Supporting Parents Right from the Start

Healthy Families New York Home Visiting Program

healthy families new york

A voluntary home visiting program for expectant and new parents

Healthy Families New York

Healthy Families New York offers home-based services to expectant families and new parents, beginning prenatally or shortly after the birth of the child. Participants are screened to identify risk factors and stressors that the family may face. Families who participate in the program are offered long-term in-home supportive services until the child is in school or Head Start.

The Healthy Families New York Home Visiting Program is a comprehensive prevention program that focuses on the safety of children while at the same time supporting families. The services are easily accessible to isolated at-risk families and are respectful of cultural and community diversity.

Healthy Families New York is an initiative of the New York State Office of Children and Family Services in partnership with Prevent Child Abuse New York (PCANY) and the Center for Human Services Research (CHSR) at SUNY Albany. HFNY follows the Healthy Families America model of home visitation, a national initiative of Prevent Child Abuse America.

- Reaches out to isolated families.

Healthy Families New York:

- Provides home visits by Family Support Workers, who are specially trained to work with families in a positive, supportive manner, building on parents' strengths.
- Offers weekly visits until the baby is at least six months old, then less often as the family's stability increases.
- Promotes optimal child health, connecting families with medical providers for prenatal and well-baby visits and immunizations.
- Helps parents to develop strong, positive relationships with their children and to encourage their children's optimal development.
- Assesses children for developmental delays and makes referrals to the local Early Intervention Program if a delay is suspected.
- Provides opportunities to meet other parents and develop a social support network.
- Helps fathers understand the importance of Dad in a child's life.
- Works with parents to achieve family self-sufficiency, find solutions to everyday problems, and establish connections with needed community resources.
- Is sponsored by public and private agencies located within the community being served.

The Success of Our Families

J.R. has three children, one with severe disabilities and one with learning disabilities. She was separated from her husband, depressed and had health problems due to obesity when she entered the program. She has been with the Healthy Families program for a little over three years. During that time, she has lost 200 pounds. She no longer takes medication and has a whole new outlook on life. She now has a car and a job. Her children are so proud of her. Mom has now completed the program.

The Goals of Healthy Families New York are to:

- **Support positive parent-child bonding and relationships**
- **Promote optimal child health and development**
- **Enhance parental self-sufficiency**
- **Prevent child abuse and neglect**

Why does New York need Healthy Families Home Visiting?

- It is estimated that about one-third of abused children will one day abuse their own children.
- About two-thirds of people in drug treatment programs report they were abused as children.
- Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 53 percent, as an adult by 38 percent, and for a violent crime by 38 percent.
- Victims of child abuse suffer from mental and emotional distress, including low self-esteem, depression, anxiety, psychiatric disorders and suicide attempts.
- Children in foster care often have emotional and behavioral problems that lead to teen pregnancy, homelessness, unemployment, and welfare dependency.
- Studies have concluded that being abused increases one's chance of being unemployed and relying on public assistance in later life.
- A wealth of research on early brain development points to the importance of consistent, responsive care and a safe, calm environment in the first few months and years of life.

- Researchers have found that children who don't play much or are rarely touched develop brains 20-30 percent smaller than normal for their age. When this occurs, the chances for catching up are very slim.

The Success of Our Families

My name is M. and I am a Healthy Families graduate. Being a part of this program has changed my life. When I got involved with the program, I was at the end of my rope. I was pregnant with my third child, homeless with no real family support. I was assessed and given a Family Support Worker. While pregnant, I had someone to talk to every two weeks. I attended every doctor's appointment, read all the information given to me, and listened to what my Support Worker had to offer. I realized that I was learning how to be a mother all over again, even though this was my third child. I found an apartment when my daughter was 5 months old and lived in that apartment until recently when I moved into my own house. I truly thank the Healthy Families program for being there for me and my children through some of the roughest times in my life. During the time I was in the program, I went from having no house, no job and no car to having a house, owning my own daycare business and purchasing my first car. Now I work for the same program that gave me a chance when my life didn't have a lot to look forward to. I am a Family Assessment Worker at the Healthy Families program. I truly thank my Support Worker for believing in me!

Like most states, New York spends a considerable amount of resources to treat the consequences of child abuse and maltreatment. The failure to invest in prevention results in a significantly greater cost to our state and to society!

How Home Visiting Helps Families!

Healthy Families New York is an evidence-based initiative. Based on the results from a rigorous randomized trial, HFNY has been nationally recognized by the Rand Promising Practices Network as a "Proven Program."

Positive parenting is encouraged and supported. Participants in HFNY learn to nurture infant growth and development and set up a safe and child-friendly home. HFNY parents tend to set firm and clear limits for their children, adopt less harmful parenting practices, sustain health insurance, stay connected to their health care providers, and have babies with healthy birth weights.

Most HFNY staff find working with families very rewarding. As one Family Support Worker expressed it, "I really like my job because at the end of the day I know I helped someone!"

The service is offered at a time when planned early intervention makes the greatest impact. It is a comprehensive approach to meeting the health and social needs of New York's newest and most vulnerable citizens: its children.

The Success of Our Families

Evangeline is a 43-year-old mother of three who entered the Home Visiting Program while facing many serious issues. She had been using drugs for over 24 years and was without a job, a place to live, or anyone to turn to for help. Evangeline's goals were to get off drugs and to be a good mother to her baby. With help from Veronica, her Family Support Worker, Evangeline was able to get into drug treatment. She made sure she was available for every home visit , and with Veronica's assistance, tried out child development activities with her baby. Veronica also provided motivational and emotional support. Evangeline has now been off drugs for over a year. She entered a job training program and eventually found employment as an administrative secretary for a nursing home. She is now in the process of buying a home and a car.

Healthy Families New York works closely with Prevent Child Abuse New York — the only not-for-profit agency in New York State whose singular mission is to prevent child abuse in all its forms.

A Message from the Governor…

Loving, protective families form the bedrock of our society. It is essential that we provide struggling parents with the resources and support systems necessary to provide safe, caring, and nurturing homes in which children can flourish. One important way that the State of New York helps cultivate such surroundings is through Healthy Families New York (HFNY), a voluntary program that focuses on supporting parents and building strong families.

We know that parenting is the ultimate challenge, and the uncertainties and strenuous demands that go hand-in-hand with the experience make it particularly difficult for first-time parents and parents facing other life stressors. A true success story in public policy, HFNY identifies expectant and new parents and provides long-term home visiting services until their child enters school or Head Start. The goal of HFNY is to support positive parent-child relationships and promote the healthy development of children.

In February 2006, the RAND Promising Practices Network designated HFNY as a "Proven Program." This designation, which indicates the program's effectiveness using rigorous scientific measurements and standards, provides further evidence of the positive impact of HFNY. Mothers offered the HFNY program have developed healthier parenting attitudes, adopted more constructive parenting practices, had a lower incidence of low birth weight babies, and reported sustained access to health care.

We all have a vested interest in these results, and HFNY is clearly leading the way in promoting strong families, healthy kids and a solid foundation for all New York children.

A Dad's Message...

The Dad's Group of the Healthy Families program has helped me in so many ways to learn about my son and what to be looking forward to. The Dad's Group has helped me as a first-time father to develop a father's role. I feel that fathers should go to these groups to get more involved in their child's life. They cover everything and more! It's also a good time to spend with your child, and other fathers with children may be going through the same thing as you. The Dad's Group has been very supportive and has helped me through some hard times that I am still going through. They are right beside me, as well as the other fathers who are attending this group. I recommend this program to every father out there if it's your first child or your fifth child. I'm proud to be involved in such a good thing.

Thank you for everything, Dad's Group!

New York State Office of Children & Family Services

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Rensselaer, NY 12144

State of New York

For more information about Healthy Families New York, call:

1-800-CHILDREN (244-5373)

Visit our website at:

www.healthyfamiliesnewyork.org

Visit the Office of Children & Family Services' website at:

www.ocfs.state.ny.us

For child care, foster care and adoption information, call:

1-800-345-KIDS (5437)

To report child abuse and neglect, call:

1-800-342-3720

For information on the Abandoned Infant Protection Act, call:

1-866-505-SAFE (7233)

For information on parent resources, call Prevention Information and Parent Helpline at:

1-800-342-7472

Pub. 4794 (Rev. 5/07)

Healthy Families New York: Results of First Year of Evaluation

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Program Summary

Healthy Families New York (HFNY) is an OCFS initiative operating in 28 sites across the state in which expectant and new parents are provided with home visits until their child enters school or Head Start. The program has operated since 1995, targeting mothers who are at high risk due to factors such as being a single parent, a teen parent, or having a history of substance abuse. The goals of HFNY are to:

- promote positive parenting skills and parent-child interaction thereby preventing child abuse and neglect and reducing out-of-home placement;
- support optimal prenatal care, better birth outcomes, and child health and development; and
- improve economic self-sufficiency.

OCFS' Bureau of Evaluation and Research, in collaboration with the Center for Human Services Research at SUNY Albany, has just completed the first year of an evaluation of HFNY. The evaluation demonstrates that the program helped mothers develop healthier parenting attitudes, adopt less harmful parenting practices, experience better birth outcomes, and reduce their levels of alcohol, tobacco and drug use. These short-term effects are expected to produce long-term impacts on children's emotional, social, physical, and cognitive development.

Methodology

The evaluation used a randomized trial—the gold standard for testing program effectiveness—in which nearly 1,200 eligible mothers from Erie, Rensselaer, and Ulster Counties were randomly assigned to a treatment group that was offered HFNY or to a control group that received referrals to community services. Mothers from both groups were interviewed at the outset of the evaluation and again one year after their child's birth. The effects of the program were measured by comparing the treatment and control groups on several outcome measures.

This randomized trial will continue to track each mother and family's progress through the child's third birthday. The results documented below are from the 1-year interview and include findings for the entire sample, as well as from specific sites and subgroups defined by demographic and other risk factors.

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Specific Findings at One Year

HFNY helped parents develop healthier parenting attitudes and a better understanding of child development.

- Among parents under the age of 18 and those reporting the fewest symptoms of depression, the HFNY group reported less favorable attitudes toward the use of corporal punishment than the control group.
- HFNY parents in one site were less likely than control group parents in that site to have inappropriate expectations of their children's abilities and behaviors.
- Among parents with two or more children, the HFNY group scored higher on a scale measuring knowledge of child development than did the control group.

Participation in HFNY resulted in less harmful parenting practices.

- Compared to control parents, HFNY parents reported engaging in fewer acts of "serious" abuse and neglect, which were defined as behaviors that were serious enough to have resulted in a substantiated report had they come to the attention of Child Protective Services (e.g., punching, choking, leaving the child alone).
- The frequency of self-reported severe physical abuse, minor physical aggression, and psychological aggression was lower among HFNY parents than control parents.
- A lower percentage of HFNY parents than control parents reported having neglected their children, as measured by behaviors such as leaving the child alone or failing to attend to the child's basic needs.

HFNY led to significant improvements in three important areas of child health: birth outcomes, access to health care, and breast-feeding.

- HFNY mothers gave birth to less than half as many low birth weight babies as control group mothers.
- HFNY parents were more likely than control parents to have health insurance for their children at the time of their first birthday.
- HFNY mothers with two or more children were more likely than control mothers with two or more children to breast-feed their babies.
- In one site, HFNY mothers were more likely than their control group counterparts to be receiving WIC benefits at the time of their children's first birthday.

HFNY benefited parents in two areas that can significantly influence their life course development, as well as their functioning as parents: depression and substance use.

- In one site, the percentage of HFNY parents experiencing clinically relevant depression was significantly less than the percentage observed in the control group.
- HFNY parents in one site drank fewer alcoholic beverages than control group parents in that site.
- In one site, HFNY parents were less likely than control parents to report having used illicit drugs in the past year.
- HFNY mothers under the age of 18 smoked fewer cigarettes than control mothers who were less than 18 years old.

New York State Office of Children & Family Services

Visit our website at:
www.ocfs.state.ny.us

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Healthy Families New York:

Early Findings from the Second Year of Evaluation

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Program Summary

Healthy Families New York (HFNY) is an OCFS initiative operating in 28 sites across the state that provides expectant and new parents with home visits until their children enter school or Head Start. The program has operated since 1995, targeting mothers who are at high risk for child abuse or neglect due to factors such as being a teen or having a history of substance abuse. The goals of HFNY are to:

- promote positive parenting skills and parent-child interaction thereby preventing child abuse and neglect and reducing out-of-home placement;
- support optimal prenatal care, better birth outcomes, and child health and development; and
- improve economic self-sufficiency.

OCFS' Bureau of Evaluation and Research, in collaboration with the Center for Human Services Research at SUNY Albany, has just completed the second year of an evaluation of HFNY. The Year 1 findings (Evaluation of Healthy Families New York (HFNY): First Year Program Impacts, Mitchell-Herzfeld, et.al., 2005) reported that compared to mothers in the control group, participant mothers developed healthier parenting attitudes, adopted less harmful parenting practices, and experienced better birth outcomes including a reduction in the incidence of low birth weight and, in some instances, reduced levels of alcohol, tobacco, and drug use. **The Year 2 evaluation results continue to identify positive outcomes for HFNY participants. HFNY helped mothers set firm and clear limits for their children and reduced their use of abusive and neglectful parenting practices. HFNY also improved mothers' access to health care, and reduced mothers' reports of somatic complaints among their children.** These short-term gains are expected to produce long-term impacts on children's emotional, social, cognitive, and physical development, as well as mothers' health.

Methodology

The evaluation used a randomized trial—the gold standard for testing program effectiveness—in which eligible mothers from Erie, Rensselaer, and Ulster Counties were randomly assigned to either a treatment group that was offered HFNY or to a control group that received referrals to community services. Mothers from both groups were interviewed at the outset of the evaluation and again at one, two and three years after the child's birth. The effects of the program at Year 2 were measured by comparing the treatment and control groups on several outcome measures.

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SPECIFIC FINDINGS AT YEAR 2

Parenting

- **HFNY parents reported engaging in more appropriate limit setting** than control parents. Firm limit setting helps to promote clear expectations about behavior. This, in turn, may help the child to feel secure and display fewer problem behaviors, while also helping the parent to feel in control of her child.
- **HFNY parents reported committing, on average, one third fewer instances of severe physical abuse in the target child's second year of life** (e.g., hitting child with fist, slapping on face, kicking) than control parents.
- **HFNY was especially successful in reducing the use of abusive and neglectful parenting practices for young, first-time mothers who entered the study prior to their child's birth, and for women who showed signs of depression and lacked a sense of mastery.** These findings are similar to the results of other studies conducted on the Nurse-Family Partnership home visitation model (Olds, et. al., "Effects of Home Visits by Paraprofessionals and by Nurses: Age 4 Follow-Up Results of a Randomized Trial," Pediatrics, 114, 2004).

Maternal and Child Health Care

- **HFNY resulted in significant improvements in access to a primary care provider and health insurance at Age 2**. In addition to the short-term gains, improved access to care may help to promote positive maternal and child health and development in the long-term.
  - 10% more of the HFNY mothers had a primary care provider than mothers in the control group;
  - 5% more of the HFNY mothers had health insurance than mothers in the control group;
  - Twice as many children in the control group went without needed medical care during their second year of life as compared to children in the HFNY group.

Child Symptoms and Behaviors

- **Children in the treatment group were reported by their mothers to have fewer somatic complaints** (e.g., constipation, headaches, nausea, aches, etc.) than children in the control group. This reduction may be due to HFNY's ability to reduce the incidence of low-birth weight babies while also sustaining access to care.

New York State Office of Children & Family Services

To obtain the report from the Year One Evaluation, visit our website at:
www.ocfs.state.ny.us

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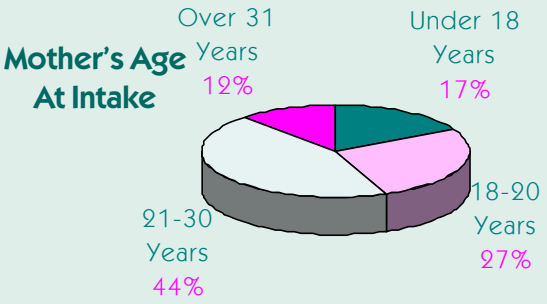
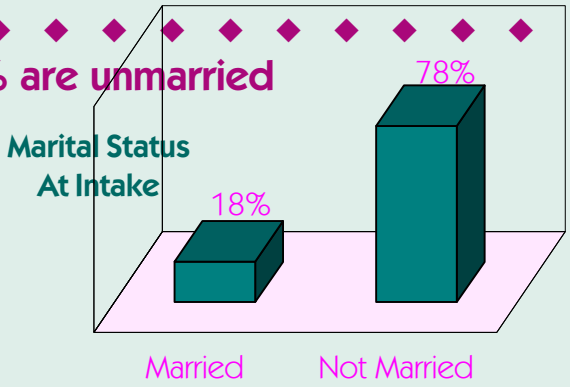
Some of the Challenges Facing Families Enrolled in Healthy Families New York

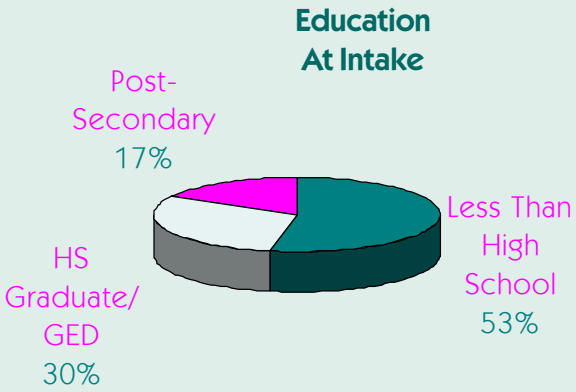
44% of the mothers are under age 21.

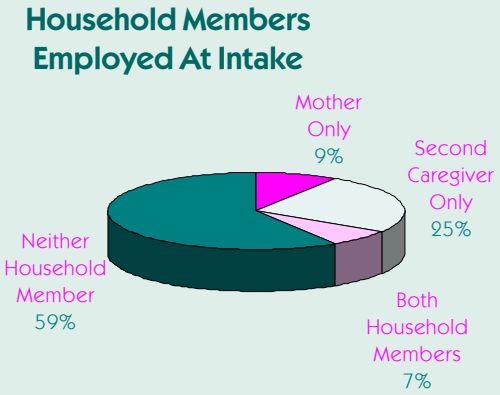


78% are unmarried

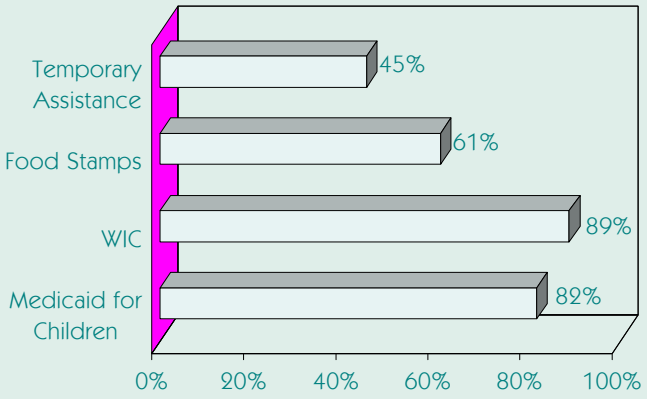


53% have less than a high school education. 59% are unemployed.





82% of the children are in receipt of Medicaid.



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Critical Elements for Effective Home Visitor Services

Healthy Families New York Home Visiting Program sites are part of the nationwide network of Healthy Families America (HFA) sites. The HFA approach to home visitation is defined by a set of critical program elements drawn from repeated evaluations of early intervention programs with new parents. These basic elements help assure quality. At the same time, they allow for flexibility in communities' implementation and provide opportunities for innovation. Only those programs that commit to adhere to all the elements (through HFA credentialing or by applying for affiliation prior to credentialing) may be referred to as HFA sites.

Initiation of Services

- Services are initiated prenatally or at birth.
- A standardized assessment tool, consistent for all families, systematically identifies families who are most in need of services. This tool should assess the presence of risk factors associated with increased risk for child maltreatment or other poor childhood outcomes.
- Services are offered voluntarily and positive outreach efforts are used to build family trust.

Service Content

- Services are offered intensively (i.e., at least once a week) with well defined criteria for increasing or decreasing frequency of services, and over the long term (i.e. three to five years).
- Services are culturally competent such that the staff understands, acknowledges, and respects cultural differences among participants; materials used should reflect the cultural, linguistic, racial and ethnic diversity of the population served.
- Services are comprehensive, focusing on supporting the parent as well as on supporting parent-child interaction and child development.
- All families are linked to a medical provider to assure optimal health and development, including timely immunizations and well baby care. Depending on the family's needs, they may also be linked to additional services such as financial, food and housing assistance, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters.
- Staff members have limited caseloads to assure that home visitors have an adequate amount of time to spend with each family to meet their varying needs and to plan for future activities. In many communities, 15 families is the maximum caseload per home visitor; in some communities the number may be significantly smaller.

Staff Characteristics

- Service providers are selected based on their ability to demonstrate the requisite personal characteristics (i.e. non-judgmental, compassionate, able to establish a trusting relationship, empathic), and their experience or willingness to work with culturally diverse communities.
- Service providers have a framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk families. All service providers should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug exposed infants, and services in their community.
- Service providers receive intensive training specific to their role to understand the essential components of family assessment and home visitation. Training topics should include: identifying at-risk families, completing a standardized assessment, offering services and making referrals, promoting use of preventive health care, securing medical homes, utilizing creative outreach efforts, establishing and maintaining trust with families, building on family strengths, developing an individual family support plan, observing and teaching parent-child interactions, determining the safety of the home, and managing crisis situations.
- Service providers receive ongoing, effective supervision so that they are able to develop realistic plans to empower families to meet their objectives; to understand why a family may not be making progress and how to work with the family more effectively; and to express their concerns and frustrations, in order to avoid stress-related burnout.

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Home Visiting Historical Overview

1992 – 1994

- Prevent Child Abuse New York educates professionals and the public about Healthy Families America; presents symposia in Rochester, New York City and Albany.
- Children & Family Trust Fund awards grant to implement Healthy Families program in Washington Heights area of Manhattan.
- Sites begin Healthy Families services in Troy and Elmira with local funding.

1995

- NYS Departments of Social Services and Health issur joint request for proposals for home visiting programs, funded by federal Family Preservation and Support grant.
- Nine sites receive Home Visiting Program grants.
- Rockefeller College Center for Human Services Research and Evaluation establishes data system and evaluation.
- NYS Children and Families Services Block Grant legislation specifies home visitation as a recommended prevention service.

1996

- New York develops instate training team through the HFA Training Institute.
- Tenth site begins operation.

1997

- The Healthy Families New York (HFNY) program is the first state to receive a Healthy Families America credential.
- *NYS Home Visiting Program: First Year Evaluation* report is issued.
- Two new HFNY sites are established with Children & Family Trust Fund support and local funding, for a total of 12 HFNY sites.

1998

- Governor and Legislature allocate $6.2 million in the state budget for HFNY to replace federal funds and continue ten New York State Home Visiting Sites.
- HFNY planning assistance is provided to counties across the state.
- The HFNY Training and Resource Center is established to provide training to HFNY sites.

1999

- Twelve HFNY Home Visiting Program sites have served more than 4,300 families.
- Otsego County establishes HFA affiliated site.
- HFNY Home Visiting Council is established and develops a strategic plan to make Healthy Families New York services available throughout New York State.

2000

- Governor Pataki signs Chapter 141 of the Laws of New York making the home visiting program permanent, and enabling expansion.
- Agencies in more than 20 counties have requested and are receiving HFNY site planning information and assistance.
- NYS OCFS issues request for proposals for new and expanded HFNY Home Visiting Sites.
- 5,300 families are served and more than 159,000 home visits are provided.

2001

- A second evaluation report is submitted to Governor Pataki and the Legislature. ("Evaluation Findings of the Healthy Families New York Home Visiting Program")
- Twenty-seven (27) HFNY community sites in the state: 16 new sites and 11 existing sites receive HFNY grants.
- At the end of 2001, 7,800 families served and over 220,000 home visits provided.

2002

- An additional $1.2 million is awarded to expand programs.

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Sites by County & Region

Central/Western Region:

1. **Niagara** – Healthy Families Niagara; *Niagara Falls, Lockport*
2. **Erie** – Buffalo Home Visiting Program; *Buffalo*
3. **Cattaraugus** – Healthy Families Cattaraugus; *entire county*
4. **Steuben** – Healthy Families Steuben; *Steuben County*
5. **Ontario** – Healthy Families Ontario; *Geneva*
6. **Chemung** – Comprehensive Interdisciplinary Developmental Services; *serves Chemung County area*
7. **Broome** – Broome County Health Department; *Broome County*
8. **Allegany** – Healthy Families Allegany; *entire county*

Capital/Eastern Region:

9. **Madison** – Starting Together; *Madison County*
10. **Oneida** – Oneida County Health Department; *Oneida County*
11. **Otsego** – Opportunities for Otsego; *Otsego County*
12. **Clinton** – Early Advantages, Behavioral Health Services North; *Clinton County*
13. **Schenectady** – Healthy Schenectady Families; *Schenectady County*
14. **Albany** – Bright Beginnings; *Arbor Hill, West Hill, North Albany, South End*
15. **Rensselaer** – Rensselaer Healthy Kids Program; *Rensselaer*

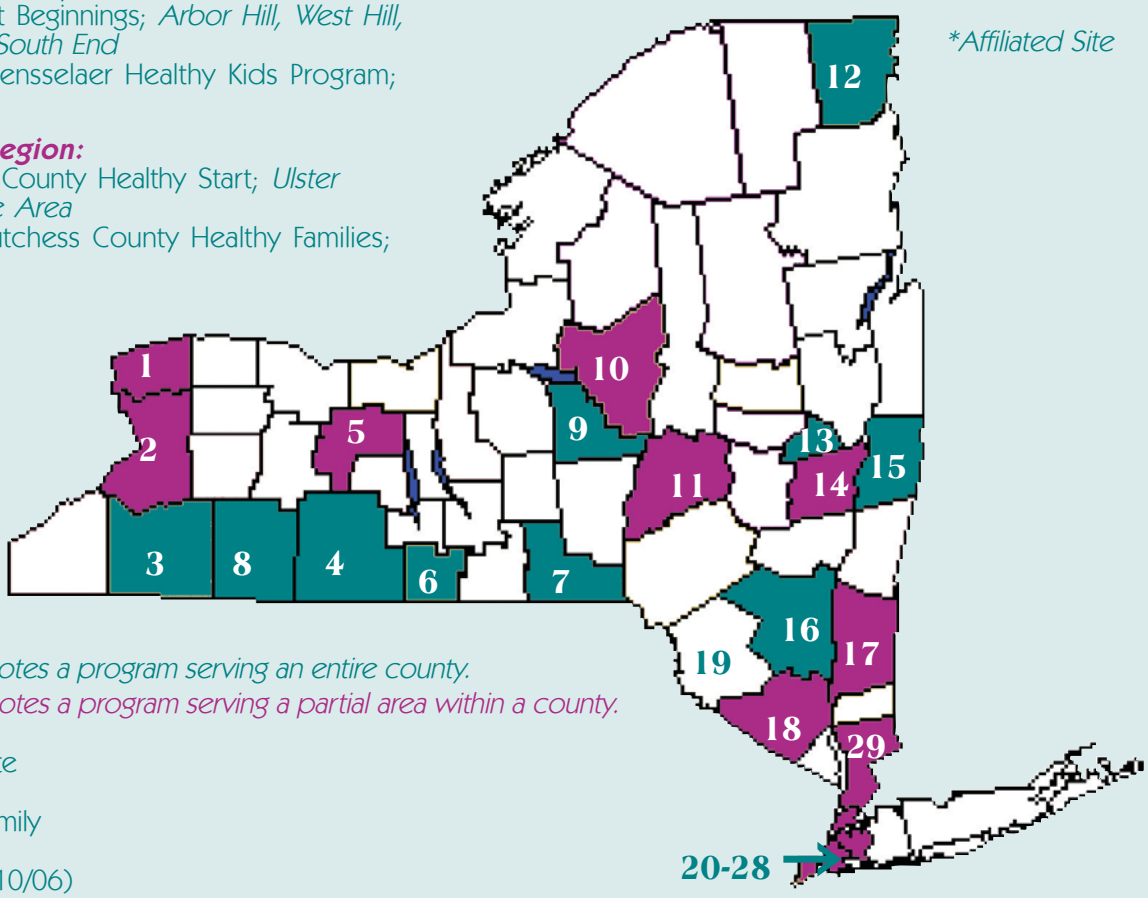
Lower Hudson Region:

16. **Ulster** – Ulster County Healthy Start; *Ulster County Service Area*
17. **Dutchess** – Dutchess County Healthy Families; *Poughkeepsie*
18. **Orange** – Occupations, Inc.; *Newburgh*
19. **Sullivan** – *Sullivan County Public Health Nursing Services; *Monticello Village*

New York Metropolitan Region:

20. **Bronx** – Special Beginnings, Morris Heights Health Care Center; *Morris Heights*
21. **Bronx** – Bronx Lebanon Hospital Center; *South Bronx*
22. **New York (Manhattan)** – Best Beginnings, Alianza Dominicana; *Washington Heights*
23. **New York (Manhattan)** – Northern Manhattan Perinatal Partnership; *Central Harlem*
24. **Kings (Brooklyn)** – Bedford-Stuyvesant Family Medical Health Center; *Bedford Stuyvesant, Crown Heights*
25. **Kings (Brooklyn)** – CAMBA, *Flatbush*
26. **Kings (Brooklyn)** – Medical and Health Research Association of NY City, Coalition for Hispanic Family Services; *Bushwick*
27. **Richmond (Staten Island)** – NY Foundling Hospital, Victor J. Fontana Center for Child Protection; *North Shore of Staten Island*
28. **Queens** – Safe Space; *Jamaica*
29. **Westchester** – Julia Dyckman Andrus Memorial, Inc.; *Yonkers, Mt.Vernon*

**Affiliated Site*



Green shading denotes a program serving an entire county.
Purple shading denotes a program serving a partial area within a county.

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Performance Targets

Child Health and Development Targets

- **Immunizations at one year**
  At least 90 percent of target children will be up to date on immunizations as of first birthday.
- **Immunizations at two years**
  At least 90 percent of target children will be up to date on immunizations by second birthday.
- **Lead Assessment**
  All target children will be assessed for the risk of lead in their environment according to the NYS Health Department's suggested schedule.
- **Medical Provider for target children**
  At least 95 percent of target children will have a medical provider.
- **Target Child Well Baby Medical Provider Visits by 15 months**
  All target children will have at least 5 well baby visits by 15 months of age.
- **Target Child Well Baby Medical Provider Visits by 27 months**
  All target children will have 2 well baby visits between 15 and 27 months of age.
- **Age Appropriate Developmental level**
  All target children will demonstrate age appropriate developmental milestones on the Ages and Stages Questionnaire or will be referred for further evaluation/services if delays are detected.
- **Medical Provider for Primary Caretaker 1 (PC1)**
  At least 90 percent of Primary Caretakers will have a medical provider.

Parent and Child Interaction Targets

- **Primary Caretaker 1 breast-feeding**
  Thirty (30) percent of PC1s will breast-feed their target children for at least three months from the birth of the child.
- **Valid PSI assessments**
  Programs will complete 75 percent valid Intake/Birth Parental Stress Index (PSI) assessments.
- **Reducing Parental Stress in highly stressed families by the target child's six-month birthday**
  Sixty (60) percent of PC1s with a total score above the 85th percentile on the initial PSI will score below the 85th percentile for a total score on the six-month follow-up PSI.
- **Reducing Parental Stress in highly stressed families by the target child's first birthday.**
  Eighty (80) percent of PC1s with a total score above the 85th percentile on initial PSI will score below the 85th percentile for total score on the one-year follow-up PSI.
- **Reducing Parental-Child Dysfunctional Interaction Stress (PCDI) in highly stressed families by the target child's six-month birthday.**
  Sixty-five (65) percent of PC1s with a PCDI score above the 85th percentile on the initial PSI will score below the 85th percentile on the PCDI score on the six-month follow-up PSI.
- **Reducing Parental-Chid Dysfunctional Interaction Stress in highly stressed families by the target child's first birthday.**
  Eighty (80) percent of PC1s with a PCDI score above the 85th percentile on the initial PSI will score below the 85th percentile on the PCDI score on the one-year follow-up PSI.

-over-

Maternal Life Course Targets

- **Employment, Education, and Training at target child's first birthday**
  Fifty (50) percent of families will be enrolled in an education program, job training, or job placement program or will obtain employment by the target child's first birthday.
- **Employment, Education, and Training at target child's second birthday**
  Seventy-five (75) percent of families will be enrolled in an education program, job training, or job placement program or will be employed by the target child's second birthday.
- **TANF Benefits on first birthday**
  At least 35 percent of families who were receiving TANF benefits at intake will no longer be receiving TANF benefits on the target child's first birthday.
- **TANF Benefits on second birthday**
  At least 50 percent of families who were receiving TANF benefits at intake will no longer be receiving TANF benefits on the target child's second birthday.
- **Education of Participants under 21 at target child's six-month birthday**
  At least 85 percent of PC1s under 21 at intake and without a high school degree or GED will be enrolled in a degree-bearing program or receive a high school degree of GED certificate by the target child's six-month birthday.
- **Education of Participants under 21 at target child's first birthday**
  At least 90 percent of PC1s under 21 at intake and without a high school degree or GED will be enrolled in a degree-bearing program or receive a high school degree of GED certificate by the target child's first birthday.
- **Referrals for Needed Services**
  At least 75 percent of enrolled participants with domestic violence, mental health, or substance abuse issues identified on their Kempe Assessment will be referred for the appropriate services within six months of enrollment.

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Program Management

- The Healthy Families New York Home Visiting Program is funded and managed by the New York State Office of Children and Family Services (OCFS) in collaboration with the New York State Department of Health.
- A Home Visiting Council comprised of representatives from state agencies serving children and families, funded programs, Healthy Families Program participants, and child advocacy organizations from across the state provides guidance to the program.
- OCFS is conducting a study of the program with the Center for Human Services Research and State University of New York at Albany, to determine families' characteristics, details of service delivery, and outcomes for the child and family.
- A computerized data system is used to collect comprehensive, yet anonymous, information for managing the program and for evaluating the outcomes.
- A number of measures are utilized to promote program quality. They include:
  - Regular, consistent supervision, support and training for all staff.
  - Bi-monthly meetings of program managers to share resources, discuss policies and procedures, training, evaluation, technical assistance and quality assurance.
  - An instate HFA-approved training team that provides core training and advanced training for all home visiting program staff.
  - A comprehensive quality assurance plan based on HFNY guidelines that each site implements supplemented by annual statewide quality assurance visits to each program by the HFNY Training and Quality assurance team.
  - Regular on-site monitoring, technical assistance and review of quarterly data reports by OCFS staff.
  - A national credentialing process sponsored by Healthy Families America.

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Home Visiting Program Sites

Albany County

- **Bright Beginnings**
  Serves Arbor Hill, West Hill, North Albany, and South End
  Albany County Department of Children, Youth & Families with Parsons Child & Family Center and Whitney M. Young Center
  (518) 447-7054
  lismith@albanycounty.com

Broome County

- **Building Brighter Futures for Broome: PACT Home Visiting Program**
  Serves outside Binghamton City School District
  Broome County Health Department & Lourdes Hospital
  (607) 778-3909
  cpeeling@co.broome.ny.us

Allegany/Cattaraugus County

- **Healthy Families Allegany and Cattaraugus**
  Serves entire counties
  Parent Education Program, Inc.
  (716) 372-5987
  jomartin@adelphia.net

Chemung County

- **Healthy Families Chemung County**
  Serves entire county
  Comprehensive Interdisciplinary Developmental Services, Inc.
  (607) 733-6533
  dandreine@aol.com

Clinton County

- **Early Advantages**
  Serves first-time parents throughout Clinton County
  Behavioral Health Services North, Inc.
  (518) 563-8206
  jrussell@bhsn.org

Dutchess County

- **Dutchess County Healthy Families**
  Serves the City & Town of Poughkeepsie, Hyde Park & City of Beacon
  Dutchess County Department of Health with Mid-Hudson Family Health Institute
  (845) 452-3387
  mwing@bestweb.net

Erie County

- **Buffalo Home Visiting Program**
  Serves Buffalo neighborhoods
  Buffalo Prenatal-Perinatal Network
  (716) 884-6711
  amc@bppn.org

Madison County

- **Starting Together**
  Serves entire county
  Community Action Program for Madison County
  (315) 697-3588
  dmunn@capmadco.org

Niagara County

- **Healthy Families Niagara**
  Serves zip codes 14301, 14302, 14303, 14304, 14305 (Niagara Falls); 14094 (Lockport)
  Family & Children's Service of Niagara, Inc., with Niagara County Department of Social Services
  (716) 278-1605
  cignatowski@choiceonemail.com

Oneida County

- **Healthy Families-Oneida County**
  Serves Oneida County
  Oneida County Health Department with the Family Nurturing Center
  (315) 738-9773 x239
  aphillips@ocgov.net

Ontario County

- **Healthy Families Ontario**
  Serves Geneva
  Child and Family Resources
  41 Lewis Street
  Geneva, NY 14456
  (315) 536-1134
  mmpyfrc@adelphia.net

Orange County

- **Newburgh Healthy Families**
  Serves City of Newburgh zip code 12550
  Occupations, Inc.
  (845) 562-7244 x300
  tdouglass@occupations.org

Otsego County

- **Building Healthy Families**
  Serves Otsego County
  Opportunities for Otsego, Inc.
  (607) 433-8047
  rschultz@ofoinc.org

Rensselaer County

- **Healthy Kids Program**
  Serves entire county
  Samaritan Hospital
  (518) 271-3923
  martoccid@nehealth.com

Schenectady County

- **Healthy Schenectady Families**
  Serves entire county
  Schenectady County Public Health Services with Catholic Charities and Parson's Child & Family Center
  (518) 386-2824
  peggy.sheehan@countyofschenectady.com

Steuben County

- **Healthy Families Steuben**
  Serves entire county or Steuben
  Institute for Human Services with Kinship Family and Youth Services
  (607) 324-6027
  healthyfamiliespm@ihsnet.org

Sullivan County

- **Healthy Beginnings of Sullivan**
  Serves Monticello Village, zip code 12701
  Sullivan County Public Health Nursing Services
  (845) 292-0100 x2737
  lise.kennedy@co.sullivan.ny.us

Ulster County

- **Ulster County Healthy Start**
  Serves entire county
  Ulster County Department of Social Services with Mid-Hudson Family Health Institute
  (845) 339-8551
  cchant@hvc.rr.com

Westchester County

- **Westchester County Healthy Families**
  Serves Yonkers zip code 10701 and Mount Vernon zip code 10550
  Julia Dyckman Andrus Memorial, Inc.
  (914) 968-1663 x1011
  cpitts@jdam.org

Bronx

- **South Bronx Healthy Families**
  Serves South Bronx zip code 10457
  Bronx Lebanon Hospital Center
  (718) 960-2084
  sbhfny@aol.com
- **Special Beginnings**
  Serves Bronx zip code 10453
  Morris Heights Health Center, Inc.
  (718) 483-1255
  monicad@mhhc.org

Brooklyn

- **Successful Start**
  Serves Bedford Stuyvesant, zip code 11216
  Bedford-Stuyvesant Family Medical Health Center
  (718) 623-5966
  slloyd@BSFHC.com
- **Bushwick Bright Start**
  (Comienzo Brillante de Bushwick)
  Serves Bushwick zip code 11237, first-time, teen mothers and families with ACS involvement
  Medical Health Research Association, Inc. with the Coalition for Hispanic Family Services
  (718) 416-1442
  rdelacruz-STITT@brightstartmhra.org
- **CAMBA Home Visiting Program**
  Serves zip code 11226
  (718) 826-2223
  home-visit@att.net

Manhattan

- **Best Beginnings**
  Serves Washington Heights
  Alianza Dominicana, Inc.
  (212) 923-5440
  bestbeginnings_hfa@yahoo.com
- **Baby Steps**
  Serves Central Harlem zip codes 10026 and 10037
  Northern Manhattan Perinatal Partnership, Inc.
  (212) 690-2229
  sdonawa@hfababysteps.com

Queens

- **Healthy Families Jamaica**
  Serves zip codes 11412, 11433, 11436 - CHW Collaboration
  Safe Space
  (718) 526-2400
  rwilson@safespacenyc.org

Staten Island

- **Healthy Families Staten Island**
  Serves North Shore zip codes 10301, 10302, 10303, 10304
  New York Foundling Hospital
  (718) 874-4455
  kimv@nyfoundling.org

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