

Child Welfare Protocol Implementation Report 2025

This two-page document provides key highlights from the Healthy Families New York (HFNY) Child Welfare Protocol (CWP) Year Two Annual Report.

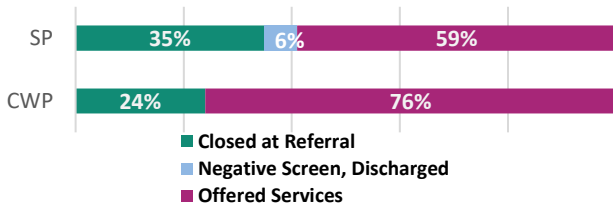
HFNY Overview

- **Healthy Families New York (HFNY)** is a primary child abuse prevention program designed to support at-risk families through a relationship-based approach that promotes secure parent-child attachment. The *Signature Protocol (SP)* enrolls families prenatally up to 3 months old with at least one risk factor (parents under 21 years old, low income, late or no prenatal care, and unmarried). The new *Child Welfare Protocol (CWP)* allows for families to enroll with a child up to 24 months old when they are referred to HFNY through the child welfare system. Families enrolled through the SP and CWP will be referred to as “SP track families” and “CWP track families,” respectively. This analysis includes all HFNY programs, 37 of 54 programs include CWP track families.

Enrollment and Retention

- A total of 14,963 referrals came into HFNY between January 1, 2023 and June 15, 2025. Of these, 14,562 referrals came through the SP track and 401 through the CWP track.
- CWP track families were offered and accepted services at higher rates compared to SP families.

Figure 1. Referral Outcomes by Family Type



- Most SP track families enrolled prenatally, whereas CWP track families enrolled later (3–24 months), reflecting an expanded age range.
- Further, among post-natal enrollments, CWP track families had a mean intake age of 7.3 months ($SD = 6.5$), whereas SP-referred families enrolled much earlier, with a mean intake age of 1.42 months ($SD = 1.48$).

Figure 3. Target Child Enrollment Age

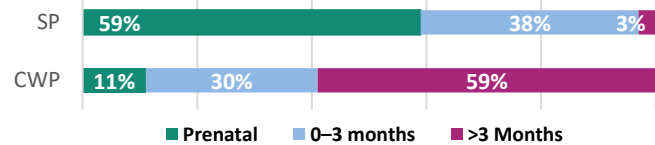
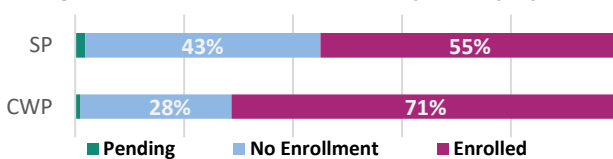


Figure 2. Enrollment Outcomes by Family Type



- The six-month retention rate for CWP track families was slightly lower than that of SP track families, but the difference is not statistically significant.

Figure 4. Six-Month Retention Rates



Table 1. Referral Source by Family Track

	Referral Source	Referred	Enrolled	%
SP Track	Hospital	4,657	843	18
	Private Physician & Health Clinic	3,561	754	21
	Community Based Organization	1611	708	52
	Home Visiting Programs	993	472	48
	WIC	720	278	39
	Program Outreach	513	208	41
	Health Insurance Care Management	464	219	47
	Friends/Family	356	271	76
	DSS/CWS	202	103	51
CWP Track	DSS/CWS	401	216	54

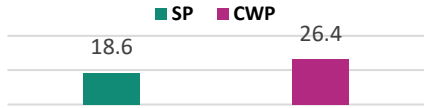
- All CWP-track families were referred through the Department of Social Services (DSS) and child welfare system (CWS) by design.
- Programs only implementing SP track also receive referrals through DSS/CWS, with a similar enrollment rate to CWP track DSS/CWP referrals (51% vs. 54%).
- Hospitals and clinics generated the most SP referrals but had lower enrollment rates, whereas friends and family yielded the highest rates despite fewer referrals.

This research brief was developed by the Center for Human Services Research under an agreement with the New York State Office of Children and Family Services.

Family Characteristics

- The Family Resilience and Opportunities for Growth Scale (FROG) scores were significantly higher for CWP referred families compared to SP referred families.

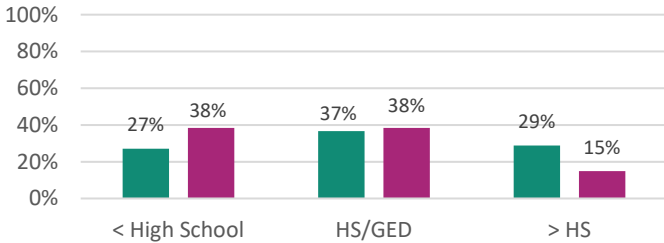
Figure 5. FROG Scores by Family Type



The **FROG** is a structured tool for understanding the strengths and challenges that affect individuals and setting the stage for a family's entry into what will be a supportive, meaningful relationship as a part of Healthy Families.

- A larger proportion of CWP track PC1s at intake did not receive education beyond high school or a GED compared to SP referred families.

Figure 6. PC1 Educational Attainment

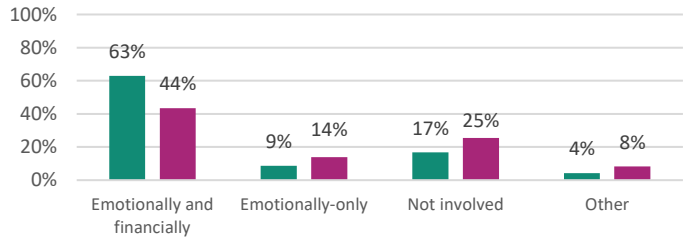


- A lower proportion of CWP track families reported the presence of a OBP or PC2 in the target child's life.
- Of those OBPs who were present, CWP track families reported a lower proportion of involvement

Table 2. Families Reporting OBP/PC2

SP (n = 4,721)		CWP (n = 216)	
n	%	n	%
2,630	56	98	45

Figure 7. Level of OBP Involvement

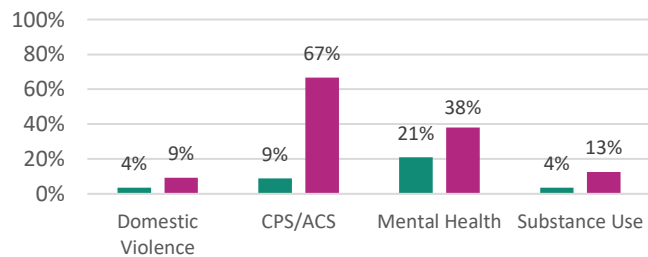


Note. Categories representing less than 2% of responses (e.g., financially-only involvement, not knowing about the child, or deceased parent, and other unspecified responses) are included in "Other."

Services in First Three Months

- At intake, CWP track PC1s were more likely to self-report receiving services for domestic violence, CPS/ACS involvement, mental health, and substance use than signature track PC1s

Figure 8. Services Identified at Intake



Note. Not all CWP track referrals have an open case at the time of referral or they may not self-report their involvement with CPS/ACS at intake.

- CWP referred families had a higher number and proportion of in-home visits than SP referred families.

Table 3. Comparing Number, Length, and Visit Type in the First Three Months of Enrollment Between CWP and SP Referred Families

	SP (n = 3,311)		CWP (n = 142)	
	M	SD	M	SD
# of Home Visits	6.87	3.16	7.23	3.16
Visit Length (mins)	58	12	58	10
# of In-home Visits*	5.49	3.33	6.12	3.23
% of In-home Visits**	75%	33%	83%	30%
% of Virtual Visits***	15%	28%	4%	10%

Note. Group differences were tested using independent-samples *t* tests.

Next Steps

1 Key Findings

CWP track families show higher enrollment and comparable retention, while presenting greater needs and distinct service patterns.

2 Continue to Monitor CWP Implementation in NYS

In the next year, the evaluation will also assess one-year retention rates and the achievement of performance targets for CWP track families compared to SP track families.

3 Expand Data and Analyses

Additional data and analyses will be incorporated to better understand service receipt patterns and program implementation.