**Annual Service Review and Equity Plan Review Tool**

The Following should be used when reviewing a Healthy Families New York Program Annual Service Review (ASR).

**Agency/ Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contract#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contract Period\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Note:** The following Standards do not have a narrative: Standard 2, Standard 4

The following bulleted items are to be included in the narrative for each section listed.

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| Information needed | DEIB Focus Questions considered (Y/N)  | ✓ |  Comments  |
|  | **Standard 1 – Initiate Services Early** |
| **Program Eligibility Criteria 1-1. A**Includes a description of the site’s eligibility criteria (Boiler plate language from HFNY: *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.* how these criteria were selected,
* the defined service area (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)
* 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).
* Information on data utilized from one or more sources
* Does program’s narrative include any consideration of the DEIB focus questions?
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| **Referring Organizations 1-1.B** * Identifies 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.)
* Does program’s narrative include any consideration of the DEIB focus questions?
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| **Tracking Referrals and Site capacity 1-1.C**Includes * the number of families identified or referred by each referral source, and their eligibility status.
* The number of enrolled families at the beginning of the contract period.
* How many families were discharged in the contract period?
* The number of enrolled families at the end of the contract period?
* Analysis of data and plan with specific strategies to fill available slots or reduce gaps in service availability for the upcoming year.
* how the demographic and social factors of the families enrolled compare to your program’s defined service area.
* Does program’s narrative include any consideration of the DEIB focus questions?
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| **Initial Engagement Process 1-2.B**Includes the following information* 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.
* Does program’s narrative include any consideration of the DEIB focus questions?
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| **Initial Engagement Process- Developed Strategies 1-2.C**Strategies Developed (based on data from 1-2B) to improve the initial engagement process with families reducing barriers to ensure equitable access to HFNY services.Based on your review of developed strategies, does it appear that the program considered the following: 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?* Does program’s narrative include any consideration of the DEIB focus questions?

**Please note**: Strategies do not need to be applied if 90% or more of families referred received initial contact and were offered services.  |  |  |  |
| **Measure Acceptance Rate 1-4.A*** Describe 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. Boilerplate language included: *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.*
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| **Acceptance Analysis 1-4.B**\*\*For sites with 50 or more familiesAnalysis of data from all families who were offered services during at least the most recent year. Analyze both formally and informally:* Families who refused services in comparison to families who accept services.
* 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).
* The reasons why families decline enrollment.
* An informal analysis should be a narrative regarding discussions with staff in team meetings, supervision, and Advisory Board meetings).
* Does program’s narrative include any consideration of the DEIB focus questions?

**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 sites not required to complete an Acceptance Analysis, submit a narrative describing the reason for exemption. |  |  |  |
| **Acceptance Analysis 1-4.B**\*\*For smaller sites with less than 50 families* The number of families offered services within the two-year period
* Informal data about families who refuse services or accepts services (discussions with staff in team meetings, supervision, and Advisory Board meetings)
* Reasons why families are not accepting services
* Does program’s narrative include any consideration of the DEIB focus questions?

**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 sites not required to complete an Acceptance Analysis, submit a narrative describing the reason for exemption. |  |  |  |
|  | **Standard 3 – Offer Services Voluntarily** |
| **Measure Retention Rate 3-4.A**Describe the 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. Boilerplate language included: *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* |  |  |  |
| **Retention Analysis 3-4.B**\*\*For sites with 50 or more families over a two year periodAnalysis of 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).* Families who remain in services in comparison to families who leave.
* 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).
* The reason why families leave.
* Does program’s narrative include any consideration of the DEIB focus questions?
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| **Retention Analysis** **3-4.B**\*\*For sites with less than 50 enrolled families at any one time over a two-year period* The maximum number of families that were enrolled at any one time.
* Informal data about families who leave service or are retained.
* Reasons why families are leaving services
* Informal data and reasons why families are leaving services. Include the maximum number of families that have been enrolled at any one time.
* A description of how the program is addressing its retention rate based on the analysis of factors identified.

**Please note:** For sites not required to complete Retention Analysis, submit a narrative describing the reason for exemption.  |  |  |  |
|  | **Standard 6. Promote PCI, Childhood Growth & Development, Standard 7. Health Care and Community Resources, Standard 10. Model Specific Training & Standard 12. Reflective Supervision.** |
| ***Performance Targets**** *How program monitors well childcare visits*
* *strategies developed to address barriers identified with well childcare target achievement and any strategies that have been implemented.*
* *barriers identified in meeting performance targets*. Did the program list out (provide narrative) on the targets they’re NOT meeting?
* Does program’s narrative include any consideration of the DEIB focus questions?
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| **Performance Indicators*** 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
* Did the program list out P.I’s achieved and not achieved?
* Does program’s narrative include any consideration of the DEIB focus questions?
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|  | **Standard 5 – Diversity, Equity and Inclusion** |
| **Family & Staff Input 5-4.A** * 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.
* feedback gathered includes information about the use of curricula and program materials.
* 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
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| **Equity Plan Essential Standard 5-4.B*** 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)
* Areas of opportunity for growth or improvement
* Source of information
* Strategies to address areas for growth
* Timeline for implementation
* Dates and implementation notes (if available)
* Based on review of program’s equity plan, does it appear that the plan was developed based on consideration of DEIB focus questions in narratives throughout their ASR?

**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.  |  |  |  |
| **Equity Plan Review with Community Advisory Board and Staff 5-4.C*** Please note: For this year’s review of 5-4C, programs only have to provide narrative on the highlighted bullet. (They developed strategies in their Cultural Analysis Plan from last year).
* 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
* Areas of opportunity for growth or improvement
* Source of information
* Strategies to address areas for growth
* Timeline for implementation
* Dates and implementation notes (if available)
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|  | **Standard 9 – Service Providers Selection** |
| **Staff Retention and Satisfaction 9-4*** indicate factors associated with staff who have left along with satisfaction feedback from existing HFA staff.
* 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
* 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.
* 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.
* Include strategies developed for staff retention based on what was learned from retention and satisfaction data.
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|  | **Standard 10 – Model Specific Training** **Standard 11 – Training to Fulfill Job Functions** |
| * trainings provided to staff that were relevant to your site’s target population throughout the year.
* provide a list of trainings provided to staff related to Child Abuse and Neglect
* 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.
* Does program’s narrative include any consideration of the DEIB focus questions?
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|  | **Governance and Administration** |
| **Organization and Function of Community Advisory Board (GA-1A)**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)** * roster for your community advisory board which includes organization affiliation(s)
* summary of skills, knowledge, and abilities to effectively serve the interest of the community
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| **Program Manager and Community Advisory Board Work Effectively (GA-1C)**Describe 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.* Does program’s narrative include any consideration of the DEIB focus questions?
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|  | **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. |  |  |  |