

## **Governance and Administration**

**(Credentialing Standard)**

**The program is governed and administered in accordance with principles of effective management and of ethical practice.**

<b>HFNY POLICY AND PROCEDURE MANUAL</b>	
<b>Subject</b>	<b>Advisory Group Guidelines</b>
<b>Policy</b>	The program has an organized, broadly-based advisory/governing group which serves in an advisory and/or governing capacity in the planning, implementation and evaluation of program-related activities.
<b>Site specific reference</b>	GA.1 A-C
<b>Effective date</b>	
<b>Revised date(s)</b>	June 2007
<b>Appendices</b>	

**Rationale:**

The purpose of the Advisory Group is to bring together members of the health and human services community and recipients of Healthy Families services to help assure that the program is meeting the needs of children, families and the community as defined in the Healthy Families Statement of Purpose. Advisory group members serve as representatives and advocates for the program. Ideally, group members will possess a wide range of skills, strengths, community knowledge, perspectives and resources in order to effectively support the Program Manager in planning, implementing and evaluating program services.

**Procedures:**

- When the host agency has a governing board that is responsible for decisions and financial provisions for all of the agency’s programs, Healthy Families programs are encouraged to have a separate Advisory Group with the primary purpose of advising the program manager and making recommendations on program planning, implementation, and evaluation. The Program Manager shares the advice and recommendations of the Advisory Group with the governing board.
- The Advisory Group meets at a frequency that is in accordance with its duties and the age/longevity of the program, although its members are available to the Program Manager as often as needed.
- The Program Manager typically initiates the agenda and requests input from the group members.
- The Advisory Group is updated on the program’s efforts at achieving its stated goals and objectives, and is consulted on specific issues facing the program.
- The Advisory Group receives information from the program’s annual report and is responsible for making recommendations.

- The State Leadership Meetings, held three to four times a year, are the forum where policies impacting the multi-site system are discussed and established. The Advisory Group is apprised of these policies when necessary, and develops implementation plans when appropriate in such a way that they match the needs of the program and the community.
- The Advisory Group may make recommendations to the program (and, if applicable, the program's governing body) on policy, operations, finances, and community needs.
- The Advisory Group reviews the Statement of Purpose (Mission) every four years.
- Membership on the Group is reviewed to ensure that all agency partners are represented. Any group member may make recommendations of new members to the group chair.
- Membership typically consists of professionals and participants in the HFNY service who are selected because they are aware of issues in their own programs and in the community. They provide information and awareness to the program so that all aspects of its management and service provision reflect knowledge of these issues.
- Members are selected for the Advisory Group in such a way that it represents a wide range of needed skills and abilities and is heterogeneous in terms of skills, strengths, community knowledge, professions, and demographics.
- There are no term limits for the Advisory Group.
- The Advisory Group may serve as one of several formal mechanisms for participants to provide input into the program.

<b>HFNY POLICY AND PROCEDURE MANUAL</b>	
<b>Subject</b>	<b>Participant input into program</b>
<b>Policy</b>	HFNY programs offer participants formal mechanisms for providing feedback about the program.
<b>Site specific reference</b>	GA.2 A-B
<b>Effective date</b>	June 2007
<b>Revised date(s)</b>	
<b>Appendices</b>	Participant Bill of Rights

**Rationale:**

To ensure that programs receive feedback from participants as part of their efforts toward continuous quality improvement. To ensure that programs have policies and procedures regarding participant grievances.

To ensure that programs utilize participants’ experiences in the program to inform decisions regarding training and support for staff, changes in program operations (i.e. systems, protocols), and as a way to highlight areas of strength or staff skill.

**Procedures**

Participant input into Program:

All HFNY programs will have formal mechanisms in place for participants to provide input into the program. These mechanisms may include:

- participant satisfaction surveys
- participant service on the advisory committee
- a family advisory committee
- participant feedback through focus groups.
- Random calls to participants by supervisors.

See Cultural Sensitivity Review for ideas on participant input into program.

Participant Grievances:

All HFNY programs have policies and procedures regarding participant grievances which include:

- how the participants are informed of the policy (i.e. many programs use a Bill of Rights)
- the program’s process for reviewing any grievances
- the follow-up mechanisms used to address identified areas of improvement.

<b>HFNY POLICY AND PROCEDURE MANUAL</b>	
<b>Subject</b>	<b>Evaluation/Review of Program Quality</b>
<b>Policy</b>	The program monitors and evaluates quality of services.
<b>Site specific reference</b>	GA.3 A-B
<b>Effective date</b>	
<b>Revised date(s)</b>	June 2007
<b>Appendices</b>	Sample Quality Assurance Plan Sample QA tracking grids Sample QA forms for required activities

**Rationale:**

To ensure that programs have a formal system for the continuous and systematic internal evaluation of the quality of services as well as follow-up mechanisms for addressing identified areas of improvement.

All HFNY programs are required to create a Quality Assurance Plan that allows them to review their progress toward their goals and objectives and address identified areas of improvement. The Quality Assurance Plan should include the activities that will be conducted, the timeframe for their completion, the persons responsible, and the mechanisms for following up on identified areas of improvement. It should include both practice activities and programmatic activities. (See below) The Quality Assurance Plan is reviewed and revised at least annually and ideally twice a year.

**General Procedures:**

- All tools used for assessing quality should be directly related to the program’s goals, objectives, and expectations for performance and services.
- Staff is aware of the program’s standards and expectations for their work as well as the documentation and QA activities that are part of ensuring they meet these standards prior to the enactment of QA activities. Program standards and staff expectations are laid out in the following resources:
  - HFNY Performance Targets and Indicators
  - HFA Critical Elements and Best Practice Standards
  - Policy and Procedures Manuals (HFNY’s and individual site’s)
  - TOL Workbooks with Competencies, and
  - Indicators of Excellence in Home Visiting, Family Assessment Work, and Supervision.

**QA Practice Activities**

- Quality assurance practice activities focus on assessment, home visiting and supervision.

- QA activities are regular and routine. When observations are conducted regularly and other QA activities are a routine part of their work, staff will become familiar and comfortable with these activities and see them as helpful to the program and supportive of their own professional development.
- Each program develops methods for tracking these activities, such as tracking grids and has procedures in place that explain the flow and timeframe for all related paperwork.
- The following activities are required elements of a program's Quality Assurance Plan (activities are pro-rated based on an employee's FTE in a particular position):
  - Observation of Assessment: 1x per quarter for the first year and 2x per year thereafter for each FAW
  - Observation of Home Visit: 1x per quarter for each FSW
  - Observation of FAW Supervision: 1x per quarter for first year and thereafter 1x per year for each FAW supervised.
  - Observation of FSW Supervision: 1x per quarter for each FSW Supervisor
  - Randomly-selected Participant Satisfaction Surveys: 2x per quarter for each FSW
  - Phone surveys of interview refusals: 1x per quarter for each FAW
  - Program-wide Participant Satisfaction Surveys: 1x year
  - FSW File/Binder Reviews: 1x per quarter for each FSW
  - FAW File/Binder Reviews: 1x per quarter for each FAW
  - Performance Appraisal: 1x per year for all staff
- It is recommended that newer FSWs, FAWs, and Supervisors are observed at higher frequency as needed during their first few months on the job.
- These additional activities are recommended for a program's Quality Assurance Plan:
  - Staff Satisfaction Survey: 1x per year for all staff
  - Supervisor Binder Reviews: At program's discretion for each Supervisor
  - Self-Appraisal of Performance: 1x per year for all staff
  - 360 degree evaluation of managers and supervisors (staff complete evaluations of their manager and/or supervisor that are submitted to the manager's and supervisors' direct supervisor.)
  - Exit interviews with staff and program participants
- Programs may use the observation tools and file review checklists created by PCANY or model their surveys and performance appraisals on the examples provided in the Program Manager Training Manual. They may also use tools developed by other programs or develop tools on their own. (See appendices for sample forms.)

- Programs can use some QA activities (e.g. Program-wide Participant Satisfaction Surveys) to gather information needed for the Cultural Sensitivity review. (See Culturally Responsive Services.)

### Follow-Up

- QA activities recognize staff strengths, and positive feedback is shared with staff to provide encouragement and motivation. Areas for improvement are addressed in nonjudgmental ways to promote receptivity to feedback and be accompanied by support and staff development.
- Supervisors make every effort to integrate feedback and the learning from QA activities into supervision and direct practice.
- Written feedback is signed off on according to program policy and maintained in staff records.
- Ideally, Program Managers and Coordinators work with those conducting the QA activities (e.g. Supervisors) to ensure that the results of these activities lead to planning and implementing plans for improvement and professional development.
- When areas for improvement are identified, plans are developed to address these concerns. Planning for improvement may include the following activities:
  - Reviewing the results of the various QA activities with the staff member who was evaluated,
  - Offering feedback on the results, including identifying strengths,
  - Soliciting input from the staff member on her perceptions of her strengths, challenges, and needs,
  - Creating mutually agreed upon goals for improvement,
  - Using these goals to complete a new Professional Development Plan (PDP) or update an existing PDP.
- Once plans are developed, programs establish timelines for completing activities and follow through on their implementation. This may include the following activities:
  - Arranging for mentoring from supervisors or peers
  - Scheduling training
  - Planning for practice sessions
  - Getting outside support from PCANY, OCFS Program Contract Manager, or CHSR

### **Programmatic Activities**

- Quality Assurance programmatic activities utilize the MIS reports and formal and informal mechanisms to assess areas of programmatic strength and those in need of improvement.
- Programs are encouraged to gather information from multiple internal and external sources, including the families served by the program, to create the most accurate total picture of how the program is performing.

- Programmatic areas of focus include those detailed in the Annual Service Review (see policy Annual Service Review). For example, analyzing and planning around universal screening and identifying potential participants; family engagement, acceptance and retention; home visit achievement rates, and staff development and retention.

Follow-up to practice and programmatic activities should result in improved services and outcomes. If activities do not produce these results, programs evaluate all stages of the quality improvement system (i.e. defining expectations, assessing quality, planning for improvement, and implementation) to identify remaining issues and approaches.

<b>HFNY POLICY AND PROCEDURE MANUAL</b>	
<b>Subject</b>	<b>Family Rights and Confidentiality</b>
<b>Policy</b>	HFNY programs inform families of their rights, notify families of confidentiality both verbally and in writing, and have families sign consent every time information is shared with a new external source. Programs protect participant identity and privacy throughout the life of a research project.
<b>Site specific reference</b>	GA-4, 5A-C
<b>Effective date</b>	July 2001
<b>Revised date(s)</b>	June 2007
<b>Appendices</b>	-Consent for Assessment and Post Assessment Activities Form (sample form) -Sample Service Agreement (Consent to Participate) -Sample Participant Bill of Rights -Consent to Participate in Research (MIS)

**Rationale:**

To ensure that programs have policies and procedures for informing families of their rights and ensuring confidentiality of information both during the intake process as well as during the course of services. To ensure that parents are informed and sign consent every time information is to be shared with a new external source. To ensure that the program assures privacy and voluntary choice with regard to research conducted by or in cooperation with the program.

**Notification of confidentiality and family rights.**

1. Healthy Families New York Programs offer voluntary, confidential services to all families identified at risk of child abuse or neglect or to those at risk of poor health or developmental outcomes. Participant rights are protected in accordance with agency policy and federal and state requirements. Families are informed at intake of the limits of confidentiality.
2. All program managers, FAW and FSW supervisors, FSWs and FAWs, interns and volunteers receive orientation *prior to direct services with families or supervision of staff*. This orientation addresses issues of confidentiality and family rights. (See Training Plan.)
3. The mandatory reporting statute imposes specific limits on confidentiality. Officials or institutions required to report a case of suspected child abuse or maltreatment must follow all applicable federal and state laws and the guidelines developed for HFNY Home Visiting Programs.
4. Although anyone may report suspected cases of child abuse or maltreatment to the State Central Register, certain professionals are mandated to report. For example, certain categories of professionals such as registered nurses are mandated reporters. Registered nurses who are home visitors or assessment

workers and are employed by Healthy Families New York programs operated by county health departments, hospitals or clinics are mandated reporters. Home visitors per se are not considered mandated reporters unless they are one of those categories of professionals specified in law or if the local department of social services is the contract agency for the provision of home visiting services. In any case, home visitors are encouraged to discuss situations of alleged abuse or maltreatment with their supervisor and make a report to the State Central Register if appropriate.

5. Programs inform families about their rights, including confidentiality, before or on the first home visit, both verbally and in writing. All data is kept confidential.
6. Assessments: Prior to administering an assessment, a consent form must be signed by the family giving permission for the FAW to conduct and document the assessment. This consent also includes permission for the program to conduct and document any other program activities that might occur after the assessment and prior to enrolling the family in home visiting or closing the case (e.g. referrals, follow-up phone calls with initial referral entity). This form is developed by each program site.
7. Initial Home Visits: During the initial home visit, the FSW explains the voluntary nature of services, informs and reviews confidentiality and family rights, and provides reassurance that the FSW's role is to support and assist with needs and interests, explaining what will take place during home visits. The family is asked to sign a form stating that they understand the service in which they are enrolling and are reminded that they may refuse service at any time. These forms are typically referred to by programs as a Service Agreement form or the Consent to Participate.

### **On-going Informed Consent**

1. Families are informed, and sign written consent, every time information is to be shared with a new external source. This may be referred to by some programs as an Authorization for Release of Information.
2. Programs develop systems to ensure that participant files contain evidence indicating that families provided written consent every time information was shared with a new external source.
3. Consent forms include the duration of the period of consent being agreed upon (i.e. 6 months, 1 year, etc.)

### **Privacy and Voluntary Choice with Regards to Research**

1. Families are also asked to sign the "Consent to Participate in the Research" conducted by the CHSR and OCFS, although they are informed that program participation is not contingent on their agreement to participate in the research project.
2. Program policies protect participant identity and privacy throughout research projects conducted by or with the cooperation of the agency.
3. Programs have policies and procedures for reviewing and recommending approval or denial of research proposals, whether internal or external, and which involve past or present families.

## **Family Rights**

The Family Rights and Confidentiality Form is reviewed and explained by the FSW on the first visit. Some programs refer to this as the Participant Bill of Rights. The family signs this form indicating that the information has been thoroughly explained. This documentation is kept in the participant file.

<b>HFNY POLICY AND PROCEDURE MANUAL</b>	
<b>Subject</b>	<b>Child Abuse and Neglect Reporting</b>
<b>Policy</b>	Programs report suspected cases of child abuse and neglect.
<b>Site specific reference</b>	GA .6 A-B
<b>Effective date</b>	July 2003
<b>Revised date(s)</b>	June 2007
<b>Appendices</b>	HFNY Follow-up form

**Rationale:**

To ensure that programs' policies regarding reporting of suspected cases of child abuse and neglect specifies immediate notification of the program manager and/or supervisor and that other appropriate staff are notified as needed.

**Procedures:**

- Families are informed at intake of the limits of confidentiality.
  
- All program managers, FAW and FSW supervisors, FSWs and FAWs, interns and volunteers receive orientation *prior to direct services with families or supervision of staff*. This orientation must ensure that staff clearly understand how to identify child abuse and neglect indicators and fully understand the State's definition of child abuse and neglect and issues of confidentiality. (See Training Plan.)
  
- The mandatory reporting statute imposes specific limits on confidentiality. Officials or institutions required to report a case of suspected child abuse or maltreatment must follow all applicable federal and state laws and the guidelines developed for HFNY Home Visiting Programs.
  
- Although anyone may report suspected cases of child abuse or maltreatment to the State Central Register, certain professionals are mandated to report. For example, certain categories of professionals such as registered nurses are mandated reporters. Registered nurses who are home visitors or assessment workers and are employed by Healthy Families New York programs operated by county health departments, hospitals or clinics are mandated reporters. Home visitors per se are not considered mandated reporters unless they are one of those categories of professionals specified in law or if the local department of social services is the contract agency for the provision of home visiting services. In any case, home visitors are encouraged to discuss situations of alleged abuse or maltreatment with their supervisor and make a report to the State Central Register if appropriate.

<b>HFNY POLICY AND PROCEDURE MANUAL</b>	
<b>Subject</b>	<b>Protocol for Death or Critical Injury of Any Child Residing in a Participant Home</b>
<b>Policy</b>	The death or critical injury (described as a life threatening injury) of children residing with HFNY participants is considered a tragic situation requiring immediate attention. This policy addresses the death or critical injury of target or non-target children living in the home of an HFNY participant who has died due to natural causes or other causes other than alleged maltreatment, or died due to alleged maltreatment. This policy does not refer to the death of an infant at birth (unless the birth occurred at home) or prior to hospital discharge after the birth.
<b>Site specific reference</b>	GA .7
<b>Effective date</b>	March 2006
<b>Revised date(s)</b>	June 2007
<b>Appendices</b>	-Critical Incident Report -Case File -Report of Suspected Child Abuse or Maltreatment

**PROCEDURES:**

Each Healthy Families NY Program is required to have a policy and procedure which, at minimum, addresses the following procedures:

1. Notification of supervisors, program managers, and directors, immediately.
2. Notification of Program Contract Managers (OCFS), within 48 hours.
3. Referrals, support and continued services to family, including referrals for grief/trauma counseling.
4. Support of staff members, including referrals for grief/trauma counseling and EAP services.
5. Reports to the Statewide Central Register of Child Abuse and Maltreatment, where abuse or maltreatment is suspected. A call should be made by the worker, or in the presence of the worker, even if you are aware of a previous call made by another person outside of the program. The worker may provide valuable information unknown to other sources. Mandated reporters are required to submit LDSS-2221A *Report of Suspected Child Abuse or Maltreatment* to the local Child Protective Services (CPS).

**Mandated Reporters 1-800-635-1522**

**Public Callers 1-800-342-3720.**