HFNY
Annual Service Review & Equity Plan
(With Guidelines)

Program Name: <mark>Click or tap here to enter text.</mark>

Contract Numbers:<mark>Click or tap here to enter text.</mark>

Dates Covered by Report: <mark>select date to select date</mark>

All programs are required to complete an Annual Service Review and Equity Plan of their program based on the most recent information that is available. The review should be comprehensive, including information about the program's materials, training, and all aspects of the service delivery system (assessment, home visiting, supervision, and management). It includes input from families and program staff and identifies patterns and trends related to program strengths as well as areas to improve upon, such as any culturally humble service gaps. The review should be comprehensive with in-depth analyses including the information and headings listed below. (template) As you utilize these guidelines you will notice after each heading that the Best Practice Standards related to this topic are included. There are also Diversity, Equity, Inclusion and Belonging (DEIB) and Cultural Humility (CH) focus questions listed under each standard as applicable. These DEIB Focus areas are listed as areas to consider when drafting required narratives. Programs are not required to answer every DEIB question, they are things to consider and can help Program Managers to think about context to include when drafting narratives and developing your Equity Plan. Program Managers will utilize the Equity Plan template included within these guidelines. In addition, names of reports in the Management Information System (MIS) related to applicable standards are also included. For your convenience, here is the link to the BPS manual in its entirety. It will be helpful to reference as you draft your ASR.
https://www.healthyfamiliesamerica.org/network-resources/8th-edition-best-practice-standards-bps-proprietary-document/

Diversity, Equity, Inclusion and Belonging (DEIB) and Cultural Humility (CH) are relevant to all areas of the program and service delivery and should be addressed in each relevant section and reflected in the site's annual equity plan (See HFA Best Practice Standard 5 in its entirety). OCFS monitors the annual service reviews for culturally humble practices and reflections on DEIB. These reviews aim to have programs identify and address any changes that may be needed in the areas of cultural and language diversity, participant-centered perspective, staffing and literacy level of program materials, as well as ensure ongoing adherence to the standards identified in the HFA Best Practice Standards.

Culture is broader than race, ethnicity, language, and age. Reflections on DEIB and CH may include additional features and attributes such as ethnic heritage, customs, values, gender, religion, sexual orientation, social class, and geographic origin among others, that combine to create unique cultural identity for families, based on both experience and history. In addition, sites are encouraged to look at social factors such as domestic violence, substance use, mental health, parent incarceration, immigration and refugee status, and cognitive abilities as it relates to the families they serve. (Please refer to BPS 5-4)

This review should be completed in the fourth quarter of the program's contract year and uploaded into the "upload documents" section in the Contract Management System (CMS) within 30 days after the end of the contract period, as the final report. This review should be shared with the program's advisory board (annually). The first quarterly report for the following contract year should include any comments and/or suggestions shared by the advisory board as well as any strategies that have been implemented to address barriers identified.

DEIB Tip: As you analyze and write, consider how the racial and ethnic characteristics of staff intersect with their role in the program (i.e., direct service staff vs. supervisors vs. program managers) and how the site makes efforts to equalize the distribution of power. Consider the same for families served. How do family characteristics intersect with their participation in the program AND how do site staff and leadership make efforts to equalize families' access to the program?

Standard 1- Initiate Services Early

A. Program Eligibility Criteria (1-1. A)

> Please provide a description of 1) the site's eligibility criteria 2) how these criteria were selected, 3) the defined service area, and 4) the number of families the site has the capacity to serve (the total number of families projected annually to be served based on site capacity). Please include information on data utilized from one or more sources, (e.g., a community needs assessment, kidscount.org, state rankings, vital records, census.gov, the number of live births per year, number of people of childbearing age, number of single parents, age of target population, Infant mortality rate, poverty level, teen pregnancy rate and race/ethnicity/ cultural/linguistic characteristics sexual orientation, gender identity and expression (SOGIE) in determining your program's defined service area. Programs may also utilize informal conversations with community partners and advisory board members to assess community characteristics that may not be available in more formal data sources.

*Please note that the description of your site's eligibility criteria should include the following: (*Healthy Families New York (HFNY), as a multi-site system, has established specific criteria to allow individual sites to identify families who may be most in need of*

or benefit from intensive home visiting services. Services are typically targeted to communities that have high rates of teen pregnancy, infant mortality, public assistance support, and late or no prenatal care. HFNY sites use a screening tool to determine eligibility of expectant parents and parents with an infant less than 3 month of age (or children up to the age of 24 months for programs implementing the Child Welfare Protocol (CWP)). A screen is positive if any of the following are true: marital status is single, separated, divorced, or widowed; late, no, or inconsistent prenatal care; inadequate income or financial concerns; the expectant or new parent is under age 21; the referral is from the local child welfare agency (if approved to implement the CWP); or the first three screen items are all unknown. Parents who screen positive are considered eligible for intensive home visiting services and contacted by HFNY staff. These families are then offered services and given an opportunity to enroll in the program.) and may also include factors such as: parent age, Medicaid eligibility, geographical area, first time pregnancy, a particular number of positive screen factors, a certain score or higher on the Family Resilience and Opportunities for Growth (FROG) Scale, etc.

Upon consideration of the potential need to update your program's defined service area, determine if there are any changes or movement in particular populations noticed in the target population statistics. The following links may be helpful in drafting narrative on your defined service area:

- http://www.health.ny.gov/statistics/chac/perinatal/index.htm
- A good website for demographics by county http://www.nyskwic.org/
- Census information forNY   https://data.census.gov/profile/New_York?g=040XX00US36
- Vital Statistics https://www.health.ny.gov/statistics/vital_statistics/vs_reports_tables_list.htm
- https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/mch_dashboard/mch_dashboard&p=ch (please note that you need to select your county)

Note that your description of the service population should include race, ethnicity, language and other cultural demographic characteristics, such as customs, values, age, gender, military service, religion, sexual orientation, social class, and geographic origin among other factors determined to be most relevant by your site. We recognize that a lot of this demographic information will not be available to you via the screen BUT what informal information are you getting from your CAB, staff, family partners, and other community organizations?

MIS Report- For program demographics: Report Catalog/Analysis/ Program Demographics.

> **DEIB Focus:**
> Please consider the following as you draft your narrative for this section:
> - REMEMBER to include staff anecdotal information - some demographic data are not available at the county or zip code level therefore it is important to inquire with staff what patterns they are noticing among families they are aiming to serve. It takes a while for issues to hit the data (e.g., surge of refugee populations, increase of immigrant families)
> - Have there been any changes in demographics within my community? If so, what are they? Are these changes impacting the families we serve? Have these changes impacted our capacity? If so, how?
> - When was the last time I had a conversation with my CAB about these changes?
> - Are there families we are being asked to serve but we cannot because of limitations? What are those limitations (i.e., language access, types of housing, insular community skeptical of a stranger in the home, etc.)? How can we address those limitations?
> - Consider your successes.

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B. Referring Organizations (1-1B)

> The site establishes organizational relationships with community providers for purposes of identifying families and receiving referrals (e.g., local hospitals, prenatal clinics, high schools, centralized intake systems, etc.). Please Note: for sites approved to implement HFA's Child Welfare Protocols, a formal Memorandum of Agreement (MOA) between the HFA site and local child welfare office is required and must be reviewed annually.
>
> Please include narrative identifying organizations within the community where families can be referred from, and the formal/informal agreements in place. Identify any noteworthy community collaboration efforts including coordination with local social services districts/health departments and other community partners (WIC, OB/GYN, Clinics, etc.)

MIS Report- Report Catalog/Lists/Screen Form Referral Sources

> **DEIB Focus:**
> Please consider the following as you draft your narrative for this section:

- What changes have occurred in the relationships you have with your referring organizations since your last ASR?
- Are you working with any new partners?
- Are there any new partners you are hoping to work with? (Consider organizations that work closely with "hard to reach" populations) What is your plan to engage these organizations?
- What are you doing to diversify the pool of referrals? What connections are you making with libraries, health clinics, other organizations that work with pregnant people, mental health and substance use facilities, health fairs, churches, shelters)?
- Are you holding public events to connect with families, such as community baby showers?
- What are you offering referring organizations (e.g., trainings, presentations, parenting materials)?
- Who keeps you updated about population changes in your community? How do you know where to find these new families and what efforts are you making to connect with them?
- Have there been instances when referral partners do not treat families respectfully? How have you addressed this?

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C. Tracking Referrals and Site capacity (1-1.C)

The site tracks the number of families identified or referred by referral source, and their eligibility status. The site implements strategies to help maximize existing program capacity and support family needs in the community.

Please provide narrative on the following as it relates to Enrollment and Utilization (Note: (Please note: HFNY acknowledges that your program provides most of the information on a quarterly basis in Quarterly Reports. We are asking for a narrative that provides more context to your findings.)

 MIS Report- Report Catalog/Accreditation/ 1-1.C Referral Source Outcome Summary Report.

 a. the number of families identified or referred by each referral source, and their eligibility status.
 b. The number of enrolled families at the beginning of the contract period.
 c. How many families were discharged in the contract period?
 d. The number of enrolled families at the end of the contract period?
 e. Analyze these data and describe your plan with specific strategies to fill available slots or reduce gaps in service availability for the upcoming year.

Please be sure to include how the demographic and social factors of the families enrolled compare to your program's defined service area.

Please note programs must share your analysis and strategies with your Advisory Board at least annually. Include any updates to the implementation of the strategies in your quarterly reports. (

MIS Report- Report Catalog/Analysis/ Capacity Building Report (One-Step); Report Catalog/Quarterlies/ 8 Quarter Report/Report Catalog/Quarterlies/ Quarterly Engagement Summary

DEIB Focus:
Please consider the following as you draft your narrative for this section:

- Have you done a "return on investment" analysis? If so, what did you find?
- Have you determined which referring organizations result in more enrollments? How can you increase these referrals? Are there any organizations that provide a lot of referrals but few result in enrollments? How timely are referrals shared with the program? What information do these organizations need from you in order to better target families that meet your eligibility criteria?
- Are there programs similar to HFNY in your community? How might this impact the number of referrals you're receiving or relationships with referral partners?
- Social factors are not captured in any MIS report, so consider what you've learned anecdotally over the past year? What have staff shared in supervision or team meetings that may shine a light on what may be getting in the way of "reaching" some families?
- Who are your "hard to reach" families? What makes them "hard to reach?"
- What are you doing to address any service gaps among families where disparities exist (i.e., referral source, parent age, pregnancy stage, language, CWP status, prenatal care history, marital status, poverty, etc.)?
- How do you engage your CAB to identify strategies to address any service gaps identified? How can the advisory board be more involved when considering how to better engage the "hard to reach" families?
- How do community partnerships/ participation on community boards help to strengthen or build referral relationships?
- Consider the demographic makeup of your community, how do the families who enroll compare to these data? Consider, race, ethnicity, religion, substance use, mental health concerns, multiple children, disability, etc. If you identify disparities between community demographics and those you serve, how will you address these service gaps?
- Are your outreach materials, (brochures, flyers), appealing and accessible to all the families you serve? Do you need to modify or adjust your outreach

materials based on the demographic/cultural characteristics of the potential families to be served?

MIS Report- Report Catalog/Analysis/Program Demographics/Report Catalog/Analysis/Capacity Building (One-Step) Please note that the middle section of the report, under the title Time Period can be used to get these numbers.

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D. Initial Engagement Process (1-2.B)

Please provide narrative on how your site monitors its initial engagement process and activities reflecting all families referred in the most recent year. Please include the following information in your narrative:

- The length of time from referral to initial contact
- The length of time from initial contact to offer of services
- Whether able to establish initial contact or not
- Whether services were offered or not.
- Reasons why if services were not offered.

MIS Report- Report Catalog/Accreditation/1-2.B Initial Engagement Process Report
**** Please note programs should submit this report with the narrative. ****

DEIB Focus:

Please consider the following as you draft your narrative for this section:

- Reflect on ways staff are being creative in outreaching to families while keeping confidentiality in mind (e.g., leaving contact information with neighbor, using social media, communicating via What'sApp)
- Reflect on how you encourage persistence with staff. Consider how staffing changes may impact engagement activities.
- Do family satisfaction surveys include questions about the referral process/initial engagement (e.g., Did you feel like you were engaged in a respectful manner? Do you feel like your interests were heard? Did you feel like you were heard, in general? Were the engagement materials easy to read and available in your language? Do you feel anyone important to you was excluded from the engagement process - father of the baby, grandparent, another parent figure?) If so, how could this information be helpful in strengthening engagement practices.

- Reflect on staff hiring practices and consider any stated phobias, pet peeves, allergies. Provide scenarios (e.g., how would you engage a same sex couple, what would you do if a family asks you to take your shoes off, etc.)
- Does your community have accessible resources that address the needs of families within your defined service area? If yes, can this help to engage families?
- When staffing of similar languages and culture is unavailable, do you have additional resources to assist in outreach when there is a language barrier between staff and families (e.g., trained interpreters or access to a language line)? Also, are your staff aware of the drawback in engaging family members as interpreters?

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Insert pg. 1 of the 1-2.B Report Here

E. Initial Engagement Process- Developed Strategies (1-2.C)

Please provide narrative on developed strategies (based on data from 1-2B) to improve the initial engagement process with families reducing barriers to ensure equitable access to HFNY services. When developing your narrative consider 1) How do the time frames look; 2) How successful is your team at establishing first contact with families; 3) What are the reasons why families aren't being offered services? Continue your exploration by asking yourself and your team: 1) does anything surprise you; 2) what strategies can you explore; 3) is the process/materials accessible to families; 4) what's the best way to keep track of this work? These questions may help you develop strategies to address challenges with initial engagement.

Please note: Programs receive a 3 rating if developed strategies are applied (programs can include the information on applied strategies in their Quarterly Reports if aiming for a 3), a 2 rating for developed strategies.

Please note: Strategies do not need to be **applied** if 90% or more of families referred received initial contact and were offered services.

DEIB Focus:

Please consider the following as you draft your narrative for this section:

- Reflect on your participation with your CAB and other advisory boards and how you partner to let the community know about your program. How are

you engaging with your CAB to identify strategies to improve the initial engagement process?

- How does your program engage with community partners to improve access to HFNY services?
- How are staff and families involved with identifying strategies to improve the initial engagement process and reduce barriers to access?
- How are we engaging and/ or collaborating with administration (or staff) within the organization?
- Are there programmatic factors that create barriers to equitable access (e.g. language capacity of staff, vacancies, etc.)? What strategies are being used to address these?
- Reflect on safety issues that may impact engagement and what alternatives you and your staff explored (e.g., temporarily offering virtual visits, preparing for building safety and community safety, using Citizens app to get updated safety information about community, temporarily avoiding certain areas, if areas remain unsafe for a prolonged period of time can program work with local police?)
- What training resources have you identified to address any new issues that have emerged within your community or changes in the population?
- How are you mindful of families' culture, customs, and beliefs during the engagement process (i.e. holidays, traditions, household values)?

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F. Measure Acceptance Rate (1-4A)

The site measures annually (12 consecutive months of data whether calendar or fiscal year) the acceptance rate of families offered services, using HFA methodology (based on receipt of first home visit and using both numbers and percentages).

Please provide a narrative describing your program's definition of acceptance rate and method for calculation and the current acceptance rate for all families offered services in the most recent year. Please use the following language for your program's definition of acceptance rate: *HFNY uses HFA's methodology to calculate the acceptance rate. This is calculated by dividing the total number of enrolled families with a first home visit (A) by the total number of families who were offered services (N) (Acceptance Rate: Total A/Total N). A report is available in the HFNY MIS to calculate the Acceptance Rate. See 1-4. A & B. Acceptance Rate and Analysis Report Documentation for additional details.*

MIS Report - Report Catalog/Accreditation/1-4. A & B Acceptance Rate and Analysis

G. Acceptance Analysis (1-4.B)

Please note for 2022-2023 analyses, refer to the May 2023 Statewide Presentation provided below by Dr. Margaret Gullick (CHSR) on acceptance for one and two step to assist with this section.

Please provide narrative on the analysis of your data from all families who were offered services during at least the most recent year. Analyze both formally and informally:
1. Families who refused services in comparison to families who accept services.
2. Includes at least one analysis factor (The analysis includes one or two factors in its comparison of those who accepted and those who declined during the same time period for a 2 rating and at least 3 factors for a 3 rating).
3. The reasons why families decline enrollment.

Please note: For sites who have less than 90% they must analyze the data from all families who were offered services during at least the most recent year.

For smaller sites with less than 50 families offered services over a two-year period, the site is required at a minimum to submit a narrative including:

1. The number of families offered services within the two-year period
2. Informal data about families who refuse services or accepts services
3. Reasons why families are not accepting services

For sites not required to complete an Acceptance Analysis, submit a narrative describing the reason for exemption:

- If at least ninety percent (90%) of families offered services over a two-year timeframe accepted services by receiving a first home visit, an analysis is not required.
- New sites not yet in operation for two full years with an acceptance rate of 90% during the first year are also exempt from completing an analysis.

(Tip)- While sites choose which factors to include in their acceptance analysis it is recommended sites consider the role race and ethnicity may have on acceptance. In addition, it is recommended that sites consider the impact that factors, such as staffing, or policy issues may have on family acceptance.

Sites may use informal methods to collect this information. Sites are encouraged to reflect on any trends observed from the last acceptance analysis to the present one, and any lessons to be learned. An informal analysis should be a narrative regarding discussions with staff in team meetings, supervision, and Advisory Board meetings).

MIS Reports - Report Catalog/Quarterlies/Quarterly Engagement Summary Report Catalog/Accreditation/1-4. A & B Acceptance Rate and Analysis

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DEIB Focus:

Please consider the following as you draft your narrative for this section (note: much of below is based on your and staff's experiences and community-wide data):

- Primary language and preferred language of the family
- Issues related to immigration
- Family composition and dynamics (e.g. primary caregiver is not the decision-maker in the family)
- Characteristics of staff (e.g. age, gender, language, etc.)
- Public health considerations
- In comparing the families that accepted services and those that didn't to the target population, are there any demographic (i.e., cultural, racial, ethnic, socioeconomic status, literacy, mental health, substance use, families with an incarcerated parent (s), etc.) differences between those that accepted services vs. those that declined? Did staff have challenges engaging families from certain demographic groups or with particular needs?

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Standard 2 - Standardized Assessment Tool (FROG):

There is no required narrative/analysis for this section.

Standard 3 - Offer Services Voluntarily

A. Measure Retention Rate (3-4A)

The site measures the retention rate using HFA approved methodology- first and last home visit of all who enrolled in a particular calendar or fiscal year. Other methodologies may be used in addition.

Please provide a narrative describing your program's definition of retention rate and method for calculation and the current acceptance rate for all families offered services in the most recent year. Please use the following language for your program's definition of acceptance rate: *HFNY uses HFA's methodology to calculate the retention rate. Retention is calculated using the length of time between the first home visit and the last home visit for families who were enrolled during a particular period. A report is available in the MIS to calculate the Retention Rate at 3 months, 6 months, 12 months, 18 months, 24 months, and 36 months depending on the enrollment period selected. See 3-4. A & B. Retention Rate Analysis Report Documentation for additional details.*

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B. Retention Analysis: **(3-4B)**

Please provide narrative on the analysis of your data for all families who enrolled within at least one cohort year, analyze both formally (numbers and percentages) and informally (anecdotal information from staff and advisory members)

1. Families who remain in services in comparison to families who leave.
2. Includes at least one analysis factor (The analysis includes one or two factors in its comparison of those who remained and those who left during the same period for a 2 rating, and at least 3 factors for a 3 rating).
3. The reason why families leave.

For sites with less than 50 enrolled families at any one time over a two-year period, submit a narrative including:

1. The maximum number of families that were enrolled at any one time.
2. Informal data about families who leave service or are retained.
3. Reasons why families are leaving services
4. For sites with less than 50 enrolled families at any one time over a two-year period, submit a narrative of informal data and reasons why families are leaving services. Include the maximum number of families that have been enrolled at any one time.

5. A description of how the program is addressing its retention rate based on the analysis of factors identified.

For sites not required to complete Retention Analysis, submit a narrative describing the reason for exemption.

- If at least ninety percent (90%) of families enrolled in services over a two-year timeframe remained in services, an analysis is not required.

- New sites not yet in operation for two full years with a retention rate of 90% during the first year are also exempt from completing an analysis.

MIS Report - Report Catalog/Accreditation/ 3-4. A and B Retention Rate Analysis

For a one-year analysis, your start date should be two years before the end of the reporting period, and end one year before the end of the reporting period. For example, to calculate the retention rate for the period between 7/1/20-6/30/21, input your start date as 7/1/19 and your end date as 6/30/20 in MIS.

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DEIB Focus:

Please consider the following as you draft your narrative for this section:

- What are the cultural differences between families who remain in services and those who leave (i.e. race, ethnicity, primary language, socioeconomic status, cognitive ability, substance use, domestic violence, etc.)?
- What effect, if any, does having a shared cultural background between home visitor and family have on retention? [recognizing that MIS does not collect this data in the same way, these considerations can occur through informal reflection and knowledge of your staff demographic makeup]
- Consider the reasons families leave services, how might these speak to larger systematic barriers to services that exist in your community?
- Remember to talk about your successes. What groups have the highest retention rates, where have you been able to improve retention, how are you able to re-engage families that disengage for a period? How has the retention rate changed

from the previous year, overall and by group (i.e. race, parental age, marital status, FOB involvement, etc.)?

- Sites are encouraged to reflect on any trends observed from the last retention analysis to the present one, and any lessons to be learned."

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Standard 6. Promote PCI, Childhood Growth & Development, Standard 7. Health Care and Community Resources, Standard 10. Model Specific Training & Standard 12. Reflective Supervision.

A. Performance Targets

2023 HFNY Performance Targets
Health and Development Targets
HD1a. Immunizations at 6 months: 2022 BPS
At least 80% of target children will be up to date on ALL 6-month immunizations by 12 months of age.
Cohort: Target children 12 to 23 months old
HD2a. Immunizations at 18 months: 2022 BPS
At least 80% of target children will be up to date on ALL 18-month immunizations by 24 months of age.
Cohort: Target children 24 months old or older
HD3. Lead Assessment
At least 90% of target children will be assessed for the risk of lead in their environment according to the NYS Health Department's suggested schedule.
Cohort: Target children 9 months and older
HD4. Medical Provider for target children
At least 95% of target children will have a medical provider.
Cohort: All Target children 30 days and older
HD5. Target Child Well Baby Medical Provider Visits by 15 months
At least 90% of Target children will have at least 5 well baby visits by 15 months of age.
Cohort: Target children 15 months to 21 months of age
HD6. Target Child Well Baby Medical Provider Visits by 27 months
At least 90% of Target children will have 2 well baby visits between 15 and 27 months of age.
Cohort: Target children 27 months to 33 months of age
HD7. Age-Appropriate Developmental level
At least 98% of target children will demonstrate age-appropriate developmental milestones on the Ages and Stages Questionnaire or be referred for further evaluations/services if delays are detected.
Cohort: Target children 4 months and older
HD8. Medical Provider for Primary Caretaker 1
At least 90% of Primary Care Takers will have a medical provider

Cohort: All Primary Care Takers enrolled over 30 days from the end date of the quarter.

Parent Child Interaction Targets

PCI1. Primary Caretaker 1 breast feeding

30% of PC1s will breast feed their target children for at least 3 months from the birth of the child

Cohort: : Families with a bio-mom enrolled prenatally and target children 6 to 15 months

PCI1a. Primary Caretaker 1 breast feeding

30% of PC1s will breast feed their target children for at least 6 months from the birth of the child Cohort: Families with a bio-mom enrolled prenatally and target children 6 to 15 months

PCI2a. Valid CCI assessments by TC's first birthday

90% of TCs will have 2 valid CCI assessments by TC's first birthday

Cohort: Target children from 4 months to 12 months of age

PCI2b. Valid CCI assessments by TC's second birthday

90% of TCs will have 2 valid CCI assessments by TC's second birthday

Cohort: Target children from 12 months + 1 day to 24 months of age

PCI2c. Valid CCI assessments by TC's third birthday

90% of TCs will have 2 valid CCI assessments by TC's third birthday

Cohort: Target children from 24 months + 1 day to 36 months of age

Family Life Course Targets

FLC1. Employment, Education and Training at target child's first Birthday

50% of families will be enrolled in an education program, job training or job placement program or will obtain employment by the target child's first birthday.

FLC2. Employment, Education and Training at target child's second birthday

75% of families will be enrolled in an education program, job training or job placement program or will be employed by the target child's second birthday.

Cohort: Families with target children 24 to 30 months old

FLC3. Family Goal Plan

100% of families have at least one active goal at all times

Cohort: Active cases over 90 days of enrollment

FLC4. Family Economic Self-Sufficiency

At least 35% of families who reported inadequate/insufficient income at intake will no longer report this need on the target child's first birthday.

Cohort: Families who enrolled under one-step enrollment and reported financial difficulties/insufficient income as a PC1 Current Issue at the FROG (at intake) with target child 1 to 2 years old.

FLC5. Education of Participants under 21 at Target Child's six-month birthday

At least 85% of PC1's under 21 at intake and without a high school degree or GED will be enrolled in a degree bearing program or receive a high school degree or GED certificate by the Target Child's 6-month birthday.

Cohort: Target Children 6 to 12 months old and PC1 under 21 years old at Intake without a High School Degree or GED

FLC6. Education of Participants under 21 at Target Child's first birthday

At least 90% of PC1's under 21 at intake and without a high school degree or GED will be enrolled in a degree bearing program or receive a high school degree or GED certificate by the Target Child's first birthday.
Cohort: Target Children 12 to 18 months old and PC1 under 21 years old at Intake without a High School Degree or GED
FLC7. Referrals for Needed Services
At least 75% of enrolled participants with DV, Mental Health, or Substance Abuse issues identified on their Parent Survey will be referred for the appropriate services within 6 months of enrollment
Cohort: Participants enrolled from 6 to 12 months and one or more issues related to DV, Mental Health, or Substance Abuse on the Parent Survey

MIS Reports- Report Catalog/Quarterlies/ Quarterly Performance Targets
Report Catalog/Quarterlies/ Performance Targets for 4 Quarters

DEIB Focus:

Reflect on your performance achieving these targets and how realistic they are given the demographics, cultural values, and practices of your service population (i.e., reducing family goal plan requirements to one goal, rather than 3, to better support parents in highly stressed and under-resourced situations). Are there families with particular characteristics that disproportionately meet OR not meet these targets? This information may also be relevant to the development of your Equity Plan. Ongoing monitoring and updates are included in Quarterly Reports.

Provide a narrative on how your program monitors well childcare visits (7-1C) (i.e.-performance indicator cycles, narrative on performance targets in quarterly reports, MIS reports related to performance targets, feedback from annual site visits, etc.) Include narrative on strategies developed to address barriers identified with well childcare target achievement and any strategies that have been implemented. Please also provide narrative on barriers identified in meeting performance targets.

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B. Performance Indicators

1. *Quarterly Performance Targets:*
   ● *Four quarters of performance are reviewed for these targets: HD 1, 2, 3 through 8, PCI1, 2a, FLC 1, 3, 7. If stated target is achieved at least 3 of four times, target is considered met for the period.*
   ● *NYS Target Performance: 9 of 13 Performance targets achieved at least 3 out of 4 quarters*
2. *Retention Rate at One Year:* *NYS Target Performance: 50%*

3. Assessment timing: *FROG completed within 30 days*

4a. First Home Visit prior to 3 months after Target Child's birth for performance period: *NYS Target Performance: 95%*

4b. First Home Visit prior to 24 months after Target Child's birth for Child Welfare Protocol Families for performance period: *NYS Target Performance: 95%*

5. Required forms (Follow-up) for last month of Performance period. *NYS Target Performance: no invalid forms over 25%*

6. Accreditation Requirements for Training: *Orientation, Core, Shadowing, Prenatal, (FSS and FRS) and IFSP Hired after 1-1-18*

7. Accreditation Requirements for Training: *Wraparound Training: 3, 6 and 12 Month Hired after 1-1-18*

8. Accreditation Requirement for HFA Home Visit rate: *NYS Target Performance: 75%*

9. Supervisor observation of FSS/FRS: *NYS Target Performance: 4 visits/2 assessments*

10. Prenatal Enrollment in Performance Period: *NYS Target Performance: 50%*

11. Creative Outreach: *NYS Target Performance: 10% or less*

12. Program Capacity: *85%*

13. Regular and Protected Supervision: *75% of expected supervision sessions*

14. Initiation of Service Plan: *families served in the past year will have a Service Plan initiated within 2 weeks of FROG completion date. NYS Target Performance 100%*

15. Service Plan In-Depth Discussion: *Supervisor and FSS discuss Service Plan at least once each Quarter. NYS Target Performance: 100%*

16. Caseload Management: *The NYS target is that no staff member exceeds the maximum case weight of 30 points for more than 3 consecutive months*

> For each performance indicator achieved, what particular factors do you attribute this success to? For each indicator not achieved, please describe steps taken to identify barriers to achievement, strategies developed, and strategies implemented to address barriers identified. Ongoing monitoring and updates are included in Quarterly Reports.

DEIB FOCUS:

- Reflect on your performance meeting these indicators and how achievable they are given the demographics, cultural values, and practices of your service

population (i.e., changing demographics due to displacement within the community limiting eligibility within target population). Are there families or staff with particular characteristics that disproportionately meet OR don't meet these targets?

- Also consider how programmatic factors might contribute to your performance (i.e., having vacancies in staff and struggling to find qualified applicants).

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Standard 5 – Diversity, Equity, Inclusion

A. Family & Staff Input (5-4A)
Submit a narrative of the program's most recent efforts to obtain meaningful feedback from parents/caregivers and staff. Summarize the results of these efforts to include any   patterns, trends, strengths, and challenges that were identified. Make sure that feedback gathered includes information about the use of curricula and program materials. Consider how staff and families feel about curricula being respectful of the service population, how it reflects the community, how it is tailored or modified to meet family needs.

Using the information gathered from staff and families, the site will identify areas of strength and where there is opportunity for growth in the way the site promotes greater equity in service delivery and reducing the causes of disparity and inequity that exist within their larger community. Be sure to address curricula and materials, if applicable. This information should be incorporated into the site's equity plan.

For a 2 rating the site obtains input from current families and staff that helps the site understand how it is doing with implementation of standards 5-1, 5-2 and 5-3. Input is sought at least once annually.

For a 3 rating the site obtains input from current and **former** families and staff that helps the site understand how it is doing with implementation of standards 5-1, 5-2 and 5-3. Input is sought at least once annually.

> **MIS Report - Report Catalog/Quarterlies/ Quarterly Worker Characteristics Summary**

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B. Equity Plan Essential Standard (5-4B)

In addition to using the information gathered from staff and families in 5-4A, consider what you have learned in all aspects of service delivery throughout the ASR and previous years Cultural Analysis and Plans to develop your equity plan for the next year. Reflect on where there are opportunities for growth in promoting greater equity based on what the site learns about itself, from an equity perspective, in the way it supports its staff, the families it serves, and the community it works within. The equity plan sets the course for continuous improvement to achieve greater equity in all facets of its work.

Utilizing the equity plan template below, please insert narrative sharing your equity plan. Please also include your organizational self-assessment, if completed.

Insert Program Name Equity Plan

Date Initial Equity Plan developed: Click or tap to enter a date.

An equity plan is developed based on what the site learns about itself, from an equity perspective, in the way it supports its staff, the families it serves, and the community it works within. The equity plan sets a course for continuous improvement to achieve greater equity in all facets of its work. Improvement strategies are created, acted on, and are reviewed and updated at least annually.

The equity plan provides an opportunity to identify strategies to combat implicit bias, address barriers, and work to dismantle the causes of disparity and inequity.

Definition of Equity:

- Equity is an approach that ensures everyone has access to the same opportunities.
- Equity recognizes that everyone does not start from the same place because advantages and barriers exist.
- It's a process that acknowledges uneven starting places and seeks to correct the imbalance.
- It refers to the process an organization engages in to ensure people whose identities have been marginalized by society have the opportunity to grow, contribute, and develop and may be afforded differential resources to ensure this is possible.

Summary of Staff and Family Input related to staff relational skills, interactions with families, and advocacy at the community level to promote equity (also include results from a formal equity assessment of the program or organization, if applicable):

Describe area of opportunity for growth or improvement	Source of information	Strategies to address this area	Timeline for implementation	Dates and implementation notes (lessons learned, revisions, feedback)

Please Note: To achieve a 3 rating sites must also complete a formal DEIB related organizational self-assessment, using what is learned to further inform strategies identified in their equity plan.

C. Equity Plan Review with Community Advisory Board and Staff (5-4C)

Each year sites should reflect on their current Equity Plan and make updates to reflect progress associated with the strategies identified in it. Revisions and new strategies are included based on lessons learned and new input received from staff and families.

Review of Equity Plan

Date Equity Plan Updated or Additional Strategies developed:

The site's equity plan is reviewed and updated at least once annually **by site staff** to reflect progress associated with the strategies identified in it. Revisions and new strategies are included when appropriate based on lessons learned and new input received annually from staff and families (an equity self-assessment tool done at the program or organization may also yield important input for the site's equity plan – links to sample tools are in the BPS). Regular focus on the equity plan is intended to foster growth and increased capacity to promote equity.

A site continually reviews and improves its service delivery system by integrating information learned. It can be difficult to self-identify gaps and determine strategies. This is why it is important to seek the perspective and assistance from staff and families on an ongoing basis.

Summary of Equity Plan Annual Review (includes lessons learned and new input from staff and families). Note any strategies from previous plan that were completed or retired:

Describe area of opportunity for growth or improvement	Source of information	Strategies to address this area	Timeline for implementation	Dates and implementation notes (lessons learned, revisions, feedback)

Use Quarterly Reports to document review of the Equity Plan with Advisory Board and staff. Please highlight updated strengths and strategies based on feedback received from staff and lessons learned. If identified strengths and strategies are documented elsewhere, submit relevant supplemental documentation. Advisory Board minutes will be requested with Quarterly Report.

For a 2 rating the Equity Plan is reviewed at least annually by site staff and updated as necessary based on lessons learned and new input gathered.

For a 3 rating the Equity Plan reviewed at least annually by site staff **and** the community advisory board. Equity strategies are updated and revised based on lessons learned and new input gathered.

Standard 9 – Service Providers Selection

Staff Retention and Satisfaction (9-4)

A stable, qualified workforce is known to contribute to improved participant outcomes, with families more likely to be retained in services when staff are retained. Therefore, site management evaluates factors associated with staff turnover. By understanding the circumstances and characteristics of staff who leave, along with input from those who stay, strategies to increase retention can be developed (based on the data) and implemented with a greater likelihood of success.

Please provide narrative indicating factors associated with staff who have left along with satisfaction feedback from existing HFA staff. Also indicate how these data have been used to develop staff retention strategies, improve staff diversity and inclusion, and promote equity. Include which strategies have been implemented. Progress on implementation of strategies can be documented in the Quarterly Report.

1. For staff retention, include data of staff who have left. Include staff (by position title) who left during the timeframe (12 months for new sites, 24 months for all others), their hire date, termination date, reason why they left; and any other pertinent characteristics.

2. For staff satisfaction, include a summary of staff satisfaction input in regard to work conditions that contribute both negatively and positively to job satisfaction (typically aggregated survey results) for those currently employed with the HFA site.

Please note: Agency-wide staff satisfaction surveys, if used, must be filtered and reported for HFA staff only.

3. Include strategies developed for staff retention based on what was learned from retention and satisfaction data.

Please Note:

- While the site will want to include in their report all the reasons contributing to staff turnover, strategies for improvement do not need to be developed when reasons pertain to personal growth opportunities that could not be fulfilled on the job (e.g., returning to school, job promotion, etc.).
- New sites without two full years since home visiting services began will monitor staff retention and satisfaction with one year of data.
- If there has been no turnover in the last two years, the site will still monitor staff satisfaction among employed staff.

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Standard 10 – Model Specific Training & Standard 11 – Training to Fulfill Job Functions

Please provide narrative on trainings provided to staff that were relevant to your site's target population throughout the year. Please also provide a list of trainings provided to staff related to Child Abuse and Neglect (11-4B) and a list of all DEIB trainings provided to staff throughout the year. Summarize any additional interpersonal and skill development opportunities to support staff in their role.

Summarize any training needs that went unmet from the last year and how the statewide system or Central Administration can support these needs. Identify staff training and technical assistance needs for the upcoming year.

DEIB Focus:
Please consider the following as you draft your narrative for this section:

- How were the trainings culturally inclusive?
- Based on the cultural characteristics identified within your program, how does the training meet the needs of your population? For example, if there is a high instance of opiate use in the community, did you provide trainings to support that need?
- How did the community need you have identified, shape the planning for upcoming trainings?
- How are trainings designed to consider different learning styles? Do they provide a variety of techniques that that meet different learning styles of staff?
- Are staff provided trainings that serve to strengthen interpersonal skills?
- Review Best Practice Standard 5-3 for more information.

Please note: Not all staff have to attend the same training, but all staff employed for at least a year must attend at least one training about the unique cultural characteristics of their service population, annually.

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Program Highlights (Include case vignettes if applicable.) Share your successes and stories! Share a success story or provide a specific event(s) held throughout the year.

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GA. Governance and Administration

Organization and Function of Community Advisory Board (GA-1A)
Submit a narrative, policy or bylaw describing the community advisory board's role in advising with regards to planning, implementation, and evaluation of site activities.

Advisory with Wide Range of Skills & Knowledge (GA-1B)

Please share the roster for your community advisory board which includes organization affiliation(s) and a summary of skills, knowledge, and abilities to effectively serve the interest of the community.

Program Manager and Community Advisory Board Work Effectively (GA-1C)

Please submit a narrative describing how the program manager partners with the community advisory board by providing members site information for each meeting and engages them in advising site operations.

DEIB Focus:

Please consider the following as you draft your narrative for sections GA-1A-C:

- Consider whether the characteristics of the Advisory Board are representative of the target population.
- Reflect on efforts made to recruit members that are representative of your target population – what barriers did you identify AND what allowed for success?
- In what capacity are Advisory Board members working with your target population, and are there any unique insights related to equitable access to services?
- Include details about how the Advisory Board and PM work to identify barriers and create effective and realistic plans to address them.
- Consider how the site ensures equity of voice among Advisory Board members.
- Are there shared community/group agreements in the context of the Advisory Board?
- Description of representatives (Demographic information, professions, cultural diversity and skills).
- What steps are taken to ensure a diverse advisory board membership?

Insert narrative for GA-1A – GA-1C here

Program Improvement/Plans for Next Program Year
Based on analysis and findings in this report, identify priority areas to focus on or address (outside of the Equity Plan) over the course of the next year.   Consider how these priority area(s) can be incorporated into the site's formal CQI project. Please note that sites are required to develop and implement one CQI plan annually.

Click or tap here to enter text.

Revised 5/18/23