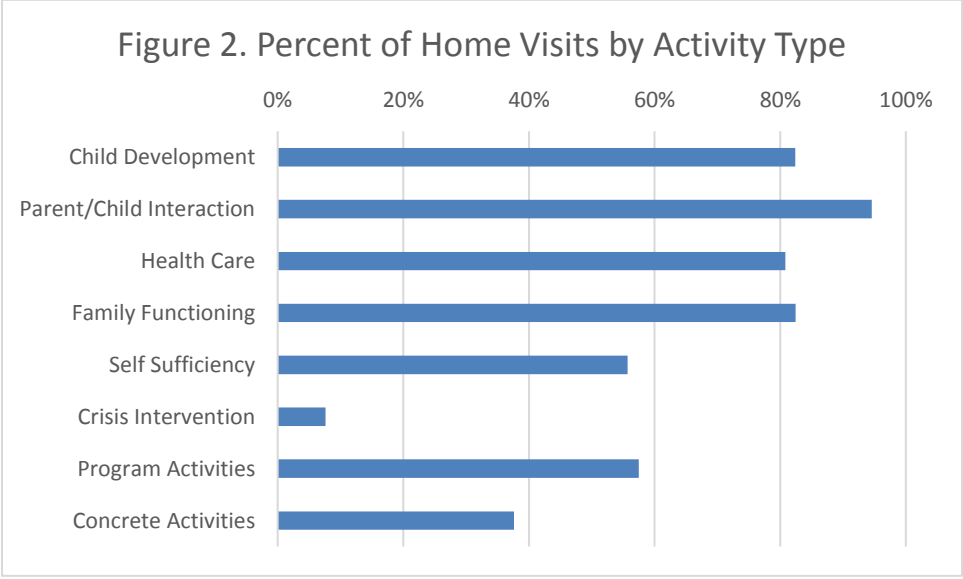
Receipt of expected visits is an important predictor of program outcomes. During the 2016-2017 fiscal year, 78 percent of served families received the intended level of service (i.e., at least 75 percent of expected visits). As shown in Figure 1, home visit completion rates have increased steadily over the years. Almost twice as many families served during the 2016-2017 fiscal year received their intended level of service compared to families served during the 2000-2001 fiscal year. This improvement is due to the diligent work done by program staff to engage families in services. The percentage of attempted (i.e., missed) visits over the years decreased from 21 percent during 2000-2001 to 12 percent during the 2016-2017 fiscal year. Reasons for the increase in completed visits include the increased use of visit reminders such as phone calls, text messages, or post cards to remind families of upcoming visits (staff), improvements in the HFNY Management Information System to support visit tracking and monitoring (staff and supervisor), and regular review and monitoring of program performance (program manager and Central Administration).



Home Visit Content

Home visit logs capture the participants involved and activities engaged in during each home visit. During the 2016-2017 fiscal year, almost 81,000 home visits were completed. The primary caregiver was present during 96 percent of all visits, and the target child was present during 91 percent of post-natal visits. The other biological parent, generally the baby's father, was present during 16 percent of visits. Visits were typically 60 minutes long.

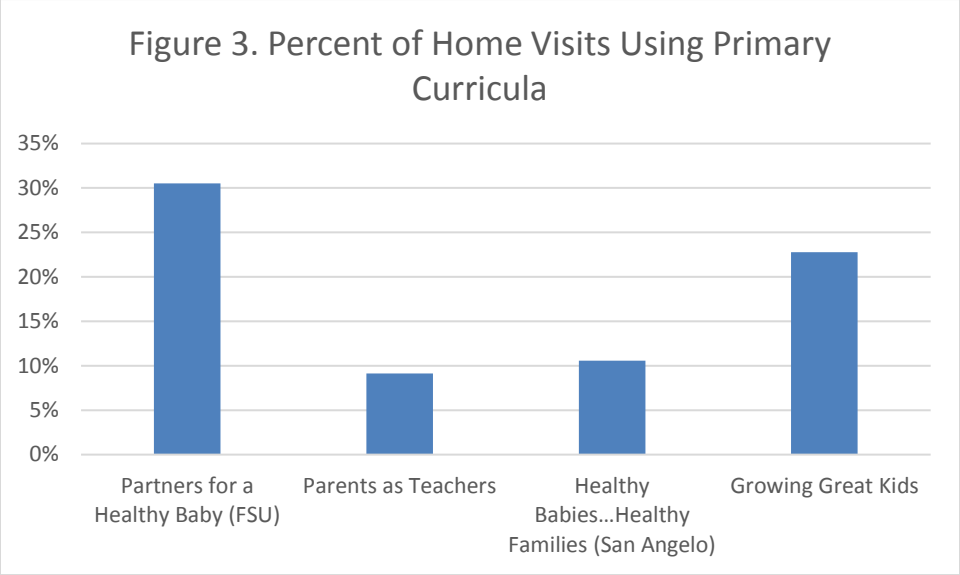
Figure 2 shows the frequency with which the various types of program activities were engaged in during visits. Most visits included activities related to child development, parent/child interaction, health care, and family functioning.



HFNY home visiting programs use a variety of parenting curricula in their work with families. The curricula used vary depending on the needs and characteristics of the families and communities being

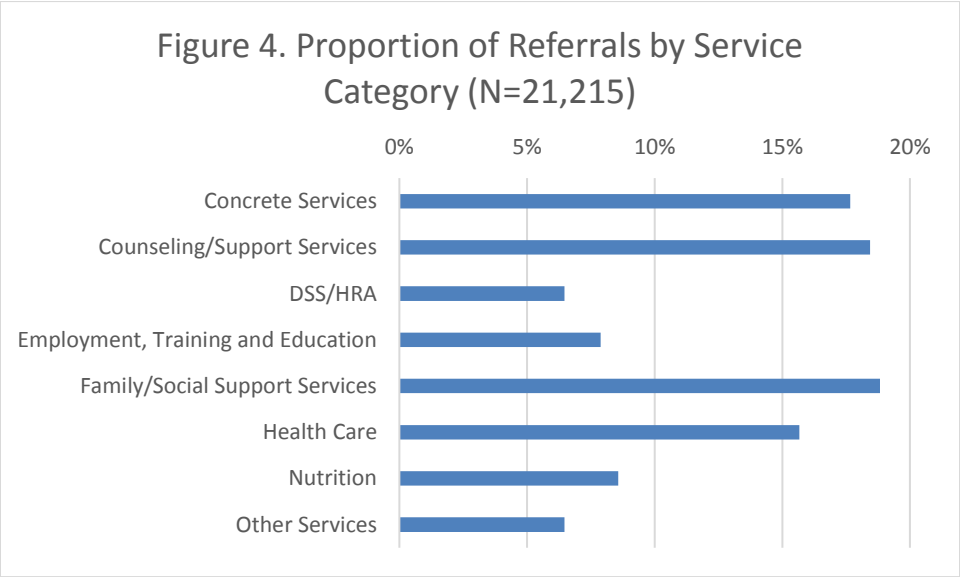
served. HFNY requires program sites to use at least one of four primary curricula: Partners for a Healthy Baby (Florida State University), Parents as Teachers, Healthy Babies…Healthy Families (San Angelo), or Growing Great Kids. Most program sites use more than one, though which ones are used varies.

As shown in Figure 3, Partners for a Healthy Baby is the most often used curriculum, followed by Growing Great Kids.



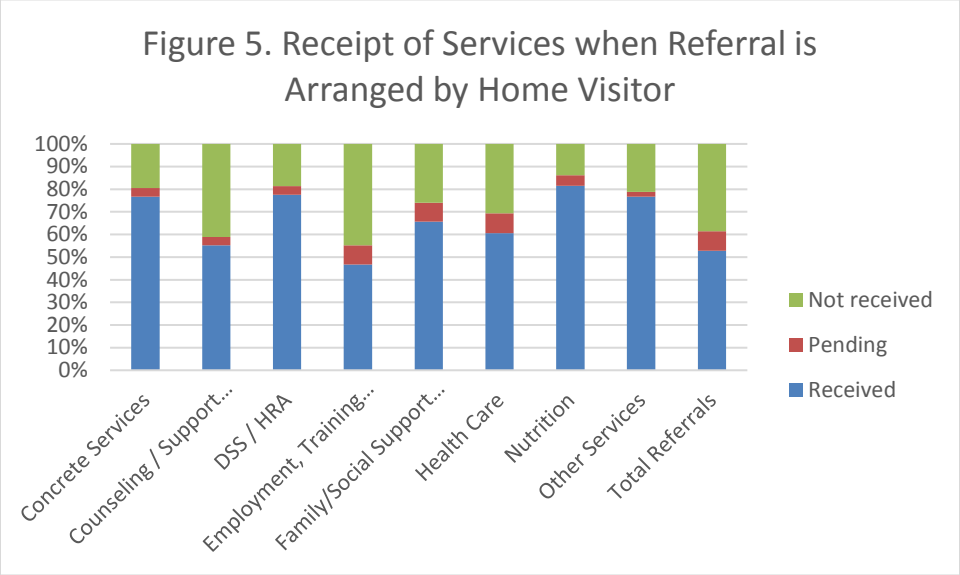
Service Referrals

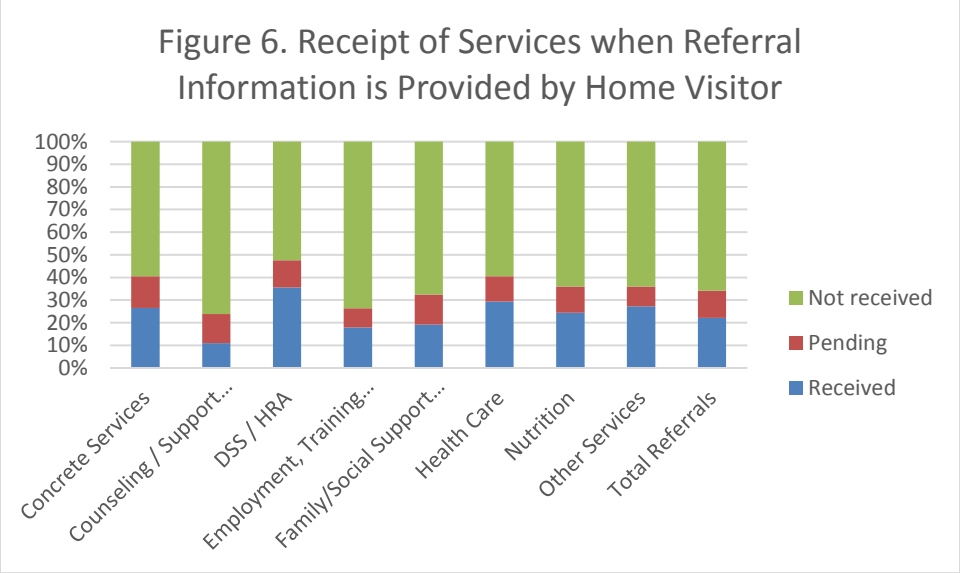
Connecting families to needed services is a primary goal of the HFNY program. During the 2016-2017 fiscal year, HFNY home visitors documented over 21,000 referrals. Figure 4 presents the proportion of referrals provided by service category. As shown below, the largest proportion of referrals are for family/social support services, counseling/support services, concrete services, and health care.



Referrals can be arranged directly by the home visitor (13% of all referrals) or the information can be provided to and discussed with the family (87% of all referrals). The mechanism used varies depending on the needs and intent of the referral. Some referrals are made directly by the home visitor if there is a clear need, while others may be part of the work to build problem solving skills or achieve the family's goals.

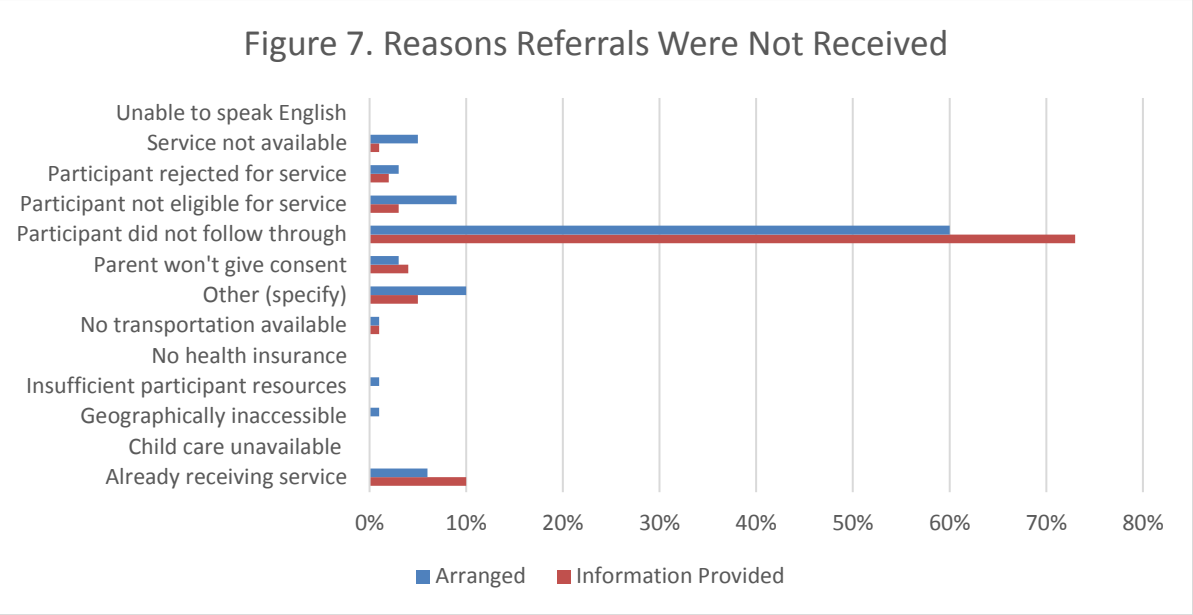
Figures 5 and 6 present the status of referrals by referral mechanism and service category. A greater proportion of services that were arranged directly by the home visitor resulted in services being received as compared to those where information was provided to and discussed with the family (70% vs. 22%).





Overall, 28 percent of all referrals made resulted in a service being received. Two-thirds were from referrals where home visitors provided information to and discussed with families and one-third were from referrals arranged by home visitors.

Figure 7 presents the reasons that a referral was not received by referral mechanism. For both referral mechanisms, the most common reason for a referral not being received was because the participant did not follow through.

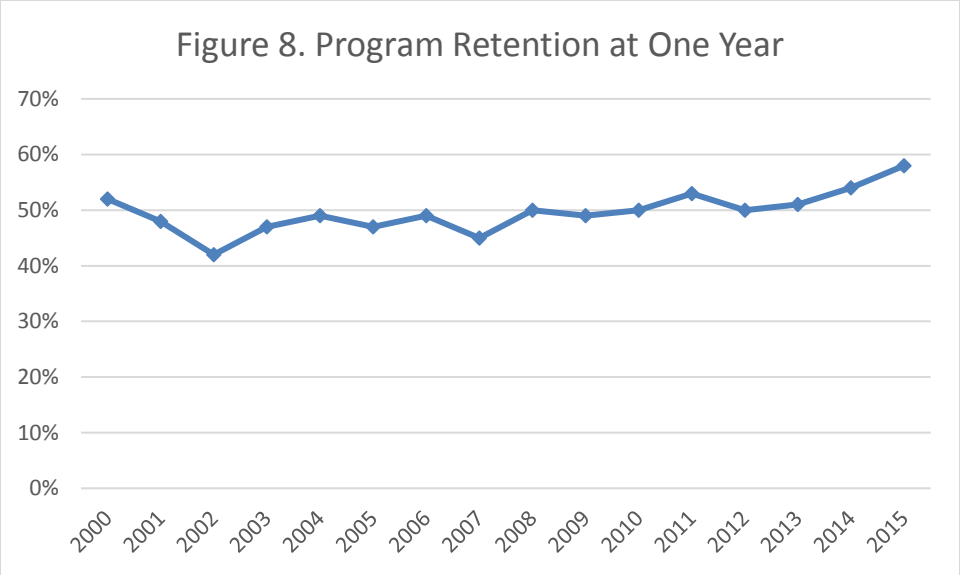


V. Retention Rates and Analysis

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 for at least one year. Not all families who enrolled during the 2016-2017 fiscal year have been enrolled for a full year. Therefore, we will not be able to assess their one year retention until April 2018. However, we can look back at a group of families enrolled a year prior to assess their retention at one year. For families enrolled during the 2015-2016 fiscal year, retention at one year was 58 percent. In other words, 58 percent of the families enrolled during the 2015-2016 fiscal year were still enrolled one year later. As shown in figure 8, HFNY's one year retention rates have slowly increased over time.

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 2014-2015 fiscal year. This allows us to look for patterns associated with dropping out of services at specific intervals: 6 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 families enrolled during 2014-2015, 68 percent were still enrolled at six months, 56 percent were still enrolled at one year, 48 percent were still enrolled at 18 months, and 43 percent were still enrolled after two years.



Demographic Factors

Demographic factors include characteristics such as age, race/ethnicity, marital status, education level, employment status, and primary language. Examination of retention rates by age groups showed that participants who were younger when they enrolled were more likely to leave the program. After two years, 66 percent of under 18 year olds and 69 percent of 18 to 20 year olds had left, while 57 percent of 20 to 30 year olds and only 49 percent of those 30 and older had left the program. Marital status also showed patterns, with married participants being less likely to leave the program by two years compared to participants who were never married. Similarly, when the other biological parent was employed, the participant was less likely to leave the program by two years than were participants where the other biological parent was not working. Participants whose primary language was Spanish were also more likely to remain enrolled than those who spoke English or some other language as their primary language. Overall, there did not appear to be any striking differences in retention at two years post enrollment for race/ethnicity, education level, and participants' employment status.

Social Factors

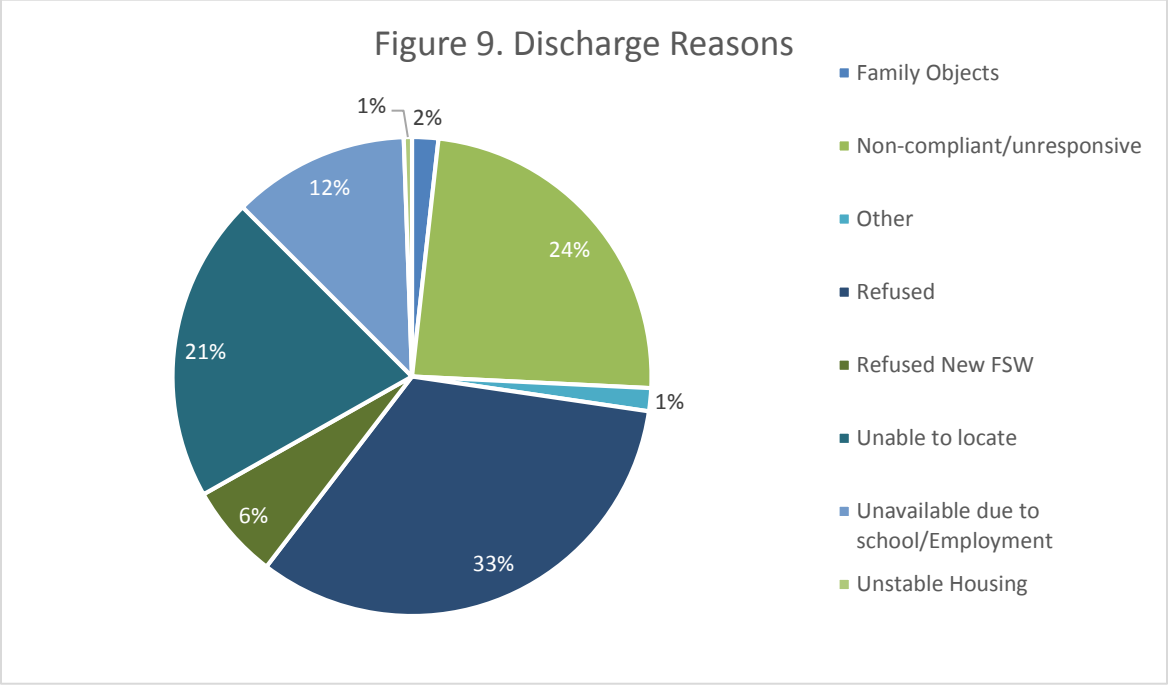
Social factors include factors such as having other children in the household, receiving public assistance at enrollment, enrollment in an education program, and issues related to domestic violence, mental health, and substance use. Participants with other children in the household at enrollment were less likely to have left the program by two years than those who did not have other children in the home. Participants who were receiving public assistance at enrollment were more likely to still be enrolled by two years compared to those who were not receiving public assistance. Compared to participants who expressed having current issues with domestic violence and mental health at enrollment, participants who identified substance abuse as a current issue at enrollment were more likely to leave the program, especially during the first six months and between 12 and 18 months of enrollment. This is especially interesting as our acceptance rate analysis showed that those who identified substance abuse as a current issue were more likely to initially accept home visiting services than those with domestic violence or mental health issues.

Programmatic Factors

Programmatic factors include trimester at intake and whether the family had more than one home visitor during the period. Trimester at enrollment does seem to play a role in retention, at least initially. Postnatal families and families in the third trimester were more likely to leave within the first six months, although this pattern flipped between six to 12 months, with more first and second trimester enrolled families leaving. This suggests that families were more likely to leave in the first six months after the birth of the child. Additionally, more families who had more than one home visitor left during the first six months than they did at later points. Therefore, keeping the same home visitor, especially during the early part of services, seems to be important for family retention.

Discharge Reasons

Families decide to leave the program for a variety of reasons. As shown in Figure 9, the most common reason is outright refusal (33%), though it occurs with decreasing frequency the longer the family remains enrolled in the program. Other common reasons include being non-compliant or unresponsive to services and the inability to locate families after moves.



Summary

These differences highlight the need for targeted approaches to increase retention rates. HFNY continues its efforts to increase the retention of families. 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.

At the state level, we have been identifying approaches to support home visitors in working with families that have challenging issues. Last year, OCFS and HFNY partnered with the Office for the Prevention of Domestic Violence to develop a computer-based training on domestic violence for all

HFNY program staff. The current analyses suggest that our next steps might focus on how to keep families with substance abuse issues engaged in services and explore different strategies to retain families during the first six months after the child's birth.

VI. 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 performance targets that fall within three domains: Health and Development, Parent-Child Interaction, and Family Life Course. Programs are required to examine their progress and report on each of these targets on a quarterly basis. Table 3 summarizes performance on these targets for all HFNY home visiting programs for 2016-2017. As a state system, HFNY is currently performing above target on 17 out of 21 performance targets. The indicators for which HFNY is not yet meeting targets are specific to parenting stress in highly stressed families and education of participants under 21 years of age.

Parenting Stress

Seventy-two percent of participants were meeting the targets related to reducing parental stress in highly stressed families (those scoring above the 85th percentile on the initial Parenting Stress Index) by the time the target child was one year old. The target for this indicator is set at 80 percent. Similarly, 78 percent of participants were meeting the target for reducing parent-child dysfunctional interaction stress in highly stressed families by the time the target child was one year old. The target for that indicator is also set at 80 percent.

Parents scoring above the 85th percentile for stress may have a slower rate of improvement over time, given their stressful context and the challenges that each new stage of child development may present. We may want to consider adding an 18-month target, as these families may continue with the program long-term and may show improvements over a longer time span. Conversations with program staff also suggest that additional training and support might be helpful to translate scores on the PSI into practice, with an emphasis on identifying appropriate parent-child interaction activities and strategies for handling challenging behaviors, providing positive feedback on parent-child interactions, and making referrals for needed services.

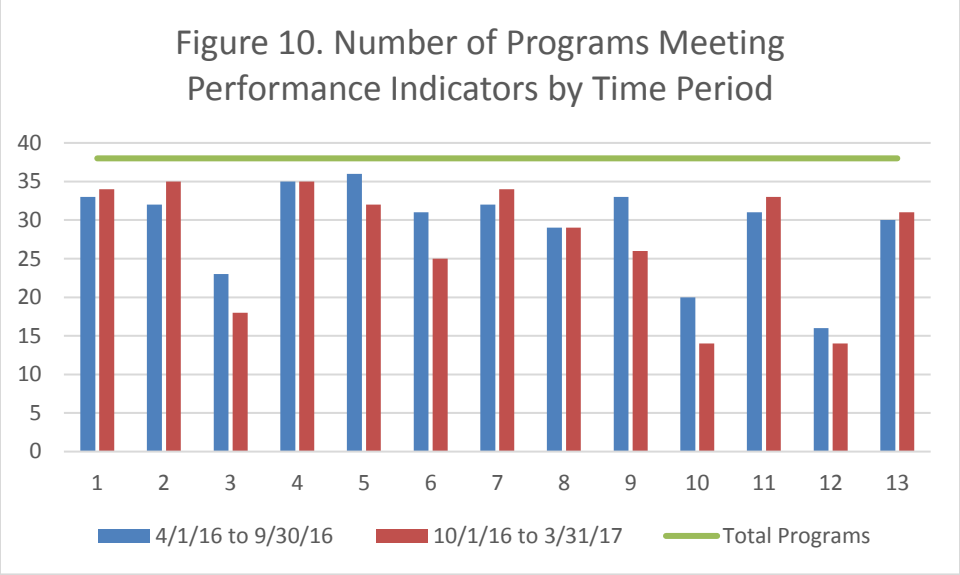
Education of Participants under 21

HFNY's performance regarding education of participants under 21 years of age is not yet meeting the specified targets for the two points measured. The indicators specify that at least 85 percent of change to participants under 21 years of age at intake and without a high school degree or GED will be enrolled in a degree bearing program or receive a high school degree or GED by the time the target child is 6 months old. Similarly, at least 90 percent of participants under 21 years of age at intake and without a high school degree or GED will be enrolled in a degree bearing program or receive a high school degree or GED by the time the target child is one year old. Performance on these measures was 61 percent at 6 months and 55 percent at one year.

The program's performance on these self-sufficiency related targets has been a challenge for the system. However, these results should not be that surprising given the current focus of services. As noted previously, self-sufficiency activities were addressed far less often than other activities during home visits. Similarly, service referrals for employment, training, and education made up approximately six percent of all service referrals for the period. Program sites should prioritize linking participants to education-related services. At the state system level, we should examine the literature to identify evidence-based strategies to support young mothers' educational outcomes and solicit feedback from program sites that are meeting these targets to identify effective strategies that can be disseminated to all program sites.

Performance Indicators (4/1/16 to 9/30/16 & 10/1/16 to 3/31/17)

HFNY programs are regularly monitored for adherence to 13 performance indicators (PIs) (see Table 4 for details). These indicators focus primarily on important program processes, structural aspects of the program model, or areas that HFNY has deemed in need of improvement. Each indicator has an associated target that program sites must meet to be considered as operating within program requirements. Overall, during the 2016-2017 fiscal year, the majority of programs were meeting their targets (see Figure 10). Two programs consistently met the targets for all 13 indicators: **Healthy Families Broome** and **Herkimer County Healthy Families**.



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

- PI3. Assessments Completed Prenatally or Within Two Weeks of the Birth of the Target Child
- PI10. Prenatal Enrollment
- PI12. Program Capacity

Early Assessment and Prenatal Enrollment

HFA Best Practice Standards require that the determination of eligibility for services occur either prenatally or within two weeks of the target child's birth for at least 80 percent of families. Of the 38 programs in the HFNY state system, 15 programs were not yet meeting the target regarding early

assessment of eligibility during the first part of the year and 20 programs were not yet meeting the target during the last half of the year.

Many of these same programs were also not yet meeting their targets for prenatal enrollments. HFNY requires that programs enroll at least 65 percent of their families prenatally. During the first half of the year, 18 programs were not yet meeting the target, and 24 programs were not yet meeting the target during the second half of the year.

Conversations with some programs indicated that, although they knew that HFNY prioritized early prenatal enrollment, a few were not aware that there was a similar target related to the early determination of program eligibility. Examination of the screens for these programs revealed that they did not have great diversity in their referral sources. Most of their referrals were coming from one or two service providers, and were predominantly birthing hospitals or postnatal care providers. This limits the programs' ability to engage and/or enroll families prenatally or in the two weeks following the child's birth.

HFNY Central Administration has been providing targeted technical assistance regarding expanding the diversity of referral sources to program sites who have reached out for assistance. These results suggest that we should expand this support statewide, with a priority focus on those struggling with both early determination of eligibility and low prenatal enrollment rates.

Program Capacity

Maintaining 85 percent of program capacity has been, and continues to be, a challenge for many program sites. Program capacity is a function of family enrollment and retention in services and is influenced by any number of factors (e.g., staff retention, number of screens received, number of assessments conducted, family engagement in services, challenging issues experienced by families, etc.). These factors can vary by program. For programs with only periodic drops, this is generally a function of staff turnover or the loss of a referral source and is quickly rectified. For programs with sustained program capacity challenges, lack of referrals and assessments are generally the root cause.

Programs are encouraged to utilize the capacity building report in the HFNY Management Information System (MIS) to better understand how many screens, assessments, and enrollments are needed to improve to specified levels of capacity. As noted above, HFNY Central Administration should also consider expanding targeted technical assistance to these programs to examine referral and assessment patterns and to brainstorm possible solutions and strategies to increase capacity.

Fiscal Data

In 2016-2017, HFNY received approximately $27,838,528. The majority of funding came from state appropriations, which is $23,288,200 annually. These state funds support HFNY programs throughout the state, as well as funding for training and staff development, the maintenance of the MIS, and the evaluation of program services.

OCFS also received $4,216,995 in federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds from New York State Department of Health (DOH). Receipt of these federal funds required a maintenance of the state's investment in home visiting from when the initial MIECHV funds were awarded

in FY 2010. A total of $3,738,725 was for contractual services provided by the local implementing agencies and $478,270 remained with OCFS to support program administration.

In late 2016, additional funds were re-allocated for HFNY programs because of savings in Title IV-E adoption assistance. The funds were used to support expansion of four current programs and to open one new program as of December 1, 2016. Allocations made for the 2016-2017 fiscal year were approximately $333,333, but are expected to be $1 million annually.

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 total amount above. Also not captured in the total amount is the cost to administer the program and evaluate its effectiveness at OCFS.

Summary and Recommendations

Overall, HFNY programs are operating with fidelity to the model and achieving the outcomes that the program model is intended to address. Specifically, the state system's strengths include the following:

- Most families are receiving the intended level of service.
- Programs are frequently addressing issues related to child development, parent-child interaction, health care, and family functioning.
- Programs are keeping families engaged in services longer.

This report has also identified several ways that program practices could be strengthened. Specific program site level recommendations include:

- Increasing attention to self-sufficiency issues, with a focus on activities and referrals related to education, employment, and training.
- Developing targeted approaches and strategies to address program acceptance and retention issues.
- More closely monitoring and addressing parenting stress in highly stressed families.

Recommendations at the state system level include:

- Exploring with program sites their acceptance and retention patterns for families with substance abuse issues.
- Identifying and disseminating strategies to increase retention of families during the first six months of program enrollment.
- Adding additional follow-up points to assess parenting stress.
- Identifying and disseminating information about approaches that engage young mothers in education programs.
- Providing more programs with targeted technical assistance related to referral sources and assessment patterns.

Table 1. Acceptance Rate Analysis

Positive Kempe Assessments with Outcomes: 04/01/16 to 03/31/17				
Total (N = 3073) Acceptance Rate - 72%				
Factor	**Total**	**Accept and Enroll**	**Accept and Don't Enroll**	**Refused**
Age				
Under 18	247	68.02%	6.48%	25.51%
18 up to 20	304	62.17%	7.24%	30.59%
20 up to 30	1627	65.52%	6.64%	27.84%
30 and over	893	67.97%	5.15%	26.88%
Race				
White, non-Hispanic	866	79.10%	2.77%	18.13%
Black, non-Hispanic	732	76.78%	6.28%	16.94%
Hispanic/Latina/Latino	840	72.02%	3.93%	24.05%
Asian	43	81.40%	4.65%	13.95%
Native American	15	60.00%	13.33%	26.67%
Multiracial	112	86.61%	2.68%	10.71%
Other	25	60.00%	4.00%	36.00%
Missing	440	5.45%	18.41%	76.14%
Marital Status				
Married	536	69.40%	5.22%	25.37%
Not Married	2321	64.76%	6.59%	28.65%
Separated	78	71.79%	2.56%	25.64%
Divorced	77	70.13%	6.49%	23.38%
Widowed	7	85.71%	0.00%	14.29%
Unknown	54	75.93%	7.41%	16.67%
Education				
Less than 12	1149	63.62%	6.70%	29.68%
HS/GED	920	69.13%	6.96%	23.91%
More than 12	926	65.87%	5.18%	28.94%
Unknown	78	70.51%	3.85%	25.64%
Employed				
Yes	859	63.21%	5.47%	31.32%
No	2214	67.25%	6.55%	26.20%
Bio Father in Home				
Yes	1555	65.34%	5.72%	28.94%
No	1433	66.43%	6.84%	26.73%
Unknown	14	85.71%	7.14%	7.14%
Whose Score Qualifies				
Mother	1411	68.11%	6.87%	25.02%
Father	102	55.88%	3.92%	40.20%
Mother & Father	1558	64.96%	5.84%	29.20%

Positive Kempe Assessments with Outcomes: 04/01/16 to 03/31/17				
Total (N = 3073) Acceptance Rate - 72%				
Factor	**Total**	**Accept and Enroll**	**Accept and Don't Enroll**	**Refused**
Kempe Score				
25-49	1986	66.11%	5.74%	28.15%
50-74	986	65.52%	7.30%	27.18%
75+	99	71.72%	6.06%	22.22%
Primary Caregiver Current Issues				
Domestic Violence	253	69.17%	6.72%	24.11%
Mental Health	1191	68.60%	6.63%	24.77%
Substance Abuse	267	63.30%	8.61%	28.09%
Trimester				
1st	173	57.23%	1.16%	41.62%
2nd	735	69.39%	4.35%	26.26%
3rd	946	70.40%	6.24%	23.36%
Postnatal	1219	62.10%	8.12%	29.78%
Present at Assessment				
Mother of Baby only	1631	65.79%	6.68%	27.53%
Father of Baby only	12	83.33%	0.00%	16.67%
Both Parents	441	63.04%	6.58%	30.39%
Parent and Other	989	67.85%	5.46%	26.69%
Reason for Refused	**Total**	**Percent**		
Refused	225	27%		
Unable to Locate	79	9%		
TC Aged Out	88	10%		
Out of Target Area	67	8%		
Transferred	76	9%		
Other	314	37%		

Table 2. Retention Rate Analysis

Retention Rate Analysis of Enrolled Participants: Participants Enrolled from 04/01/14 to 03/31/15						
Total (N=1607)						
			6 Months	12 Months	18 Months	24 Months
Retention Rate			68%	56%	48%	43%
Enrolled Participants			1091	900	770	696
Total Discharged Cumulative (%)			516 (32%)	707 (44%)	837 (52%)	911 (57%)
Factor (at Intake)	**Number at Intake**	**Discharged Intake to 6 Months**	**Discharged 6 Months to 12 Months**	**Discharged 12 Months to 18 Months**	**Discharged 18 Months to 24 Months**	**Discharged Intake to 24 Months**
Total	1607	516 (32%)	191 (18%)	130 (14%)	74 (10%)	911 (57%)
Age						
Under 18	105	32%	23%	27%	10%	66%
18 to 20	167	46%	20%	21%	10%	69%
20 to 30	924	32%	17%	14%	10%	57%
30 and over	408	26%	16%	10%	8%	49%
Race						
White	588	32%	15%	12%	9%	54%
Black	423	32%	20%	16%	12%	60%
Hispanic	471	30%	19%	15%	10%	56%
Other	109	40%	18%	17%	5%	61%
Unknown/Missing	16	38%	10%	11%	0%	50%
Marital Status						
Married	321	30%	15%	10%	9%	51%
Never Married	1181	33%	19%	17%	10%	60%
Separated	37	27%	15%	0%	4%	41%
Divorced	35	11%	13%	7%	8%	34%
Widowed	2	0%	0%	50%	0%	50%
Missing/Unknown	31	48%	0%	6%	7%	55%

Retention Rate Analysis of Enrolled Participants: Participants Enrolled from 04/01/14 to 03/31/15						
Total (N=1607)						
			6 Months	12 Months	18 Months	24 Months
Retention Rate			68%	56%	48%	43%
Enrolled Participants			1091	900	770	696
Total Discharged Cumulative (%)			516 (32%)	707 (44%)	837 (52%)	911 (57%)
Factor (at Intake)	**Number at Intake**	**Discharged Intake to 6 Months**	**Discharged 6 Months to 12 Months**	**Discharged 12 Months to 18 Months**	**Discharged 18 Months to 24 Months**	**Discharged Intake to 24 Months**
Total	1607	516 (32%)	191 (18%)	130 (14%)	74 (10%)	911 (57%)
Other Children in Household						
Yes	557	27%	16%	11%	9%	50%
No	1050	35%	18%	16%	10%	60%
Receiving TANF						
Yes	345	36%	18%	19%	14%	64%
No	1262	31%	17%	13%	8%	55%
Education Level						
Less than 12	567	33%	17%	17%	11%	59%
HS/GED	447	33%	19%	12%	9%	57%
More than 12	561	30%	17%	14%	8%	54%
Missing/Unknown	32	31%	18%	17%	13%	59%
PC1 Enrolled in Education Program						
Yes	398	30%	19%	13%	7%	55%
No	1175	33%	17%	15%	11%	58%
Missing/Unknown	34	35%	14%	5%	0%	47%
PC1 Employed						
Yes	398	30%	19%	13%	7%	55%
No	1175	33%	17%	15%	11%	58%
Missing/Unknown	34	35%	14%	5%	0%	47%

Retention Rate Analysis of Enrolled Participants: Participants Enrolled from 04/01/14 to 03/31/15						
Total (N=1607)						
			6 Months	12 Months	18 Months	24 Months
Retention Rate			68%	56%	48%	43%
Enrolled Participants			1091	900	770	696
Total Discharged Cumulative (%)			516 (32%)	707 (44%)	837 (52%)	911 (57%)
Factor (at Intake)	**Number at Intake**	**Discharged Intake to 6 Months**	**Discharged 6 Months to 12 Months**	**Discharged 12 Months to 18 Months**	**Discharged 18 Months to 24 Months**	**Discharged Intake to 24 Months**
Total	1607	516 (32%)	191 (18%)	130 (14%)	74 (10%)	911 (57%)
OBP Employed						
Yes	627	27%	14%	11%	7%	47%
No	499	35%	21%	16%	13%	63%
PC2 Employed						
Yes	71	32%	17%	23%	3%	58%
No	119	29%	12%	23%	10%	56%
No PC2 in Home	645	38%	19%	17%	12%	63%
Missing/Unknown	15	40%	33%	50%	0%	80%
PC1 Current Issues						
Domestic Violence	116	28%	18%	18%	7%	55%
Mental Health	503	29%	16%	18%	11%	57%
Substance Abuse	98	43%	18%	28%	9%	69%
Primary Language						
English	1217	33%	18%	15%	11%	58%
Spanish	292	26%	17%	14%	7%	51%
Other/Missing/Unknown	98	39%	15%	10%	7%	56%
Trimester at Intake						
postnatal	543	33%	16%	14%	8%	56%
1st	70	26%	19%	19%	6%	54%
2nd	462	29%	20%	14%	11%	57%
3rd	532	35%	17%	14%	10%	58%
Cases with More than 1 Home Visitor	739	18%	13%	13%	9%	44%

Table 3. Performance Targets

Performance Targets: 04/04/16 to 03/31/17	
Cohorts vary by measure	
Target	**Percent Meeting Target**
Health and Development Targets	
HD1. Immunizations at 1 Year (Target: 90%)	96%
HD2. Immunizations at 2 Years (Target: 90%)	93%
HD3. Lead Assessment (Target: 90%)	100%
HD4. Medical Provider for Target Children (Target: 95%)	100%
HD5. Target Child Well Baby Visits by 15 Months (Target: 90%)	96%
HD6. Target Child Well Baby Visits by 27 Months (Target: 90%)	94%
HD7. Age Appropriate Developmental Level (Target: 98%)	100%
HD8. Medical Provider for Primary Caretaker 1 (Target: 90%)	99%
Parent Child Interaction Targets	
PCI1. Primary Caretaker 1 Breastfeeding (Target: 30%)	49%
PCI2. Valid Intake/Birth Parenting Stress Index (PSI) Assessments (Target:75%)	100%
PCI3. Reducing Parental Stress in Highly Stressed Families (those scoring above 85th percentile of initial PSI) by the time the Target Child is 6 months of age (Target: 60%)	72%
PCI4. Reducing Parental Stress in Highly Stressed Families (those scoring above 85th percentile of initial PSI) by the time the Target Child is 1 year old (Target: 80%)	72%
PCI5. Reducing Parent-Child Dysfunctional Interaction Stress in Highly Stressed Families (those scoring above 85th percentile of initial PSI) by the time the Target Child is 6 months of age (Target: 65%)	81%
PCI6. Reducing Parent-Child Dysfunctional Interaction Stress in Highly Stressed Families (those scoring above 85th percentile of initial PSI) by the time the Target Child is 1 year old (Target: 80%)	78%
Family Life Course Targets	
FLC1. Employment, Education and Training at Target Child's first birthday (Target 50%)	80%
FLC2. Employment, Education and Training at Target Child's second birthday (Target 75%)	80%
FLC3. No Longer receiving TANF Benefits on Target Child's first birthday (Target: 35%)	51%
FLC4. No Longer receiving TANF Benefits on Target Child's second birthday (Target: 50%)	53%
FLC5. Education of Participants under 21 when Target Child is 6 months of age (in school/GED program or received High School Degree/CED) (Target: 85%)	61%
FLC6. Education of Participants under 21 when Target Child is 1 year old (in school/GED program or received High School Degree/CED) (Target: 90%)	55%
FLC7. Referrals for Needed Services within 6 months of enrollment (Target: 75%)	97%

Table 4. HFNY Performance Indicator Descriptions and Targets

1. Quarterly Performance Targets Four quarters of performance are reviewed for these targets: HD 1 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 Individualized Family Support Plan 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