

**Healthy Families New York Site-Specific Policy and Procedures Manual**

**December 2023**

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**INTRODUCTION AND MISSION**

**Healthy Families New York Approach**

Healthy Families New York (HFNY) is committed to relationship-based practice and recognizes the significance of the Parallel Process.  Through our relationships – with families, within our program system, and in our communities – we work to decrease risk to children and families and build Protective Factors.  These most basic philosophical and practical concepts underlie all HFNY training, assessment, home visiting, ongoing support and supervision, internal and external quality assurance, and program administration.

The relationship-based approach informs all the policies and procedures described in this manual. Adherence to these policies and procedures promotes fidelity to the Healthy Families America (HFA) model, which has its foundation in 12 Critical Elements.

**Healthy Families America Mission Statement**

The mission of the Healthy Families America is to promote child well-being and prevent the abuse and neglect of our nation’s children through intensive home visiting.

**Healthy Families New York Mission Statement**

The mission of Healthy Families New York is to improve child and family outcomes for the state’s at-risk families by providing supportive home visiting to new and expectant families.

**HEALTHY FAMILIES AMERICA GOALS**

Build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth

Cultivate and strengthen nurturing parent-child relationships

Promote healthy childhood growth and development

Enhance family functioning by reducing risk and building protective factors

**HFNY PROGRAM GOALS**

   Support parent child bonding and relationships

    Promote optimal child and family health, development, and safety

    Enhance parental self-sufficiency

    Prevent child abuse and neglect

**GUIDE TO THE HFNY POLICIES AND PROCEDURES MANUAL**

The HFNY Site-Specific Policies and Procedures Manual (PPM) is organized around the HFA Critical Elements and the HFA Accreditation Program’s Best Practice Standards.  It serves as a guide to orient HFNY sites toward HFA model fidelity and the practical application of the model, and compliance with HFNY expectations for practice and program management.  Further, the HFNY PPM – like the model itself – supports self-awareness and self-assessment so that sites are empowered to examine their own strengths and, in collaboration with the HFNY Central Administration, strengthen areas that contribute to program improvement statewide.  In addition, the PPM is a critical tool for sites’ preparation for HFA Accreditation.

The PPM has been designed in close parallel to HFA Best Practice Standards, and includes all policies prescribed by HFA.  In some cases, HFNY’s policies are state-specific and sites are held to a higher standard than indicated by the HFA BPS; these policies are noted in the manual.  Intents for each policy are shared so that sites – as well as the state system – are consciously grounded in the rationale for required policies and practices. More detail on policy and practice expectations for each policy is included where helpful.

The title of each policy includes a date indicating when it became effective. In addition, each policy that has Management Information System (MIS) evidence components or supporting forms or documentation has these elements listed at the end of the policy.

The structure of the PPM includes specific guidance to support individual sites in incorporating prescribed site-specific policy content into the manual itself, in essence adding to the state system PPM, so that sites’ policy manuals can be in compliance with national and state system standards, and all policies and procedures are located together as part of a coherent, whole document. Note that for some 2nd and 3rd order standards, while specific policies are not required, providing evidence of adherence to these standards is expected.

The Appendix offers links to many items referenced in the policies. An asterisk next to the item denotes that a hard copy of the resource is provided within the Appendix. Lastly, the PPM includes a glossary of important terms to ensure universal interpretation of the meaning of key terms and concepts used in the HFA model and HFNY state system.*(Glossary currently being updated 2021)*

Standard 1: Initiate Services Early

**REFERRAL, SCREENING AND ENROLLMENT PROCESS**

(EFFECTIVE 11/15/2022)

**HFA Best Practice Standard 1-2.A**

**POLICY: The site has policy and procedures regarding initial engagement processes and mechanisms (from referral to offer of services) to ensure timely determination of eligibility and offer of services. Policy and procedures include each step of the process for all referrals, from receipt of the referral to offer of service, the site’s tracking and monitoring requirements, and documentation of reasons why when families are not offered services.**

HFNY Policy Guidelines

* Sites develop and maintain effective referral relationships with community agencies to encourage as many screens as possible to be received as early as possible in the pregnancy or within the first two weeks of the infant’s birth. These relationships can be either formal or informal. Formal relationships are reflected in Memoranda of Understanding (MOUs) or service agreements, which must be updated and signed annually.
* Sites use the HFNY Screen Form tool to determine eligibility. A Screen is positive if received prenatally or within 3 months of birth (or within 24 months of birth for families referred directly by child welfare for Child Welfare Protocol approved programs) AND any of the following are true about the PC1 (Primary Caretaker 1):
	1. Marital status is single, separated, divorced, or widowed
	2. Late (started after the 12th week of pregnancy), no, or inconsistent prenatal care.
	3. Inadequate income (TANF or Medicaid, employed without insurance or family financial concerns)
	4. Expectant/new parent is under 21 years of age at time of screen
	5. OR if screen items a, b and c are ALL unknown.
* When programs are **approved by HFNY Central Administration (CA**) to implement the Child Welfare Protocol (CWP) the screen form will include an **additional item** to indicate that the screen in question is coming from LDSS/ACS, automatically qualifying the family for services.
* Families with a positive screen are eligible to enroll in for services.
* After receipt of referral, staff will initiate contact (attempted or actual) with family, ideally within 5 business days.
* Ideally, staff will offer services[[1]](#footnote-2) within 5 business days of initial contact (actual) with families.
* Pre-enrollment engagement activities are used to describe the program services, build the family’s interest in participation, begin to establish a relationship, and build trust (see Policy 3-2.A). These efforts are tracked in the participant case notes.
	1. The assigned worker should use their professional judgment when gauging families' genuine interest in enrolling for HFNY services, partnering with families to complete the enrollment process.
* The family is considered to be enrolled when they have agreed to services and signed the Service Agreement Family Rights and Confidentiality Form and MIS Information Consent Form. These indicate the family’s informed consent to receive services. HFNY sets the date of signatures as the family’s enrollment date.
* Referrals to community-based services, screening tools, or other services may be offered to families who are not interested in or have not yet enrolled in home visiting services.
* Screens and their outcomes are tracked by the HFNY MIS and monitored at least quarterly by the program manager, supervisor, or designated administrative staff member, and these efforts are used to develop and implement strategies for quality improvement (See Standard 1-2.B). The site, in conjunction with its community advisory board, uses this data to monitor program capacity and develop and apply strategies to fill available slots when not yet at full capacity, and, when at capacity, to reduce gaps in service availability (See Standard 1-2.C). These strategies are also reported each quarter in the Quarterly Report to OCFS.
* For sites **approved by HFNY CA** to implement CWP, procedures are in place to initiate services within 24 months of birth for families referred directly by the Local Department of Social Service (LDSS). Each site approved to implement the CWP must have an MOU established with the LDSS/ACS.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that:**

1. A description of how the site will identify and maintain effective referral relationships with organizations in the community.
2. If upon receipt of screen/referral, Target Child falls outside of the required eligibility time frame (3 months of birth or within 24 months of birth for families referred directly by child welfare for Child Welfare Protocol approved programs), this family must be discussed with and approved for enrollment by the site’s OCFS program contract manager
3. Activities and expected timeframe between receipt of referral and initial contact (attempted or actual) with family (i.e. how referrals are collected, reviewed, and assigned).
4. A description of the how and when eligibility is determined.
5. Activities and expected timeframe between initial contact (actual) with family and offer of services.
6. Mechanisms to track and monitor each step of the initial engagement process, whether able to establish initial contact or not, whether services were offered or not, and the timeliness of these activities.
7. Documentation of reasons why families are not offered services.

**FIRST HOME VISIT**

(EFFECTIVE 11/15/2022)

**HFA Best Practice Standard 1-3.A**

**POLICY: The site has policies and procedures describing activities to ensure that at least 80% of families receive a first home visit prenatally or within the first three months after the birth of the baby (i.e., up until the baby turns 3 months of age), or within 24 months for families referred from Child Welfare Local Departments of Social Services (when approved by HFNY CA to use the Child Welfare Protocol).**

HFNY Policy Guidelines

* The first home is the first visit which occurs after enrollment.
	+ Refer to HFNY Process Chart
* The first home visit occurs prenatally or within three months (calculated in the MIS as 92 days) of a baby’s birth, 80% of the time. For sites approved to implement the Child Welfare Protocol, the first home visit occurs within 24 months of a child’s birth 80% of the time (see Standard 1-3.B.).
* Enrollment may occur at or before the first home visit.
* Any instance when a family’s first planned home visit falls outside these parameters (3 months after the birth of the child or 24 months after the birth of the child if implementing Child Welfare Protocols) must be discussed with and approved by the site’s OCFS program contract manager.
* Engagement efforts and families’ enrollment status are tracked in the MIS and monitored at least monthly by the program manager, supervisor, or other program designee and these efforts are used to develop strategies for quality improvement.
* Calculating the rate of families accepting services is a critical quality improvement practice (see Standard 1-4.A.); therefore, programs systematically track, measure, and analyze their data associated with family acceptance to better understand the underlying issues or causal factors associated with families choosing to accept services or not. This analysis examines the various factors of those who accept services (as demonstrated by completion of a first home visit) compared with those, during the same time period, who were offered services yet never received a 1st home visit. Programs’ efforts in tracking, measuring, and analyzing acceptance of services are reflected in their Annual Service Review (see Standard 1-4.B.). Programs develop and implement strategies to expand and maintain prenatal enrollment and receipt of a first home visit.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that:**

1. A description of the process for tracking the timing of first home visit in relation to the child’s date of birth.
2. A description of the process for monitoring and adhering to this standard.

**Reference Table**

**Best Practice Standard 1**

*This reference table contains a list of reports in the MIS that can be used to help programs monitor fidelity as well as helpful links and documents related to each policy.*

|  |  |  |
| --- | --- | --- |
| **Policy** | **MIS Reports & Forms** | **Appendix & Links** |
| **1-2.A** **Program Eligibility Criteria** | * TBD
 | * Details on positive impact of HFNY services
	+ <https://www.healthyfamiliesnewyork.org/Research/default.htm>
 |
| **1-3.A** **First home visit within 3 months**  | * Accreditation/1-3B Timing of First Home Visit report
 | * N/A
 |

Standard 2: Standardized Assessment Tool

(FROG)

**USE OF THE FAMILY RESILIENCE OPPORTUNITES FOR GROWTH (FROG) SCALE**

(EFFECTIVE 11/15/2022)

**HFA Best Practice Standard 2-1.A**

**POLICY: The site has policies and procedures requiring the FROG Scale be administered to identify risk and protective factors that could contribute to or mediate increased risk for child maltreatment or other adverse childhood experiences. The policy and procedures also require documentation of these risk and protective factors be completed in narrative format that fully describes the concerns, needs, and strengths expressed by the parent(s) during the FROG Scale conversation, and all items are scored in accordance with the guidelines of the tool. The policy and procedures specify who is responsible for administering the tool and the timeframe for completing the narrative, including supervisor review**.

HFNY Policy Guidelines

* Sites use the FROG Scale to assess the presence of various factors associated with increased risk of adverse childhood experiences and support the development of a service plan that meets the unique needs of each family.
* The FROG Scale is completed after enrollment, typically occurring at the first home visit, ideally within a single visit, but in no more than two visits (within 30 days of enrollment).
* The FROG Scale is completed for the parents (or primary caregivers) present in a relationship-building, conversational style. Efforts are made to complete the FROG Scale with both parents (or primary caregivers).
* The FROG Scale is administered objectively and reliably according to the FROG training.
* Responses from parents (or partner/significant other) present at the FROG visit are scored (0-4 or U (unknown)) in all domains the parent shared information for. When a domain is not explored for a person who was present at the FROG visit, score is U (unknown) and documentation includes reason for score; for example, "FRS did not ask." or "Lack of information gathered made it unable to rate." Domains scored U (unknown) can be entered on the service plan for further exploration.
* The FROG Scale narrative is documented in the HFNY FROG Scale Narrative Form, scored, and submitted in the MIS to the supervisor for review within 2 business days.
	+ Visit(s) where the FROG is administered will need to be recorded in the Home Visit Log.
* Supervisors review all FROG Scale narratives. These reviews may be completed outside of regular supervision times to ensure that the supervisor reviews them in a timely manner. Any subsequent changes are reflected in a finalized FROG Scale narrative. Supervisors have 3 business days from submission to review, finalize, approve the FROG Scale narratives, and ensure that the appropriate staff has been assigned.
* The narrative includes details of the family’s strengths, protective factors, concerns, and needs as determined by the FROG Scale.
* Staff who administer the tool participate in regularly scheduled supervision with their supervisor to review and confirm documentation is complete and scoring is discussed. Staff are supported with building skills that ensure FROG Scale conversations are done in a manner that builds relationships and is respectful, culturally responsive, and strength based. Supervisors observe staff conducting the FROG Scale at least twice annually (4 times in the first year after hire).
* Prior to using the FROG Scale, all staff with responsibility for administering the tool and their supervisors will complete FROG Scale training conducted by a certified Healthy Families America FROG Trainer (or the HFA Hop Up for staff previously trained in the Parent Survey).
* Information collected from the FROG Scale is documented on the Service Plan for initial and ongoing service planning.

**The site will adhere to all NYS policy guidelines specified above[[2]](#footnote-3). In addition, please insert site-specific procedures below that include:**

1. A description of how, prior to using the FROG, all staff administering the tool and their supervisors will complete the appropriate required training.
2. The time frame for administration of the FROG Scale (see time frames identified in guidelines above).
3. A description of who is responsible for administering the FROG Scale.
4. What efforts are made to engage both parents and how responses from parents are recorded, including when Unknown is selected for a parent present for the FROG.
5. The time frame for completing the FROG narrative documentation and scoring and Home Visit Log documentation.
6. The process and time frame for supervisor review and feedback on the FROG Scale narrative and time frame for assignment to the appropriate staff.
7. Describe how information collected from the FROG will be documented in the Service Plan for ongoing service planning.
8. How staff are supported over time in the way they engage families in the FROG Scale conversation.

**Reference Table**

**Best Practice Standard 2**

*This reference table contains a list of reports in the MIS that can be used to help programs monitor fidelity as well as helpful links and documents related to each policy.*

|  |  |  |
| --- | --- | --- |
| **Policy** | **MIS Reports & Forms** | **Appendix & Links** |
| **2-1.A** **Use of the FROG Scale** | * N/A
 | * FROG Tool-Kit (located on password protected side of HFNY website)
 |

Standard 3: Offer Services Voluntarily

**VOLUNTARY NATURE OF SERVICES**

(EFFECTIVE 11/15/2022)

**HFA Best Practice Standard 3-1.A**

**POLICY: The site has policies and procedures stating that HFNY services are voluntary and how families are made aware of the voluntary nature of their participation in the program.**

HFNY Policy Guidelines

* Parents are to be informed, verbally and in writing, of the voluntary nature of participating in HFNY services as early as possible and no later than when families consent to participate in services, including the FROG/assessment visit.
* Engagement visits, phone calls or other activities are used as the first opportunity for families to make an informed and voluntary choice about participation in services offered by the program.
* During engagement visits and activities, the assigned worker[[3]](#footnote-4) explains what Healthy Families is, what services are available, and the voluntary nature of services.
* The assigned worker will review the Service Agreement Family Rights and Confidentiality Form and MIS Information Consent Form with families (i.e., enroll families) **before completing the FROG.**
	+ Refer to HFNY Process Chart
* Sites must include at minimum (refer to GA-5B for policy on Family Rights and Confidentiality):

**Family Rights**

* The right to refuse services
* The right to a referral, as appropriate, to other service providers
* The right to participate in planning of services to be provided
* The right to file a grievance/complaint and how to do so if the need arises including phone number or contact information (see GA-5A for grievance policy requirements)

**Confidentiality**

* The manner in which information is used to make reports to funders, evaluators or researchers (typically aggregate format)
* The manner in which consent forms are signed to exchange information
* The circumstances when information would be shared without consent (i.e., need to report child abuse and neglect).
* Each family choosing to participate in HFNY services signs and receives a copy of the Family Rights and Confidentiality Form.
* In the event that any entity (child welfare or the court system, for example) attempts to mandate services for a family, staff ensure that both the agency and the family know that services will be offered voluntarily and that the family is free at any time to decide whether or not to participate.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that:**

1. Statement of commitment to services that are voluntary.
2. How families are informed of the voluntary nature of services and their right to refuse services and how this is documented.
3. The site’s Family Rights and Confidentiality Form that clearly states the voluntary nature of services.

**BUILDING TRUST AND ENGAGING FAMILIES**

(EFFECTIVE 11/15/2022)

**HFA Best Practice Standard 3-2.A**

**POLICY: HFNY staff use positive methods to build family trust and engage/enroll new families.**

**Please note:** This standard applies to families who have not yet enrolled or received a first home visit (i.e., visit subsequent to the site offering services), and is not to be confused with creative outreach expectations which occur after the family has received a first home visit (Standard 3-3).

HFNY Policy Guidelines

* Staff will use a variety of outreach and engagement activities including engagement visits, texting, phone messages, sending friendly notes, invitations to parent groups, providing program information and leaving small token gifts like hand sanitizer, etc. to engage families.
* HFNY Staff are trained to plan for intentional use of reflective strategies and active listening skills to build a trusting relationship with families and encourage children’s healthy brain development.
* When a family is reluctant to participate in home visiting or does not appear to be available, the assigned worker discusses the family in detail with their supervisor to problem-solve the engagement difficulties and develop strategies to build trust and engage the family.
* All activities to engage the family are documented in participant case notes, these will be used to populate the Engagement Log in MIS.
* There is no requirement for the amount of time staff will spend trying to initially engage families; it is recommended the pre-enrollment outreach (outreach services provided prior to the first home visit) concludes within 30-45 days of the first attempted contact with the family subsequent to their verbal acceptance. For early prenatal referrals or when sites are working to build caseloads, pre-enrollment outreach may extend longer.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that:**

1. Description of how staff will begin building their relationship with the family prior to enrollment. Including customizing activities based on the family’s needs and interests, indicating an understanding of those needs and an ability and willingness to help.
2. Description of how supervisors support staff and have ongoing discussions with staff about positive and persistent outreach and engagement methods.

**TIP:** When programs choose to utilize separate FRS and FSS roles, it will be important to use pre-enrollment interactions between the FRS and family to begin discussions around FSS assignment. The visit where the FROG occurs will be considered the first home visit and programs will be held accountable for home visit rate expectations from that point, assigning the FSS or beginning conversations about FSS assignment prior to the FROG visit will help programs ensure they meet home visit rate expectations.

**CREATIVE OUTREACH**

(EFFECTIVE 11/15/2022)

**HFA Best Practice Standard 3-3.A**

**POLICY: Families who have received at least one home visit (post-enrollment) are offered Creative Outreach in accordance with the HFA Level Change Forms for a minimum of three months before discontinuing services (or for a cumulative three-month period over six consecutive months). Families remain at the case weight of the level they were on prior to moving to CO.**

HFNY Policy Guidelines

* Level CO (Creative Outreach) corresponds to the family’s circumstances and not those of the home visitor or the program. For example, families may not be placed on Level CO when a home visitor is on leave of absence or vacation, or when the program is having trouble filling a vacancy. It is the program’s responsibility to visit the family according to the family’s current home visit level.
* A family that has received at least one home visit is placed on Level CO when:
1. The family cannot be located.
2. The family has missed three consecutive scheduled home visits while on Level 1-Prenatal, Level 1, Level 2 or Level 1SS. The program will place the family on CO as of the date of the first missed home visit.
3. A family on Level 3 or 4 has missed onescheduled visit and there has been no communication. This does *not* include a family who calls prior to the missed visit to reschedule.
* Home visitors consult with their supervisor in determining Level CO. The review is documented in the case notes and supervision documentation.  When Level CO status is assigned, discussions about the outreach efforts occur regularly in supervision.
* Creative Outreach activities are carried out consistently and at a frequency equal to or higher than that associated with their previous level.
* Creative Outreach includes positive engagement activities such as, phone calls, text messages, drop-by home visits, use of door hangers, friendly letters, and materials that may be of special interest to the family (e.g., ASQs, job announcements, social activities, etc.).
* Home Visitors should maintain a record of all Creative Outreach activities in the case notes.
* A family is taken off Level CO when they have received ***two consecutive* *home******visits*.** The date of the second home visit is the date of level change, and this is documented on the Level Form found in the Basic Information tab for each case.
* Decisions about visit frequency after families are taken off Level CO (the same or higher than prior to time on CO) will be made based on discussions between the supervisor, home visitor and family (not necessarily at the same time).
* A family will remain on Level CO for a minimum 92 day period, either consecutively or cumulatively over a six-month period, before being discharged from services.
* Families who are assigned a permanent worker from Level TR or returned to the service area from Level TO, **but who are unable to be engaged on an active service level**, should be placed on Level CO. In these situations, the cumulative time on TR or TO plus CO will be for a minimum of 92 days. This decision should be documented in case notes and supervision notes.
* HFA has specified the following allowable reasons for when a family on CO may be discharged from services prior to the 92 day period. Including:
1. The family has refused services
2. The family has moved from the service area
3. Neither parent has custody of the child
4. The pregnancy ended in miscarriage or termination
5. The target child or primary caregiver is deceased
6. There are significant safety concerns that place the home visitor’s health and well-being in jeopardy
7. The family has transferred to another program
* Level CO can extend beyond 92 days if it is likely that the family will be re-engaged. Supervisors and home visitors discuss this circumstance and document this discussion.   HFNY Performance Indicators set the maximum percentage of families on Level CO at 10% or lower.
* If 92 days of outreach at Level CO conclude without success, a letter may be sent to the family indicating that services will be closed and inviting them to contact the program if their circumstances have changed.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that:**

1. Describe when families will be placed on post-enrollment Creative Outreach (CO).
2. Identify how shared decision making between the supervisor and home visitor as to when level CO is assigned will occur, how the decision will be documented and require regular reviews about outreach efforts, including monitoring the documentation of all outreach efforts.
3. Specify case weight from previous level will be maintained during time on Creative Outreach.
4. Describe the activities encouraging reengagement to be carried out, consistently and at a frequency equal to or higher than that associated with their previous level.
5. Specify that the home visitor will document all Creative Outreach activities in the case notes.
6. Specify that CO efforts will be continued for a **minimum** of 92 days or for a cumulative 92 day period over six consecutive months.
7. Describes that level CO will conclude prior to the 92 day period (consecutive or cumulative) only when the family has re-engaged in services, has moved from the service area, has declined services or other allowable reasons specified in HFA Best Practice Standards (p. 61).
8. Specify that when families are unable to be actively engaged, after coming off of Levels TR or TO the process for assigning them to Level CO will reflect the following:
	1. Family is first transferred to their appropriate service level.
	2. Home visitors attempt to contact the family and establish a regular visit schedule, but are unable to do so.
	3. Supervisor and home visitor determine placement on Level CO is appropriate, and document this in case notes and supervision notes.

**Reference Table**

**Best Practice Standard 3**

*This reference table contains a list of reports in the MIS that can be used to help programs monitor fidelity as well as helpful links and documents related to each policy.*

|  |  |  |
| --- | --- | --- |
| **Policy** | **MIS Reports & Forms** | **Appendix & Links** |
| **3-1.A****Voluntary nature of services** | * None
 | * **Sample Family Rights and Confidentiality Form** (need HFA login)
	+ <https://www.healthyfamiliesamerica.org/network-resources/ga-5-b-rights-and-confidentiality-english-2/>
	+ <https://www.healthyfamiliesamerica.org/network-resources/ga-5-b-rights-and-confidentiality-spanish/>
 |
| **3-2.A****Pre-enrollment outreach** | * Engagement Log
 | * N/A
 |
| **3-3.A****Post-enrollment creative outreach** | * Accreditation/ 3-3.B Use of Create Outreach
* Accreditation/ 3-4.A and B Retention Rate Analysis
* Analysis/ Program Synopsis
* Lists/ Supervisor case list
 | * Creative outreach Activities/ Checklist
* **Sample Family Rights and Confidentiality Form** (need HFA login)
	+ <https://www.healthyfamiliesamerica.org/network-resources/ga-5-b-rights-and-confidentiality-english-2/>
	+ <https://www.healthyfamiliesamerica.org/network-resources/ga-5-b-rights-and-confidentiality-spanish/>
* Annual Service review guidelines
 |

Standard 4: Offer Services Intensely

**MINIMUM LENGTH OF TIME TO OFFER HOME VISITS**

(EFFECTIVE 8/05/2022)

**HFA Best Practice Standard 4-1.A**

**POLICY: Families are offered weekly home visiting services at the start of services and continue to be offered weekly visits until the family meets progress criteria to move to every other week. Services are offered long term (3 to 5 years).**

HFNY Policy Guidelines

* If pregnant and prior to 28 weeks gestation, families enter services at 2P and weekly visits ​​are offered until a relationship is established and then the home visitor can begin conducting visits every other week. Program and family can determine how long weekly visits will be offered on 2P. If the family begins services when the mother is at or beyond her 28th week of pregnancy, they enter services on Level 1P with weekly visits.
* If the family has a new baby (target child), they begin services on Level 1.
* Families on Level 1 and 1P will be offered weekly home visits. If a family requests less frequent home visits prior to meeting progress criteria, sites will respect the family’s wishes and adjust visit frequency to family request (documenting the parent’s request in the home visit narrative or case notes when this occurs), while maintaining the family on Level 1 and continuing to offer and encourage the family’s receptivity to weekly visits. The expectation is weekly visits will be offered until the family meets progress criteria to move to Level 2.
* Families whose infant is hospitalized in NICU after birth will not be placed on Level 1 until the baby comes home from the hospital, unless the parents want weekly visits during that time. The FSS will place the family on Level TO until the baby comes home from the NICU. The home visitor will ask the family how often they would like to have contact with the program in the form of visits, phone calls and/or other outreach methods. Based on the conversation with the family, the supervisor and home visitor will add the outreach plan to the Service Plan. All outreach will be documented in the MIS case notes (unless a home visit takes place, which will be documented in the home visit narrative)
* Families moved to a creative outreach level from Level 1 will return to Level 1 once re-engaged until the family has met the criteria outlined on the Level Change Form for movement to Level 2.
* Families transferring from another HFA site or re-enrolling with the same target child will be placed on Level 1 and offered weekly visits until the relationship has been established with the home visitor. The FSS and supervisor discuss/review the criteria for level changes to make sure that the family continues to meet the progress criteria prior to moving them through the levels. The speed with which the family moves through the service levels (with a transfer or re-enrollment) will be dependent on the family’s need and done at the discretion of the supervisor and FSS. The key here is making the effort to build a relationship with the transferred or re-enrolled family. Conversations on family's progress in meeting criteria will be documented in supervision notes
* As with all other service level changes, the movement from Level CO to Level 1 includes a discussion with the family to discuss changes in visit frequency
* The supervisor and the home visitor discuss and formalize all level changes during regular supervision. Level change discussions are documented in supervision notes
* Level change forms will be completed and signed after the family, home visitor and Supervisor agree to the level change (**see 4-2 for more details about level changes**)

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that:**

1. Describe how the program will ensure families are moved from 2P to 1P once the 28th week of pregnancy has been reached
2. Describe how the program will make sure that a family with a target child in the NICU is receiving outreach based on the family’s preference and ensure this outreach plan is documented in the Service Plan
3. Describe how the program ensures that a transfer or re-enrolled family receives weekly visits until the relationship is established and criteria are met to move the family through the levels.
4. Describe how the program ensures that conversations about all level changes, re-enrollments and transfers are documented in the supervision notes

**LEVELS OF SERVICE**

(EFFECTIVE 08/05/2022)

**HFA Best Practice Standard 4-2.A**

**POLICY: The intensity of services is based on clearly defined levels of service and criteria for moving from one level of service to another. Progression from one service level to another is based on the progress of the family and involves the family, the home visitor and the supervisor.**

HFNY Policy Guidelines

* When families agree to participate in intensive home visiting services:
	1. If pregnant and prior to 28 weeks gestation, they enter services at 2P and weekly visits ​​are offered until a relationship is established and then the home visitor can begin conducting visits every other week
	2. If the family begins services when the mother is at or beyond her 28th week of pregnancy, they enter services on Level 1P with weekly visits being offered
	3. If the family has a new baby (target child), they begin services on Level 1 and are offered weekly visits
* Families served prenatally move to Level 1 with the birth of the new baby, except if the baby is in the NICU **(Programs will refer to policy 4-1 for details)**
* Service intensity is based on criteria on the HFA Level Change Forms. Level Change Forms are required for changes from Level 1 to Level 2, Level 2 to Level 3, and Level 3 to Level 4.
* Families can **temporarily** be placed on Level 1SS, 2SS or 3SS (Special Services) when in crisis, or during a high-need time period while on Level 1, 2 or 3, after discussion with the supervisor. The SS level should generally not exceed 3 consecutive months but there may be situations in which SS extends beyond 3 months, if the crisis is still ongoing.
* There might be circumstances under which a family requires more time for the home visitor to plan and/or conduct visits on a more **permanent** basis, not due to a temporary crisis but due to an ongoing need (*including but not limited to: child welfare involved families, families that require translation, families with special needs on the part of the parent or child, multiple births, lack of other resources available in the community to meet family need, extensive travel and other non-direct service time required to fulfill the home visitor’s responsibilities*). In these circumstances, the supervisor may use their discretion to add an additional .5 to the family's case weight permanently to ensure that the home visitor has the time and space to adequately serve the family.
* Sites measure whether families at various levels of service receive the expected number of home visits based upon the level to which they are assigned using the *Home Visit Completion Rate Analysis* report in the MIS **(4-2B)**
* Movement from one level to another is based on the progress of the family determined by the criteria defined in the HFA BPS (8th Edition) Level Change Forms. Level changes are discussed and agreed upon between the FSS and Supervisor during supervision first **(4-2C)** and then between the FSS and the family during home visits after the FSS and supervisor agree that a family’s progress indicates readiness for movement to a less intensive service level **(4-2D).** TheHFA Level Change Forms (*signed by FSS and supervisor*) and HFA Celebration Certificates (*signed by FSS and family*) meet all documentation needs for 4-2C and 4-2D. **These forms are required and copies of these forms must be uploaded to the Case Documents section of the MIS**
* During home visits, the FSS discusses with the family their achievements, visit schedule, family circumstances and readiness for change in frequency of home visits. The family’s receptiveness or resistance to the proposed level change is documented in the home visit narrative.
* Level Change Forms are not required for moving families to Levels CO, TO, and TR or for moving from Level 2P to 1P or Level 1P to 1. These levels are not based on family progress. Documentation of activities the home visitor carries out on behalf of the family (*such as phone calls, mailing materials, service referrals etc*) while on these levels is entered in the MIS into case notes.

**HFNY Level System**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level**  | **Duration**  | **Case weight**  | **Visits expected**  |
| 2P(Prenatal) | Prenatal up to 28 weeks gestation | 2  | Weekly visits until relationship established, then every other week until 28 weeks gestation |
| 1P (Prenatal)  | Prenatal: 28 weeks gestation to to birth  | 2  | 1 visit every 7 days (Weekly) |
| 1 | Postnatal until HFA progress criteria is met for change to Level 2 | 2 | 1 visit every 7 days (Weekly) |
| 2  | Until HFA progress criteria is met for change to Level 3 | 1  | 1 visit every 14 days (Biweekly) |
| 3  | Until HFA progress criteria is met for change to Level 4 | .5  | 1 visit every 28 days (Monthly) |
| 4 | Until HFA progress criteria is met for Program Completion | .25 | 1 visit every 84 days (Quarterly) |
| Level SS | Temporary periods of crisis (typically no more than 3 months) | Add 1 point to current case weight  | Additional 1 point added to Level 1, 2 or 3 during temporary periods of intense crisis |
| Level CO (creative outreach) | Family not able to be engaged for regular visits for either 3 months (or a cumulative 3 month period) over the course of 6 consecutive months (**see policy 3-3A**) | .5-2 (Case weight determined by level family was on prior to CO) | Creative Outreach engagement activities.  |
| Level TO (temporarily out of area) | Temporarily Out of Area, for up to 3 months  | .5–2 (Sites maintain a family’s case weight while on Level TO equal to the family’s level prior to being placed on creative outreach to ensure space is retained to move family back to that level if re-engaged) | N/A |
| \*Level TR (temporary reassignment) | Temporary reassignment to another staff person during extended staff leave or turnover up to 3 months when family is not receptive or able to receive visits at previous frequency***\*If family is receptive and able to continue receiving services at the frequency associated with their previous level, then the level and case weight would not be changed to TR.*** | .5 | As agreed upon between the FSS and the family.  |

**Circumstances that Warrant Additional Case Weight Points**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Criteria for Use**  | **Case weight**  | **Visits expected**  |
| “Enhanced” designation added to family’s current level | Families that require more time for the home visitor to plan and or conduct visits due to ongoing, more permanent needs.  | Add .5 points to current case weight. (*All levels except TR*) | Visits take place based on current service level |

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that:**

1. Describe how the home visitor engages in a discussion with the family about the frequency of visits based on the family’s service level upon enrollment
2. Describe how the program ensures that NICU families are placed on Level TO until the baby comes home from the NICU
3. Describe how the program ensures that families are receiving the correct service intensity based on criteria in the HFA Level Change Forms
4. Describe how the program determines a family’s need to add SS to their current level (Levels 1, 2 and 3 only) and how the supervisor and home visitor monitor the family’s progress to determine when SS can be removed from the current level
5. Describe how the Supervisor and home visitor will assess whether a family needs an extra .5 case weight
6. Describe how the program uses the *Home Visit Completion Rate Analysis* report in the MIS to assist staff in ensuring that families are receiving the number of home visits specified based on the family’s level
7. Describe how the program ensures that families meet the progress criteria in the HFA Level Change Forms prior to changing family’s levels and ensures 3 way agreement among the family, FSS and Supervisor. **Please note that 4-2C is an Essential Standard**. Also include that HFA Level Change Forms and HFA Celebration Certificates will be uploaded to Case Documents in the MIS and describe how the site will provide monitoring to ensure the certificates are signed by the appropriate parties and uploaded to Case Documents (*keep in mind that Level Change Forms are not required for moving families to Levels CO, TO, and TR or for moving from Level 2P to 1P or Level 1P to 1 as these levels are not based on family progress).*
8. Please note that the home visitor will document family’s responses to the level change (receptiveness or resistance) in the home visit narrative and describe how the program will provide monitoring to ensure these conversations are documented

**HOME VISIT COMPLETION**

(EFFECTIVE 08/05/2022)

**HFA Best Practice Standard 4-2.B**

**POLICY: Families at the various levels of service (e.g., weekly visits, bi-weekly visits, monthly visits, etc.) offered by the site receive the appropriate number of home visits, based upon the level of service to which they are assigned.**

HFNY Policy Guidelines

* All home visits, which include in-home, out-of-home and virtual visits must follow these goals:
	1. The assessment and documentation of parent-child interaction using CHEERS (provided that TC is present and/or awake).
	2. A focus on the promotion of healthy growth and development of the child.
	3. The enhancement of family functioning.
* Out-of-home visits and virtual visits need supervisory approval in order to count toward the home visit rate.
* Supervisors and home visitors will discuss the reasons for conducting out- of-home and virtual visits and strategies will be developed to gain the family’s trust and ultimately conduct visits in the home, whenever possible.
	1. The reasons to conduct out-of-home visits might include things such as safety, home infestation, a gatekeeper in the home, refusal from PC1, the opportunity to promote positive PCI out of the home, promote healthy childhood growth and development or to enhance family functioning.
	2. The reasons to conduct virtual visits include extreme circumstances such as a pandemic, special weather conditions, natural disaster and community safety advisory ,when the family is not initially comfortable with a new person coming into the home or when continuity of service can only be maintained virtually. In such circumstances, programs will follow HFNY Central Administration’s protocols and procedures.
	3. When out of-home visits will occur for more than two consecutive visits, or if in home visits are refused by PC1 or unsafe, the Service Plan will be used to identify the factors that contribute to the family not permitting in- home visits and strategies will be developed to move to in-home visits if possible.
	4. When out of home visits will occur for more than two consecutive visits, the family’s reasoning for out-of-home visits will be reviewed during the in-depth discussion and strategies will be developed to ultimately conduct visits in the home.
	5. Programs should reach out to their program contract manager if out-of-home visits should continue for more than 3 months (for L4 families after 2 consecutive visits).
* The FSS will discuss strategies with the family and use the Family Goal Plan in cases where the family chooses to work on a goal that would lead to in-home visitation.
* In the case of supervised out-of-home visits, the site will follow their agency’s policy.
* Sites are permitted to count one group meeting per month as a home visit while families are on Level 1 or 1P; however, to do so requires that a Family Support Specialist be present during the group meeting and that the group meeting be documented on a home visit note, including some (2 or more) aspects of CHEERS for that particular family (when the group includes parent-child interaction time). The site may also count one visit per month conducted by a multidisciplinary team member (if with documentation to demonstrate the staff person received HFA Foundations for Family Support training and receives supervision consistent with 12-1 and 12-2 standards).

**HFNY’s expectations:**

Out of home visits can count as a home visit if the content of the visit matches the goal of a home visit, can be documented as such, including documentation of CHEERS and have supervisory approval. Under extreme circumstances, when in-person home visits are not possible due to severe weather conditions, natural disaster, pandemic or community safety advisory **virtual visits[[4]](#footnote-5)** may be conducted.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that:**

1. A description of the goals of the home visits and how you document them using the Home Visit Log.
2. How the supervisor will approve the use of out-of-home and virtual visits.
3. A description of how the site tracks out-of-home and virtual visits:
	1. the frequency permitted
	2. the location they occur
	3. the reason for out-of-home and virtual visits (i.e., using the Home Visit Log).
4. How the site will discuss families who receive out-of-home visits or virtual-visits and the strategies used to move to in-home visits and how this will be documented.
5. A description of the strategies the FSS will use to promote in-home visits with families.
6. Insert your agency’s policy and procedures regarding supervised visits in foster care or when PC1 is incarcerated.

**DURATION OF SERVICES**

(EFFECTIVE 08/05/2022)[[5]](#footnote-6)

**HFA Best Practice Standard 4-3.A**

**POLICY: Intensive home visiting services are offered to families for a minimum of three years after the birth of the baby or after enrollment (whichever is later), with the exception of families who transfer from another program.**

HFNY Policy Guidelines

* HFNY services are offered to families up to age five
* Families are made aware at the time of enrollment that services are offered through age five
* If a family should choose to leave services prior to three years of service, staff will determine if the family has met the criteria for HFA’s Successful Completion of the program using the HFA Level form and acknowledge the family as having completed. Family would have needed to complete Level 3 or Level 4 and meet HFA program completion criteria to be considered a completion.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that:**

1. Describe how the program will ensure that all families are made aware at the time of enrollment that services are offered through age five (*eg. Family Rights & Confidentiality forms etc.*)

**SERVICE CLOSURE AND TRANSITION PLANNING**

(EFFECTIVE 08/05/2022)

**HFA Best Practice Standard 4-4.A**

**Policy: Transition plans are developed when a family is ending services with a planned service closure (i.e., when a family is graduating from the program or is moving from the service area, or other circumstances indicate departure from the program).**

HFNY Policy Guidelines

* Transition plans will be developed for families who are completing services or who have notified the FSS they are leaving services at least three months prior to closure. The FSS will initiate formal transition planning by discussing with the parents their current and continuing goals for their child and for their family as a whole and discussions will be documented in the Transition Plan form and Home Visit Narrative in the MIS. The transition plan will include reason for closure, the date of the initial discussion regarding closure and date of planned closure, or date the family declined a transition plan.
* Circumstances leading to an unplanned or unexpected closure, or a planned closure with less than three months’ notice would not be held to the standard, though the site is encouraged to provide as much support as possible in these situations
* The home visitor assists the family in identifying resources and /or services needed or desired by the family and any other services available to them in the community (eg. Head Start, childcare, or other community-based early childhood education programs, or another HFA site if the family is moving). The home visitor makes referrals as needed and obtains family’s signed consent where necessary
* The home visitor and supervisor review and discuss family goals, transition plan and discharge form and keep documentation of these discussions in supervision notes
* Prior to closure the site or family (based on family preference) follows up with identified resources to determine availability and assist with successful case closing transition
* The Follow-Up Form is completed at discharge.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that:**

1. Describe how the program will determine when formal transition planning needs to begin for planned closures and how the program will ensure that the Transition Plan form is completed in the MIS for all planned closures
2. Describe how the program will handle and document support offered to families when FSS is notified that the family will have to end services unexpectedly (ie. death of the parents, loss of pregnancy, loss of TC etc.)
3. Describe the process by which the FSS assists the family in identifying other service providers near to where they are or will be living. Describe how sites will ensure consents are completed for referrals when needed and specify where the family’s written consent to referrals will be kept.
4. Describe how the program will ensure that discussions the FSS and supervisor have about the transition plan and/or planning for unexpected closures is documented in the supervision notes.
5. Describe how the program will ensure that prior to closure, the home visitor or family has followed up with identified resources to determine availability and assist the family with the transition.

**Reference Table**

**Best Practice Standard 4**

*This reference table contains a list of reports in the MIS that can be used to help programs monitor fidelity as well as helpful links and documents related to each policy.*

|  |  |  |
| --- | --- | --- |
| **Policy** | **MIS Reports & Forms** | **Appendix & Links** |
| **4-1.A****Minimum Length of Time to Offer Weekly Home Visits** | * 4-1.B Intensive HV Services after Target Child is Born report
* Level Change History Report
* Case Home Page: Basic Information tab
 |  |
| **4-2.A****Levels of Service** | * Supervisor Case List
* FSS Case List
* Program Caseload Summary
* Level Change History Report
* Home Visiting Completion Rate Analysis - Detail and Summary
* Level Change History report
* Level Form (in Basic Information Tab) for each case
* Home Visit Log
* Supervision Form
 | * [HFA Level Change Guidance & Forms](https://www.healthyfamiliesamerica.org/hfa-restricted.php?file=Level-Change-Packet-6.18.pdf) (need HFA login)
 |
| **4-2.B****Virtual and Out of Home Visits** | * Home Visiting Completion Rate Analysis – Detail and Summary
* Summary of Home Visit Log Activities
* Quarterly Home Visit Log Summary report
* Home Visit Log
* Supervisor Form
 | * **Virtual and Out of Home Visit Guidance Documents**:
	+ <https://www.healthyfamiliesnewyork.org/Staff/Documents/covid19emailfromocfs.pdf>
	+ [Critical Incident Report](https://www.healthyfamiliesnewyork.org/Staff/Documents/CRITICAL_INCIDENT_REPORT.doc)
	+ [FSS Guidelines for Conducting Virtual Home Visits](https://www.healthyfamiliesnewyork.org/Staff/Documents/FSSGuidelinesfo%20ConductingVirtua%20HomeVisit0320.pdf)
	+ [FRS Guidelines for Conducting Virtual FROG Scale Visits](https://www.healthyfamiliesnewyork.org/Staff/Documents/FRS-Guidelines-for-Virtual-FROG-Scale-Visits-%287.5.22%29.pdf)
	+ [CHEERS: A Guide for Use During Visits by Phone and Video](https://www.healthyfamiliesnewyork.org/Staff/Documents/CHEERSvirtualvisitsguidelines032020.pdf)
	+ [Considerations for Resuming in Home Visits](https://www.healthyfamiliesnewyork.org/Staff/Documents/ConsiderationsforResumingIn-HomeVisitsFINALDRAFT.docx)
	+ [Guidance for HFA sites in response to COVID-19](https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/)
 |
| **4-3.A****Duration of Services** | * Participant in Program for at Least 3 Years as of Today
* ‘New Levels (January 2019)’ PowerPoint on MIS
 | * [HFA Level Change Guidance & Forms](https://www.healthyfamiliesamerica.org/hfa-restricted.php?file=Level-Change-Packet-6.18.pdf) (need HFA login)
 |
| **4-4.A****Service Closure and Transition Planning** | * Transition Plan on HV log
* MIS Goal/Transition Plan Form
* Follow-Up Form
 |  |

Standard 5: Diversity, Equity, Inclusion

**Reference Table**

**Best Practice Standard 4**

**STAFF INTERACTIONS**

(EFFECTIVE 05/15/2023)

**HFA Best Practice Standard 5-1.A**

**POLICY: The site has written guidance expressing its commitment to support staff’s ability to continually strengthen the skills required for authentic relationships, including self-awareness, self-regulation, self-reflection, skilled listening, and empathy.**

**Sites begin to achieve this by encouraging respectful staff interactions and supporting staff to continually strengthen their own relational skills focusing on equity and cultural humility, taking into account factors such as race, sexual orientation, gender identification, developmental/cognitive ability, residential status, and other aspects of identity.**

**Intent:** Taking an honest and reflective look inward increases awareness and understanding of our biases, offering us an opportunity to be intentional in our efforts to counteract these. Being afforded a safe space in supervision, team meetings, and peer-to-peer interactions enables greater likelihood for honest, respectful, and brave conversations. Recognizing the distinction between intent and impact, as well as the importance of repair, facilitates stronger relationships. These are the building blocks upon which growth and change become possible.

HFNY views Racial Equity (RE) as both an outcome and a process. As an *outcome* within our system, we achieve racial equity when race no longer determines one’s social determinants of health and when everyone has what they need to thrive, no matter their race or social context. As a process, we apply racial equity when those most impacted by structural racial inequity are meaningfully involved in the creation and implementation of our policies and practices. For HFNY, advancing racial equity means joining in transformative change that examines organizational mind-sets, the policies that guide the workforce, and the practices that support culturally centered work with families and their children. This work is hard, complicated, and at times uncomfortable. It requires sustained, long-term, individual and organizational commitment. It is a unique and continuous journey where we all commit to increasing our self-awareness BUT first, we must feel safe in our journey.

HFNY views Cultural Humility (CH) as a process, not an outcome. It is a *life-long learning process* in which we seek to increase our awareness of and respect for the diversity of each family we serve and our ability to integrate this awareness into our practice. Using a CH lens we evaluate how our services can better align with a family’s cultural characteristics and make modifications accordingly. This includes reflections on our service population, including personnel/staff selection, training, and all components of our service delivery system. A key to this process is actively engaging the families we serve and integrating all cultural identities into our practice. CH could be learning and asking questions about a program before going in and providing technical assistance or quality assurance, using exploratory questions and not approaching situations with assumptions (similar to the Explore & Wonder reflective strategy in the parallel process), taking into consideration self-identified strengths to follow a program’s or family’s lead, among others.

Staff are better prepared to partner with families when programs offer safe and supportive spaces for self reflection (i.e, supervision, team meetings) and have a full understanding of what relational expectations others have of them and vice versa. In these instances, workers are comfortable and can talk freely in individual and group supervision settings about biases that may impact their ability to connect and support families.

HFNY Policy Guidelines

* In order to strengthen staff relationships, staff will develop team commitments / community agreements aimed at providing guidance on what respectful staff interactions look like based on site members' culture and shared values. These are generated collaboratively with all program staff and are regularly revisited in order to make necessary adjustments, with the aim of ensuring staff have the resources needed to continually strengthen relational skills (e.g., self-awareness, self-regulation, self-reflection, skilled listening, and empathy).
* The site recognizes the distinction between intent and impact, as well as the importance of repair in the context of inter-staff relationships.
* The site has written expectations for professional development and supervision expectations that focus on Diversity, Equity, Inclusion and Belonging (DEIB). **As specified in procedure 1a of HFNY policy 11-4.** These needs may be met through the annual DEIB training requirements established in the HFA wraparound training plan or could be individualized.
* Supervision supports staff in developing their relational skills, including self-awareness, self-regulation, self-reflection, skilled listening and empathy, including the use of reflective practice strategies to identify new ways to relate to a family based on unique characteristics. **As specified in procedure 1a of HFNY policy 12-2.A.**
* The site has a mechanism in place where the above expectations (e.g. community agreements and professional development expectations) are disseminated and staff are able to describe efforts they have undertaken to strengthen their relational skills, such as participation in team meetings, training, and any other collaborative efforts. Furthermore, staff can discuss their participation in approaches/efforts that support a respectful team environment.
* Sites can utilize staff satisfaction and retention surveys, required under Policy 9-4, to gather staff input on an annual basis to aid in identifying DEIB issues affecting staff and families **(5-4.A)**.
* Input from staff is used to inform the site’s equity plan, setting the course for continuous improvement to achieve greater equity among staff **(5-4.B)**.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that:**

STAFF INTERACTIONS:

1. Describe the process by which original team commitments / community agreements are identified collaboratively with all staff.
2. Describe the process by which team commitments / community agreements are reviewed with all staff at time of hire, regularly, and throughout the course of employment and how review is documented.
3. Describe the process by which team commitments/ community agreements are revisited on at least an annual basis and how review is documented.

STAFF PROFESSIONAL DEVELOPMENT NEEDS:

1. Procedures related to staff professional development needs are included under HFNY policy 11-4.

SKILL DEVELOPMENT IN SUPERVISION:

1. Procedures related to skill development within supervision are included under HFNY policy 12-2.A.

**FAMILY PARTNERSHIP**

(EFFECTIVE 05/15/2023)

**HFA Best Practice Standard 5-2.A**

**POLICY: The site is committed to interacting with families in a partnership that honors diversity and inclusivity and elevates family voice. These interactions reflect practice guided by perspectives of cultural humility and racial equity. Practice recognizes the historic and current relevance of discrimination based on race, ethnicity, gender identity, sexual orientation, age, religion, residential status and abilities and seeks inclusivity in all aspects of its work with families.**

**Intent:** Cultural humility is not what one knows of another person’s culture, though a certain level of foundational knowledge can be helpful. It reflects our ability to allow another person to share their own story, and to honor and respect their identity, experiences, background, values, and beliefs. Allowing parents to teach us their culture, and being observant and accepting of behaviors, attitudes, and beliefs that may be different from our own, reduces the risk of making faulty assumptions, and helps us evolve as individuals with appreciation for our own common humanity.

Direct service staff observe cultural differences and use them as a springboard for inquiry and understanding, asking families about particular behaviors and practices in a non-judgmental fashion. Family background and ethnicity influence value systems, how people seek and receive assistance, and communication style, among other things. When staff express curiosity with open-ended questions, are non-judgmental, refrain from imparting their own belief and value systems, and seek to repair relationships when missteps occur, families and staff have an opportunity to grow and develop.

In the context of early childhood home visiting, it is important to understand culture as broader than race, ethnicity, language and age. Culture may include additional attributes such as unique family customs, individual values, gender identity, religion, sexual orientation, ability, social class, and geographic origin, among others. These attributes combine to create a unique cultural identity for families, based on both experience and history. Some additional social factors that can shape a family culture include domestic violence, substance use, mental health concerns, parent incarceration, and cognitive abilities.

Cultural Humility (CH) in the context of HFNY is a process, not an outcome. It is a life-long learning experience in which we seek to increase our awareness of and respect for the diversity of each family we serve and our ability to integrate this awareness into our practice. It is the degree to which we continually evaluate, modify, and tailor our system of service delivery to the cultural characteristics in our service population, including personnel/staff selection, training, and all components of our service delivery system. A key to this process is actively engaging the families we serve and integrating all cultural identities into our practice.

Staff are better prepared to serve and interact with families when they have an increased understanding of cultural practices linked to a family’s unique characteristics and values.

HFNY Policy Guidelines

* Sites utilize the HFNY Rights and Confidentiality template provided by Central Administration, which at a minimum includes HFA staff guidelines listed under the program description. Sites are encouraged to consider additional guidelines/expectations for engaging with families, specific to their site, which can be added to the Rights and Confidentiality forms.
* At the onset of services, staff review the expectations established in the Rights and Confidentiality document with all families who enroll in services **(procedures for this are included under HFNY Policy GA-3.A**).
* All staff, even those who do not typically complete the form with families, are aware of the expectations for their interaction with families established in the Rights and Confidentiality form.
* Staff are able to describe efforts they have undertaken to work together in partnership with families, elevating family voice and honoring diverse family structures, values, beliefs, and parenting practices.
* If missteps occur between staff and families, the site has a mechanism in place for staff members supported by site leadership, to seek to repair the relationship with the family. This creates the opportunity for staff and families to grow and develop greater reflective capacity.
* The site has a mechanism in place where families provide input on an annual basis to improve the site’s ability to address diversity, equity and inclusion issues that are impacting families (5-4.A).
* The site uses input from families to inform the site’s equity plan, setting the course for continuous improvement to achieve greater equity among families (5-4.B).

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that:**

1. If your site has included additional staff guidelines or expectations for engaging with families on the Family Rights and Confidentiality form, describe the process through which these were identified.
2. Describe the process by which staff are trained/oriented to the site’s intention and expectations for engaging with families.
3. Describe the process by which staff begin to learn about a family’s culture by engaging in reflective conversations with families right from the beginning.
4. Describe the process the site has in place to address any complaints filed by families related to their interactions with staff.
5. Describe the mechanisms the site will use to collect family feedback to improve the site’s ability to address diversity, equity, inclusion and belonging issues that are impacting families.
6. **Staff professional development**: Procedure related to staff professional development and training/activities identified to increase awareness of the historic and current relevance of discrimination based on race, ethnicity, gender identity, sexual orientation, age, religion, residential status, and abilities is included under 11-4.
7. **Support in Supervision**: Procedure related to how supervision will support staff in understanding each family's unique culture and how best to adapt practice to suit individual needs are included under HFNY policy 12-2.A

**COMMUNITY LEVEL ADVOCACY**

(EFFECTIVE 05/15/2023)

**HFA Best Practice Standard 5-3.A**

**POLICY: All HFNY Sites are committed to working as champions for families and children, advocating for just and equitable opportunities within the community, and increasing access to services and support for those it serves and employs. This work 1) identifies and addresses equitable access to services, 2) ensures diverse representation in staff and materials, and 3) meets the cultural and language needs of their community, including those it employs and serves. This work is also done with guidance from its community advisory board.**

**Intent:** Families may face barriers in accessing services in their communities based on race, ethnicity, and other factors such as age, ability, gender identity, sexual orientation, and language. Groups that have often faced barriers in accessing services due to their race, ethnicity, age, ability, and other factors often experience the worst health outcomes. Organizations within communities have a responsibility to utilize their influence and decision-making in ways that identify and address structural inequities brought about by privilege and discrimination. This includes actions taken both internally (in support of the organization) and externally (in support of the community). Additionally, it is the site’s responsibility to identify major cultural groups within the community, determine groups currently underserved, and prioritize hiring staff who represent these groups and can provide support in a family’s preferred language. Sites will also make sure that staff, graphics, and materials are representative of the communities they serve.

HFNY Policy Guidelines

* The site’s commitment is shared with the site’s Community Advisory Board, organizational partners and site leadership.
* Within their Annual Service Review (ASR), the site will identify and consider service barriers within their community based on the data/information utilized (e.g. MIS data, community demographic data, staff/family feedback).
* When the ASR is shared with the site community advisory board, findings which identify service barriers in the community will be highlighted with the **aim of gathering recommendations** for next steps to address these barriers.
* Site will engage site leadership and advisory board members in addressing barriers and identifying possible solutions to increasing equitable access to HFNY and other community services (i.e., mental health resources, early intervention, etc.) for families and staff.
* Within the Quarterly Reports, the site will track efforts to address the barriers identified in the ASR and report on progress made in removing or lessening service barriers for families/staff (e.g. hiring bilingual staff, improving access to mental health referrals, obtaining materials in appropriate languages).
* Program managers make efforts to assist agency leadership in ensuring that diverse representation in materials to meet the cultural and language needs within the community are available within the program.
* Graphics and materials are reviewed on a regular basis and updated as needed to better represent and meet the needs of groups served (e.g., photos, language, reading level, closed captions in videos, alt-text/audio description). All printed program materials, utilized for program advertisement / referral partner outreach, are submitted for approval by OCFS, per contract expectations.
* Ensure site leadership and advisory board members can describe current efforts taken to address existing barriers, increase equitable access to services, ensure diverse representation in staff and materials, and/or meet the cultural and language needs of those it serves and employs.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that:**

1. Describe how this policy is shared with the Community Advisory Board, organizational partners, and site leadership.
2. Insert HFNY Standardized Language: All programs complete an Annual Service Review/Equity Plan as the mechanism for programs to analyze all aspects of their program based on the most recent information that is available. The Annual Service Review/Equity Plan requires programs to gather information both formally and informally on community and program data, input from families and program staff that will assist the program in identifying the barriers, patterns, and trends as it relates to equitable service access that might exist such ensuring diverse representation in staff and materials and/or meet the cultural and language needs of those it serves and employs.
3. Identify how the findings in the ASR related to equitable access to community service barriers will be shared with advisory group members. Describe how this conversation will be documented.
4. Describe the process by which printed program materials, utilized for program advertisement / referral partner outreach, will be regularly reviewed to ensure they meet the cultural and language needs within the community and how the site will address gaps that are identified upon review.
5. Describe how efforts to address the service barriers identified in the ASR/ Equity Plan will be tracked over time within Quarterly Reports.

**Reference Table**

**Best Practice Standard 5**

*This reference table contains a list of reports in the MIS that can be used to help programs monitor fidelity as well as helpful links and documents related to each policy.*

|  |  |  |
| --- | --- | --- |
| **Policy** | **MIS Reports & Forms** | **Appendix & Links** |
| 5-1.A  | * Training Log
* Supervision Log
 | * [HFA Example Community Agreements](https://www.resource-media.org/wp-content/uploads/2018/08/Community-Agreements-1-pager.pdf)
* [HFNY REaCH Committee Team Commitments](https://docs.google.com/document/d/12eJ5sV8mNYtUPaPGfrLJDj4I8816uEW_vS2HwSVr6tU/edit?usp=sharing)
* [National Equity Project: Developing Community Agreements](https://drive.google.com/file/d/1bpY566mREmhX79Tai3il6SakuEz21uVW/view?usp=sharing)
* Community Agreement Activities
	+ [Trust Builders/ Trust Busters](https://docs.google.com/document/d/1WeTBaYLiIQ40lNtnpXoIRTAFgGGiIumN/edit?usp=sharing&ouid=110944953010838997258&rtpof=true&sd=true)
	+ [Values Activity](https://docs.google.com/document/d/1rrMAmEPjXQgAUt33QQBlDVWnl0Ey4cue/edit?usp=sharing&ouid=110944953010838997258&rtpof=true&sd=true)
 |
| 5-2.A  | * Training Log
* Supervision Log
 | * HNFY Rights and Confidentiality Template
* [Family Engagement Tab on HFNY Transfer of Learning Site](https://tol397.wixsite.com/transferoflearning)
* [Staff Engagement and Relationship Building Tab under Supervisor section of HFNY Transfer of Learning Site](https://tol397.wixsite.com/transferoflearning/staffengagement)
 |
| 5-3.A  | * Recruitment

and retention data  | * BPS 9 Equal Opportunity Employment
* HFA Staff Survey
 |

Standard 6: Promote PCI, Childhood Growth & Development

**ADDRESSING RISK FACTORS AND CHALLENGING ISSUES**

(EFFECTIVE 1-30-2023)

**HFA Best Practice Standard 6-1.A**

**POLICY: The site has policy and procedures describing the review of each family’s strengths and stressors as identified in the FROG Scale, as well as parent-child interaction/attachment concerns and challenging issues identified subsequent to the administration of the FROG Scale. The supervisor and home visitor work together to develop a Service Plan with activities to address these stressors/issues and build protective factors during the course of services.**

HFNY Policy Guidelines

* The supervisor and home visitor (whomever will be permanently assigned to the family to provide home visiting services) review the FROG Scale together, identifying strengths and each of the risk factors and stressors for the family (i.e., substance abuse, intimate partner violence, parent’s cognitive impairment, and mental health concerns).
* The Service Plan is initiated within two weeks of the FROG Scale being approved by the supervisor and the home visitor being assigned to the family.
* Using the HFA Service Plan in MIS, the supervisor and home visitor develop a plan of activities/strategies to address each of the risk factors/stressors identified in the FROG and build protective factors. The supervisor and home visitor consider the pacing of activities, prioritizing those that impact the health and safety of the family, those that may be barriers to attachment and issues that the family has indicated as a priority for them. **(6-1B)**
* The home visitor and family implement the planned activities/strategies throughout the course of services and the home visitor documents them on the Home Visit Log **(6-1C)**.
* The supervisor and home visitor routinely review the activities that have been implemented, discuss the readiness of the family to address issues, reflect on the success of the activities, and discuss next steps. These discussions are documented in the HFNY Supervision Form and noted on the Service Plan (placing date of home visit activity completed on the plan). The frequency of these discussions will depend on the complexity of each family’s situation, including risk factors and challenging issues and should occur at least quarterly.
* Any additional challenging issues identified during the course of services (e.g. mental health issues, substance abuse, intimate partner violence, challenges identified through the use of screening tools such as depression screens, ASQ’s, CCIs, etc.) are added to the HFA Service Plan and followed up on accordingly.
* Any suspicion of Child Abuse or Neglect will be included in the Service Plan as a mechanism for the supervisor or program manager to track and monitor suspected cases of child abuse or maltreatment to ensure safety concerns are addressed and follow through occurs.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that describe:**

1. How the supervisor and home visitor work together to review each family’s strengths, risk factors and stressors identified in the FROG Scale.
2. How the Service Plan is used to plan activities and strategies to address each of these factors and build protective factors.
3. How activities/strategies will be prioritized and paced to address each one without overwhelming the home visitor or the family.
4. Indicate the timeframe in which the plan is initiated, strategies are developed and how often the Service Plan will be reviewed in supervision based on each individual family’s needs, risk factors, challenging issues and level.
5. Describe how the activities implemented by the home visitor will be documented on the Supervisor Form and added to the Service Plan.
6. How challenges (mental health, substance abuse, domestic violence, parental cognitive impairment, or TC developmental delays) identified during the course of services, are added to the Service Plan.
7. How suspicion of Child Abuse and Neglect will be added to the Service Plan to ensure cases are monitored and follow through occurs.

TIP: HFA recommends review and update of each family’s Service Plan once monthly for families on Level 1, 1P, or SS, every other month for families on Level 2, and quarterly for families on Levels 3 or 4.

**FAMILY GOALS**

(EFFECTIVE 1-30-2023)

**HFA Best Practice Standard 6-2.A**

**POLICY: Home visitors and families work together to develop family goals throughout the course of services, with new goals set as previous goals are accomplished or retired.**

HFNY Policy Guidelines

* The home visitor utilizes a collaborative and strength-based approach to create a Family Goal Plan within the first 90 days of service. This requires active participation from the family and may include information gathered during the assessment process and other screening tools. Goal setting is 100% based upon what the families want, need, or dream about.
* The home visitor utilizes tools like the “What I’d Like for My Child” and “Family Values Cards” activity referenced at HFA Foundations for Family Support training to demonstrate collaboration in the goal setting process and to help identify family strengths to support goal achievement.
* Home visit activities and identification of resources are provided as the home visitor works to assist the family in accomplishing their goals. The home visitor supports the family goal process by working with the family to break larger goals into small manageable steps and build upon strengths. Family Goal(s) include strengths identified to support the goal, detailed action steps for achieving the goal(s) as well as realistic timelines and projected date for accomplishing the goal(s) (**6-2B).**
* Family Goal Plans are documented in MIS on the HFNY Goals/Transition Plan form and reviewed with the family on an ongoing basis. This includes discussions regarding progress on goals, identification of strengths and barriers, addressing any family concerns and celebrating successes. Families should always have at least one active goal they are working on and discussions with the family are documented on the FGP Form.
* Family Goal(s) are regularly reviewed during individual supervision **(6-2C**) and discussions regarding progress and barriers are documented in supervision notes. Supervisors document updates on goal progress, possible solutions or guidance to address family barriers, and how goal achievement was celebrated in the supervision notes.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that describe:**

1. A description of the timeframe and process for developing goal plans in collaboration with the family.
2. How the home visitor and family work together to modify or retire goals, and new goals are set as previous ones are accomplished.
3. The tools, activities and strategies to be used with the family to help identify family strengths and support goal achievement.
4. A description of how the home visitor will work with the family to break larger goals into small manageable steps, realistic timelines and projected dates of accomplishment.
5. How goal plans are documented.
6. How the Family Goal Plan process is supported in supervision.
7. How achievement of goals is acknowledged and celebrated with families.

**CHEERS: ASSESING PARENT CHILD INTERACTION**

(EFFECTIVE 1-30-2023)

**HFA Best Practice Standard 6-3.A**

**POLICY: The site has policy and procedures requiring the use of CHEERS and indicating how home visitors partner with parents to assess, address and promote nurturing parent-child interaction, attachment and bonding. Supervisors support home visitors and the CHEERS Check-In (CCI) tool is used at least twice annually.**

**NOTE: 6-3. B, 6-3.C and 6-3.E are ESSENTIAL STANDARDS**

HFNY Policy Guidelines

* During each home visit (including virtual visits and any group session being counted as a home visit) with the exception of home visits where the FROG Scale or CCI tool is administered, the home visitor will partner with parents to observe and assess parent-child interaction using CHEERS and identify areas of strengths, needs and concerns. The home visitor consistently uses teachable moments to reinforce the parent’s positive interactions, to promote nurturing relationship skills and to address any concerns identified through CHEERS observation.
* The home visitor will endeavor to assess all domains of CHEERS across multiple home visits. All observations are documented in the Home Visit Log. Documentation includes parent strengths, needs, and any concerns observed during parent child interactions.
* When enrolled **prenatally**, at least one component of CHEERS is documented beginning at **24 weeks gestation**, at least two components are documented beginning in the third trimester and throughout the time families remain in services.
* While it is preferable to document CHEERS based on behavioral observation, CHEERS may also be documented based on a parent report, especially in cases of prenatal visits, virtual visits, or when the child is sleeping. This might include what the parent has noticed about the child’s behavior, parenting stressors and strengths, preparations for the new baby coming home, or preparations for developmental changes.
* The home visitor supports positive interactions between parent and child by using the Reflective Strategies and helps parents practice skill building activities during home visits. This includes activities from curricula (i.e., Growing Great Kids, Partners for a Healthy Baby), which are used at a frequency planned by the supervisor and home visitor for each family.
* The home visitor and supervisor discuss the parent-child relationship and parent-child interactions during supervision and develop plans to address any needs or concerns based on the observations of the home visitor. These discussions are documented in supervision notes including the supervisor’s voice regarding suggestions, exploration, and reflective supervisions and any activities or strategies to address the concerns are added to the Service Plan **(6-3C and 6-3E)**.
* When there are consecutive visits where CHEERS is documented by parent report, supervisors will work with home visitors to explore barriers to target children being present during the visit and develop a plan to offer a subsequent visit when the target child is awake/available. These discussions will be documented in supervision notes.
* The site utilizes the CHEERS Check-In (CCI) tool at least twice annually during each year of the child’s life from birth through thirty-six (36) months. The results of the CHEERS Check-In are reviewed in supervision and the supervisor and home visitor work together to develop a plan (documented on the Service Plan) to address any concerns. Any CHEERS Check-In score below a 4, should be added to the Service Plan with strategies to address concerns. Items rated as 5 are to be strengthened and items rated 6 or 7 are to be promoted **(6-3D)**.
* If PC1 declines tool administration, it is documented on the CCI form.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that describe:**

1. How home visitors will use CHEERS to partner (i.e. using the parent materials from the CHEERS Handbook) with parents to assess parent-child relationships **on all home visits unless when conducting FROG or CCI**.
2. How home visitors will document CHEERS if a group visit occurs for Level 1 or L1P families
3. How home visitors will utilize the Home Visit Log to document all observations including parent strengths, needs, and any concerns observed during parent child interaction
4. How strength-based intervention tools (i.e., the HFA Reflective Strategies) and curricula will be used to promote positive parent-child interactions.
5. How supervisors will work with home visitors to develop plans for increasing positive parent-child interactions, review the Service Plan and how discussions will be documented in supervision notes noting supervisor’s support.
6. How supervisors will work with home visitors to explore barriers to target children present at visits when there are consecutive visits where CHEERS is documented by parent report.
7. How home visitors will use the CHEERS Check-In tool twice per year per the HFA suggested schedule and how discussions, plans and strategies with the supervisor are documented.
8. How PC1’s refusal to CCI administration will be discussed with supervisors.

Tip: The suggested schedule for completing the CHEERS Check-In is that it is administered at 4, 8, 16, 20, 28, and 32 months of age.

**PROMOTING CHILD DEVELOPMENT, PARENTING SKILLS, & HEALTH AND SAFETY**

(EFFECTIVE 1-30-2023)

**HFA Best Practice Standard 6-4.A**

**POLICY: The site utilizes evidence-informed curriculum materials selected from the HFNY current list of approved primary and supplemental curricula to promote child development, nurture parent-child relationships, parenting skills, and health and safety practices with families.**

HFNY Policy Guidelines

* Home visitors use evidence-informed curricula promoting child development, parenting skills and health and safety of the family in most home visits. Use of curricula is an important aspect of home visiting services, however the primary focus of each visit is on the relationship between caregivers and child.
* Programs will select from the list of HFNY approved curricula, parenting materials and home visitors will use them in a strength-based approach, building on parental capacity and in response to parent-child interests and or desires, or as a result of observations made during home visits **(6-4.B)**.
* Home visitors will share health and safety information that includes prevention strategies as well as areas of concern observed in the home. Programs will adhere to the timeframes established in the HFNY Critical Health and Safety Topics List, which can be found under appendices in the policy 6 reference table. Concerns that can result in harm are addressed frequently until resolved and plans are developed in discussions with the supervisor and documented on the Service Plan and Supervision Form **(6-4C)**.
* Home visitors promote safer sleep practices with pregnant parents and families with an infant from birth to twelve months of age **(6-4D)**.
* All curriculum, handouts, and critical health and safety topic materials provided are documented on the Home Visit Log. The home visitor provides detailed information on home visit logs to capture what was shared during the home visits and the family’s response to the information.
* Additional handouts and brochures promoting positive parent child interaction, knowledge of child development and health and safety practices, approved by the site, are used to supplement the use of curriculum.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that describe:**

1. How home visitors promote child development, including any curricula and/or tools to be used in most home visits.
2. How home visitors promote parenting skills, including any curricula and/or tools to be used in most home visits.
3. How home visitors promote health and safety related practices, including using the HFNY Critical Health and Safety Topics List and any other curricula and/or tools to be used in home visits.
4. How evidence-informed parenting materials are shared with families using a strength-based approach that builds on parental capacity and in response to parent-child interests.
5. How the supervisor and the home visitor will use the service plan to document curriculum used to address risk factors and safety concerns.
6. How the home visitor will document in the home visit log what curriculum was used in the home visit.
7. How information regarding safer sleep is shared with families both prenatally and during the first year of the child’s life.

**DEVELOPMENTAL SCREENING**

(EFFECTIVE 01-30-2023)

**HFA Best Practice Standard 6-5.A**

**POLICY: Sites monitor the development of participating infants and children with the most current version of the Ages and Stages Questionnaire and the most current version of the Ages and Stages Questionnaire SE which are standardized developmental screens and track all children suspected of developmental delay, with appropriate referrals and follow-up as needed.**

NYS Policy Guidelines

* The most current version of the Ages and Stages Questionnaire (ASQ) and ASQ-Social/Emotional (SE) are used to monitor child development for all target children, unless developmentally inappropriate. All staff who administer the ASQ and the ASQ:SE will complete training on the use of the tool prior to using it **(10-4)**.
* If the child is engaged in early intervention services, the home visitor is not required to complete the ASQ during that time but should coordinate services and obtain updates from early Intervention (with signed caregiver consent). If the family declines the opportunity to screen their child, it is documented on the home visit log.
* The ASQ is administered at least twice per year for each year of the child’s life until age three, (typically at 4, 8, 12, 18, 24, 30, 36), and at least once between 37 and 48 months and once between 49 and 60 months.
* The ASQ:SE is to be administered at a minimum of once per year and can be done as early as 6 months.
* The ASQ and ASQ:SE are used in partnership with parents, during the home visit and are administered in accordance with tool instructions to ensure accuracy, including adjusting for prematurity when needed.
* All ASQ and ASQ:SE are reviewed, documented and followed up by a Developmental Specialist.
* All administration dates and scores are entered into the MIS ASQ and ASQ:SE forms.
* In the event an ASQ or ASQ:SE indicates a possible delay in one or more developmental areas, the home visitor discusses the results with the parent and the supervisor, these discussions are documented in the Home Visit Log and Supervision Notes. If deemed appropriate, the home visitor facilitates a referral to the local Early Intervention Services, the child’s primary care physician and/or CPSE, with parents’ signed consent unless the family declines the service (declines should be documented in the family file and/or Case Notes).
* The supervisor ensures all children with a suspected developmental delay are closely monitored and tracked. The supervisor ensures necessary follow-up and that the home visitor is providing appropriate resources to the family; these are documented in Supervision Notes. MIS system documents referrals, follow-up, and the utilization of developmental resources, services and intervention **(6-5D)**.

**The site will adhere to all NYS policies specified above. In addition, please insert site-specific procedures below:**

1. Describe how staff are trained in the use of the most current versions of ASQ and ASQ:SE tools prior to administering them with families.
2. Describe how your site utilizes the most current version of the ASQ and ASQ:SE as developmental screening tools with all families unless developmentally inappropriate or if the child is already receiving early intervention services
3. Describe the timeframes for administration of the developmental screening tools.
4. Describe how ASQ and ASQ:SE are reviewed by the Developmental Specialist and the follow up process when the child is suspected of having a developmental delay.
5. Describe how the home visitor and supervisor discuss and develop plans and interventions and how these are documented on the Supervision Form and referrals are made.

**Reference Table**

**Best Practice Standard 6**

*This reference table contains a list of reports in the MIS that can be used to help programs monitor fidelity as well as helpful links and documents related to each policy.*

|  |  |  |
| --- | --- | --- |
| **Policy** | **MIS Reports & Forms** | **Appendix & Links** |
| 6-1A Addressing Risk Factors and Challenging Issues | * Analysis/Assessment PC1 Issues
* Accreditation/6-1.B Service Plan Analysis Report
* Analysis-Active Service Plans Report
 | * [HFNY Supervision](https://www.healthyfamiliesnewyork.org/Staff/Documents/Supervision%20Note%20GuidelinesAUG2023.pdf) Note Guidelines
* [PCANY Service Plan Handbook](https://37a31517-a50e-444a-815d-94550c1b6b6b.filesusr.com/ugd/5d3baa_74c48814a19e4450a07f2aff6f5eba84.pdf)
 |
| 6-2A Family Goal Plan-  | * Accreditation/6-2B/C Family Goal Plan Report
* Dashboards (Initial FGP due date)
 | * [Guide to FGP](https://www.healthyfamiliesnewyork.org/Staff/Documents/guidetoFGPonMIS02042021pptx.pptx)
 |
| 6-3A Assessing Parent Child Interaction (PCI) | * Accreditation- 6-3.D CHEERS Check-in Observations
* Lists-CHEERS Check-In History Report
* Dashboards and Ticklers
 | * [CHEERS Handbook](https://37a31517-a50e-444a-815d-94550c1b6b6b.filesusr.com/ugd/5d3baa_9cf6a46557d642a7a070c5f063192da1.pdf)
* [Transfer of Learning: Inservice Trainings](https://tol397.wixsite.com/transferoflearning/inservicetrainings)
* [HV Log Guidelines](https://www.healthyfamiliesnewyork.org/Staff/Documents/HV-Log-Guidelines-0822.pdf)
 |
| 6-4A Promoting Child Development | * Analysis- Approved Curriculum Monitoring
* Accreditation- Use of Health and Safety and Safer Sleep Practice
 | * [HFNY Curriculum](https://www.healthyfamiliesnewyork.org/Staff/curriculum.htm)

* [HFNY Critical Health and Safety List](https://docs.google.com/document/d/1f5Z-V_1ZY44WQTiL9CrA69MmVKRNWy9C0_gVKXlvBXw/edit)
 |
| 6-5A Developmental Screening | * 6-5.B ASQ Developmental Screening - Details
* 6-5.C ASQ:SE Developmental Screening - Details
* Accreditation- 6-5.D Developmental Delay Tracking and Follow Up
* Performance Targets - HD7
 | * [Brookes ASQ Online](https://brookespublishing.com/product/asq-online/)
 |

Standard 7: Health Care and Community Resources

**MEDICAL / HEALTH CARE PROVIDER**

(EFFECTIVE 11/27/2023)

**HFA Best Practice Standard 7-1.A**

**POLICY: All target children will have a medical/ health care provider to assure optimal health and development, and support is provided to assist parents in using health care appropriately for their children.**

HFNY Policy Guidelines

* Information regarding the medical/health care provider is collected and documented on the MIS Baseline Form.
* Home Visitors document the target child’s health care provider on the Target Child Identification and Birth Outcomes form in the MIS, and after that, on the Follow-Up form.
* Programs also document the current medical provider for the Primary Caretaker 1 on the Baseline Form and after that, on the Follow-Up form. There is no need to wait for a Follow-up form to be due when a family has a new doctor, the medical provider tab on the case home page can be updated at any time.
* Programs are required to report on Primary Caretaker 1 and Target Child having a medical provider, an HFNY Performance Target, on a quarterly basis.
* Home visitors assist the parent in securing preventive health care services, understanding the importance of a medical home, and reminding parents of upcoming immunizations, well-child and/or prenatal care visits.
* When necessary, Home visitors assist in coordinating health services through direct communication with the medical provider or physician office staff (with signed consent).
* When barriers to healthcare services are identified, the site develops strategies to address these and home visitors assist families in obtaining well-child care services, when possible.
* Strategies to address identified barriers to well-child care services are documented in the site Quarterly Report and Annual Service Review.
* Home visitors track and document the receipt of well-child care care visits according to time frames indicated by the CDC, and any other medical care, on the TC Medical Form in the MIS.
* It is strongly recommended that supervisors note any concerns related to linkages to a medical provider on a family’s Service Plan, with planned interventions/activities to address and track progress.

**Site will adhere to all HFNY Policy Guidelines specified above. Insert site-specific procedures that include:**

1. How sites will ensure that all target children have a medical/health care provider.
2. How Home Visitors will support parents in using health care appropriately for their children.
3. Specific data to be collected, time frames for collection, and where these are documented.
4. How the site will develop strategies to address the identified barriers impacting access to well-child care (7-1.C).

**IMMUNIZATIONS**

(EFFECTIVE 11/27/2023)

**HFA Best Practice Standard 7-2.A**

**POLICY: Families receive education on the importance of immunizations, and children are up to date on their immunizations.**

HFNY Policy Guidelines

* Home Visitors provide information to parents regarding the importance of immunizations and encourage timely receipt of immunizations according to the immunization schedule recommended by the Center for Disease Control and Prevention.
* Home Visitors share an immunization schedule with parents for each child (using the child's date of birth). This schedule is then used to track the receipt of immunizations for that child. The site may gather this information either through a family report or medical provider report, however sites are not required to obtain medical provider confirmation of receipt of immunizations.
* The Home Visitor refers to the schedule and works with parents to ensure immunizations are scheduled and to assist with addressing any barriers to getting the immunizations (i.e., transportation, language barriers, etc.) .
* Home Visitors document all scheduled immunizations and well-baby care visits on the TC Medical Form in the MIS.
* When immunizations are missed, Home Visitors record the explanation on the Home Visit Narrative and work with parents to reschedule and address any barriers to getting the immunizations.
* Should a child have a medical reason for not getting immunizations or the family is declining immunizations due to personal beliefs, this is documented in the family file and on the tracking form.

**Site will adhere to all HFNY Policy Guidelines specified above. Insert site-specific procedures that include:**

1. How parents are educated regarding the importance of immunizations
2. Describe how information related to receipt of immunizations is obtained (i.e. family report or medical provider)
3. How Home Visitors work with parents when immunization appointments are missed

**REFERRALS/ LINKAGES TO HEALTH CARE AND COMMUNITY RESOURCES**

(EFFECTIVE 11/27/2023)

**HFA Best Practice Standard 7-3.A**

**POLICY: Families receive information, referrals, and linkages to available health care resources and other community resources based on family need and interest, and follow-up to ensure that families receive the services to which they were referred.**

HFNY Policy Guidelines

* During initial assessments and ongoing contact with families, Home Visitor determines needs and provides information, referrals and linkages to health care and other community resources as needs are identified.
* Home Visitors are knowledgeable and well connected to community services that might be beneficial for families.
* Depending on each family’s capacity and comfort level, Home Visitors are involved in varying ways and intensity levels when making referrals. Involvement can range from solely providing referral information to the parent, to making the initial contact with referral source (with signed consent), to accompanying the family to the initial appointment.
* When referrals are made, Home Visitors follow-up with the family and/or the referral source (with signed consent), as necessary, to support the connections and promote follow-through.
* All referrals, follow-up actions, and outcomes are recorded on the Home Visit Narrative and Service Referral Form.

**Site will adhere to all HFNY Policy Guidelines specified above. Insert site-specific procedures that include:**

1. The process for assessing need and interest, and providing information, referrals and linkages to available health care and community resources for all participating family members.
2. The follow-up mechanisms used to determine whether parents received the services they were referred to, and how well they have met the families’ needs.

**DEPRESSION SCREENING**

(EFFECTIVE 11/27/2023)

**HFA Best Practice Standard 7-4.A**

**POLICY: The site conducts depression screening with the primary caregivers in each family using the PHQ-2 and the PHQ-9, standardized instruments.**

PHQ-9 scores are interpreted as follows:

|  |  |  |
| --- | --- | --- |
| **Total Score**   | **Depression Severity**   | **Action Steps**  |
| 1-4  | None-Minimal  | Watchful waiting |
| 5-9  | Mild  | Watchful waiting, repeat PHQ-9 at follow up |
| 10-14  | Moderate  | Referral for mental health counseling (code 50) |
| 15-19  | Moderately severe  | Referral for psychiatric or psychological treatment (code 49)  |
| 20-27  | Severe  | If the participant scores 20 or above, the home visitor must consult immediately with the supervisor for emergency treatment referrals and move to the site-specific safety protocols. |

**IMPORTANT: Severe depression is life threatening and must be addressed by a licensed clinician.**

HFNY Policy Guidelines

* Staff must receive training to administer the PHQ-2 and PHQ-9 prior to use with families (see HFNY Policy 10-6).
* Home visitors conduct depression screening using the PHQ-2 and PHQ-9 Depression Screens with all primary caregivers to assess for risk of perinatal depression, in accordance with the tool developer guidelines.
* The PHQ-2 is administered during the assessment process and is incorporated into the FROG form. If the participant (s) score is a 3 or more, the PHQ-9 should also be given and documented.
* The PHQ-2 is often used as a quick screening tool for depression, and if it yields a positive result, it is followed up with the PHQ-9. The timing for this follow-up can vary, but it's generally done fairly soon after a positive PHQ-2 result, such as within a week or two. The exact timing may depend on the clinical context and the individual's specific needs, so it's best to consult with a healthcare professional for personalized guidance.
* The PHQ-9 is administered and documented in the MIS:
	+ At least once within 30 days of the first prenatal home visit (if serving the family prenatally), and documented on the Baseline Form.
	+ At least once within three months after birth, or within 3 months of enrollment if enrolled postnatally. This is documented on the Target Child Identification and Birth Outcomes form.
	+ At least once within three months of all subsequent births, using the standalone PHQ-9 form.
* Families not screened within 3 months are screened at least once within 6 months postnatally or post-enrollment (unless a family declines the screen).
* **To achieve a 2 rating, you must achieve both:**
	+ **A minimum of 80% of all families must be screened within 3 months postnatally or post-enrollment.**
	+ **All remaining families not screened within 3 months must be screened at least once by 6 months postnatally or post-enrollment, unless they decline the screening.**
* Depression screening will also be administered any time during home visiting services if a parent is displaying or reporting depressive behaviors or symptoms. This includes all other caregivers as determined necessary by the Home Visitor and supervisor. This should be documented in the Home Visit Log and a PHQ-9 Stand-Alone form should be completed in the MIS.
* Using PHQ-9 Stand Alone form in the MIS, home visitors will administer the screen for each subsequent birth that a family has within three months of each birth.
* Staff members are not therapists, and it is critical for home visitors to support parents in alleviating their depression while a parent is awaiting treatment or while considering treatment options. They need to be prepared to: Provide referrals; use supervision for assistance in discussing depression with parents; promote stress reduction; employ Motivational Interviewing tools and strategies; encourage parents’ efforts to meet their child’s physical and emotional needs; and follow protocols for addressing critical situations.
* Families receive education on risks for, and signs and symptoms of perinatal depression during the course of home visits, and specifically when the PHQ-9 is administered.
* If the participant scores positive on question 9 of the PHQ-9, move to the site-specific safety protocols. If a participant’s score on the PHQ-9 indicates depression, they are referred to mental health resources in the community (or provider of family’s choice) for a follow up mental health assessment. If a participant scores 20 or above, the home visitor must consult immediately with the supervisor for emergency treatment referrals.
* In rare instances where the depression screening is done as a part of a collaborative process with other service providers involved with the family, the site must be in receipt of a copy to show that the screen was completed on time and to make and track any necessary follow-up referrals or interventions for the family.
* The FSS and supervisor discuss the results of depression screens and develop plans to assist the family (i.e., addressing problem solving, building positive self-esteem, building family supports, referrals, etc.) using the Service Plan, when positive.
* Home visitors promote stress reduction, and support parents to be responsive to their child’s physical and emotional needs
* When depression screens are positive , Home Visitors will provide appropriate referrals and explore with the family strategies and/or activities they may be interested in engaging in. These may include:
	+ Providing linkages and referrals to appropriate resources
	+ Providing referrals for mental health consultation (when available)
	+ Using motivational interviewing (when trained) to assist parents in accepting resources, treatment
	+ Utilizing supervision to assist staff in discussing depression with parents
	+ Getting parents out in the sunshine (sun increases serotonin)
	+ Encouraging parents to walk, exercise, or engage in other forms of physical movement
	+ Encouraging parents to smile (even a “practice” smile increases serotonin)
	+ Encouraging parents to keep hydrated (hydration increases brain functioning)
	+ Encouraging self-care
	+ Practicing gratitude
	+ Using healthy strategies that have worked for the parent in the past
	+ Utilizing Procedures for Working with Families in Acute Crisis
	+ Encouraging parents to meet their baby’s physical and emotional needs
	+ Using other strategies/activities identified locally

**Site will adhere to all HFNY Policy Guidelines specified above. Insert site-specific procedures that include:**

1. Describe how staff monitor and adhere to required timeframes for administering the PHQ-2 and PHQ-9 specified in policy guidelines.
2. Describe follow-up procedure when a PHQ-2 is positive (how soon after a positive PHQ-2 will the PHQ-9 be completed and by whom).
3. Describe referral and follow-up expectations for positive screens.
4. Describe what activities home visitors do with families to address stress and depression.
5. Describe how any staff administering the tool are trained prior to administering it l, and who administers the training.
6. Describe the sites safety protocol for staff if the suicide screening question is positive.
7. Describe follow-up procedure when a PHQ-2 is positive (how soon after a positive PHQ-2 will the PHQ-9 be completed and by whom).
8. Describe referral and follow-up expectations for positive screens.
9. Describe what activities home visitors do with families to address stress and depression.
10. Describe how any staff administering the tool are trained prior to administering it l, and who administers the training.
11. Describe the sites safety protocol for staff if the suicide screening question is positive.

**Reference Table**

**Best Practice Standard 7**

*This reference table contains a list of reports in the MIS that can be used to help programs monitor fidelity as well as helpful links and documents related to each policy*

|  |  |  |
| --- | --- | --- |
| **Policy** | **MIS Reports & Forms** | **Appendix & Links** |
| 7-1.A Medical/ Health Care Provider | * TC Medical Form
* Quarterly Performance Targets for 4 Quarters
* 7-1.B Report
 | * NONE
 |
| 7-2.A Immunizations | * Quarter Performance Targets
* Quarterly Performance Targets for 4 Quarters
* PC1/TC Medical Provider Listing
* 7-2. B/C Target Child Immunization
 | * [Child and Adolescent Immunization Schedule by Age](https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html)
 |
| 7-3.AReferrals/ Linkages to Health Care and Community Resources  | * Case Filter/Site Options
* Count of Service Referrals by Code
* Quarterly Service Referrals
* FROG PC1 Issues
* Service Referrals Needing Follow-Up
 | * NONE
 |
| 7-4.A Depression Screening | * Intake Form
* TC ID
* 7-4.B Prenatal Administration of the PHQ9 Screen
* 7-4.C Postnatal Administration of the PHQ9 Screen
* 7-4.D PHQ9 After Subsequent Birth
* 7-4. E Referrals for Elevated Depression Screen - Details
* 7-4. E Referrals for Elevated Depression Screen - Summary
 | * Procedure for Working with Families in Acute Crisis
* [Depression Management Action Plan](https://drive.google.com/file/d/1YlLNNL5WqbbC9-xc4nOipxbGmN15hXlU/view?usp=drive_link)
* [Administering the Patient Health Questionnaires 2 and 9 in Integrated Care Setting](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/2016-07-01_phq_2_and_9_clean.pdf)
 |

Standard 8: Limited Caseload Sizes

**CASELOAD SIZE**

(EFFECTIVE 07/15/2022)

**HFA Best Practice Standard 8-1A & 8-2A**

**POLICY: Caseload size is based on staff tenure and experience, along with family complexity and service intensity. Supervisors are encouraged to monitor caseload size closely, beginning with gradual increases to an FSS caseload when staff are newly hired and trained. Family assignments and FSSs’ caseloads are managed to ensure staff have sufficient time to support the needs of families during home visits (BPS 8-2.A). Full-time Family Support Specialists typically have a caseload capacity at any given time ranging from 15-20 families. When setting caseload size, it is important to consider staff tenure and experience, along with family complexity and service intensity. Programs can use their discretion when determining family complexity. Factors that can be considered include, but are not limited to, those listed below in #5c,d,g,h or other factors the program determines would increase family complexity (*please reference Policy 4-2.A for more information regarding case weight changes based on family complexity*). Supervisors use discretion regarding the pace each staff person builds a caseload. Regardless of time in their role, no staff will exceed thirty case weight points. Situations of exceeding 30 case points (or prorated case weight of staff working less than 40 hour/week) must be less than 3 months in duration and reasons must be documented in supervision notes under “General Topics” in the “caseload” box. See the chart below to determine prorated case weight according to the number of hours worked as well as length of tenure in the FSS role (BPS 8-1. A) as well as the link of the HFA pro-ration tool in the Appendix for FSSs who are less than 1 FTE in their FSS role. FSSs may carry a total caseload of more than the average 15-20 families if their case weight is less than 30 pts (eg. if an FSS caseload is largely comprised of Level 3 and 4 families).**

|  |  |
| --- | --- |
|  | 0.75 x hrs/wk |
| Hours worked in FSS role\* | Max Weight |
| 40 | 30 |
| 37.5 | 28 |
| 35 | 26 |
| 20 | 15 |

HFNY Policy Guidelines

* The supervisor and home visitor monitor caseloads and case weights during supervision.
* The chart above determines a full-time home visitor’s maximum case weight that can be served according to the number of hours worked a week. Staff FTEs and hours per week must be entered into the MIS on the Worker Form
* The site will prorate caseload size based on the home visitor’s full-time equivalency.
* There may be temporary periods when case weights exceed maximum size (for example, a home visitor leaves the program and the caseload is dispersed among existing home visitors until another home visitor is hired). When this occurs, the reason is clearly documented in supervision notes under “General Topics” in the “caseload” box. Sites ensure that the time does not exceed three months.
* When making caseload assignments, the supervisor will take into consideration the following:
1. Experience and skill level of the FSS assigned
2. Length of time in the FSS role
3. Nature and difficulty of the problems encountered with families and difficulty of family dynamics
4. Work and time required to serve each family (including but not limited to: child welfare involved families, families that require translation, multiple births, etc.)
5. Consideration of potential worker conflict or boundary challenge owing to an existing personal relationship
6. Current staff capacity
7. Extent of other resources available in the community to meet family needs
8. Travel and other non-direct service time required to fulfill the home visitor’s responsibilities
9. Other assigned duties

**The site will adhere to all HFNY Policy Guidelines specified above. In addition, please insert site-specific procedures that:**

1. Describe how the caseload and case weight is monitored by the supervisor and FSS during supervision
2. Describe who will be responsible for completing the Worker Form in the MIS
3. Describe the process the site will use to ensure that work hours and FTE specified in the MIS is used to determine case assignments
4. Specify circumstances under which staff case weights might exceed 30pts and how the site will monitor case weights to ensure it doesn’t exceed 30 pts for more than 3 months
5. Describe how the supervisor will take into consideration when making caseload assignments the following:
	1. Experience and skill level of the FSS assigned
	2. Length of time in the FSS role
	3. Nature and difficulty of the problems encountered with families and difficulty of family dynamics
	4. Work and time required to serve each family (including but not limited to: child welfare involved families, families that require translation, multiple births, etc.)
	5. Consideration of potential worker conflict or boundary challenge owing to an existing personal relationship
	6. Current staff capacity
	7. Extent of other resources available in the community to meet family needs
	8. Travel and other non-direct service time required to fulfill the home visitor’s responsibilities
	9. Other assigned duties

**Reference Table**

**Best Practice Standard 8**

*This reference table contains a list of reports in the MIS that can be used to help programs monitor fidelity as well as helpful links and documents related to each policy.*

|  |  |  |
| --- | --- | --- |
| **Policy** | **MIS Reports & Forms** | **Appendix & Links** |
| **8-1.A & 8-2.A****Caseload Size** | * FSS Case List
* FSS Home Visit Narrative
* Supervisor’s Case List
* Home Visiting Completion Rate Analysis
* Program Caseload Summary
* 8-1B Annual Case weight Report
 | * [Home Visiting Levels Table (HFA)](https://www.healthyfamiliesnewyork.org/Staff/Documents/Home%20Visiting%20Levels%20Table.pdf)
* [Caseload Proration Tool (HFA)](https://www.healthyfamiliesamerica.org/network-resources/calculator-for-caseload-and-supervisor-ratio/)
 |

Standard 9: Promote PCI, Childhood Growth & Development

**SELECTION OF STAFF, STAFF RETENTION AND STAFF SATISFACTION**

(EFFECTIVE 6/5/2023)

**HFA Best Practice Standards 9-1.A, 9-3.A, 9-4**

**POLICY: The system for hiring new staff takes into account the candidates’ personal characteristics, lived expertise and knowledge of the community they serve, ability to work with culturally diverse individuals, and knowledge and skills to do the job. The site’s recruitment and selection practices are in compliance with applicable law or regulation. The site also evaluates and reports on personnel satisfaction and turnover at least once annually, utilizing staff satisfaction surveys. If any issues are identified from the compiled satisfaction survey responses of current staff, as well as issues that impacted staff who left employment, the site will develop strategies to address how it plans to increase staff retention.**

HFNY Policy Guidelines

* The site maintains and utilizes job descriptions for Program Managers (or the equivalent title), Supervisors, and all Direct Service Staff which includes all requirements listed in the HFA Best Practice Standards as well as additional requirements set forth by host agencies.
* The requirements of the Equal Opportunity Act are adhered to per agency policy and Equal Employment Opportunity practices are disseminated to staff internally and on recruitment materials
* The site reviews resumes to ensure that minimum educational and experiential requirements are met.
* Program Manager resumes are sent to Central Administration for review and feedback for consideration prior to hire.
* Programs must submit resumes of any supervisors who do not meet the minimum qualifications to Central Administration for review and feedback for consideration prior to hire.
* Any staff that does not meet the hiring criteria must have a Staff Development Plan that is documented, implemented and kept on file at the site; Program Managers and Supervisors who do not meet the hiring criteria must also have a documented justification for hire on file. In addition, the justification for hire must be provided to Central Administration along with the Program Manager’s or Supervisor’s resume prior to hire
* Program Managers will make efforts to ensure diverse representation and that staff meet the cultural and language needs within the community, whenever possible **(5-3.A)**
* The site utilizes standardized interview questions (that comply with employment and labor laws) with all potential applicants corresponding to the position for which they applied. These interview questions include questions to determine the applicant’s Reflective Capacity and assess the applicant for all the characteristics outlined in the HFA Best Practice Standards.
* The site maintains documentation of the completed standardized interview questions for any new hire and stores them in a confidential manner.
* The site conducts two reference checks on prospective employees prior to hire and maintains these records in the personnel file.
* The site conducts legally permissible criminal background checks on prospective employees at the time of employment and maintains these records in the personnel file. Sites *may* also check the State Child Abuse Maltreatment registry, but this is not required
* The site evaluates and reports on personnel satisfaction and turnover at least once annually, utilizing staff satisfaction surveys.
* If any issues are identified from the compiled satisfaction survey responses of current staff, as well as issues that impacted staff who left employment, the site will develop strategies to address how it plans to increase staff retention, **including any issues related to diversity, equity and inclusion (5-1.A).**

**STAFF SELECTION**

***Screening and selection of Program Managers includes, but is not limited to****:*

* A solid understanding of and experience in managing diverse staff with humility
* Administrative experience in human service or related field including experience in quality assurance and continuous quality improvement
* Master’s degree in public health or human services administration or fields related to working with children and families, or bachelor’s degree in these fields with 3 years of relevant experience, or less than a bachelor’s degree but with commensurate HFA experience
* Willingness to engage in building reflective practice (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing value of supervision, etc.)
* Infant mental health endorsement preferred
* Final selection for all Program Managers (resumes) **must be sent to Central Administration** for review and feedback for consideration prior to hire
* If a Program Manager candidate does not meet all the hiring criteria, the site must provide the justification for hire along with the candidate’s resume to Central Administration prior to hire. In addition, a Staff Development Plan must be developed, implemented and kept on file at the site

***Screening and selection of Supervisors includes, but is not limited to:***

* Master’s degree in human services or fields related to working with children and families, or bachelor’s degree in these fields with three years of relevant experience, or less than a bachelor’s degree but with commensurate HFA experience
* A solid understanding of or experience in supervising diverse staff with humility, as well as providing support to staff in stressful work environments
* Knowledge of infant and child development and parent-child attachment.
* Experience with family services which embrace the concepts of family-centered and strengths-based service provision
* Knowledge of parent-infant health and dynamics of child abuse and neglect
* Experience supporting culturally diverse communities/families
* Experience in home visiting with a strong background in early childhood prevention services
* Willingness to engage in building reflective practice (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing value of supervision, etc.)
* Infant mental health endorsement preferred
* Experience with reflective practice preferred
* If a Supervisor candidate does not meet all the hiring criteria the site must provide the justification for hire along with the candidate’s resume to Central Administration prior to hire. In addition, a Staff Development Plan must be developed, implemented and kept on file at the site

***Screening and selection of Direct Service Staff (including volunteers and interns performing the same function as paid staff) includes, but is not limited to:***

* Minimum of a high school diploma or equivalent, college coursework preferred.
* Experience in working with or providing services to children and families
* An ability to establish trusting relationships
* Acceptance of individual differences
* Experience and humility to work with the culturally diverse families
* Knowledge of infant and child development
* Willing to engage in building reflective capacity (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing value of supervision, etc.)
* Infant mental health endorsement preferred
* Direct Service Staff **must** meet the ***educational*** criteria in order to be hired. However, if a direct service staff candidate does not meet all the ***experiential*** criteria, the site must keep a Staff Development Plan on file at the site along with the candidate’s resume.
	+ *Justifications for hire are NOT required for Direct Service Staff per the HFA BPS*

**The site will adhere to all HFNY Policy Guidelines specified. Additionally, please insert site-specific procedures that include:**

1. That the site is in compliance with the Equal Opportunity Act in the United States, and how the site disseminates this information to current employees and to potential candidates during the recruitment process
2. How the site ensures diverse representation and that staff meet the cultural and language needs within the community, whenever possible
3. How the site maintains documentation of the completed standardized interview questions for new hires and stores them in a confidential manner
4. How the site assesses development needs of any staff that does not meet the hiring criteria creates and implements a staff development plan and where this is documented; *please note for PMs and Supervisors who don’t meet hiring criteria, the justification for hire must be sent to CA for review prior to hire. The Staff Development must be kept on file at the site*
5. How the site ensures that all employed site staff have had 2 reference checks and legally permissible background checks completed at the time of employment, including criminal background checks.
6. How the site monitors and analyzes staff retention and satisfaction annually, and **includes issues associated with diversity, equity and inclusion (5-1.A)**.
7. How the site develops and implements strategies to address any issues discovered through staff retention and satisfaction surveys,including any issues associated with diversity, equity and inclusion.

**Reference Table**

**Best Practice Standard 9**

*This reference table contains a list of reports in the MIS that can be used to help programs monitor fidelity as well as helpful links and documents related to each policy.*

|  |  |  |
| --- | --- | --- |
| **Policy** | **MIS Reports & Forms** | **Appendix & Links** |
| **9-1.A, 9-3. A, 9-4** | * **Quarterly Worker Characteristics**
 | * Hiring materials below can be accessed on the [“Hiring” tab of the HFNY website](https://www.healthyfamiliesnewyork.org/Staff/Hiring.htm):
	+ Staff Development Plan templates and samples for Program Managers, Supervisors, and Direct Service Staff
	+ Interpersonal Rating Scale
	+ Hiring Criteria for Child Developmental Specialist
	+ HFNY-Hiring PMs and Sups with Reflective Capacity
	+ HFA-Hiring Staff with Reflective Capacity
	+ Guidance for Interim Program Managers
	+ [HFNY Worker Development Competencies](https://www.healthyfamiliesnewyork.org/Staff/Competencies.html)
* [HFA Employee Satisfaction & Retention Surveys](https://www.healthyfamiliesamerica.org/network-resources/9-4-employee-satisfaction-survey-english/)
	+ [Gallup’s Employee Engagement Survey](https://www.gallup.com/workplace/356063/gallup-q12-employee-engagement-survey.aspx)
 |
|

Standards 10 & 11: Model Specific Training and Training to Fulfill Job Functions

**TRAINING PLAN/POLICY**

(EFFECTIVE 03/15/2023)

**HFA Best Practice Standard 10-1**

**POLICY: Sites will provide training to staff in accordance with the following policies, the comprehensive HFNY Training Plan, and the Required Training Table. The plan and table summarize the following policies on orientation training, stop-gap training, intensive model specific core trainings, implementation training, screening trainings, wrap-around training, ongoing training, and annual trainings. The topics, methods, and timeframes are included in the policies and table.**

**ORIENTATION TRAINING**

(EFFECTIVE 03/15/2023)

**HFA Best Practice Standard 10-2 A- H**

**POLICY: Staff (direct service staff, supervisors and program managers), receive orientation training (separate from intensive role specific training) subsequent to HFA hire date and prior to direct work with families or supervision of staff to familiarize them with site responsibilities.**

Note: Program Managers hired between July 1, 2014 and December 31, 2021 will receive orientation training within 3 months of hire. Program Managers hired prior to July 1, 2014 are not required to document receipt of orientation topics.

HFNY Policy Guidelines

* There are seven required orientation topics to be received by all staff prior to work with families:
1. All staff members (including the program manager’s supervisor) hired January 1, 2022 or later receive HFA Quick Start orientation training. Staff hired prior to January 1, 2022, receive orientation related to HFA’s goals and services, the philosophy of home visiting/family support, and the principles of ethical practice after their HFA hire date and prior to direct work with families or supervision of staff.
	1. Community Advisory Board members are also encouraged to take the Quick Start training.
	2. The date that the program manager’s supervisor received the HFA Quick Start training will be documented in the Program Information section of the MIS. (10-2A)
2. All staff are oriented to their roles as they relate to the site’s parenting materials, curriculum, other handouts shared with parents, policy and operating procedures, and data collection forms and processes after their HFA hire date and prior to direct work with families or supervision of staff. (10-2B)
3. All staff members are oriented to the site’s relationship with other community resources after their HFA hire date and prior to direct work with families or supervision of staff. (10-2C)
4. All staff members are oriented to child abuse and neglect indicators and reporting requirements after their HFA hire date and prior to direct work with families or supervision of staff. (10-2D) THIS IS A SAFETY STANDARD.
5. All staff members are oriented to issues of confidentiality and issues of ethical practice prior to direct work with families or supervision of staff. (10-2E)
6. All staff members are oriented to issues related to boundaries after their HFA hire date and prior to direct work with families or supervision of staff. (10-2F)
7. All staff members are oriented to issues related to staff safety after their HFA hire date and prior to direct work with families or supervision of staff. (10-2G)
* All staff are oriented to the Multi-Site System, including the goals, objectives, policies, and functions of the Multi-Site System and Central Administration. This training is provided on the HFNY website. (10-2H)
* Sites will use the HFA Orientation modules on the LMS for the required training for topics 10-2 A-G. Sites may use additional materials to meet any organization-required orientation training.
* In addition to the required orientation training topics, all staff members are required to shadow trained staff to assist new staff in becoming familiar with their role.

**The site will adhere to all HFNY Policy Guidelines specified above. In addition, please insert site-specific policies and procedures that include:**

1. A description of how orientation training is provided: when it is used, what is the content of the training, how it is delivered and by whom, and how it is documented.

**STOP GAP TRAINING**

(EFFECTIVE 03/15/2023)

**HFA Best Practice Standard 10-3**

**POLICY: All staff are required to receive training specific to their position. HFNY does not allow stop-gap training as a temporary or long-term solution to the need for role-specific training for any role but supervisor. For a supervisor, stop-gap training may be used only as a short-term solution and does not replace the requirement to attend Supervisor Core training.**

HFNY Policy Guidelines

Stop-gap needs to be conducted by someone who has been intensively trained in the role they are providing stop-gap training for. Stop-gap training may be provided to supervisors so that they can begin to support staff prior to attending Supervisor Core only if all of the following conditions are met:

* The supervisor has attended either FSS or FRS core, or both, depending on which roles they will be supervising.
* They have not had the opportunity to attend their role-specific training prior to the site’s need for the supervisor to begin supervision practice.
* Stop-gap training is provided by someone who has completed Supervisor Core.
* Stop-gap training for the supervisor is required to include the following for each role the supervisor will be supervising:
	+ A clear description of the “HFA Advantage” (what makes HFA unique including trauma informed practice, the power of relationships/attachment, and reflective capacity).
	+ Shadowing of other supervisors
	+ Hands-on practice, with observation and feedback
	+ Training on forms used by supervisors and expectations for documentation, including reviewing with the supervisor the Supervisor Note Guidelines.
	+ Use of a strengths-based approach when working with others
* The supervisor attends Supervisor Core training provided by the Training and Staff Development Team within six months after they have started supervising staff.

**The site will adhere to all HFNY Policy Guidelines specified above. In addition, please insert site-specific policies and procedures that include:**

1. A description of how stop-gap training is provided: when it is used, what is the content of the training, how it is delivered and by whom, and how it is documented.

**ROLE SPECIFIC TRAINING**

(EFFECTIVE 03/15/2023)

**HFA Best Practice Standard 10-4**

**POLICY: All staff (Family Resource Specialists, Family Support Specialists, Supervisors, and Program Managers) hired January 1, 2022 or later are required to receive HFA Foundations Core training from a HFA certified trainer within six months of date of hire. Program Managers hired before 1/1/22 receive the training within 18 months of hire. (Please note: FRSs hired prior to January 1, 2022 are encouraged, but not required, to take Foundations training.)**

**All staff administering the FROG Scale receive intensive HFA Core FROG Scale training by an HFA certified trainer prior to first use of the tool. All supervisors receive this training within six months of hire.**

**Program managers who do not supervise any direct service staff are required to receive HFA Foundations Core training and the Supervisor Core training within six months of hire and the FROG Core training within 18 months.**

NOTE: THIS IS AN ESSENTIAL STANDARD.

HFNY Policy Guidelines

FSS and FRS core trainings are provided by HFA certified trainers. As the HFNY Supervisor core training predates the HFA Supervisor core training, HFNY does not use the HFA Supervisor Core. The HFNY Supervisor core training was developed by our own state system to meet our training needs for supervisors. The HFNY Supervisor core training meets the content requirements set forth by HFA and is updated as needed. All HFNY trainers work as a team to ensure that core trainings deliver a consistent message and meet the training content required by HFA.

**Program Managers** ***hired on or after January 1, 2022*** who do not supervise any direct service staff are required to receive HFA Foundations Core training and the Supervisor Core training within six months of hire and the FROG Core training within 18 months. Program Managers must attend the HFNY Program Manager Orientation at the next available training date.

Program Managers ***hired after July 1, 2014 but prior to January 1, 2022*** who supervise direct service staff are required to attend all three HFA Core trainings within six months from starting their position. If not providing supervision to direct service staff, they must complete one core training (FSS or FRS) and the Supervisor Core training within six months and the remaining Core training within 18 months. Program Managers must attend the HFNY Program Manager Orientation at the next available training date.

Program managers ***hired prior to July 1, 2014*** do not need to demonstrate evidence of receipt of HFA Core training, unless the program manager also supervises direct service staff or supervises a supervisor carrying a caseload of 4 or more families. Even if not required, program managers are strongly encouraged to attend HFA Core trainings.

All Program Managers (or those in a role and fulfilling expectation of program manager as defined in HFA glossary) hired on or after January 1, 2018 receive HFA Implementation training from the HFA National Office within eighteen months of date of hire, to understand the essential components of implementing the HFA model. HFA Implementation training is strongly encouraged and optional for program managers hired prior to January 1, 2018. Program managers who have attended Implementation training prior to January 1, 2018 do not need to retake the training.

**Supervisors** are required to complete the HFNY Supervisor Core Training within six months of starting that position. This includes FROG Supervision training for those who supervise staff administering the FROG scale. (10-4C.) While supervisors may begin supervising staff without having attended the HFNY Supervisor Core training, HFNY policy requires that supervisors attend the role specific core training (FSS or FRS) prior to supervising staff in that role. Supervisors hired after July 1, 2014 are required to attend both FSS and FRS core trainings within six months of starting the supervisor position if they have not completed them previously to further ground them in the model, and to ensure they are able to effectively support staff to implement assessment and home visiting skills learned in training. Supervisors hired prior to July 1, 2014 are required to, at minimum, have attended HFA Core Training for all roles they directly supervise prior to providing supervision.

**Family Resource Specialists (FRSs**) begin assessing families only after FROG Core training has been completed and are required to receive core training within 6 months of starting work in that role.

**Family Support Specialists** make home visits unaccompanied by other staff only after Foundations Core training has been completed and are required to receive core training within 6 months of starting work in that role.

**Dual Role Staff** are required to receive additional core training specific to their new or added role before providing services specific to that role. Training is required to take place within 6 months of starting in the new role. In order to maintain a skilled approach, all direct service staff who have completed FROG training and are active in the role are required to complete the FROG assessment in accordance with the HFNY QA Policy.

**Rehired Staff**

A training plan is developed by the program manager and the Training and Staff Development Director for each rehired staff person prior to the staff person providing services to families.

Any staff person returning to the state system after an absence from HFA program practice of 3 or more years is required to attend the entire HFNY training process for new staff. If longer than 3 months since previously employed by Healthy Families, rehired staff must receive orientation training again.

**The site will adhere to all HFNY Policy Guidelines specified above. No program specific policy and procedures required here.**

**TRAINING ON ADMINISTRATION OF SCREENING TOOLS**

**HFA Best Practice Standard 10-6** (Effective 03/15/2023)

**POLICY: Staff who are responsible for the administration of required screening tools and their supervisors receive training on these tools prior to first use. These tools include the current versions of depression screens, the ASQ, the ASQ-SE, and CHEERS Check-In, as well as training in effective use of curriculum. Training must be in accordance with developer requirements. Those who administer depression screening tools and their supervisors must also be trained in ways to talk to parents about depression.**

**The site will adhere to all HFNY Policy Guidelines specified above.** **No program specific policy and procedures required here.**

**WRAPAROUND TRAININGS**

(EFFECTIVE 03/15/2023)

**Best Practice Standards 11-1, 11-2, & 11-3**

**POLICY: Staff (direct service staff and supervisors) receive training on a variety of topics necessary for effectively working with families. Specific training topics are required within three months of the date of hire, within six months of the date of hire, and within twelve months of the date of hire. Staff will complete wraparound training based on the HFNY policy at their time of hire. As of ((03/15/2023), wraparound training is completed following the HFA Interim Wraparound Plan\*. The required topics are outlined in the “Required Trainings” grid at the end of the training policy.**

**If supervising direct service staff, Program Managers are required to receive the trainings within their required time frames. Program Managers who do not supervise direct service staff are only required to complete the diversity and equity topics (11-1 D, 11-2 G, and 11-3 E).**

**\*NOTE: There are two exceptions to HFA’s Interim Wraparound Plan. For the topics of Prenatal Training and Family Goal Plans (11-2 E and 11-2 F), staff will use the standardized training materials on these topics developed by PCANY.**

Supervisors, FSSs and FRSs hired prior to July 1, 2014 were required to receive at least a majority of the topics listed in the 11-1, 11-2 and 11-3 standards. Program managers hired prior to July 1, 2014 were not required to show evidence that wrap-around training topics were received.

All staff, including program managers, hired from July 1, 2014 through January 1, 2022, are required to receive all of the training topics listed in the 11-1, 11-2 and 11-3 standards.

**ONGOING TRAININGS**

(EFFECTIVE 03/15/2023)

**Best Practice Standard 11-4**

**POLICY: The site ensures direct service staff, supervisors and program managers hired more than twelve months receive ongoing training on an annual basis (i.e. at some time during each calendar year) which takes into account the individual’s knowledge and skill base. Staff also receive annual child abuse and neglect training, and annual training related to diversity, equity, inclusion, and belonging.**

HFNY Policy Guidelines

**HFNY TRAINING PLAN (CURRENT PLAN)**

The training plan and policies guide the site towards meeting training expectations in a timely manner with specified timeframes, and clearly identify how the training is provided and by whom, topics that will be covered in each training, and the site’s processes for supervisory follow-up.

* The training plan and policies address all topics and subtopics included in HFA Best Practice Standards 10 and 11.
* Training may be provided by various qualified individuals, including program managers, supervisors, community agencies, HFA online training modules, and use various modalities, including video, reading materials, self-study modules, etc.
* Training tracking includes supervisory verification of all required training received.
* All training will be documented in the HFNY MIS. The MIS tracking includes date of hire, date of first direct service contact or supervision of staff, and date of first administration of tools.
* Sites track training even when training was received outside of the required timeframe.
* Learning formats can include attendance at trainings, workshops, and in-services; on-line training; current formal education; certification; licensure; and competency-based testing.
* Rehiring Staff: A training plan is developed by the program manager and the HFNY Staff Development and Training Director for each rehired staff person prior to them providing service to families. \**Any staff person returning to the state system after an absence from HFA program practice of 3 or more years is required to attend the entire HFNY training process for new staff. If it is longer than 3 months since previously employed in Healthy Families, the rehired staff is required to receive orientation training again.*
* Role-specific Core training cannot be used to satisfy the 3, 6 and 12-month training requirements.
* Interns and volunteers may not serve as direct service staff and are therefore not subject to the same training requirements. Interns and volunteers may only serve as a support to direct service staff and will receive training consistent with agency requirements for their role.

|  |
| --- |
| **Required training for all staff (in addition to Core Trainings prescribed in 10-4)** |
| All staff receive Orientation Training regarding their role, HFA goals and home visiting philosophy, the site’s relationship with community resources, child abuse and neglect indicators, confidentiality, ethical practice, boundaries, and staff safety prior to direct work with families. |
| **Screening and assessment tools (ASQ, ASQ-SE, PHQ-2, PHQ-9, HITS, Home, Audit-C, CHEERS Check In) –** prior to administration |
| **Within 3 months****(11-1)** | **Within 6 months****(11-2)** | **Within 12 months****(11-3)** | **Ongoing training (11-4)****(annually)** |
| Infant careChild Health and SafetyFamily HealthCultural Self Awareness HFNY Family Goal Plan training:-Purpose and importance of the FGP process-Working with families to identify strengths and needs-Supporting the family’s role in setting and achieving meaningful goals to assist families in taking charge of their lives.-Development of family goals based on the FSSs’ knowledge about the family, as well as tools completed by the family-Practice writing family goals in ways that help families create measurable goals |  Infant and child developmentSupporting the parent-child relationshipProfessional PracticeMental HealthCultural HumilityHFNY Prenatal training:-Fetal growth and development during each trimester-Warning Signs: When to call the doctor-Activities to promote the parenting role and the parent child relationship during pregnancy-Preparing for baby-Promoting parental awareness of what the baby is experiencing with a connection to what the parent is doing (reflection) | Child abuse and neglectIntimate Partner ViolenceSubstance abuseEngaging FamiliesInequity and Family Context | Annual child abuse training(Updates on child welfare policies, practices, trends in the community)Annual Diversity, Equity, Inclusion, and Belonging Training. All staff do not have to attend the same training. In addition, the staff and supervisors identify training needs and determine what additional training topics would be most beneficial in enhancing job performance, and training is offered. Training takes into account an individual’s knowledge and skill base to support professional development. Special consideration should be given to additional trainings needed regarding diversity, equity, inclusion, and belonging. |

Training can be received through a variety of methods including, but not limited to, the following: lecture or interactive presentations by individuals with particular expertise in an area, workshops, college coursework, multi-disciplinary clinical consultations, training presentations by staff members, and self-study with supervisory follow-up.

**The site will adhere to all HFNY Policy Guidelines specified above. In addition, please insert site-specific policies and procedures that include:**

**1.** How staff discusses and documents their annual training goals with their supervisor, during their introductory period and as part of annual performance evaluations.

1. Including specific considerations for training needs related to DEI **(5-1.A**) and to increase awareness of the historic and current relevance of discrimination based on race, ethnicity, gender identity, sexual orientation, age, religion, residential status, and abilities **(5-2.A).**

**2.** How the site’s administration monitors and approves training received to ensure timely access to and receipt of all required training.

**3.** If the site has received approval from Central Administration to administer additional screening and assessment tools, describe which tools and include expectation that staff is trained to use these tools prior to administration.

**4.** Site-specific procedures should reflect how the program will demonstrate how all training topics are covered , including documentation on when training took place, how it was delivered and by whom. If trainings are outside of the HFA LMS and/or HFA recommended sources, how will the site have evidence available as to the content of trainings. MIS training logs on their own are insufficient and should be supported by documentation of training content such as orientation manuals, training outlines, syllabi from training webinars or videos, etc.

**Reference Table**

**Best Practice Standard 10 & 11**

*This reference table contains a list of reports in the MIS that can be used to help programs monitor fidelity as well as helpful links and documents related to each policy.*

|  |  |  |
| --- | --- | --- |
| **Policy** | **MIS Reports & Forms** | **Appendix & Links** |
| 10-2 Orientation Training  | * Training/ 10-2 Orientation Training
* Training/ Shadowing
* Training / Required Topics
 | * [New Hire Training Checklist](https://www.healthyfamiliesnewyork.org/Staff/Documents/New%20Hire%20Training%20Checklist%2023.11.15.pdf)
* [Supervisor Note Guidelines](https://www.healthyfamiliesnewyork.org/Staff/Documents/Supervision%20Note%20GuidelinesAUG2023.pdf)
* [Supervisor Stop Gap Checklist](https://www.healthyfamiliesnewyork.org/Staff/training.htm)
* Site Training Record (HFNY MIS)
 |
| 10-3 Stop Gap Training  | * Training/ Required Topics
* Training/ Shadowing
* Training/ Data Training
 |
| 10-4 Role Specific Training  | * Training/10-4 Intensive Role Specific

Training for Staff * Training/2-2.C Parent Survey Training
* Training/ No Home Visits before FSS Core Training
* Training/Required Topics
 |
| 11-4 Ongoing Training  | * Training/Required Topics
* Training/5-3 Culturally Sensitive Practices
* Training/6-5 ASQ/ASQ-SE Training
* Training/7-4F PHQ 2/9 Training
* Training/10-2 Orientation Training
* Training/10-4 Intensive Role Specific Training for Staff
* Training/11-1 Wraparound Training for All Staff by 3 months of Hire
* Training/11-2 Wraparound Training for All Staff by 6 months of Hire
* Training/11-3 Wraparound Training for All Staff by 12 months of Hire
* Training/11-2 Prenatal Training for All Staff by 6 months of Hire
* Training/11-4 Annual Child Abuse & Neglect Training for all Staff
* Training/Data Training
* Training/Shadowing
* Training/FGP/IFSP Training
* Training/Training Tickler
* Training/Training Resume
 |

Standard 12: Ongoing Reflective Supervision

**ON-GOING SUPERVISION FOR DIRECT SERVICE STAFF**

(EFFECTIVE 9/06/2023)

**HFA Best Practice Standard 12-1.A**

**POLICY: All direct service staff, FSSs and FRSs, receive regular, ongoing reflective supervision, are provided with skill development and professional support, and are held accountable for the quality of their work.**

HFNY Policy Guidelines

* Full-time staff that are at least .75 FTE participate in regular, individual supervision for a minimum of 1.5 to 2 hours a week (over a seven-day period). HFNY Performance Indicators set the expectation that this frequency and duration of supervision is achieved at least 75% of the time.
* Part-time staff that are at least .25 FTE-.74 FTE participate in regular, individual supervision for a minimum of 1 to 1.5 hours a week (over a seven-day period). HFNY Performance Indicators set the expectation that this frequency and duration of supervision is achieved at least 75% of the time.
* For staff that work less than .25 FTE, supervision may be provided according to role and occurrence of services.
* For Full time staff who serve in more than one role (e.g. a position that is 100% FSS also responsible for conducting the FROG Scale with their families) 1.5 hours per week is the expectation to meet the supervision requirements of both roles and functions, and documentation clearly indicates both are being addressed.
* Full time supervisors (35 hours a week or more), will supervise no more than five full time direct service staff. The maximum number of direct service staff a part-time supervisor can supervise is prorated (see the HFA proration tool in the appendix) based on the percentage of time in the supervisory role. **(12-1. D)**
* Supervision is usually conducted in one session per week. Supervision must be completed in no more than two sessions per week.
* Supervisors document the dates, duration, and content of all supervisory sessions, this is tracked in the MIS.
* If providing supervision remotely it must be via video call, and it is recommended that the site have at least one supervision session per month as an in-person meeting, when possible.
* The only acceptable reason for missing a supervision session is the supervised staff person’s absence for an entire “week”, calculated as the 7-day period after their assigned supervision date.
* It is required that when staff are in the field, they always have access to a supervisor and/or program manager.
* Programs are strongly encouraged to have team or staff meetings at least every two weeks at a regular set time.
* Reflective supervision groups are required for CWP sites and are optional for non-CWP sites. The content and topics discussed during the session can be used to build on reflective practice in regular supervision.
* For sites participating in Reflective Supervision Groups supervisors are responsible for recording and uploading to program documents:
	+ Facilitator’s name
	+ Date and time session occurred
	+ Program staff attendance
	+ Content topics covered
* Volunteers and interns may serve as a support to direct staff, but may not assume the role of FSS or FRS and therefore do not need the required supervision.

**The site will adhere to all HFNY Policy Guidelines specified above. Additionally, please insert site-specific procedures that include**:

1. Describe how the site ensures that all weekly supervision requirements are met based on HFA BPS 12-1.
2. Describe how supervision will be documented for staff that functions in more than one role (e.g. a position that is 100% FSS, also responsible for conducting the FROG Scale with their families. Reference the supervision guidelines for additional information)
3. Describe how the site will ensure that the ratio of supervisors to direct service staff does not exceed 1:5

**ADMINISTRATIVE, CLINICAL & REFLECTIVE SUPERVISION AND PROFESSIONAL SUPPORT**

(EFFECTIVE 9/06/2023)

**HFA Best Practice Standard 12-2.A**

**POLICY: All direct service staff are provided with reflective supervision pertaining to their work and opportunities for skill development and professional support, including twice annual observation visits and debrief with their supervisors, and are held accountable for the quality of their work.**

HFNY Policy Guidelines

* Supervisory sessions encourage professional and personal development by providing a safe yet challenging environment where taking initiative is nurtured and supported. Reflection is a key component of all supervisory discussions, regardless of whether those discussions are administrative or clinical (related to the family) in nature.
* Supervisors utilize the HFNY Supervision Note for each supervision session. During supervision, staff are provided with supervision that includes administrative, clinical and reflective components, are held accountable for the quality of their interactions with families on a regular and routine basis and are provided with professional support (as noted in 12.1B). Supervisors focus on various areas including those listed below under Tasks *Within Supervision Sessions* and the MIS Supervision Note.
* Supervisors ensure each family on the staff’s caseload is discussed in-depth at the frequency specified in supervisor guidelines. This should be documented within the MIS according to supervisor guidelines. More frequent discussions are encouraged if needed and must be documented.
	+ Families who are on Level 1, 1P, Level SS, are discussed in-depth at least once a month.
	+ For families on Level 2 the in-depth discussions must occur a minimum of once every other month.
	+ For families on Level 3, and Level 4 in-depth discussions should occur before or after their visit.
* All FROG Scales are reviewed at a frequency that supports timely administrative, clinical and reflective conversations needed in supervision (2-1.A).
* Supervisors provide a minimum of **twice annual observation visits** and debrief with staff (when staff are new to their role, supervisors can demonstrate support by observing visits more frequently than twice annually during the onboarding process).
	+ Dual role FRS/FSS receive one assessment and one home visit observation.
	+ An observation visit combined with debrief conversation between supervisor and direct service staff can be counted as a weekly supervision session, as long as this is documented in the MIS Supervision Note **(12-2.C)**.

**Tasks Within Supervision Sessions**

*Any activity engaged in by a supervisor with staff can and probably will have aspects of administrative, clinical, and reflective supervision. These supervision tasks have been grouped by the type of supervision most often, but not exclusively associated with each task:*

**Administrative**

* Integrating quality assurance results that include review of all assessments and assessment records
* Monitoring due dates for screenings and measurement tools
* Discussing family acceptance, retention and attrition
* Providing feedback on documentation
* Assisting staff in implementing new training or new policy into practice
* Sharing of information related to community resources

**Clinical**

* Discussing activities to address assessment issues/risk factors
* Developing the Service Plan
* Supporting Parent-Child Interaction work and CHEERS observations
* Guiding culturally sensitive practice **(5-2.A)**
* Providing guidance on use of curriculum
* Integrating results of tools used (developmental screens, evaluation tools, etc.)
* Identifying areas for growth **(5-1.A)**
* Strengthening engagement techniques
* Discussing strategies aimed at building protective factors
* Reviewing Family Goal progress and process
* Reviewing family progress and level changes
* Integrating policy changes into practice

**Reflective**

* Exploring/reflecting on impact of the work on the worker **(5-1.A)**
* Coaching and providing feedback on strength-based approaches, reflective strategies, and interventions used (e.g. motivational interviewing)
* Support staff in developing their relational skills (i.e. self-awareness, self-regulation, self-reflection, skilled listening, and empathy) **(5-1.A)**
* Encouraging self-care
* Guiding culturally sensitive practice **(5-2.A)**
* Identifying areas for growth **(5-1.A)**
* Identifying and reflecting on role boundaries
* Discussing ongoing worker safety

**Tasks Outside of/Prior to Supervision sessions (12-2.C practice):**

**Administrative**

* Reading home visit narratives & FROG Scale Narratives
* Reviewing of CHEERS and CHEERS Check In
* Reviewing home visit completion rate
* Discussing home visit/assessment rates
* Offering regular staff meetings
* Monitoring Family Support Specialist records, and all documentation used by the site
* Monitoring productivity
* Providing tools for performing job
* Scheduling flexibility
* Offering employee assistance program when available
* Providing a career ladder for direct service staff
* Acknowledging performance

**Clinical**

* Observing Family Support Specialists and Family Resource Specialists according to HFNY QA Policy
* Providing multi-disciplinary teams (holding team meetings for specific professional development purposes or building areas of expertise) **(5-1.A)**
* Assuring on-call availability is provided to support workers in the field

 **Reflective**

* Creating a nurturing work environment that provides opportunities for respite
* Assuring an open-door policy with supervisors to support growth and professional development the following:
1. All FSSs and FRSs are provided with feedback on the results of quality assurance reports
2. Family files are reviewed, and feedback is provided in accordance with the HFNY QA Policy
3. Home visit observations are conducted in accordance with the HFNY QA Policy
4. FROG observations are conducted in accordance with the HFNY QA Policy

**The site will adhere to all HFNY Policy Guidelines specified above. Additionally, please insert site-specific procedures that:**

1. Describe how your site's procedures ensure supervisors are responsible for providing all direct service staff with professional support and supervision which includes administrative components, clinical components, reflective components in order to continuously improve the quality of their performance. Include specific consideration for how supervisors support staff in developing their relational skills (self-awareness, self-regulation, self-reflection, skilled listening, and empathy). **(5-1.A)**
2. Describe how workers are held accountable for the quality of their work (i.e., using information gathered through MIS reports and forms).

**SUPERVISION OF SUPERVISORS**

(EFFECTIVE 9/06/2023)

**HFA Best Practice Standard 12-3.A**

**POLICY: Supervisors are held accountable for their work, receive skill development and professional support through regular and ongoing supervision, including both administrative and reflective components.**

HFNY Policy Guidelines

* Supervisors receive individual, regularly scheduled, comprehensive supervision from the program manager or designee for at least ninety minutes per month (sixty minutes if supervisor is less than .49 FTE). Discussions **must always** include administrative and reflective components.
* Supervisions can be broken up into shorter sessions with one expected to be at least 45 minutes. Additional supervision is strongly recommended, as needed for skill development especially with new supervisors. Additional supervision time can be either individual or group sessions.
* The program manager or designee conducting the supervision documents the topics discussed and strategies developed on the MIS Supervision Note.
* Topics may include but are not limited to:
	+ Addressing personnel issues
	+ Feedback/reflection to supervisors regarding team development/dynamics and agency issues.
	+ Review of documentation including supervisor notes, family documentation, site goals, quarterly reports, other statistics and reports.
	+ QA feedback from QA activities i.e., participant satisfaction surveys, staff observations (external and internal).
	+ Feedback from Supervisor Observation **(GA-2.A)**
	+ Strategies to promote professional development and growth.
	+ Use of and support of reflective strategies, discussion of protective factors, integration of Service Plan, etc.
	+ Clinical support related to families in the program.
* If providing supervision remotely it must be via video call, and it is recommended that the site have at least one supervision session per quarter as an in-person meeting, when possible.
* When a supervisor is carrying a caseload on an ongoing basis (2 or more visits each week, including FROG administrations), the supervisor will receive supervision according to the policies related to Standard 12-1 and 12-2 for their direct service. The supervisor to staff ratio is to be taken into account based on the percentage of time the supervisor is providing direct services. The individual providing this supervision must have received training outlined in Standard 10 and 11.
* When supervisors carry smaller caseloads (one visit or less per week) on a permanent basis, or carry a larger caseload on a temporary basis, or occasionally administer the FROG Scale (as a back-up), they shall receive supervision based on the frequency of contact. In this case the individual providing supervision does not have to be trained as an HFA supervisor and the supervision notes may be kept by the supervisor.
* Sites will use the 12-1.D Supervisor Ratio MIS report to ensure that supervisors carrying a caseload do not exceed maximum supervisor weight and are receiving the appropriate supervision for direct services provided.

**The site will adhere to all HFNY Policy Guidelines specified above. Additionally, please insert site-specific procedures that:**

1. Describe how the site ensures that all supervision requirements are met based on HFA BPS 12-3.
2. How supervisors are held accountable for the quality of their work and how the reflective nature of the discussions is documented (on the MIS Supervision Note).

**SUPERVISION OF PROGRAM MANAGERS**

(EFFECTIVE 9/06/2023)

**HFA Best Practice Standard 12-4. A**

**POLICY:** **The site has policy and procedures to ensure program managers are held accountable for the quality of their work and receive skill development and professional support.**

HFNY Policy Guidelines

* The program manager receives regular ongoing support from their direct supervisor at least monthly.
* **The program manager maintains documentation indicating dates of these meetings and topics discussed.** Topics may include:
	+ Personnel issues
	+ Review of progress on QA plan
	+ Review of site goals and mechanisms to address goal issues
	+ Input and recommendations from the advisory board.
	+ Advocacy, marketing, system building and outreach.
	+ Implementation challenges (i.e., accessing target population, accessing training, data issues, etc.)
	+ Supervision of supervisors
	+ Skill development in program development and management.
	+ Strategies developed during supervision to address any concerns
* Accountability of the program manager can be addressed through quarterly reports, Annual Service Reports, annual performance reviews, and regularly scheduled meetings with the program manager’s supervisor.

**Note:** The program manager role is distinct from that of the program supervisor, and while both roles can be assumed by the same person, the FTE status of both roles must be delineated and protected to ensure sustainable program leadership and adequate support to staff being supervised. If these roles are assumed by the same person, supervision must include support in each role that meets the Best Practice Standards.

**The site will adhere to all NYS Policy Guidelines specified above. Insert site-specific procedures that include:**

1. That the program manager receives supervision at least once a month, who provides their supervision, and how their supervision is documented.
2. How the program manager is held accountable for the quality of their work.
3. How the program manager is provided skill development and professional support.
4. For program managers that also assume the supervisor role, describe how support is provided in the supervisor role and how this is documented.

**Reference Table**

**Best Practice Standard 12**

*This reference table contains a list of reports in the MIS that can be used to help programs monitor fidelity as well as helpful links and documents related to each policy.*

|  |  |  |
| --- | --- | --- |
| **Policy** | **MIS Reports & Forms** | **Appendix & Links** |
| 12-1.A Ongoing supervision for direct service staff | * Accreditation/12-1.B Regularly Scheduled and Protected Supervision - Details and Summary
* Accreditation/12-1. B Summary of Supervision Activities
* Accreditation/12-1.DSupervisor Ratio/Case Weight Report
 | * [Supervision Note Guidelines](https://www.healthyfamiliesnewyork.org/Staff/Documents/Supervision%20Note%20GuidelinesAUG2023.pdf) (HFNY Network password needed)
 |
| 12-2.A Administrative, Clinical and Reflective Supervision and Professional Support  | * Accreditation/12-2. C Observation by Supervisor
 | * Supervision Note Guidelines (see above)

* + [Also found under Support Materials on the TOL website](https://tol397.wixsite.com/transferoflearning/supportmaterials)
 |
| 12-3.ASupervision of Supervisors | * Accreditation/ 12-3 C Supervision of Supervisors Report
* Accreditation/12-1.DSupervisor Ratio/Case Weight Report
 | * Supervision Note Guidelines (see link above)
 |
| 12-4.A Supervision of Program Managers | * NONE
 | * Quarterly Report Guidelines
* Annual Report Guidelines
 |

Standard GA: Governance and Administration

**QUALITY ASSURANCE**

(EFFECTIVE 11/6/2023)

**HFA Best Practice Standard GA-2. A**

**POLICY: Sites will develop and implement a Quality Assurance plan for reviewing and documenting the quality of site implementation, to increase fidelity to the model within the four components of the service delivery system (initial engagement, home visiting, supervision, and management).**

HFNY Policy Guidelines

* Sites use a variety of methods to monitor the quality of all the services offered to families, as detailed in the Quality Assurance Table.
* The state system’s goals and objectives are monitored through the HFNY Performance Indicators (every 6 months) and HFNY Performance Targets (quarterly).
* The QA plan has specific internal quality assurance strategies, and includes monitoring initial engagement, home visiting, supervision practice, and management according to the HFNY Performance Indicators and HFNY Performance Targets.
* The QA plan includes working with the Center for Human Services Research to monitor quality and completeness of the data.
* If a direct staff or a supervisor observation by PCANY occurs, this can count towards the observed person’s required number of observations for the time (2 annually).
* An observation visit combined with debrief conversation between supervisor and direct service staff can be counted as a weekly supervision session, if this is documented in the MIS Supervision Note **(12-2.C)**.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures below:**

**1.** Details on how the site will implement the HFNY quality assurance plan, including:

1. How participant case record reviews are done, documented, and how feedback is given.
2. How supervision note reviews are done, documented, and how feedback is given.
3. How sites ensure Supervisors who regularly carry a caseload (2 or more visits per week including FROG administrations) receive 2 observations of direct service practice and 1 observation of supervision practice annually.
4. How the site will determine approved designees for performing supervision observations. At a minimum, designees will have demonstrated a comprehensive knowledge of reflective supervision and must be approved by the site’s Program Contract Manager.
5. Details on how the site will follow-up on quality assurance activities to address identified

areas of improvement and to ensure fidelity to the model.

**HFNY QUALITY ASSURANCE TABLE**

|  |
| --- |
| **Sites’ Internal QA Activities** |
| MIS data completion |
| Quarterly narrative and data reports (also regularly reviewed and addressed by OCFS Contract Managers) |
| Annual program-wide participant satisfaction survey |
| Annual staff satisfaction and retention survey |
| Quarterly Performance Targets |
| Performance Indicators – twice per year  |
| **Sites’ Internal QA Activities** |
| Practice QA: All practice QA activities are reviewed in supervision to acknowledge practice strengths and support practice improvement. All QA follow-up is documented by the supervisor. When staff are new to their role, supervisors can demonstrate support by observing visits more frequently than twice annually during the onboarding process. | FSS Two home visit observations per year. One participant case record review per quarter (i.e., MIS record, signed consent forms, family rights and confidentiality, etc.) Two participant surveys per quarter via phone or in person (Program manager should review all participant satisfaction surveys that are conducted by the supervisor)Annual performance review and professional development plan | FRS Two assessment observations per year.One engagement refusal call or observation of engagement calls per quarterAnnual performance review and professional development plan | Dual Role One home visit observation and one assessment observation annually. QA activities such as participant surveys and assessment refusal calls/call observations will be conducted in proportion to the staff’s time allotment in each role.Annual performance review and professional development plan | SupervisorTwo supervision observations per year by PM or approved designee.Supervisors regularly carrying a caseload (2 or more visits per week including FROG administrations) receive 2 observations of direct service practice and 1 observation of supervision practice annuallyOne review of supervisor notes by PM or approved designee per quarter Annual performance review and professional development plan |
| **Annual Service Review (ASR)** The ASR represents the culmination of all the site’s QA activities and is shared with the site’s advisory board and funder. The ASR is studied by the site and used as a tool to develop a specific plan for program enhancement and improvement. |
| **External QA Activities** |
| PCANY Quality Assurance visits | FSS: Observation of program practice, including at least one supervisor observation \*see PCANY QA Protocol for Sites. Additional role specific support, training, and/or technical assistance may be offered as follow-up to QA activities.  Occur every 24 months, and follow PCANY protocols for planning, expectations, and follow-up for the visit  | FRS: Observation of program practice, including at least one supervisor observation \*see PCANY QA Protocol for Sites. Additional role specific support, training, and/or technical assistance may be offered as follow-up to QA activities. Occur every 24 months, and follow PCANY protocols for planning, expectations, and follow-up for the visit |
| Technical Assistance Visits | Scheduled as needed and offered by one or more Central Administration partners in accordance with HFNY TA protocol. TA may be initiated by programs or by CA partners.  |
| OCFS site visits | OCFS Program Contract Managers visit sites approximately every 12 months (at least twice a year for new programs). PCMs provide follow-up documentation and support sites in developing specific plans and timelines for quality improvement.  |
| HFA Accreditation | While HFA accreditation occurs every 5 years, sites will begin to update their Self-Assessment Tool 24 months prior to accreditation.  |
|  |  |  |  |  |  |

**CONTINIOUS QUALITY IMPROVEMENT PLAN**

(EFFECTIVE 11/6/2023)

**HFA Best Practice Standard GA-2. B**

**POLICY: Sites will establish a comprehensive quality improvement plan, utilizing site level data related to acceptance, retention, home visit completion, etc. to develop and apply strategies aimed at strengthening site services. The plan is reviewed and updated at least annually.**

HFNY Policy Guidelines

* The Continuous Quality Improvement Plan may include:
1. Equity Plan (5-4 standards)
2. Analysis of family engagement/acceptance (1-2 standards), family retention (3-4 standards), and prenatal enrollment
3. Analysis of sites’ Performance Targets and Performance Indicators are included in evaluation of quality.
* Sites use information gathered through all QA activities to continue effective practices and develop follow-up mechanisms to identify and address areas for improvement. Annually, sites will identify at least one quality improvement goal they are striving to improve, analyze data and conditions, develop, and implement a plan, and review results. The efforts throughout the year will be reported in Quarterly Reports, the Annual Service Review, and Program Improvement Plans, when applicable.
* Sites will use the MIS CQI Module to document and monitor progress related to quality improvement projects.

**Continuous Quality Improvement Plan Process:**



**The site will adhere to all NYS policy guidelines specified above. No specific program procedures are required.**

**FAMILY RIGHTS AND CONFIDENTIALITY AND PARTICIPANT GRIEVANCE**

(EFFECTIVE 11/6/2023)

**HFA Best Practice Standards GA-3. A, GA-3. B, GA-3C**

**POLICY: Families are informed both verbally and in writing of their rights and confidentiality on or before the first home visit and during the course of services using the HFNY Family Rights and Confidentiality Form.**

HFNY Policy Guidelines

* Home visitors inform families both in writing and verbally of their rights and confidentiality using the **HFNY Service Agreement** **Family Rights and Confidentiality Form** and provide a copy of the form to the family before or on the first home visit. Documentation of the rights and confidentiality assurances were reviewed with the family is recorded in the HV log.
* Confidentiality is an essential part of the program’s services. Every family has the right to private and confidential interaction with staff. The only exception to this right occurs under specific circumstances.
* The **HFNY Service Agreement Family Rights and Confidentiality Form** includes the following:
	+ Participant Rights
		- The right to be treated fairly, with courtesy and respect by staff who appreciate your culture, belief, and values.
		- The right to end services at any time. Healthy Families services are always voluntary.
		- The right to privacy of your records and information.
		- The right to participate in the planning of services to be provided.
		- The right to say no if you are asked to participate in a research study.
		- The right to review the information gathered about you, upon request.
		- The right to be referred to other service providers, with your permission
		- The right to file a grievance/complaint and how to do so should the need arise including:
			* Who to contact
			* Phone number or contact information
			* The process and timeframes associated with response and resolution
			* Follow up mechanism to address identified areas of improvement
	+ Site specific confidentiality standards
		- The manner in which information is shared, with whom and process for consent forms to be signed when exchanging information
		- The circumstances when information is shared with consent (including for referrals, if participating in research where identifying information is shared, and when data is provided to funders or model developer with identifying information)
		- The circumstances when information would be shared without consent which include:
			* If the site is concerned about the safety of a child or has reason to suspect that a child is being abused, maltreated, or neglected.
			* If the site has reason to believe anyone is in imminent danger.
			* If the site is ordered by a court or judge to release information.
* HFNY Systemwide confidentiality standards:
	+ All HFNY staff sign a confidentiality agreement to keep participant information confidential including the acceptable use of HFNY MIS. Staff keep their MIS password confidential.
	+ All family files are stored in locked file cabinets or electronically on the MIS or other computer-based filing system (encrypted and password protected).
	+ Files are not left open on the staff's desk.
	+ Staff log off MIS when leaving the desk or office.
	+ In case of staff leaving the job, the site should terminate the person on the MIS worker form within 24 hours, which should remove their access to the system. If the MIS notifies them this did not successfully remove access, the site must inform CHSR using the ticket
	+ Home visitors discuss information related to families only with site staff, administration, funders, OCFS, HFNY Central Administration and HFA.
	+ Staff do not talk about the families being served with friends or family members.
	+ Staff do not use the name of the family member (or any identifying information) in any public area.
	+ Staff who breach confidentiality commitments face disciplinary action up to and including dismissal.
* All families are informed, and sign written consent every time information about them is to be shared. A family’s information cannot be discussed with an outside provider unless Consent for the Release of Information form has been signed. Consent to release information forms will only list one agency per form in order to maintain confidentiality related to the various services that a family might receive. Consent forms must include:
	+ A signature of the person whose information will be released or parent or legal guardian of a person who is unable to provide authorization.
	+ The specific information to be released.
	+ The purpose for which the information is to be used.
	+ The specific date the release takes effect.
	+ The timeframe or date the release expires. \* Consent timeframe cannot exceed 12 months.
	+ The name of the person/agency to whom the information is to be released.
	+ The name of the HFNY site providing the confidential information.
	+ A statement that the person/family may withdraw their authorization at any time.
* All families are asked to participate in the HFNY evaluation at enrollment and sign the Informed Consent. They are informed of the scope and intent of the evaluation, the voluntary nature of their participation, that they have the right to refuse participation without it having effect on the services they receive and that all evaluation results will be presented in aggregate form.
* If sites are participating in outside research studies, data sharing, evaluations etc., sites must talk with their OCFS Program Contract Manager to seek approval **(see GA-7. D for research policy)**. If approved, sites must add the details of the request to the HFNY Service Agreement Family Rights and Confidentiality Form to inform families of the request for their information and participation and include the option for families to opt out.
* Families are informed of the grievance process on the first home visit as part of reviewing the **HFNY Service Agreement Family Rights and Confidentiality Form** including the contact information if they have any concerns/complaints/grievance with the services and timeframes associated with response and resolution.
* The site will develop their grievance process within site specific procedures that includes:
	+ Who (program manager, supervisors, agency leadership) from the program is notified of grievance and timeframe of notification.
	+ Timeframes for follow-up and resolution.
	+ Appeal process.
	+ Supervisory support for staff named in grievance.

**The site will adhere to all HFNY Policy Guidelines specified above. In addition, please insert site-specific policies and procedures that include:**

1. How families will be informed of their rights and confidentiality using the HFNY Service Agreement Family Rights and Confidentiality form before or on the first home visit, both verbally and in writing (specifying language of delivery) and how this will be documented on the Home Visit Log.
2. How families are informed and sign a new consent to release information form every time information is to be shared with a new external source or with the same source but for a subsequent time period (beyond 12 months).
3. How your site staff adheres to confidentiality including:
	1. The manner in which staff are oriented to the MIS and sign the User Agreement.
	2. The manner in which files are protected (in family binders or electronic files: locked cabinets, password protection, encryption).
	3. The manner in which information is protected and kept confidential when there are multiple participants in the same household or dwelling.
	4. The circumstances when information would be shared without consent (i.e., need to report child abuse and neglect).
4. How will families be informed of any additional data requests and the approval process that follows to ensure participant privacy and voluntary choice (i.e., Informed Consent).
5. Describe the site’s grievance procedures including:
	1. Who (program manager, supervisors, agency leadership) from the program is notified of grievance and timeframe of notification.
	2. Timeframes for follow-up and resolution.
	3. Appeal process.
	4. Supervisory support for staff named in grievance.

**REPORTING CHILD ABUSE AND NEGLECT**

(EFFECTIVE 11/6/2023)

**HFA Best Practice Standard GA-4A**

**POLICY: All suspected cases of child abuse and maltreatment are reported to the appropriate authorities, including situations where it is believed a report has already been made by another individual or organization and the program manager and/or supervisor are notified immediately.**

HFNY Policy Guidelines

* Home visitors are not considered mandated reporters under section 413 of New York State Social Service Law. In order to meet the HFA Best Practice Standards and the HFNY Policy, the expectation is that all staff (home visitors, supervisors, and program managers) take on the role of a mandated reporter and are required to make a report to the NYS Central Register (SCR) when they suspect child abuse or neglect, including situations where it is believed a report has already been made by another individual or organization.
* Families are informed of the limits of confidentiality before or at the first home visit, including the requirement to report to the SCR if needed by sharing verbally and in writing the HFNY Family Rights and Confidentiality form.
* If staff suspects abuse or neglect, they should immediately speak with their supervisor or Program Manager and make a report to the SCR. If imminent danger is threatened, the home visitor is to call 911 prior to calling the supervisor/Program Manager or SCR.
* Supervisors/Program Managers should provide support and guidance regarding the staff member’s observations and concerns. The supervisor/Program Manager should not attempt to dissuade the home visitor from making a report, even in situations where site leadership may not agree with the need to report. It should be noted that proof of abuse or neglect is not necessary to call the SCR. If program staff are unsure whether a report should be made, the SCR will be called. The SCR staff will make the determination as to whether a report will be registered.
* Upon making a call to the SCR, Program Managers should refer to Policy GA-5. A to determine if a Critical Incident Report must be submitted to OCFS.
* The site utilizes both the supervision form and Service Plan as a mechanism for the supervisor or program manager to track and monitor suspected cases of child abuse or neglect to ensure safety concerns are addressed and follow through occurs. Supervisors will document a report made to the SCR in the supervision form. The supervisor and home visitor will utilize the Service Plan to add the risk factor(s) associated with the suspicion of abuse or neglect, develop strategies, and implement plans to address the risk(s).
* All program managers, FRS and FSS supervisors, FSS and FRS, interns and volunteers receive orientation prior to direct contact with families or supervision of staff.This orientation, BPS 10-2. D, must ensure that staff clearly understands how to identify child abuse and maltreatment indicators, fully understands the State’s definition of child abuse and neglect, and is aware of the legal limits of confidentiality. Additionally, as per BPS 11-4. B, all staff receive annual training related to child abuse and neglect.
* A report to the State Central Register must be made if a staff member suspects that a child has experienced one of the following types of Abuse or Maltreatment (includes neglect) including but not limited to failure to exercise a minimum degree of care or sexual/physical abuse against the child or allowing sexual/physical abuse to be committed.
* Whenever possible, home visitors should inform the family that a call is going to be made. When circumstances make informing the family, either prior to or after calling the SCR, unsafe for family members or staff, it is up to the supervisor and home visitor to determine how to handle the incident and move forward to preserve the family.

**Definition of Maltreatment** refers to the quality of care a child is receiving from those responsible for the child. Maltreatment occurs when a parent or other person legally responsible for the care of a child harms a child or places a child in imminent danger of harm by failing to exercise the minimum degree of care in providing the child with any of the following: food, clothing, shelter, education, or medical care when financially able to do so. Maltreatment can also result from abandonment of a child or from not providing adequate supervision for the child. A child may be maltreated if a parent engages in excessive use of drugs or alcohol such that it interferes with their ability to adequately supervise the child.

**Definition of Abuse:** Abuse encompasses the most serious injuries and/or risk of serious injuries to children by their caregivers. When a child whose parent or other person legally responsible for their care inflicts serious physical injury, creates a substantial risk of serious physical injury, or commits a sex act of sex abuse against the child. Abuse also includes situations where a parent or other person legally responsible knowingly allows someone else to inflict such harm on a child.

**Indicators of Maltreatment and Abuse:**

1. Indicators of maltreatment can include but are not limited to:
	1. Failing to provide the child with food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial or other reasonable means to do so.
	2. Failing to Provide a child with proper supervision or guardianship. Child inappropriately left unattended or without supervision
	3. Unreasonably inflicting, or allowing to be inflicted, harm or substantial risk thereof, including but limited to the infliction of excessive corporal punishment.
	4. The misuse of drugs or alcohol to the extent of loss of control.
	5. By abandoning the child.
2. Indicators of sexual abuse can include but are not limited to:
	1. Injury to genital area.
	2. Symptoms of sexually transmitted diseases.
	3. Sexually suggestive, inappropriate, or promiscuous behavior or verbalization.
	4. Expressing age in-appropriate knowledge of sexual relations.
	5. Sexual victimization of other children.
3. Indicators of physical abuse can include but are not limited to:
	1. Injuries to the eyes or both sides of the head or body.
	2. Frequent injuries of any kind. These may appear in distinctive patterns such as grab marks, human bite marks, cigarette burns, or impressions with other instruments.
	3. Destructive, aggressive, or disruptive behaviors.
	4. Passive, withdrawn, or emotionless behavior.
	5. Fear of going home

**The site will adhere to all HFNY Policy Guidelines specified above. In addition, please insert site-specific policies and procedures that include:**

1. How the program will use the above criteria to make report of suspected child abuse and maltreatment, including situations where it is believed a report was already made by another individual or organization.
2. How the program manager and/or supervisor will be notified immediately when abuse or maltreatment is suspected.
3. How the supervisor or program manager will utilize the supervision form and Service Plan to track and monitor suspected cases of abuse or maltreatment to ensure safety concerns are addressed and appropriate follow through occurs.
4. How the family will be informed of any report made to the State Central Register. Include when the family may not be informed.
5. Any other program requirements.

**GA-4. A and GA-4. B are Safety Standards**

**CRITICAL INCIDENT AND PARTICIPANT DEATH**

(EFFECTIVE 11/6/2023)

**HFA Best Practice Standard GA-5A**

**POLICY: Home visitors must immediately notify the program manager and/or supervisor in the event of a participant or participant’s household member’s death, critical injury, serious abuse incidents which prompt local investigation or media involvement, as well as litigation pertaining to Healthy Families work or services, or other critical incidents. Programs are also required to report any misuse of funds as a critical incident. The OCFS program contract manager (PCM) must be notified within one business day of a critical incident. Affected participants and staff are offered counseling (including grief counseling, Employee Assistance Program etc..) when a participant's death or critical incident occurs. Families are offered extended support as needed.**

HFNY Policy Guidelines

* In the event of critical incident, including the death or critical injury of a participant household member, serious abuse incidents which prompt local investigations or media involvement, as well a litigation pertaining to HFNY work or services, threats against the program or program staff, serious injury of staff on duty, the staff that becomes the first one aware of the incident immediately informs the program manager and/or supervisor. The OCFS PCM should be notified as soon as possible by phone or email, but within a maximum of one business day of the program becoming aware of the incident. This notification is to include preliminary information such as name and age of the participant and a brief description of the incident.
* Support is offered to the family, including referrals for grief counseling or other therapeutic services, if desired by the family, and short-term transitional home visits and informal transition plan in the case of the death of the target child.
* Appropriate support should also be provided to the home visitor(s) and supervisor including additional reflective supervision, and counseling or access to an Employee Assistance Program (EAP).
* If the program staff suspect that the death or critical incident of the target child or other child in the home may be the result of child abuse or neglect staff, follow the agency’s procedures consistent with the child abuse and neglect reporting policy and cooperates fully with any investigation.
* Critical Incidents are documented on the OCFS Critical Incident Report forms (See Appendix).
* If a report is made to the State Central Register (SCR) concerning the death or critical injury of a child, documentation on the OCFS Critical Incident Report includes:
	+ who made the initial report to the Statewide Central Register (SCR)
	+ if known; the contact information for the CPS worker or supervisor
	+ If known; the notification that followed the initial report
	+ Whether follow-up HFNY services will be provided to the remaining household members and length of time they will be provided

Programs should refer to Policy GA-4. for guidance on reporting of child abuse and maltreatment.

* Healthy Families NY programs funded through contacts with New York State Office of Children and Family Services are required to report any misuse of such funding to the Office of Children and Family Services.
* A preliminary written report of the critical incident, with available information, will be made to OCFS using the OCFS Critical Incident Report (Participant Critical Incident Report or Program Critical Incident Report) within three business days of the program becoming aware of the incident at most. A final OCFS Critical Incident Report, with all required information included, is submitted to the OCFS PCM with updates weekly as necessary.
* All sites review the Critical Incident and Participant Death policy and site procedures with all staff to ensure staff are aware of how to respond to these types of situations.

**The site will adhere to all NYS policies specified above. In addition, please insert site-specific policies and procedures that include:**

1. How staff are made aware of this policy and procedure to ensure they know how to respond to these types of situations.
2. Immediate notification of the program manager and or supervisor when a critical incident occurs. For subcontractors, this would also include notifying the contract manager of the contract holder.
3. How and when sites will notify OCFS program contract manager when a critical incident occurs.
4. Staff are offered grief counseling when a death or critical injury occurs, and/or other supportive methods to process the incident.
5. Identify what support will be offered to the family who has experienced loss, including resources for grief counseling.
6. How sites will complete the necessary documentation when a critical incident occurs including report made to the State Central Register **(GA-4. A)** as required and timeframe for submission of the Critical Incident Report to the OCFS Program Contract Manager.
7. How the site will ensure notification to OCFS Program Contract Manager surrounding the misuse of funds.

**Communication of Policies and Procedures to Staff**

(EFFECTIVE 11/6/2023)

**HFA Best Practice Standard GA-6**

**POLICY: Updates to the site’s Policy and Procedure Manual are communicated to all staff on a timely basis and staff have access to a copy of the Policy and Procedure Manual.**

HFNY Policy Guidelines

* Site leadership shares HFNY Policy and Site-Specific Procedures with all staff at the start of their employment during orientation (10-2A) and occasionally thereafter to ensure staff have an understanding and are able to effectively implement policy and procedure into practice.
* When policy and procedures are updated, site leadership communicates updates and changes and, when possible, allows opportunity for staff feedback and input into the changes prior to them becoming final.
* All staff know where to find the Site-Specific Policy Manual and are able to access it easily in order to guide their work.

**The site will adhere to all NYS policies specified above. In addition, please insert site-specific policies and procedures that include:**

1. How staff are made aware of the policy and procedure manual at the start of employment and occasionally thereafter in a timely manner to ensure staff’s understanding of policy and procedure.
2. How site leadership will communicate updates and changes to policy and procedure to staff at their site.
3. How site leadership will allow opportunity for staff feedback and input into the changes in the policy and procedure manual before becoming final.
4. How and where staff are able to access the Site-Specific Policy and Procedure Manual.

**RESEARCH PROPOSALS**

(EFFECTIVE 11/6/2023)

**HFA Best Practice Standard GA-7. D**

**POLICY: The site has a process for reviewing and recommending approval or denial of research proposals, whether internal or external, which involve past or present families. The policy and procedures include:**

* A description of the group or body of people who could conduct this review
* Procedures (or steps) for the review
* A timeline for completion of the process, and if approved/accepted
* Steps to ensure participant privacy and voluntary choice
* Communication with the National Office (via the Healthy Families America (HFA)
* Implementation Specialist) regarding summary of research design and contact information for principal investigator.

Only bona fide researchers may conduct research involving past or present families served by HFNY programs. To be eligible to conduct research, the researcher must be a faculty member or graduate student at an accredited institution of higher education or hold a research position at a reputable research organization or government agency.

* When approached to participate in a research study, the program manager should contact their OCFS program contract manager to discuss the study and data collection requirements. If there are questions about whether a funder is conducting research versus collecting data on program services to monitor performance or improve services as a condition of funding, this should be discussed. The OCFS program contract manager may request assistance from OCFS researchers as necessary to determine whether the project is a research study[[6]](#footnote-7)3.
* Programs should follow their own agency policy and procedures regarding whether they will allow bona fide researchers (other than HFNY system researchers) to engage in research activities with past or present families receiving services from HFNY programs.
* If the agency agrees to allow the researcher to use their program for research purposes, the agency must provide the researcher with a letter of support to indicate their willingness to participate in the research study.
* Prospective researchers must submit a proposal that meets all the requirements of the OCFS Research Proposal Application, which includes obtaining letters of support from participating programs and Institutional Review Board approval to the HFNY Program Supervisor who will put the research proposal on the agenda for review at the next HFNY CA meeting. These meetings occur at least six times per year and include partners from OCFS, PCANY, and CHSR. Review by the full group allows multiple aspects of impact to be considered.
* The HFNY CA will have up to 90 days to review the proposal based on the following standards: 1) relevance to the HFNY mission or contribution to the body of literature in the field; 2) methodological adequacy; 3) procedures for ensuring participant privacy, confidentiality, and voluntary choice; 4) potential risks and benefits to participants; 5) impact on HFNY or program operations; and 6) support from involved parties. HFNY CA will also assess the extent to which the program is providing services with fidelity to the HFNY model. In order to ensure that any research results are relevant to the state system, the program in which the research will be conducted must be meeting state performance standards. Exceptions may be allowed if the research is being conducted to specifically address areas in which the program is not yet meeting standards. Researchers should be sure to address the following questions within their proposals:
	+ What is the added value to families involved in the research study over and above the services provided by HFNY?
	+ Can the results of the study be generalized to other HFNY programs?
* Once HFNY CA has reviewed the research proposal, the OCFS researcher and the program’s OCFS contract manager will contact the researcher to address any concerns that were expressed by HFNY CA or told that their study is conditionally approved pending review by the OCFS Bureau of Research, Evaluation, and Performance Analytics (BREPA). If the researcher is unable to address all the concerns raised by HFNY CA, the study will be rejected. After all concerns are addressed to the satisfaction of HFNY CA, the HFNY Program Supervisor will provide a letter of support indicating conditional approval of the research study by HFNY.
* Upon receipt of the letter of support from the HFNY Program Supervisor, the researcher may proceed with the OCFS Research Approval process and should submit a complete research proposal to:

OCFS Research Proposal Review Team

Bureau of Research, Evaluation, and Performance Analytics

NYS Office of Children and Family Services

e-mail: ocfs.sm.ResearchProposal@ocfs.ny.gov

***Please note in your email that this is an HFNY research proposal.***

* HFNY CA will abide by OCFS timeframes for review of all research proposals. Currently, the BREPA review of the research proposal is conducted by researchers who are also members of HFNY CA which expedites the initial stages of the OCFS review.
* Once OCFS approval of the research proposal has been received, the OCFS researcher will notify HFNY CA and send a summary of the approved research design and contact information for the Principal Investigator to the HFA National Office (via the HFA Implementation Specialist).
* HFNY programs that participate in a research study will need to add a filter in the HFNY MIS for the study. This filter should be selected for each family participating in the study. The Active Enrolled Cases report in the HFNY MIS can be run with the filter selected to track participation. A copy of the research study’s informed consent form should be kept in each participant’s file. Participant files will be reviewed to make sure the consent form is included during the annual site visit.
* If a participant involved in a research study at one program site transfers to a new program site, the program manager should notify their OCFS program manager. The participant’s continued participation in the research study will be addressed on a case-by-case basis via consultation between the research study principal investigator/project director, the OCFS program contract manager, and the OCFS HFNY researchers.
* Any concerns about the research study (e.g., participant feedback, changes to the approved plan, etc.) should be communicated to the program’s OCFS program contract manager within 5 business days.
* Any final reports or findings should be shared with OCFS and HFNY prior to dissemination so that OCFS and HFNY may confirm that the safety and privacy of families or program staff has been protected and so that OCFS and HFNY may benefit from the research results. Up to 20 business days shall be required to review and approve draft posters, presentations, journal abstracts, and manuscripts. Researchers should also notify OCFS and HFNY in advance of any media, publicity, or other public presentation related to the research study

**The site will adhere to all NYS policies specified above. In addition, please insert site-specific policies and procedures that include:**

1. The program’s own agency and/or program policies and procedures regarding whether they will allow bona fide researchers (other than HFNY system researchers) to engage in research activities with past or present families. The procedures should specify:
	1. Whether the program will allow researchers who otherwise meet the requirements to conduct research within their program.
	2. The name of the contact person for the agency/program who should be approached regarding participation in research study.
	3. Other individuals at the agency/program who will need to be contacted to review the request to participate.
	4. Who will make the decision to participate; and
	5. Who will provide a letter of support to the prospective researcher for inclusion in their application to HFNY CA and OCFS.
2. The location where informed consent forms for participants included in research studies are stored (e.g., secured paper files, electronically in MIS, etc.).

**Reference Table**

**Best Practice Standard GA**

*This reference table contains a list of reports in the MIS that can be used to help programs monitor fidelity as well as helpful links and documents related to each policy.*

|  |  |  |
| --- | --- | --- |
| **Policy** | **MIS Reports & Forms** | **Appendix & Links** |
| GA-2. A  | * Quarterlies /Quarterly 4 Quarter Performance Targets
* Accreditation/3-4 A and B Retention Rate Analysis
* Accreditation/1-2 B Initial Engagement Process
* Accreditation/1-3 B Timing of First Home Visit
* Analysis/Quality Assurance Report
* Training/Training BPS Orientation, Intensive Role Specific Training for Staff, Shadowing, Prenatal, and FGP/ IFSP
* Training/Training BPS Wraparound 3 months, Wraparound 6 months and Wraparound 12-month reports
* Accreditation/4-2 B. HFA Home Visiting Completion Rate Analysis – Summary
* Accreditation/6-1.B Service Plan Analysis
* Accreditation/8-1.B Annual Case Weight Report
* Accreditation/12-2 C. Observations by Supervisor
* Accreditation/12-3 B. Supervision of Supervisors
* Accreditation/12-1.D Supervisor Ratio/ Case Weight Report
 | * [PCANY QA Protocol for Sites](https://www.healthyfamiliesnewyork.org/Staff/Documents/QA%20protocol%20for%20sites%20Jul23.pdf) (HFNY login required)
* [OCFS Quarterly Report and Annual Service Review Guidelines](https://www.healthyfamiliesnewyork.org/Staff/reporting.htm) (HFNY login required)
* [OCFS Site Visit Tool](https://www.healthyfamiliesnewyork.org/Staff/support.htm) (HFNY login required)
* [Quarterly Performance Targets Manual](https://www.healthyfamiliesnewyork.org/Staff/Documents/PerformanceTargetsManual-2023.pdf) (HFNY login required)
* Sample Participant Survey (HFA login required)
	+ [English Version](https://www.healthyfamiliesamerica.org/network-resources/5-4-family-satisfaction-survey-english/)
	+ [Spanish Version](https://www.healthyfamiliesamerica.org/network-resources/5-4-family-satisfaction-survey-spanish/)
* [QA Quarterly Activities Calendar](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.healthyfamiliesnewyork.org%2FStaff%2FDocuments%2FNew%2520QA%2520Calendar.pdf&data=05%7C01%7CMargaret.Fiacchi%40ocfs.ny.gov%7C3be69f819cf8484910e308dbcff50b9a%7Cf46cb8ea79004d108ceb80e8c1c81ee7%7C0%7C0%7C638332424266776101%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=w%2BWeAYUahfQHiqw4xXi5HVeIHZSu2onl5cfqv2zzneE%3D&reserved=0)
* [Guidelines for Supervision Notes](https://healthyfamiliesnewyork.org/Staff/Documents/Supervision%20Note%20GuidelinesAUG2023.pdf)
 |
| GA-2. B  | * CQI Module
 | * [CQI Workshop Series](https://www.healthyfamiliesnewyork.org/Staff/support.htm) (HFNY login required)
 |
| GA-3. A  | * None
 | * Service Agreement Family Rights and Confidentiality Form including Grievance Policy (Located on MIS under Paper Form)
* [MIS User Agreement](https://www.healthyfamiliesnewyork.org/Staff/Documents/HFMISUserAgreement20220524.pdf) (HFNY login needed)
* HFNY Data Request Form (Located on MIS under Paper Form)
* MIECHV Informed Consent (Located on MIS under Paper Form)
* Sample Consent to Share Information with External Source (Need HFA login)
	+ [English Version](https://www.healthyfamiliesamerica.org/network-resources/release-of-information-english/)
	+ [Spanish Version](https://www.healthyfamiliesamerica.org/network-resources/ga-5-c-release-of-information-spanish/)
 |
| GA-4. A  | * GA-4 Report of Suspected Abuse and Maltreatment Calls
 | * Child Abuse Maltreatment Policy Presentation GA 4-A

(Updated Version on HFNY website 11/15/2023 )  |
| GA-5. A | * None
 | * [Critical Incident Report - Participant and Program fillable forms (HFNY login required - located under PM tab)](https://www.healthyfamiliesnewyork.org/Staff/programmanager.htm)
 |
| GA-6. A  | * None
 | * [HFNY Policy and Procedure Manual](https://www.healthyfamiliesnewyork.org/Staff/HFNYupdatedpolicies.htm) (HFNY login required)
 |
| GA-7. D  | * Active Enrolled Cases Report
 | * NYS OCFS Research Proposal Application Process
 |

1. Offering services refers to notifying a family of their confirmed eligibility for HFNY services and inquiring about their interest in learning more about the program. This is not the same as enrolling a family in services. [↑](#footnote-ref-2)
2. *BPS 2-1.A and 2-2.A were combined in the new standards into a single 2-1* [↑](#footnote-ref-3)
3. Please note: For programs using a two-worker model, these discussions will occur between the FRS and families. [↑](#footnote-ref-4)
4. Extreme circumstances such as pandemic, could lead to long-term virtual visits. In that case, programs will follow HFNY Central Administration’s protocols and procedures developed for that special situation. Guidance is published and updated regularly on the HFNY Website. [↑](#footnote-ref-5)
5. Policy 4-3.A was updated on 10/5/2022 [↑](#footnote-ref-6)
6. 3 If the primary purpose of the data being collected or requested is to contribute to monitoring, oversight, or improvement of the program and the requestor is affiliated with the program as a stakeholder, employee, funder, etc., then the study may not need to follow these procedures. When in doubt, reach out to the OCFS program contract manager for assistance. [↑](#footnote-ref-7)