

**Healthy Families New York
QA Site visit Tool**

Contract Information

Program: Healthy Families	Contract #:	Tool completed by:
Time covered by tool (contract period):	Sources of information: (site visit, quarterly report, ASR, MIS, interview)	

Performance

Standard and Location	Standard Details		Notes
CA Q 4.1 (1 of 7) Eligibility Criteria are up to date and Community Relationships 1-1 A Found in Work plan and ASR/Equity Plan While HFA says to share every 2 or 4 years, HFNY requires description and data be shared with the advisory board annually	The site has a description of its 1). Eligibility criteria, 2.) community data (include source and year) 3). The geographic service area, the total number of families projected annually to be served based on site capacity, The description and data utilized have been reviewed by the site's advisory board within the last two years (for a 3) or last four years (for a 2) and adjusted based on changing community demographics or program infrastructure	3 2 1	
CA Q 4.1 (1 of 7) Eligibility Criteria are up to date and Community Relationships 1-1B Found in work plan and ASR/Equity Plan	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	2 1	
CA 4.1 (2 of 7) Tracking site capacity 1-1C Found in Quarterly reports and ASR/Equity Plan	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.	3 2 1	

<p>CA Q 4.1 (3 of 7) Monitoring initial engagement process and strategies to strengthen</p> <p>1-2B Found in ASR/Equity Plan and Quarterly reports</p>	<p>The site monitors its initial engagement process, tracking the timelines from receipt of referral to offer of service, whether able to establish initial contact or not, whether services are offered or not and reasons why if families were not offered services.</p>	<p>3 2 1</p>	
<p>CA Q 4.1 (3 of 7) Monitoring initial engagement process and strategies to strengthen</p> <p>1-2C Found in ASR/Equity Plan and Quarterly reports</p>	<p>The site develops strategies, based on its data from 1-2B, to strengthen its initial engagement process with families, aiming to reduce barriers and provide equitable access to HFA services</p>	<p>3 2 1</p>	
<p>CA Q 4.1 (4 of 7) Timing of First Home Visit</p> <p>1-3B MIS Report 1-3B</p>	<p>The first home visit occurs prenatally or within the first three months.</p>	<p>3 2 1</p>	
<p>CA Q 4.1 (5 of 7) Timing of FROG Scale</p> <p>2-1C Review policy, run report 2-1C and review all pages to ensure that FROG aligns with their procedure (administered in no more than 2 visits and completed within 30 days of enrollment for 100% of families, if not meeting for the year (default date) run for the last completed quarter to see if they have 100% of families meeting) Interviews with staff</p>	<p>The FROG administered within the timeframe identified in sites policy and procedure.</p>	<p>3 2 1</p>	

<p>CA Q4.1 (6 of 7) Review of Voluntary Enrollment in Services</p> <p>3-1B Review materials (family rights and confidentiality forms, outreach brochures) that state services are voluntary- family files/HV logs- staff interviews- procedures to see where conversation on voluntary nature is being documented and look for evidence discussion occurred verbally</p>	<p>The sites practices ensure services are offered to families on a voluntary basis.</p>	<p>3 2 1</p>	
<p>CA Q4.2 (1 of 7) Home Visit Frequency</p> <p>4-2B MIS report 4-2B</p>	<p>Sites measure whether families at various levels of service (e.g., weekly visits, biweekly visits. Monthly visits etc.) receive expected number of home visits, based upon the level of service to which they are assigned.</p>	<p>3 2 1</p>	
<p>CA Q4.2 (3 of 7) Length of Service</p> <p>4-3B MIS report Time in Program for families enrolled 3 plus years</p>	<p>Services are offered to families for a minimum of three years after the birth of the baby (whichever is later)</p>	<p>3 2 1</p>	

<p>CA Q 4.2 (4 of 7) and (Q 4.4 of 4) Use of the HFA service plan in supervision</p>	<p>At the start of services, the supervisor and FSS review each family's stressors and strengths as identified in the FROG scale as well as parent-child interaction/attachment concerns, (i.e. any item rated 4 or less on the CCI is documented on the Service Plan to be addressed), and challenging issues (i.e. substance abuse, IPV, cognitive impairment, MH issues) identified subsequent to the administration of the FROG Scale. Together the Supervisor and FSS develop the HFA service plan and update over time prioritizing/pacing activities to address risk and build protective factors.</p>	<p>3 2 1</p>	
<p>6-1B</p>			
<ol style="list-style-type: none"> 1. Review risk factors in the FROG and the HFA service plan, review supervision notes (one service plan per worker) to look for the discussion of activities to address the risk. PCMs will review FROG, and ensure that risk is being prioritized, all risk identified is transferred to the service plan, and strengths/protective factors are also listed. 2. MIS Active Service Plan report (use default dates) and look for score on page 1. 3. Then run Service Plan Analysis report (last completed quarter) to be sure all families enrolled have a service plan initiated within two weeks of the FROG completion and that the service plan was discussed in depth during the timeframe. Feedback to be given on both findings of the reports. 			

PIP required if not meeting			
CA Q4.2 (5 of 7) Use of validated PCI tool 6-3D MIS 6-3D	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.	3 2 1	As of January 30, 2023, this policy was updated to require CCI 2x a year. Score will reflect overall number in the MIS report until January 2024. Also, note the score in recent practice if below 90% as programs will want to watch that number in preparation for accreditation. After January 2024, the score will reflect CCI completed in the last 6 months (recent practice) to ensure practice aligns with the updated policy.
CA Q4.2 (6 of 7) Monitoring ASQ and ASQ:SE 6-5B ASQ screens- MIS reports for ASQ	The site ensures that the ASQ is used during home visits to monitor child development at specified intervals, unless developmentally inappropriate, and is administered according to the developers' instructions to ensure valid results	3 2 1	
CA Q 4.2 (6 of 7) Monitoring ASQ and ASQ:SE 6-5C MIS 6-5C report Summary	The site ensures the ASQ-SE is used during home visits unless developmentally inappropriate, and is administered according to the developers' instructions to ensure valid results	3 2 1	

<p>CA Q 4.2 (7 of 7) Monitoring referral for focus children with suspected developmental delay</p> <p>6-5D- MIS report 6-5D</p> <p>PCMs will run the 6-5D. Then they will choose 2-3 cases. Next, they'll look at the dates ASQ were administered, compare against ASQ forms (in HV log) to ensure that the information aligns. Lastly, PCMs will review HV logs (date that ASQ was administered and discussed with family or referral made) to ensure that the ASQ boxes are checked and to see that the discussions and/or referrals occurred. In cases where the referral was inform and discuss, the PCM will look at a few HV logs that occurred after the referral to ensure that Home Visitors are following up with the family on status of referral.</p>	<p>The site tracks focus children suspected of having a developmental delay and provides appropriate referrals and follow up as needed</p>	<p>3 2 1</p>	
<p>CA Q 4.2 (8 of 7) Monitoring linkage of focus children to medical home</p> <p>7-1B</p> <p>Run Quarterly Performance Targets for 4 Quarters report in MIS. You will select the last completed quarter. For example, if the site visit is in October and the program has a contract start date of September, you would choose quarter 4 as this is the last quarter where all three</p>	<p>Focus children have a medical/health care provider</p>	<p>3 2 1</p>	<p>95%-100% for a 3 80%-94% for a 2 Less than 80% for a 1</p>

months of that quarter have occurred. Their 4 th quarter will consist of June, July, and August.			
CA Q4.2 (9 of 7) Monitoring immunizations 7-2B- MIS report on immunizations at one year	The Site ensures immunizations are up-to-date for focus children at one year of age.	3 2 1	90%-100% for a 3 80%-89% for a 2 Less than 80% for a 1
CA Q 4.2 (9 of 7) Immunizations at 2 years 7-2C- MIS report on Immunizations	The site ensures immunizations are up-to-date for target children at two years of age.	3 2 1	90%-100% for a 3 80%-89% for a 2 Less than 80% for a 1
CA Q 4.3 (1 of 1) Supervisor ratio 12-1D MIS report-12-1D	The ratio of supervisors to direct staff and volunteers and interns (performing the same function) is sufficient to allow regular, ongoing effective supervision to occur	3 2 1	

<p>CA Q 4.4 (2 of 5) caseload management</p> <p>8-1B Run MIS report 8-1B to determine if any FSS is over case weight</p>	<p>Full time FSS do not exceed case weight of thirty points</p>	<p>3 2 1</p>	<p>Sites cannot be over case weight more than 3 consecutive months</p>
<p>9-1B Screening and Selection of Program Manager</p> <p>Documentation Request-Resume and if Program Manager does not meet the minimum criteria, submit justification for hire and staff development plan.</p>	<p>The program Manager if hired after the last accreditation site visit (2017) meets all of the required criteria in the standard.</p>	<p>3 2 1</p>	
<p>9-1C Screening and Selection of Supervisors</p> <p>Documentation Request-Resume and if supervisor(s) does not meet the minimum criteria, submit justification for hire and staff development plan.</p>	<p>The site supervisors, if hired after the last accreditation site visit, (2017) meets all the required criteria.</p>	<p>3 2 1</p>	
<p>CA Q 4.4 (3 of 5) Supervision provided to supervisors and program managers</p> <p>12-3C MIS supervision notes 3 per supervisor Supervisors receive a minimum of supervision monthly</p>	<p>The sites practice ensures supervisors receive regularly scheduled reflective supervision</p>	<p>3 2 1</p>	

<p>CA Q 4.4 (3 of 5) Supervision provided to supervisors and program managers (PCANY cover 4 of 4 with observation of direct staff during their QA visits)</p> <p>12-4B three supervision notes for Program Manager (documentation request)</p>	<p>The site ensures Program Managers are held accountable for the quality of their work and receive skill development and professional support</p>	<p>3 2 1</p>	
<p>CA Q 4.4 (4 of 5) Tracking of staff-initiated child welfare reports</p> <p>GA-4C</p>	<p>The staff notifies the supervisor or program manager immediately in situations where staff suspect abuse or neglect. The supervisor or program manager track these situations to ensure safety concerns are addressed and appropriate follow through occurs.</p>	<p>3 2 1</p>	
	<p>Safety and Essential Standards</p>		
<p>CA Q 4.5 (1 of 16) Personnel Background Checks (Safety)</p> <p>9-3B Documentation request, date of hire and date of background check</p>	<p>The agency conducts appropriate, legally permissible and mandates inquires of state and provincial criminal history records on all employees, subcontractors and volunteers who will have direct contact with children to access to data involving children</p>	<p>3 2 1</p>	

<p>CA Q 4.5 (2 of 16) Orienting staff on child abuse and neglect indicators and reporting requirements (Safety)</p> <p>10-2 MIS report Orientation Training 10-2D</p>	<p>Staff (direct service staff, supervisors, and program managers) are oriented 1) child abuse and neglect indicators and 2) reporting requirements after HFA hire date and prior to direct work with families or supervision of staff.</p>	<p>3 2 1</p>	
<p>CA Q 4.5 (3 of 16) Frequency and duration of supervision (Safety)</p> <p>12-1B. MIS report</p>	<p>The site ensure weekly individual supervision is received by all direct service staff (FSS and FRS) and any interns who provide direct services to families independently in the role of FSS or FRS. function)</p>	<p>3 2 1</p>	
<p>CA Q 4.5 (4 of 16) Informed Consent to release information (Safety)</p> <p>GA-3C documentation request sample of consent forms 1 per worker signed by families- compare to BPS requirements to ensure all components are included/completed on the consents.</p>	<p>Parents are informed and sign a new release of information form every time information is to be shared with a new external source or with the same source but for subsequent time period. The consent form must include at minimum:</p> <ul style="list-style-type: none"> • A signature from the person whose information will be released or parent/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 (not to 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 <p>A statement that the person/family may withdraw their authorization at any time</p>	<p>3 2 1</p>	
<p>CA Q 4.5 (5 of 16) Child Abuse and Maltreatment policy including criteria, definitions and practice (Safety)</p>	<p>The site has a policy and procedures to report all suspected cases of child abuse and neglect to the proper authorities</p>	<p>2 1</p>	

<p>GA- 4A Documentation request- Review Child Abuse and Maltreatment policy with procedures, interview questions</p>			
<p>CA Q 4.5 (5 of 16) Child Abuse and Maltreatment policy including criteria, definitions and practice (Safety)</p> <p>GA-4B PCID for a case where a report was made to the SCR, review HV log and service plan for documentation of report being made, risk factors associated with the report and activities to address risk</p>	<p>The staff reports all suspected cases of child abuse and neglect to the proper authorities, including situations where it is believed a report has already been made by another individual.</p>	<p>3 2 1</p>	
<p>CA Q 4.5 (6 of 16) Use of FROG scale (Essential)</p> <p>2-1B Documented in MIS uniformly, to determine it is administered uniformly and aligns with the procedures review policy (2- 1A) and one FROG per worker to ensure documentation are followed. Run 2-1C to see timeframes of supervisor approval to determine it aligns with policy (approved within 3 days of submission from home visitor).</p>	<p>The FROG scale is administered and documented uniformly and in accordance with site policy and procedures</p>	<p>3 2 1</p>	

<p>CA Q 4.5 (7 of 16) Creative Outreach Practice (Essential)</p> <p>3-3B MIS report 3-3B use of creative outreach for length of time to ensure no less than 92 days, activities on CO, interview questions</p>	<p>Families disengaging from services are placed on post enrollment outreach) level CO) and outreach activities are continued for at least three months (or for a cumulative three-month period over six consecutive months) only concluding outreach prior to three months when families have engaged in services, declined services, moved from the area, or other allowable reasons as stated in the 3-3A intent.</p>	<p>3 2 1</p>	
<p>CA Q4.5 (8 of 16) HFA Level Change Forms (Essential)</p> <p>4-2C Review level change forms one per worker to ensure level change is based on family progress identified on completed level change forms and it was reviewed and agreed upon by supervisor and FSS prior to moving, also supervision notes. As of 8/5/22 policy is all level change forms are to be uploaded in the MIS. Families after 8/5/22 should have a level change form in the MIS.</p>	<p>Each family's progress (as identified on completed HFA level change forms) to a new level of service is reviewed and agreed upon by the FSS and supervisor prior to moving the family from one level of service to another. Please note completed HFA level change forms meet the documentation needs for 4.2C</p>	<p>3 2 1</p>	
<p>CA Q 4.5 (9 of 16) Site Equity Plan (Essential)</p> <p>5-4B Review policy (5-3A) and procedure and ASR/Equity Plan for sites description of efforts to work together with families, family and staff input received, strategies developed to improve based on family and staff input interview staff to ask them to describe efforts taken to partner with families</p>	<p>The sites practices engage families in partnership, elevating family voice and honoring family diversity</p>	<p>3 2 1</p>	

<p>CA Q 4.5 (10 of 16) Service Plan activities with families (Essential)</p> <p>6-1C Review service plan report to ensure all families have a service plan, review service plan (one per worker) to ensure that there is progress to addressing risk factors including implementation of activities. Reference reports ran for 6-1B (Service Plan Analysis and Active Service Plans to ensure meeting those requirements in addition to the review of the content).</p>	<p>The FSS implements with the family over the course of services, activities identified on the HFA Service Plan in an effort to build protective factors and to address the stressors identified in the FROG Scale, as well as parent(s) challenging issues (i.e. substance abuse, intimate partner violence, cognitive impairment, or mental health issues) identified subsequent to the administration of the FROG Scale.</p>	<p>3 2 1</p>	
<p>CA Q 4.5 (11 of 16) Goal Setting with Families (Essential)</p> <p>6-2B Review Family Goal Plan one per worker-look at current goals, projected date of accomplishment, family strengths identified, resources specific to the goal, celebrate success, FSS supporting FGP, and development of any new goal</p>	<p>The FSS supports the family in setting and achieving goals that are meaningful to the parent</p>	<p>3 2 1</p>	
<p>CA Q 4.5 (12 of 16) Use of CHEERS (Essential)</p> <p>6-3B Review home visit logs at least 2 per worker</p>	<p>The site assesses parent-child interaction, attachment, and bonding with all families, utilizing CHEERS on all home visits.</p>	<p>3 2 1</p>	

<p>CA Q 4.5 (12 of 16) Use of CHEERS (Essential)</p> <p>6-3C Reflective strategies are used as well as other activities to promote PCI</p>	<p>The site addresses concerning parent child interaction and promotes nurturing parent-child interaction, attachment and bonding with all families based on observations made using CHEERS</p>	<p>3 2 1</p>	
<p>CA Q 4.5 (12 of 16) Use of CHEERS Supervisor Support (Essential)</p> <p>6-3E Review Supervisors notes to see that CHEERS is discussed and concerns regarding PCI are discussed and addressed using reflective strategies (service plan)</p>	<p>Supervisors support FSS to assess parent child interaction (through use of CHEERS), address concerns and promote secure attachment and the development of nurturing parent-child relationships</p>	<p>3 2 1</p>	
<p>CA Q 4.5 (13 of 16) Hiring of direct services staff</p> <p>9-1D documentation request. Resume of all direct services staff hired since last Accreditation cycle. For any staff that do not meet minimum requirement, submit staff development plan.</p>	<p>Screening and selection of direct services staff, volunteers and interns (performing the same function) include consideration of personal characteristics, including but not limited to:</p> <ul style="list-style-type: none"> • Minimum of high school diploma or equivalent • 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 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 	<p>3 2 1</p>	

<p>CA Q 4.5 (14 of 16) CORE Training (Essential)</p> <p>10-4A Intensive Role Specific Training for Staff MIS report-Training BPS</p>	<p>All staff administering the FROG Scale receive intensive <i>HFA Core FROG Scale training</i> by a certified trainer who has been trained to train others, prior to first use of the tool and all supervisors receive this training within six months of hire.</p>	<p>3 2 1</p>	
<p>CA Q 4.5 (14 of 16) CORE Training (Essential)</p> <p>10-4B Intensive Role Specific Training for Staff MIS report- Training BPS</p>	<p>All staff (including program managers hired January 1, 2022 or later) have received intensive HFA Core Foundations training by an HFA certified trainer, within six months o date of hire, to understand key components of the HFA model. Program Managers hired prior to January 1, 2022 receive the training 18 months of hire.</p>	<p>3 2 1</p>	
<p>CA Q 4.5 (14 of 16) CORE Training (Essential)</p> <p>10-4C Intensive Role Specific Training for Staff MIS report- Training BPS</p>	<p>Supervisors and program managers have received intensive <i>HFA Supervision training</i>, by a certified trainer who has been trained to train others, within six months of date of hire to understand the key components of supervision, as well as the role home visitors. <u>NYS Standard is that supervisors have the core training for the role they supervise prior to the supervision of the staff in that role.</u></p>	<p>3 2 1</p>	
<p>CA Q 4.5 (15 of 16) Reflective Supervision with direct service staff (Essential)</p> <p>12-2B Review of supervision records- at least one per worker (and supervisors who carry a caseload)</p>	<p>The site ensures all direct service staff reflective supervision pertaining to their work and are provided opportunities for skill development and professional support to continuously improve the quality of their performance. This would include supervisors who carry a caseload</p>	<p>3 2 1</p>	

<p>CA Q 4.5 (16 of 16) Family Rights and Confidentiality (Essential)</p> <p>GA-3A Policy</p>	<p>The site has policy and procedures and appropriate form for timely communication with families about 1) their rights and confidentiality, 2) consent procedures when family information will be shared with another entity, and 3) the process for making a complaint. The policy and procedures also indicate when forms are to be completed and the process for addressing any complaints, if received.</p>	<p>2 1</p>	
<p>CA Q 4.5 (16 of 16) Family Rights and Confidentiality (Essential)</p> <p>GA-3B documentation request one per worker signed by family. Review to ensure all components listed here are included on the form</p>	<p>The site ensures that all parents are notified and receive a copy of family rights and confidentiality at the onset of services, both verbally and in writing. Documentation that the rights and confidentiality assurances were reviewed with the families is placed in the participant file and a copy is provided for the family to keep. At a minimum these forms include the following:</p> <p>Family Rights</p> <ul style="list-style-type: none"> • The right to be treated fairly, with courtesy and respect • the right to decline service (voluntary nature) • the right to be referred, as appropriate, to other service providers • the right to participate in the planning of services to be provided • the right to a complaint, who to contact should the need arise including the phone number or contact information and the process and timeframe associated with response and resolution <p>Confidentiality</p> <ul style="list-style-type: none"> • the manner in which information is shared, with whom and the process for release of information forms to be signed when exchanging information to make reports to funders, evaluators or researchers (typically in aggregate format) • the circumstances when information would be shared with consent (e.g. for purposes of referral or if participating in a research or evaluation study where identifying information is shared, or when data is required by funders or model developer includes identifying information) <p>the circumstances when information is shared without consent (i.e., need to report child abuse and neglect</p>	<p>3 2 1</p>	

<p>GA-7A</p> <p>HFAST-SPR You can review the site's Site Profile Report (SPR) in HFAST to ensure that it is completed (at least 90% is the requirement) due February of each year</p>	<p>The site ensures that all HFA required data pertaining to the site staff and participants is provided as specific</p>	<p>Y N</p>	
<p>CA Q-3</p> <p>Policy and Procedure Manual Review</p> <p>Interviews with staff on input into procedures, how they learn of policy and practice changes</p>	<p>The Central Administration reviews the HFA Policy and Procedure Manual of each site initially and with any changes made thereafter to ensure policies and procedures are comprehensive, up- to- date, and consistent with overall policies of the multi-site system and HFA BPS. Sites are aware of the criteria for this review and how feedback is provided</p> <p>Has the program sent updated procedures to OCFS for review (these include policies that the program may have updated and also the policies that have been finalized based on BPS Manual 8th edition</p>	<p>Y N</p>	
	<ul style="list-style-type: none"> CHILD WELFARE PROTOCOL APPROVED SITES 		
<p>CA Q 4.7 CWP specific</p> <p>1-1B Establishing Organizational Relationship-Review CWP MOU to be sure it includes the CWP specific info (see HFNY sample MOU) and has been signed within the last 12 months</p>	<p>For sites approved to use the HFA Child Welfare Protocols, a formal Memorandum of Understanding (MOU) between the site and local child welfare agency/office has been established and renewed annually.</p>	<p>2 1</p>	

<p>CA Q 4.7 CWP Specific</p> <p>Initiation of referral from Child welfare- review CWP families to ensure referral was initiated by Child Welfare (referral form states referral from child welfare) (one per worker)</p>	<p>Families identified as Child Welfare Protocol have a referral that was initiated by Child Welfare</p>	<p>Y N</p>	
<p>CA Q 4.7 CWP Specific</p> <p>1-3B Timing of the first home visit</p>	<p>For Child Welfare Protocol, the first home visit occurs prenatally or within the first 24 months</p>	<p>3 2 1</p>	
<p>CA Q 4.7 CWP Voluntary Nature</p> <p>3-1B review CWP referred families' rights and confidentiality form outreach brochures that state services are voluntary- family files/HV logs- staff interviews to ensure services are being offered voluntarily.</p>	<p>The site's practices ensure services are offered to families on a voluntary basis</p>	<p>3 2 1</p>	
<p>CA Q4.7 Length of Service CWP are offered for a minimum of 3 years</p> <p>4-3B Services are offered for at least 3 years- Review CWP families to ensure services are offered for a minimum of 3 years</p>	<p>Services are offered to CWP families for a minimum of three years</p>	<p>3 2 1</p>	
