



Healthy Families New York

1995 - started with 9 programs
Now 37 programs with 4 in the wings

Funding – New York State General funds, MIECHV

2013-14

\$24.5 million from OCFS (NYS general funds) and MIECHV

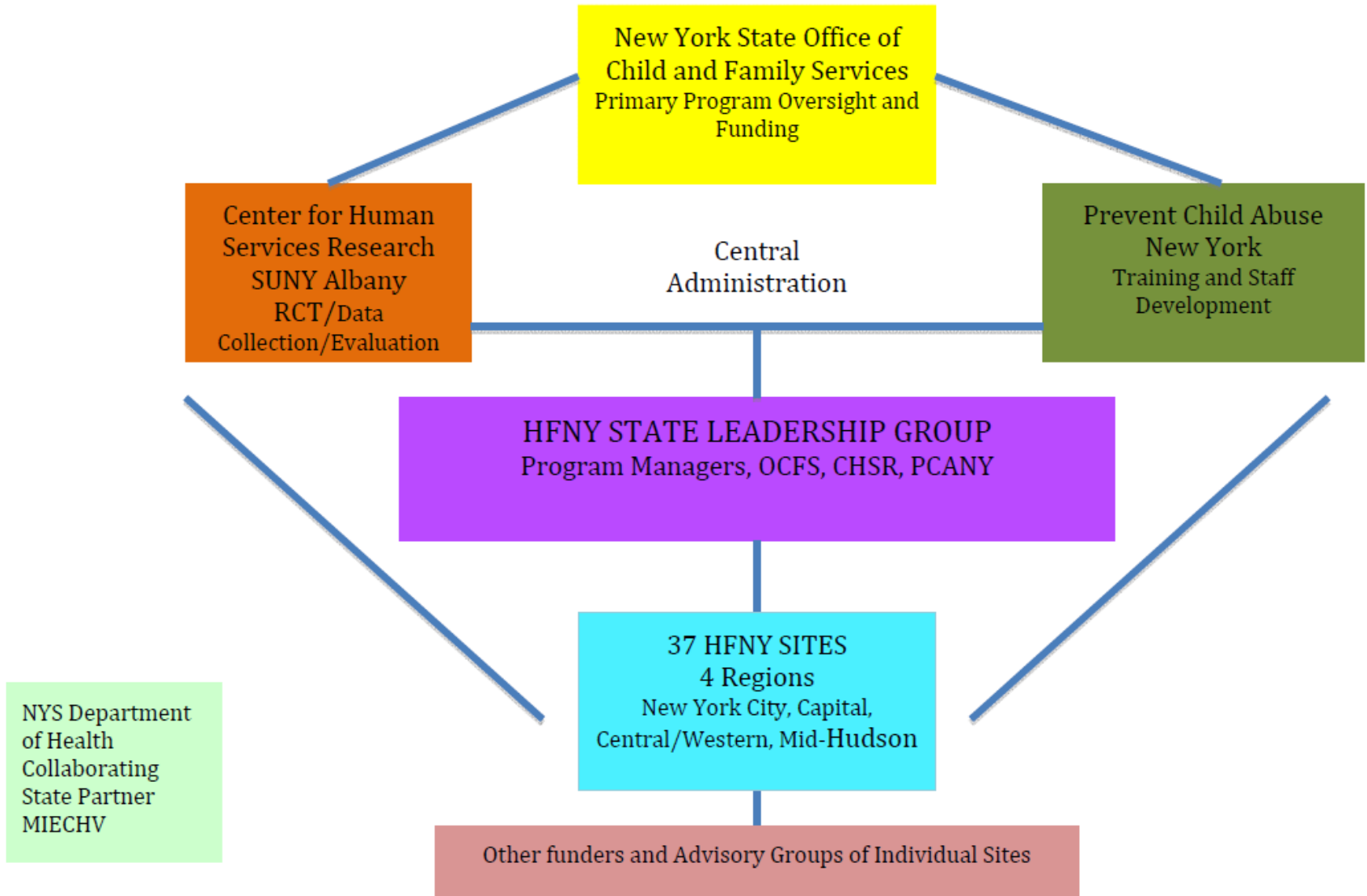
Programs (91%)

Training, TA and QA (3%)

Research, Evaluation and MIS (6% - This includes the 15 year RCT)

Healthy Families New York Organizational Chart

An attempt to describe a complex and fluid system in two dimensions



Prevent Child Abuse America/Healthy Families America Critical Elements & Standards
The foundation for our statewide system of programs

HFNY Central Administration

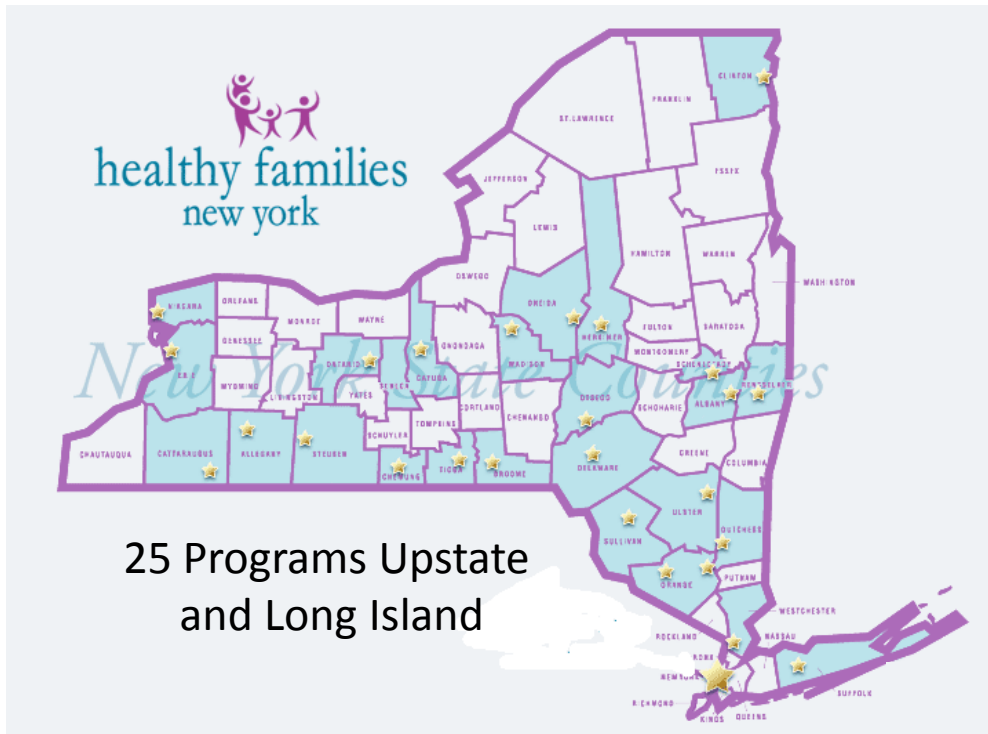


OCFS – Primary Funder (Development and Prevention Services and Bureau of Research and Evaluation)

CHSR – Research, Evaluation and Management Information System



Prevent Child Abuse New York – Training, QA and TA



HFNY State Leadership Group

3 statewide meetings in Albany a year

3 regional meetings a year

New York City

Capital District (Albany)

Mid-Hudson Valley

Western New York

Attended by Program Managers and CA

Multi-Site Accreditation



Research and Evaluation



CENTER FOR HUMAN SERVICES RESEARCH

UNIVERSITY AT ALBANY State University of New York

15 year RCT preparation (begins 10/1/14)

Research to Practice Example: Prenatal enrollment

Eunju Lee, PhD.

Seven prenatal home visits improve birth weight of target child

http://healthyfamiliesnewyork.org/Media/pdf/HFNY_low_birth_weight_article.pdf

CHSR Yearly projects

Worker survey, breastfeeding, fatherhood, assessment/intake pilot

Management Information System

Choosing a software

PIMS – HFA

FamilyWise - Datatude, Inc.

Off the shelf

Do-it-yourself

Developing a Management Information System For Healthy Families America model

Chart of HFNY MIS reports

Developing a Management Information System For Healthy Families America model

Business Rules

The beauty of the HFA model to a software designer is the specificity of the business rules. The standards provide the framework for gathering information about the service that are clear, in most cases, and provide structure and guidance to the worker in delivering that service. This is unique in human service.



Developing a Management Information System For Healthy Families America model

Usefulness and Lessons learned

One of the goals in designing the HFNY information system was to make it useful to program staff for planning, for quality assurance and for monitoring program performance targets and HFA model standards. We realized after our second multi-site accreditation visit that we had not designed a good mechanism for tracking worker training. We responded to this feedback by incorporating a training module into our MIS that has greatly improved our state's and program's ability to monitor and meet training accreditation standards.



Developing a Management Information System For Healthy Families America model

CQI

Data collection can drive the service intervention and occupy too central a role in service delivery. However, a good balance is essential. In training our workers, I tell them our software is a tool to use in monitoring their fidelity to the HFA model and to measure their ability to meet performance measures established by the multi-site system. However, I tell them the software is only a tool. One needs to interpret data in context and use it to validate work or to provide guidance for improvement (CQI). Only believe what the data says when you can trust the source. Be wary of using computer generated information to evaluate a worker's performance. Use it as a starting point for discussion. Our sites play a large role in their own quality assurance because of the tools we have given them. My support has been to make them aware of these tools and train and educate them as they develop a deeper understanding of the model and a deeper appreciation of the utility of the software tools.



HFNY Continuous Quality Improvement

Monthly	Quality Assurance, Performance Targets Review
Quarterly	14 Quarterly Data Reports including 21 Performance Targets submitted to funder
Every Six Months	12 Performance Indicators , combination of accreditation standards and NYS standards (partially used for funding decisions)
Yearly	Annual Service Review
Every Two years	Site visit by OCFS program contract manager and TA/QA visit by PCANY (OCFS and PCANY alternate years)
Every Five years	Multi-site Accreditation

Report Design in HFNY

Report Categories

Lists

Ticklers

Analysis

Quarterlies

Accreditation

Training

(additional handout – Reports by Attributes)

HFNY Data

Assessments this past year	3,192 (95% positive)
Served this past year	5,993
Active workers as of 10/31/13	503
Assessments prenatally or with 14 days of target child's birth this past year	83%
Acceptance rate after positive Kempe this past year	68%
First home visit prior to target child reaching 3 months this past year	98%
Prenatal enrollment this past year	72%
Home visit rate last 3 months	79%
Level X on 9/30/13	8%
Program capacity on 9/30/13	70%
Retention rate at one year	55%
Home visits this past year	30,076

Analysis Challenge for Individual Programs

1. Screening process monitoring
2. Acceptance and Refusal of Services Analysis
3. Retention Analysis
4. Cultural Sensitivity Review

HFA has analysis tools to help with these reviews

[1-1.C, 1-2.C-E, 1-3.B and 1-4.A-C Screening/Assessment Data plus Acceptance Analysis Grid](#)
[3-4.A Retention Measurement Worksheet](#)
[3-4.B-C Analysis Grid](#)

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