



Changes in Assessment Scores After Implementation of Enrollment Process Pilot in Healthy Families New York, 2015–2020

BACKGROUND

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

This report presents findings from a pilot project examining modifications to HFNY assessment and enrollment procedures in select sites. Under typical "two-step" HFNY processes, a specially trained worker contacts families to conduct a lengthy assessment to determine client eligibility and service needs. Eligible participants are then referred to a home visitor for enrollment and service delivery. However, some Healthy Families programs across the country have moved to a one-step, one-worker combined assessment/enrollment process where the same worker conducts the assessment and offers eligible participants the opportunity for immediate program enrollment. This process allows for continuity for families but also requires staff to master multiple skillsets. In January 2018, HFNY embarked on a three-year pilot of this streamlined enrollment process, implemented at three programs. **In this Brief, we present analyses around shifts in scores on the assessment instrument in these programs before and after implementation of the Pilot.**

INTRODUCTION

The Assessment is a psychosocial interview meant to determine family risks for child abuse and neglect, and broader needs. It includes nine domains: bonding/ attachment with the new infant/fetus; childhood history of abuse or neglect for the caregiver; prior or current involvement with Child Protective Services (CPS); discipline; parental expectations of baby's milestones and development; perception of baby as "good" or "bad"; history of substance abuse, mental illness, and criminal history; self-esteem (including available lifelines, depression, and coping skills); stresses and concerns; and potential for violence. The assessment is scored from 0 to 90; under typical procedures, families must score at least a 25 to be eligible to enroll in HFNY. Currently, about 95% of families who screen into the program meet this assessment threshold and are eligible to move forward.

Under One-Step pilot processes, families are considered enrolled as of their first, more informal visit with their worker, which precedes the Assessment. As such, their score is not used for eligibility determination. Scores may thus be expected to decrease, as less emphasis is put on meeting a certain score to qualify for services.

Additionally, and more importantly, the Assessment is a tool to assess family risks, needs, and strengths. The assessment worker shares this information with the home visitor to inform services. With the One-Step process, the assessment worker is also the home visitor; information learned during the Assessment does not need to be transferred to another worker and can more directly inform future visits. Rapport with the caregiver is built early through the initial phone calls and first informal visit. Thus, caregivers may be more willing to share sensitive information that could impact Assessment scores and future planning. In this case, scores may be expected to increase.

METHODS

One-Step practices were rolled out gradually across the three pilot sites over the course of 2018. Primary caregiver mothers' scores for all Assessments conducted between 1/1/2015 and 8/31/2020 were examined to determine whether Assessment scores shifted after the implementation of One-Step practices, and whether such changes were driven by differences in particular domains. Notably, 2020 only includes nine months of data and is impacted by the COVID-19 pandemic; it is nevertheless included to allow for examination of the most recent scores. The average total and domain scores for each year was calculated across All HFNY programs and for each One-Step pilot program.

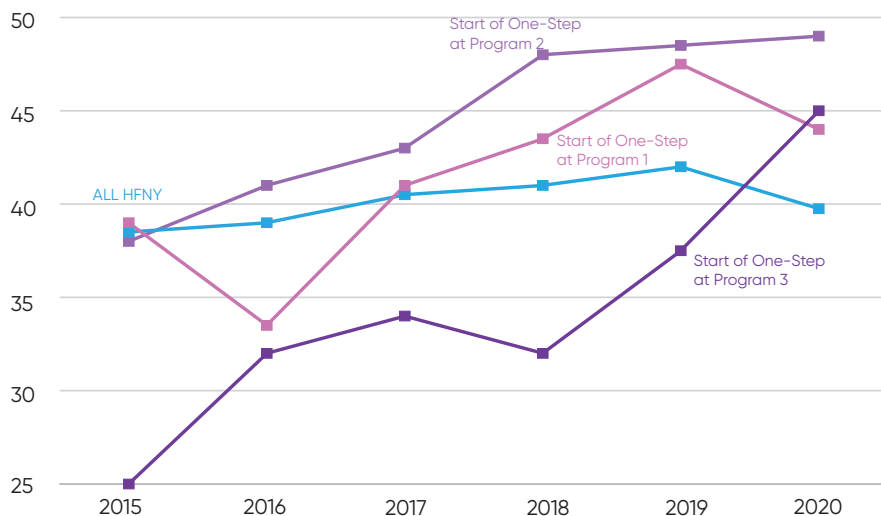
FINDINGS

Changes in Total Assessment Scores

Changes in total scores on the Assessment were first examined. Figure 1 shows mean scores for all programs and the One-Step programs for each year.

- Across HFNY for this entire period, the mean PS score is about 40; scores have increased about a half-point per year across the period examined.
- Mean Assessment scores for One-Step programs show greater increases over this period (maximum increases of 13, 10, and 20 points).
- For each One-Step program, there is a notable increase in mean Assessment scores around the start of programs' participation in the pilot. This data cannot fully determine whether participation caused this increase or if other factors may account for it, but in each case the implementation of the pilot does correspond with a score jump.

Figure 1. Mean Assessment scores per year

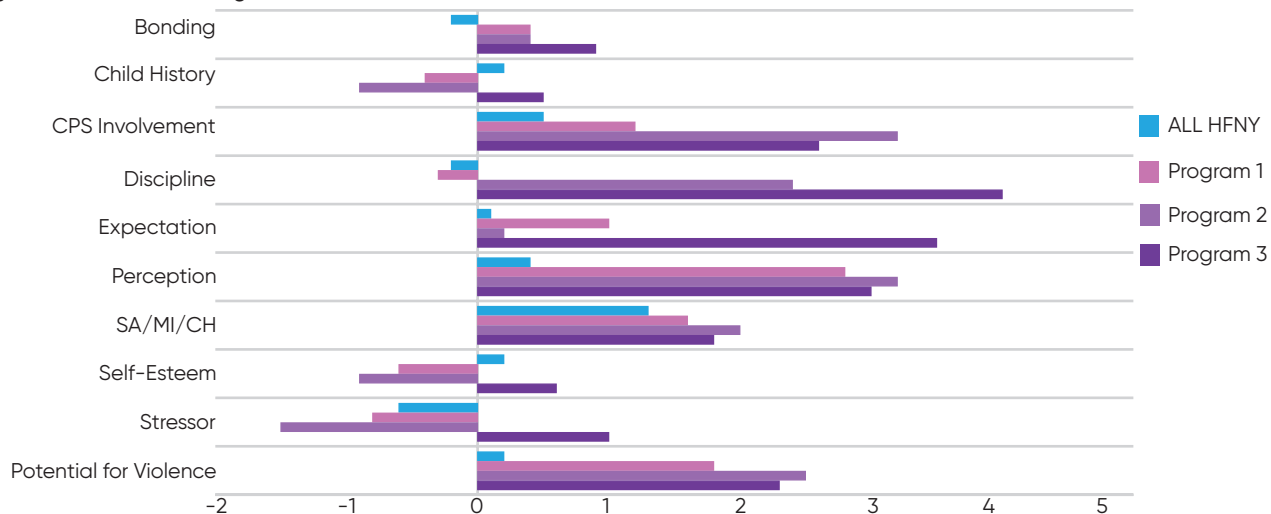


Domain-Based Scores

Changes in scores within each Assessment domain were then examined to determine whether any particular domains explained this overall score shift. Figure 2 shows the difference between mean domain-specific scores in 2015 and 2020.

- All programs demonstrated a notable increase in the Substance Abuse, Mental Illness, and Criminal History (SA/MI/CH) domain. Otherwise, All HFNY demonstrated only small shifts of less than 1 point between years.
- Not surprisingly, given their huge overall score increases, Program 3 showed average score increases of at least one point in nearly every domain. These increases were especially notable for Discipline and Expectation, as they were greater than that for the other One-Step programs. Further, only Program 3 showed notable increases on Stressor.
- Programs 1 and 2 showed some decreases relative to All HFNY on Childhood History, Self-Esteem, and Stressor.
- One-Step programs generally showed greater increases than the comparative All HFNY baselines for CPS Involvement, Discipline, Expectation, Perception, and Potential for Violence.

Figure 2. Mean score changes in each Assessment domain between 2015 and 2020



SUMMARY AND CONCLUSIONS

Across all HFNY, Assessment scores increased slightly since 2015. Scores increased by notably greater margins at the three One-Step pilot programs, particularly upon implementation of the pilot. These increases were primarily driven by higher average scores in the domains of Substance Abuse, Mental Illness, and Criminal History; CPS Involvement; Discipline; Perception; and Potential for Violence.

There are several potential reasons for the especially dramatic score changes at One-Step pilot programs. Programs may simply be reaching families with higher risks; implementation of One-Step procedures also involved the redistribution of outreach efforts from one or two staff members to the full team, potentially resulting in contact with populations different from those typically served. However, separate analyses did not find any corresponding changes in demographic factors unique to pilot programs over this same interval.

Procedural changes implemented under the One-Step pilot could lead to shifts in parent and staff interactions during the Assessment. Under One-Step practices, parents and staff have at least one meeting before beginning the Assessment, and parents know that the staff member conducting their assessment will continue to work with them. This introduction may help build rapport before embarking on the in-depth, personal, and sensitive Assessment, which could make parents more comfortable honestly sharing their experiences and feelings about their pregnancy (or baby), resulting in higher scores. Such a shift could result in the increased scores seen for domains touching on especially sensitive topics, instead of more socially acceptable stressors. Additionally, staff may be more inclined to probe further when conducting the Assessment, knowing the information is directly relevant to their own future interactions with the family. With the emphasis shifted from meeting a specific eligibility score, staff may be less focused on simply getting enough information for a family to score in, and more focused on learning as much about the family as they can.

The change to One-Step practices thus resulted in increased, not decreased, Assessment scores. These scores confirm that HFNY's One-Step programs serve an especially high-need population, though likely not a different population than was served before this practice change. The more in-depth information gathered at this early point may allow staff to better provide appropriate services to their families sooner in the home visiting process, potentially resulting in a greater impact on future family functioning. Future quantitative and qualitative work will help explain the mechanisms driving this difference, including the importance of parent-staff rapport, staff perception of the tool, and potential shifts in demography.

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.

About the Center for Human Services Research

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



CENTER FOR HUMAN SERVICES RESEARCH
UNIVERSITY AT ALBANY State University of New York

University at Albany
Richardson Hall
135 Western Avenue
Albany, NY 12222

(518) 442.5762
chsr@albany.edu

www.albany.edu/chsr