

HFNY Accreditation 101

BPS 4 and 5







April 5, 2023

Today's agenda Questions you may be asking yourself...

- So, when is my self-study due?
- What do I need to know for BPS 4?
- What do I need to know for BPS 5?
- What should I do by my next office hours?
- What should I do by our next 101 workshop?

REMEMBER at this time we are working on preparing our **self-study ONLY**! Site visit preparation (file review and interviews) will occur between February 2024 – May 2024



RADICAL SELF CARE

"ANYONE WHO IS INTERESTED IN
MAKING CHANGE IN THE WORLD,
ALSO HAS TO LEARN HOW TO TAKE
CARE OF HERSELF, HIMSELF,
THEIRSELVES...IT MEANS THAT WE
ARE ABLE TO BRING OUR ENTIRE
SELVES INTO THE MOVEMENT...IT
MEANS A HOLISTIC APPROACH."

- ANGELA DAVIS (AFROPUNK FESTIVAL 2018)



What is Radical Self-Care?

"Radical self-care was and is an imperative practice to resist pressures to comply, conform, and above all, to remain true to our authentic selves. Radical self-care involves embracing practices that keep us physically and psychologically healthy and fit, making time to reflect on what matters to us, challenging ourselves to grow, and checking ourselves to ensure that what we are doing aligns with what matters to us. We consider this self-care "radical" because it fundamentally alters how we make choices about allocating time, money, and energy for ourselves personally, at home, and at work and seeks to revolutionize our workplace practices. Practiced faithfully, radical self-care involves owning and directing our lives and choosing with whom, how, and how often we engage in our nested, interconnected worlds so that we can be unapologetically ourselves in the face of unrelenting pressure and expectations to be otherwise." (Nicol & Yee, 2017, p. 134) Office of Children

HFNY Accreditation Timeline UPDATE

2023												2024	
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Accreditation Standar of	Review current HFNY finalized Policies: Main planto updays site	Review narrative items; Update s leer_d	procedures,	Review analysis items; Make plan to improve performance	adherence,	Review finalized policies, site procedures, adherence:	Review finalized policies, sity procedures, adherence:	July contracts: Submit Self- Study to OCFS by 9/15	· · · · · · · · · · · · · · · · · · ·	Oct contracts: Submit Self- Study to OCFS by 11/1	Final Data Entry Incorporate CA feedback	Final Self- Study due to CA on 1/5/24	
Office Hours! Accreditation 101 Sessions	procedures as needed	1, 2, 3 Office Hours 3/15	4, 5 Office Hours 4/5	as needed Analysis + 9	6, 10, 11 Office Hours 6/7	12, GA Office Hours 7/19 -Noon	7, 8 Office Hours 8/16	Any Item Office Hoves 9/6	Open Office	Open Office Hours	to Self-Study		selected by HFA



New Timelines for your Self-Study



July Contract

Self-Study Due: 9/15/23

• **ASR:** Use 22-23

• Quarterly: Use Q4

Sept Contract

• Self-Study Due: 10/15/23

• ASR: Use 22-23

• Quarterly: Use Q4

Oct Contract

• Self-Study Due: 11/01/23

• **ASR:** Use 22-23

• Quarterly: Use Q4

Dec Contract

• Self-Study Due: 10/15/23

• **ASR:** Use 21-22

• Quarterly: Use Q3



Let's talk about BPS 4 and 5!



What do we include in the self-study?

Self-Study: **BPS 4** –

Offer Services Intensely



4-2.A - Policy

4-2.B – Report

4-3.A - Policy

Complete

4-3.B - Report

4-4.A - Policy



What do we include in the self-study?

Self-Study: BPS 5 – Diversity, Equity, & Inclusion



5-2.A - Policy

5-3.A – Policy

5-4.A - Narrative

5-4.B – Equity Plan - Essential

5-4.C – Equity Plan & Narrative

0%

Complete

First Essential Standard in your self-study!



BPS 4: Offer Services Intensely

Supporting Families Right From the Start





What do we include in the self-study?

Self-Study: BPS 4 –

Offer Services Intensely

4-1.A – **Policy**: Site offers weekly home visits at onset of services

4-2.A - Policy: Levels of service

4-2.B – **Report** (also has HFNY policy)

4-3.A – **Policy**: Families offered services a min of 3yrs after enrollment or birth

4-3.B - **Report**

4-4.A – **Policy**: Families planning to close services have a transition plan



4-1.A - What is needed for a "2"?

Policy and procedures specify the following:

- 1) Weekly visits offered at start of services
- 2) Weekly continued until progress is met
- Tracked in Site Visit. How else do you track it?



4-1.A – What is needed for a "2"? (cont'd)

HFNY site-specific procedures guidelines:

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



4-2.A - What is needed for a "2"?

Policy and procedures specify the following:

- 1) Defined service levels
- 2) Require use of HFA Level Change forms
- 3) Process for reviewing family progress
- 4) Involvement of family, FSS and supervisor
- Tracked in Site Visit. How else do you track it?



4-2.A – What is needed for a "2"? (cont'd)

HFNY site-specific procedures guidelines:

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



4-2.B - What is needed for a "2"?

Report indicating that...

- 75% of families receive at least 75% of home visits based on service level
- Tracked in ASR, Site Visit and Quarterlies.
 How else do you track it?



4-2.B - What is needed for a "2"? (cont'd)

HFA notes that....

This is a threshold standard, meaning to be in adherence a minimum threshold has been established (75% in this case).

When the site's annual data in the self-study falls below this threshold, Peer Reviewers or Panel will request more recent data.



4-2.B – What is needed for a "2"? (cont'd)

HFA also encourages sites to ...

Set goals/benchmarks (for Standard GA-2.B) when home visit completion rates fall below the 75% threshold, and supervision time should be used to focus on exceptions, reasons, and problem-solving strategies to increase completion rates.



HFA Documentation Requirement for 4-2.B

Submit home visit completion report for the most recent quarter which includes:

All active families by FSS including level of service, level changes that quarter, number of expected home visits that quarter and number of completed home visits that quarter (completed visits while on Level 1 or 1P may include one parent group per month or one multi-disciplinary team member visit per month when all requirements as stated in the intent are met). To calculate home visit completion:

- 1. Determine for each family over the course of a quarter the expected number of home visits (based on level of service alone).
- 2. Count the number of completed visits (while family is on active service level) for each family during the quarter.
- 3. For each family calculate: #2 (completed visits) divided by #1 (expected visits).
- 4. Count the total number of active families.
- 5. Subtract from #4 (total active families) the number of families who were on creative outreach for the entire quarter.
- 6. Count the number of active families who received at least 75% of expected home visits.
- 7. Program HVC rate is calculated by taking #6 (number of active families who received at least 75% of visits) divided by #5 (active families minus CO entire quarter).



Please Note: An HFA Spreadsheet is available for this standard.

4-2.B - What is needed for a "2"? (cont'd)

Now lets look at two reports from MIS

Reports:

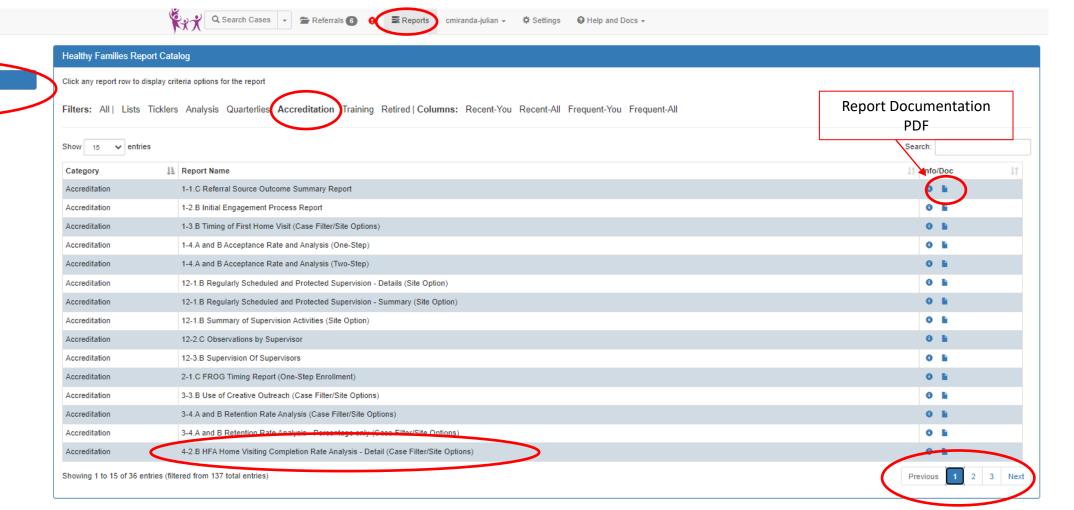
4-2.B HFA Home Visit Completion Rate Analysis – Summary

4-2.B HFA Home Visit Completion Rate Analysis Details by Worker by Case



Running the MIS Reports





Run Report

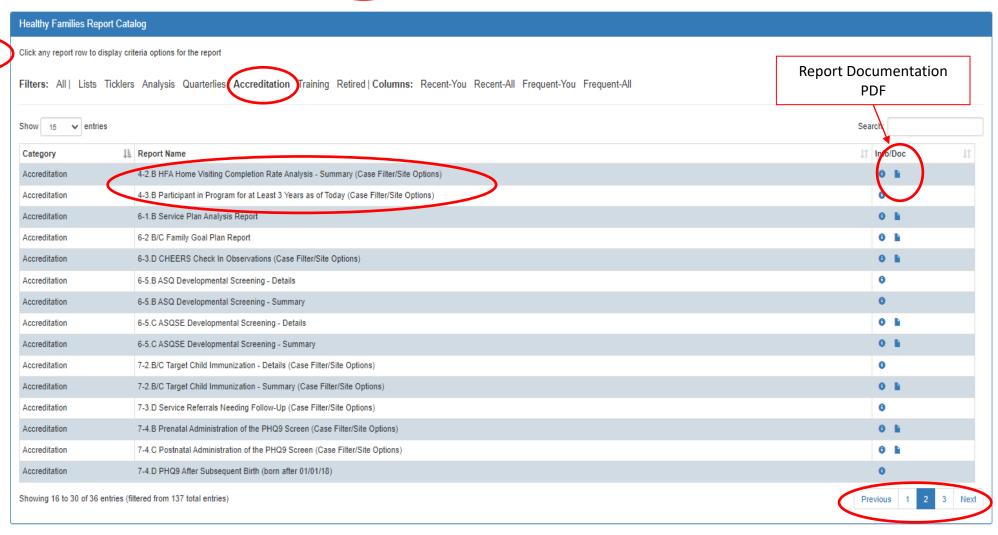
port Criteria





Run Report

Report Criteria





REPORT DOCUMENTATION

4-2.B HFA Home Visit Completion Rate Analysis - Summary

Report Purpose and Description: This report is designed to demonstrate HFA Best Practice Standards accreditation evidence to address that standard 4-2.B is met. It does this by analyzing Home Visits to determine the rate of completed visits by case, worker, and overall program. Cases are scored based on Achievement Rate (Actual Visits divided by Expected Visits) and a summary of the distribution of scores is displayed

Cohort: Participants served (Intake date is not empty and is less than or equal to the end date of the report and Discharge Date is empty or greater than the end date) between the start and end dates

From [StartDate] to [EndDate] Selectable dates; all data within this report will be given for this custom period unless otherwise noted

Program(s): Name(s) of program(s) included in this run of the report (Only CA/Admins can select multiples)

Supervisor Name: If selected, report is filtered to only cases assigned to the selected supervisor's supervised workers

Worker Name: If selected, report is filtered to only cases assigned to the selected worker

Site Filter(s): The site filters selected from the criteria options, which will filter the report for only that site

Case Filter(s): The case filters selected from the criteria options, which will filter the report to cases that match Report Run Date: The date and time that the report was run

Summary: The numbers of cases with scores 3, 2, and 1. The percent of cases achieving score 2 or 3.

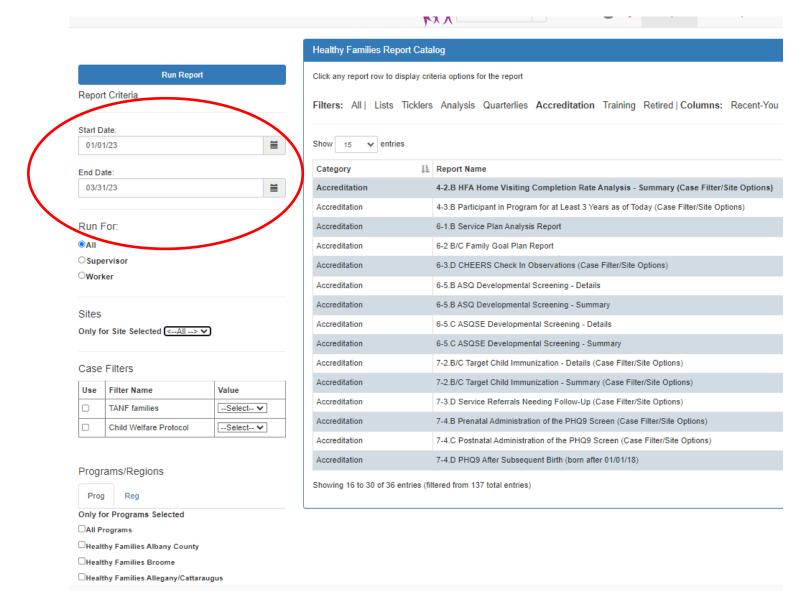
Columns

Worker Name: The name of the worker being evaluated in this row.	Cases used in this report: The number of cases that are being assessed for the worker.
Expected Visits: The number of visits anticipated for this worker's cases used in the report. Expected Visits are rounded down. Time on Level CO is not calculated in the number of Expected Visits.	Actual Visits: The number completed home visits for this worker's cases that were approved by a supervisor. FROG visits that were not marked as "attempted" will count toward this number.
Cases Achieving Score = 3: The number of cases that scored as a 3 for the standard.	Cases Achieving Score = 2: The number of cases that scored as a 2 for the standard.
Cases Achieving Score = 1: The number of cases that scored as a 1 for the standard.	Overall Score: The worker's overall score for the standard. Calculation: • 3: 90% or greater of cases receive a 2 or a 3. • 2: 75% up to 90% of cases receive a 2 or a 3. • 1: Less than 75% of cases receive a 2 or a 3.
% of cases achieving score 2 or 3: The total percentage of cases for the worker that have a score of 2 or 3.	



Let's run MIS report 4.2-B – Home Visit Completion Rate Analysis – Summary first







Healthy Families New York / Home Visiting

Best Practice Standards Accreditation Evidence

4-2.B HFA Home Visit Completion Rate Analysis - Summary

Cohort: Participants Served from 10/01/2022 to 12/31/2022

3-month period

Site: <--All -->

Case Filters used: <-- None -->

		Expected Visits **	Actual Visits	Cases Achieving Score = 3	Cases Achieving Score = 2	Cases Achieving Score = 1	Overall Score	% of cases achieving score 2 or 3	
	18	95	94	14	3	1	3	94%	
	16	66	59	12	3	1	3	94%	
	20	86	78	16	2	2	3	90%	Just meeting and very
- 6 FSS	17	92	74	7	6	4	2	78%	close – monitor!
	15	64	45	8	2	5	1	67%	
	13	90	81	9	4	0	3	100%	
	99	493	431	66 (67%)	20 (20%)	13 (13%)	2	87%	
		16 20 17 15 13	18 95 18 95 18 66 20 86 - 6 FSS 17 92 15 64 13 90	this report * Visits ** Visits 18 95 94 16 66 59 20 86 78 17 92 74 15 64 45 13 90 81	Cases used in this report * Expected Visits ** Actual Visits Score = 3 18 95 94 14 16 66 59 12 20 86 78 16 6 FSS 17 92 74 7 15 64 45 8 13 90 81 9	Cases used in this report * Expected Visits ** Actual Visits Achieving Score = 3 Achieving Score = 2 18 95 94 14 3 16 66 59 12 3 20 86 78 16 2 6 FSS 17 92 74 7 6 15 64 45 8 2 13 90 81 9 4	Cases used in this report *	Cases used in this report * Expected Visits ** Actual Visits Achieving Score = 3 Achieving Score = 2 Achieving Score = 1 Overall Score 18 95 94 14 3 1 3 16 66 59 12 3 1 3 20 86 78 16 2 2 3 6 FSS 17 92 74 7 6 4 2 15 64 45 8 2 5 1 13 90 81 9 4 0 3	Cases used in this report *

Standard Met

3 90% or greater of cases receive a 2 or a 3

2 75% up to 90% of cases receive a 2 or a 3

1 Less than 75% of cases receive a 2 or a 3

* Cases with less than one expected visit or those on Level CO for the entire period are not included in the "Cases Used in this Report" column. Those cases transferred to a different worker in the period will appear in multiple workers' case counts.

** Rounded Down

Page 1 of 1 Printed: 04/03/23

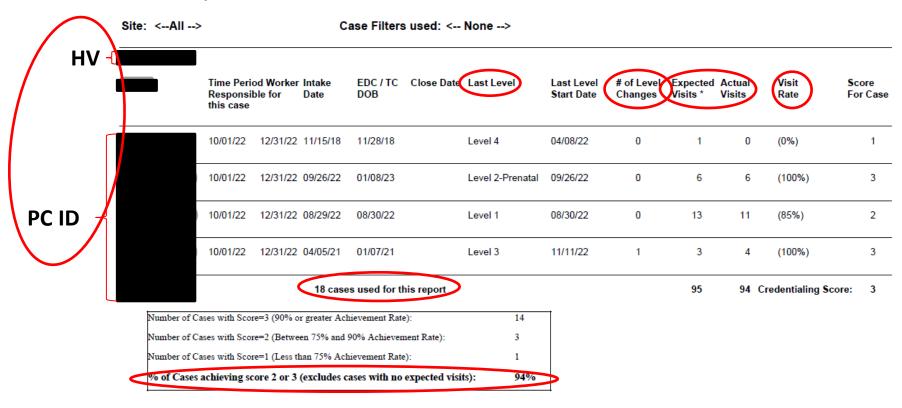


Healthy Families New York / Home Visiting

Best Practice Standards Accreditation Evidence

4-2.B HFA Home Visit Completion Rate Analysis Details by Worker by Case

Cohort: Participants Served from 10/01/2022 to 12/31/2022



^{*} Expected Visits are rounded down. Time on Level CO is not calculated into the number of Expected Visits. A "Score for Case" of 0 indicates the Expected Visits are less than 1. One participant may appear on more than one worker's report if a worker assignment changed during the period.

Page 4 of 22 Printed: 04/03/23



4-3.A – What is needed for a "2"?

Policy and procedures specify the following:

1) Services are offered for a minimum of three years* after enrollment or birth, whichever is later (with exception of families in HFA Accelerated, if implementing)

*Services will be offered for a minimum of 3 years regardless of age at intake (CWP) – not a concern with HFNY as we offer service through first 5 years of a child's life.

Tracked in Site Visit. How else do you track it?



4-3.A – What is needed for a "2"? (cont'd)

HFNY site-specific procedures guidelines:

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



4-3.B — What is needed for a "2"?

1) Services are offered for a minimum of three years after enrollment or birth, whichever is later (with exception of families in HFA Accelerated, if implementing) (3 rating)

OR

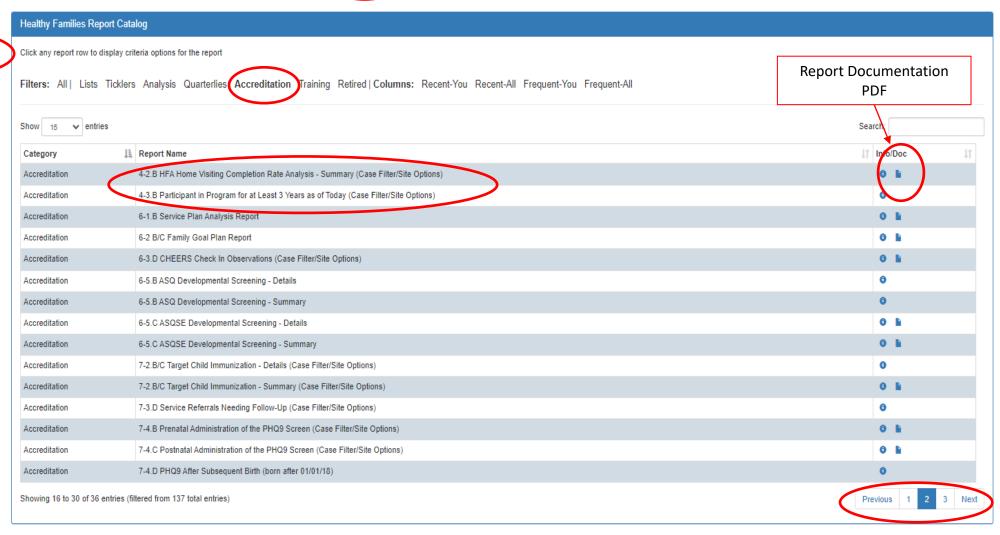
- 2) Past instances may have occurred when above did not occur; however, recent practice indicates the site is offering services for a minimum of three years; or the site has not yet been in operation for 3 years (2 rating)
- Tracked in ASR and Site Visit. How else do you track it?





Run Report

Report Criteria





Healthy Families New York / Home Visiting Best Practice Standards Accreditation Evidence

4-3.B Participants Enrolled in Program for at Least 3 Years as of 4/4/2023

Cohort: All enrolled participants

Site: <--All --> Case Filters used: <-- None -->

PC1 ID Intake Date Close Date Program On	Outcome
02/13/2004 01/05/2009 59 Fa	Family Has Met Program Goals
08/11/2016 02/01/2020 42 Fa	Family Has Met Program Goals
04/28/2014 12/02/2019 68 Fa	Family Has Met Program Goals
06/11/2011 01/05/2017 67 Fa	Family Has Met Program Goals
07/22/2004 01/07/2009 54 Fa	Family Has Met Program Goals
03/15/2002 01/02/2007 58 Fa	Family Has Met Program Goals
10/14/1997 06/26/2003 68 Fa	Family Has Met Program Goals
09/18/2013 04/06/2017 43 Fa	Family Has Met Program Goals
04/13/2004 07/18/2008 51 Fa	Family Has Met Program Goals
04/20/2001 12/13/2004 44 No	No FRS/FSS Available to Speak Participant's Language



4-4.A - What is needed for a "2"?

Policy and procedures specify the following:

- 1) Documentation of a transition plan
- 2) Reason for planned closure
- 3) Date discussed with family
- 4) If family declines
- 5) Family, FSS, and supervisor are involved
- 6) Sufficient time allotted (typically 3-6 mos.)
- 7) Resources/services identified
- 8) Steps to obtain resources/services
- 9) Follow-up with resources and assist with transition

Tracked in Site Visit. How else do you track it?



4-4.A – What is needed for a "2"? (cont'd)

HFNY site-specific procedures guidelines:

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



BPS 5: Diversity, Equity, & Inclusion

Supporting Families Right From the Start





What do we include in the self-study?

Self-Study: BPS 5 – Diversity, Equity, & Inclusion 5-1.A – Policy: Strengthening staff skills for authentic relationships

5-2.A – Policy: Family Partnership

5-3.A – Policy: Community level advocacy

5-4.A - Narrative

5-4.B – Equity Plan - Essential

BPS 5-4: Equity Strategies

5-4.C – Equity Plan & Narrative



BPS 5-1.A – What is needed for a "2"?

Policy and procedures/written guidance, including team commitments or ground rules regarding:

1) Expectations for staff interactions

and

2) Professional development and supervision expectations, to ensure staff have the resources needed to strengthen their relational skills.



HFNY Site Specific Procedures

STAFF INTERACTIONS:

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

STAFF PROFESSIONAL DEVELOPMENT NEEDS:

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

SKILL DEVELOPMENT IN SUPERVISION:

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



What are community agreements?

Agreements are an aspiration, or collective vision, for how we want to be in relationship with one another. They are explicitly developed and enforced by the group, not by an external authority, and as such must represent a consensus.

Community Agreements will represent the unique culture and values that exist among staff members. Community agreements are an opportunity for your team to be intentional in creating safe and supportive spaces in supervision, team meetings and peer-to-peer interactions, which enable a greater likelihood for honest, respectful and brave conversations to occur.



Developing community agreements

It is important to remember:

- This will look **DIFFERENT** for every program!
- You know your staff best, how you approach this process should be based on how your team prefers to engage in collaborative work.
- How we interact with our peers, models how relationships should be; program culture will shape the relationships between home visitors and families.

Ideas for facilitating this process:

- Independent reflection
- Using existing community agreements as a template / jumping off point
- Facilitating open discussion
- Mixed method approach



BPS 5-2.A – What is needed for a "2"?

Policy /written guidance describing intention and expectations for family partnership that:

- 1) Honors diverse family structures
- 2) Seeks inclusivity in all aspects of work
- 3) Elevates family voice



Good news is – you're already doing this!

In the HFNY site specific procedures, for the most part, you are being asked to describe what you're already doing:

- How are staff trained / oriented to the sites intention and expectations of engaging with families?
- How do staff use reflective conversation and practices to learn about a families unique culture – right from the start?
- What does the complaint / grievance process look like for families related to their interactions with staff?
- What are the mechanisms your site uses to gather feedback from families related to DEIB issues impacting families?

Professional Development and Supervision procedures are embedded in 11-4 and 12-2.A

BPS 5-3.A – What is needed for a "2"?

Policy/written guidance reflects how it advocates at the community level and with the Community Advisory Board (CAB) for those served and employed to:

- 1) Identify and address existing barriers
- 2) Increase equitable access to services
- 3) Ensure diverse representation in staff and materials
- 4) Meet cultural and language needs of families and staff



Things to remember

- HFA does not expect you to achieve systematic or community wide change, they expect you to acknowledge what barriers exist for those served and employed by your program and be a voice that RAISES these issues to community and organizational partners that have greater power to leverage change.
- Your ASR and Equity Plan set you up to think about, what program and community data, and feedback from staff and families, tells you about the issues related to DEIB which exist within your community.
 - Updated ASR guidelines will include guiding questions in each section that help encourage you to think about how the data / topic relates to DEIB.
- When you identify service barriers that exist for your HFNY program specifically, the efforts to address these will be tracked within Quarterly Reports.
 - This could mean increasing language capacity among staff, filling vacancies, accessing materials or curriculum in appropriate languages, etc.

BPS 5-4.A – What is needed for a "2"?

Narrative of survey results and data collection process

- 1) Obtain input from current families/staff
- 2) Includes former families/staff (3 rating)
- 3) Input on Standards 5-1, 5-2, and 5-3
- 4) At least once annually
- (1, 3, and 4 for a 2 rating)

Submit a narrative summary of most recent efforts to obtain meaningful feedback from parents/ caregivers and staff. Include a summary of findings: summarize patterns and trends, strengths and challenges.



Does staff survey include aspects of BPS 5-1?

1) Expectations for staff interactions and

2) Professional development and supervision expectations, to ensure staff have the resources needed to strengthen their relational skills.



Possible questions:

- 1. Do you feel supported by your colleagues?
- 2. Do you feel comfortable sharing your opinions and feelings with your team?
- 3. Do you feel heard and supported by your supervisor?
- 4. Do you feel your training needs are met?
- 5. Are you offered training and supervision opportunities that help develop the skills you need to work with families from diverse backgrounds?

Does your family survey include aspects of BPS 5-2?

- 1) Honors diverse family structures
- 2) Seeks inclusivity in all aspects of work
- 3) Elevates family voice



Possible questions:

- 1. Do you feel heard and supported by your home visitor?
- 2. Does your home visitor regularly follow your lead during home visits?
- 3. Do you and your home visitor often talk about your strengths?
- 4. Do you feel materials used during your home visits capture your family's culture and characteristics?



BPS 5-4.B – What is needed for a "2"?

Equity Plan (Essential Standard)

- 1) Summarizes and incorporates input from families/staff from 5-4.A
- 2) Strategies based on input
- (1-2 for 2 rating)

AND

3) Summary from formal DEIB assessment tool (3 rating)



Let's review some Equity Plans



Babyville Summary of Input

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):

Staff surveys were completed this year.

- 100% of staff responded "strongly agree" to the following questions:
 - The site provides training on topics that help me support the families I work with.
 - The site provides training specific to the unique characteristics of families I serve
 - Supervision helps me determine ways to work with challenging families and situations
 - My supervisor respects me based upon my unique characteristic and learning style and interacts with me in ways that support my ongoing training and development.
 - The site supports me in a way that allows me to express what is important to me based upon my cultural beliefs and traditions
 - The site supports me in honoring the cultural beliefs of my families without compromising my own cultural beliefs.
 - My opinions and suggestions are as important to site leadership as other staff members.
- 100% of staff responded "strongly agree" to the following questions:
 - A variety of curricula is available to meet needs of families, including language.
 - I feel the materials I share with families represent their varying racial and ethnic backgrounds
 - The materials I share are interesting, easy to understand, help to encourage parent-child interaction.



Babyville Equity Plan Example



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)
There is a need for community resources to obtain better jobs, affordable babysitting services (especially for single parents), and ways to donate their children's clothes after they outgrow them	Focus Groups	 Staff will research if there is an existing website or guide that compiles available community resources. The Advisory Board will discuss this in an upcoming meeting to identify resources/advocacy opportunities The Program Manager will present this need during an upcoming meeting of Babyville's Diversity, Inclusion and Equity Community Advisory Council 	By the end of the current calendar year	
Every family should make their own choice about who to include in visits.	Focus Groups	 Staff will discuss this in an upcoming team meeting. When scheduling the initial visit with the FSS, staff will ask the family who they'd like to include in visits. Staff will update the Family QA Call form to include a question asking how families are feeling about this and if there is anyone <u>else</u> they'd like to include in visits. 	By the end of the current calendar year	
Include more information for fathers during home visits – even if they aren't present for the visit	Focus Groups	 Staff will review materials to determine if additional father-specific resources are needed. Staff will talk with families to see if they would like an extra copy of information to be provided for involved fathers that are not present in visits The Advisory Group will discuss this to determine how other community partners are addressing this in their programs. 	By the end of the current calendar year	

Virginia Partial Summary of Input

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

TA/QA feedback

Through the work from the past year, team discussions and feedback from sites, the TA/QAs would like to see a continued efforts of:

- Providing links to equity training opportunities in HFV Friday e-mails
- Participating in FFV's DEI journey (completing The Racial Healing Handbook and engaging in conversations about our individual equity journeys)
- Devoting a portion of each Network and Director's Meetings (FSS, FRS, PS, and PM) to DEI
- Revising our QA Site Visit forms to elicit thoughts/feelings/practices around DEI
- Advocating for health/medical inequities for women of color.



BPS 5-4.B – Virginia

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)
Ensure that Healthy Families is effectively recruiting, engaging and serving well Virginia families	HFV CAP - Advisory Board feedback	Contract with Dialectix for a DEI Assessment for HFV and their services • All Central Administration work/staff • Pilot Focus groups with MIECHV sites	Spring/Summer 2022	 HFV Equity Assessment complete CQI process begins Evaluation shaped
The TA/QAs our personal DEI journeys and ability to support sites in that work.	HFV CAP	A central administration staff person will be a standing member of the DEI committee Participating in FFV's DEI journey (completing The Racial Healing Handbook and engaging in conversations about our individual equity journeys)	Ongoing	TA/QA began membership in 2020 All Ta/QAs have participated in FFV work over the past 2 years.
Advocate for policies that address and help remediate the increased number of health disparities in Virginia	HFV CAP	Worked with Families Forward Virginia and Voices for Virginia to promote not only home visiting with the legislators but also a number. of other family issues/bills.	Winter 2021/2022	January 2022, HFV families and staff (in partnership with other HV models), met virtually with VA legislatures to talk about what Virginia families need. FFV Policy agenda included: Improving and Expanding Maternal and Infant Health Services Reforming Child Welfare System Strengthening Economic Supports to Families Supporting Parental Resilience and Success Changing Social Norms to support parents and positive parenting
Continue to find avenues to promote a more equitably remunerated and stable workforce	HFV Strategic Plan	Advocate for equitable salaries (ALICE) for all levels of HFV positions Advocate for equity in hiring and staff support in local programs, HFV and the State	Ongoing	

HFNY Central Administration Equity Plan 2023



HFNY 2023 Equity Plan

Areas of Opportunity for Growth or Improvement

- Expand CA's understanding about DEI, self-awareness regarding DEI topics, and ability to advocate and support change within the HFNY multi-site system
- Evaluate progress and explore new opportunities for growth to better support all programs to achieve DEI goals
- 3. Expand system-wide knowledge about DEI (e.g., creating safe spaces, guidance on having difficult conversations, implicit bias training)
- 4. Evaluate existing programmatic barriers to following DEI tenets
- 5. Incorporate lived experiences into all staff trainings (i.e., CORE, FROG, and ToL)



Describe area of opportunity for growth or improvement	Source of Information	Strategies to address this area	Timeline for Implementation	Dates and Implementation Notes
Expand CA's understanding about DEI, self-awareness regarding DEI topics, and ability to advocate and support change within the HFNY multisite system	CA Feedback; CA Survey (2021)	1.Entire CA team to participate in Diversity Informed Tenets training2.Develop a continuous learning plan	Spring 2023	



Describe area of opportunity for growth or improvement	Source of Information	Strategies to address this area	Timeline for Implementation	Dates and Implementation Notes
Evaluate progress and explore new opportunities for growth to better support all programs to achieve DEI goals	CA Feedback; REaCH Feedback, Program Feedback via Regional Meetings	 1.REaCH committee continues meeting on a monthly basis and reviews progress toward equity goals 2.Identify self-assessment tool and administer tool across the entire system 3.Analyze and present findings 	1.Ongoing 2.Spring/ Summer 2023 1.Fall 2023	F and Family Services

Describe area of opportunity for growth or improvement	Source of Information	Strategies to address this area	Timeline for Implementation	Dates and Implementation Notes
Expand system-wide knowledge about DEI (i.e., creating safe spaces, guidance on having difficult conversations, implicit bias training)	CA Survey (2021), REaCH Feedback, Program Feedback via Regional Meetings	 1.Conduct listening forums with staff across system 2.REaCH meetings to serve as an opportunity to explore resources 3.Create repository of resources for programs to use 	1.Ongoing2.Ongoing3.Summer 2023	



Describe area of opportunity for growth or improvement	Source of Information	Strategies to address this area	Timeline for Implementation	Dates and Implementation Notes
Evaluate existing programmatic barriers to following DEI tenets	CA Survey (2021), REaCH Feedback, Program Feedback via Regional Meetings	 1.REaCH to review MIS forms and provide feedback to HFNY CA 2.REaCH and QA/TA committee to review PI/PT and provide feedback to HFNY CA 	1.Winter 2023 2.Fall 2023	



Describe area of opportunity for growth or improvement	Source of Information	Strategies to address this area	Timeline for Implementation	Dates and Implementation Notes
Incorporate lived experiences into all staff trainings (i.e., CORE, FROG, and ToL)	CA Survey (2021), REaCH Feedback	 1.Review existing trainings and integrate HVs lived experiences into examples provided during trainings 2.Pilot changes with HFNY program staff 3.Incorporate staff feedback 	1.Summer 20232.Summer 20233.Fall 2023	



BPS 5-4.C – What is needed for a "2"?

Equity Plan Reviewed and Updated

- 1) Reviewed and updated annually by staff
- 2) Also reviewed by CAB (3 rating)
- 3) Strategies updated and revised based on feedback and lessons learned
- (1 and 3 for 2 rating)

Submit notes to illustrate review of the Equity Plan. 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.



BPS 5-4.C – Babyville



Review of Equity Plan (5-4.C)

The site's equity plan is reviewed and updated at least once annually 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):

To be completed in December of current year.

Date Equity Plan Updated or Additional Strategies developed:



Update!





HFNY Accreditation 2024 site

- Please sign up for an Outlook account if you do not have one yet (only PMs need to do this)
- Please add your new or existing Outlook email to the contact spreadsheet – this is needed to link you to our SharePoint site

 IT is currently building the site BUT we need to know where to send the link!



Follow this link to sign up for your NEW Outlook account:

https://outlook.live.com/owa/



Follow this link to share the email address you want linked to Share Point:

Outlook email for Share Point

Please remember if you agency already uses Outlook 365 then you can use your existing agency email. Only create a new account if your agency does not use Outlook. If you need to change the email on the spreadsheet, please feel free to do so.



What do I need to start doing now?

Supporting Families Right From the Start









First what do you have done?

Self-Study: BPS 4 & 5





By your next Office Hours session

- Review BPS 4 procedures and think about changes you may need to make
- Begin drafting your BPS 5 procedures and come prepared with questions
- Review your staff and family surveys to determine if they cover BPS 5 components
- Review your Equity Plan
- Start thinking about what you will include in your narratives for 5-4.A and C

By your next Office Hours session (cont'd)

 Reach out to your Accreditation PCM with any questions that can't wait

 Respond to any of your Accreditation PCM's requests (doodle polls, emails, phone calls, etc)

Make sure your Contract Date is updated in MIS



Policies



Remember that any changes/additions you make to your policies need to be approved by your OCFS PCM.



By our May 3rd Accreditation 101

 CREATE a brand new OUTLOOK account to access SharePoint if your agency does <u>NOT</u> use OUTLOOK

- Have anyone who will be helping you with accreditation watch this recording
- Reach out to your Accreditation PCM with any questions that can't wait for Office Hours or 101

Respond to any of your Accreditation PCM's requests



By our May 3rd Accreditation 101

- Review finalized HFNY policies for BPS 4 AND finalize your 5 procedures
 - Make any necessary changes to site procedures and submit them to your HFNY PCM for review
- Review Standard 9 (Analysis Standards will be reviewed at SLM on 5/2)
- Come prepared with any questions regarding BPS 1 5



We've got you!

https://www.facebook.com/reel/1235546340 501514?fs=e&s=TleQ9V&mibextid=0NULK w



Questions?

Claudia.Miranda-Julian@ocfs.ny.gov

Supporting Families Right From the Start



