# Healthy Families New York

# OCFS QA Site visit Tool

***Contract Information***

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

***Performance***

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| **Standard and Location** | **Standard Details** | **Notes** |
| CA Q 4.1 (1 of 5)1-1 A Reaching the target populationFound in Work plan and ASR | The site has a description of its target population and how the current target population definition was decided upon. The description includes data collected from one or more sources (community needs assessment, state rankings, census). | 321 |  |
| CA Q 4.1 (1 of 5)1-1B Reaching the target populationFound in work plan and ASR | The site identifies places where the target population is found, and the site has established organizational relationships with these entities for purposes of screening families and obtaining referrals (local hospitals, prenatal clinics, high schools, centralized intake systems). | 21 |  |
| CA 4.1 (1 of5)1-1C Reaching the Target populationFound in ASR and work plan | The site measures the number of families in the target population screened and referred for Healthy Families Services through its system of organizational relationships and develops improvement strategies. | 321 |  |
| Q 4.1 (2 of 5) Timing of Screening and Assessment1-2 C Timing of screeningMIS report 1-2C | Determination of eligibility for services occurs prenatally or within two weeks of the birth of the baby. | 321 |  |
| Q 4.1 (2 of 5) Timing of Screening and assessment2-2C Timing of assessmentReview policy, review assessments for completion date | The Parent Survey is administered within the time frame identified in the site’s policy and procedures. | 321 |  |
| Q 4.1 (3 of 5) Verbal, behavioral Acceptance Rates, Analysis1-2E- ASR | The site monitors families who verbally accept versus decline the offer of services subsequent to a positive assessment when the site uses assessment to determine eligibility. The site also identifies strategies to address any issues. | 321 |  |
| Q 4.1 (3 of 5) Verbal, behavioral, Acceptance Rates, Analysis1-4AASR | The site measures annually (with 12 consecutive months of data) the acceptance rate of families offered services using HFA methodology (based on receipt of the first home visit and using both numbers and percentages)  | 321 |  |
| Q 4.1 (3 of 5) Verbal, behavioral, Acceptance Rates, Analysis1-4BASR | For sites with 50 or more families offered Healthy Families Services over a 2 year period, the site comprehensively analyzes at least once every two years (both formally through data collection of demographic, programmatic, and social factors, and informally through discussions with staff and others involved in screening and assessment process) families who accept services compared to those who do not accept services (refused) among those determined to be eligible for services and the site also analyzes the reasons why families choose not to accept services. | 321 |  |
| Q4.1 (4 of 5) Timing of First Home Visit1-3BMIS repot 1-3B | The site’s practices ensure for families who accept services, the first home visit occurs prenatally or within the first three months after the birth of the baby. (please note premature language and transfer language in the standard) | 321 | 3-95%-100%2-80%-94%1-less than 80% |
| Q4.1 (5 of 5) Review of Voluntary Enrollment in Services3-1BReview materials that state services are voluntary- family files- staff interviews | The sites practices ensure services are offered to families on a voluntary basis. | 321 |  |
| Q4.2 (1 of 7) Family Retention Rates, Analysis3-4A MIS 3-4A | The Site Measures its retention rate using HFA methodology – first and last home visit of all who enrolled in a particular calendar or fiscal year- (see standard for more details). | 321 |  |
| Q4.2 (1 of 7) Family retention rates, analysis3-4BASR | Average and large sites with more than 50 families at any one time over the last 2 years will comprehensively analyze at least once every 2 years (both formally through data collection of demographic, programmatic and social factors, and informally through discussions with staff and others involved in site services) families no longer receiving services in comparison to families remaining in services. | 321 |  |
| Q4.2 (2 of 7) Home Visit Intensity Rates while on Level 14-1BMIS 4-1B | The site ensures families remain on a weekly home visiting level for a minimum of 6 months after the birth of the baby and develops strategies to improve if the rate is less than 90%. | 321 | 3-at least 90%2-past instances of less than 90% but strategies have been developed and most recent data shows 90%1-less than 90% and strategies have not yet been developed |
| Q4.2 (3 of 7) Use of HFA Service Plan6-1CReview Service Plan against the assessment (1 per supervisor) and HV note with the activity  | The FSS implements with the family over the course of services, the activities and strategies identified on the HFA Service Plan in an effort to build protective factors and to address the risk factors and stressors identified in the parent survey as well as parents risk factors/challenging issues (substance use IPV, cognitive impairment, MH issues) identified subsequent to the administration of the parent survey. | 321 |  |
| Q4.2 (4 of 7) Use of validated PCI tool6-3DMIS 6-3D | The site utilizes a validated PCI tool at least once annually (twice per year for MIECHV)  | 321 |  |
| Q 4.2 (5 of 7) Immunizations at 1 year7-2B- MIS report on Immunizations | The Site ensures immunizations are up-to-date for target children at one year of age.  | 321 | 90%-100% for a 380%-89% for a 2Less than 80% for a 1 |
| Q 4.2 (5 of 7) Immunizations at 2 years7-2C- MIS report on immunizations | The site ensures immunizations are up-to-date for target children at two years of age.  | 321 | 90%-100% for a 380%-89% for a 2Less than 80% for a 1 |
| Q4.2 (6 of 7) Use of Evidence Informed Curriculum6-4B MIS Approved Curriculum Monitoring report-dates for one year | Family Support Specialists build skills and shares information with families on appropriate activities designed to promote healthy child development and parenting skills | 321 | For a 3 -All families who have had 8 or more visits had curriculum sharedFor a 2- All families in the last 3 months who have had 8 or more visits had curriculum shared but before that not all families had curriculum.For a 1- All families who have had 8 or more visits have not yet had curriculum shared with them. (if there are 5 or less families without curriculum ask for an explanation about why curriculum was not shared and determine whether these reasons are valid to determine the score)  |
| Q4.2 (7 of 7) Monitor Linkage of target child to medical home7-1B MIS 7-1B- (default dates)  | Target children have a medical/health care provider. | 321 | 3-95%-100%2-80%-94%1-less than 80% |
| Q 4.5 (1 of 6) Professional and skill Development to Direct Service Staff12-2CInterviews, Review of supervision Notes, Quarterly report, staff surveys | The site implements supervision policy and procedures to ensure all direct service staff (FSS and FRS, interns, volunteers performing the same function) are provided with professional support to continuously improve the quality of their performance  | 321 |  |
| Q 4.5 (2 of 6) Professional and skill development provided to supervisors and program managers12-3B and 12-4BInterviews, Quarterly report, supervision notes, evaluations  | The site’s practice ensures supervisors and program managers receive regularly scheduled supervision, are held accountable for the quality of their work, receive skill development and professional support. | 321 |  |
| Q 4.5 (3 of 6) Supervisor involvement with the development and ongoing review of HFA service plan6-1BReview risk factors in the parent survey and the HFA service plan, review supervision notes (one service plan per supervisor) to look for the discussion of activities to address the risk | The supervisor and FSS review each family’s risk factors and stressors as identified in the parent survey as well as parent-child interaction/attachment concerns, parents risk factors/challenging issues (substance use, IPV, cognitive impairment, MH issues) identified subsequent to the administration of the parent survey and develop the HFA service plan with activities to address risk and build protective factors including plans to prioritize/place these activities, initially and during the course of services | 321 |  |
| Q 4.5 (4 of 6) Caseload Management8-1B Run MIS report 8-1B to determine if any FSS is over case weight  | FSS’s are within the caseload ranges, as stated in standard 8-1A. (see formula in the standard)  | 321 | Sites cannot be over case weight more than 3 consecutive months |
| Q 4.5 (5 of 6) Staff surveys or interviews with staff12-2C,12-3B,12-4B Review one survey per workers <1yr.Interview staff, supervisors, and program managers to discuss their supervision and professional development  | Utilize interview questions to determine that staff are receiving support, professional development opportunities, skill development, and are held accountable for their work. | YN |  |
| Q 4.5 (6 of 6) Supervisor support of CHEERS process (SS standard)6-3E Review Supervisors notes to see that CHEERS is discussed and concerns regarding PCI are discussed and addressed using reflective strategies (service plan) | Supervisors support home visiting staff in the assessing (through use of CHEERS and a validated PCI tool), addressing concerning parent-child interactions, and promoting parent- child interactions, attachment and the development of nurturing parent-child relationships and support  | 321 |  |
| Q 4.6 Safety and Sentinel Standards9-3B Personal background checks. Program provides a list of staff hired and the date of their background check | Site uses appropriate background checks for staff. | 321 |  |
| Q 4.6 Safety and Sentinel Standards10-2D- Staff are oriented to child abuse and maltreatment – check MIS orientation topics | All Staff are oriented to:1. child abuse and neglect indicators and
2. reporting requirements subsequent to HFA hire and prior to direct work with families
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| Q 4.6 Safety and Sentinel Standards12-1B Frequency and duration of supervision.MIS report | The site ensures that weekly individual supervision is received by all direct service staff and volunteers and interns (performing the same function). This would include supervisors who carry a caseload | 321 |  |
| Q 4.6 Safety and Sentinel StandardsGA- 6AReview Child Abuse and Maltreatment policy with procedures  | The site has policy and procedures to report suspected cases of child abuse and neglect. The policy should include the criteria used to identify and determine when to report suspected child abuse and maltreatment (or a minimum policy must indicate where these criteria can be found and immediate notification of the site manager or supervisor when abuse or maltreatment is suspected. | 21 |  |
| Q 4.6 Safety and Sentinel StandardsGA-6B Staff notifies supervisor of concerns regarding child abuse and maltreatment and reports are made as required. Interviews and case reviews(?) | The staff notifies Supervisors or site managers immediately in situations involving suspected abuse or maltreatment and reports suspected cases of child abuse and maltreatment to the proper authorities. | 321 |  |
| Q 4.6 Safety and Sentinel Standards4-2B Home visit completion Repor- MIS report | Families at the various levels of service (e.g., weekly visits, bi-weekly visits, monthly visits, etc.) offered by the site receive the appropriate number of home visits, based upon the level of service to which they are assigned | 321 |  |
| Q 4.6 Safety and Sentinel Standards4-3 B Services are offered for at least 3 years- MIS report | Services are offered to families for a minimum of three years after the birth of the baby | 321 |  |
| Q 4.6 Safety and Sentinel Standards6-3 B Review home visit logs at least 2 per worker | The site assesses positive parent-child interaction, attachment, and bonding with all families, utilizing CHEERS on all home visits. Assessments are based on observations made using CHEERS. | 321 |  |
| Q 4.6 Safety and Sentinel standards6-3 C- Reflective strategies are used as well as other activities to promote PCI6-3E (see above in 4.5) | The site addresses and promotes positive parent-child interaction, attachment and bonding with all families based on observations made using CHEERS | 321 |  |
| Q 4.6 Safety and Sentinel Standards6-5B- ASQ screens- MIS reports for ASQ and training related to 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 | 321 |  |
| Q 4.6 Safety and Sentinel Standards6-6BMIS List-ASQ history | The site tracks target children suspected of having a developmental delay and follows through with appropriate referrals and follow-up, as needed | 321 |  |
| Q4.6 Safety and Sentinel standards7-4B Depression screensMIS 7-4B Last page | The site conducts depression screening with the primary caregiver of all enrolled families. If enrolled prenatally the screen will be completed at least once during the prenatal period. | 321 | 80%-94% for a 2 |
| Q 4.6 Safety and Sentinel Standards7-4C Depression screens postnatalMIS report 7-4 C | The site conducts postnatal depression screening with the primary caregiver of all enrolled families at a minimum of at least once postnatally before the baby is 3 months of age (when enrolled prenatally) and within 3 months of enrollment (when enrolled postnatally) | 321 | 80%-94% for a 2 |
| Q 4.6 Safety and Sentinel Standards10-4 A-CMIS report | All staff conducting assessments and all supervisors and program managers receive intensive *HFA Core Assessment training*, by a certified trainer who has been trained to train others, within six months of date of hire to understand the essential components of his/her role as an assessment worker. NYS standard is that training occurs prior to first home visit or first assessment. | 321 |  |
| Q 4.6 Safety and Sentinel Standards10-4 A-CMIS report | Home visitors and their supervisor and program manager have received intensive *HFA Core* Integrated Strategies for *Home Visitor training*, by a certified trainer who has been trained to train others, within six months of date of hire to understand the essential components of the home visitor role NYS standard is that training occurs prior to first home visit or first assessment | 321 |  |
| Q 4.6 Safety and Sentinel Standards10-4 A-CMIS report | Supervisors and program managers have received intensive *HFA Core Supervisory training*, by a certified trainer who has been trained to train others, within six months of date of hire to understand the essential components of his/her role as a supervisor, as well as the role of family assessment staff and home visitors. NYS Standard is that supervisors have the core training for the role they supervise prior to the supervision of the staff in that role. | 321 |  |
| Q 4.6 Safety and Sentinel Standards12-2B Review of supervision records- at least one per worker | The site ensures all direct service staff are provided with supervision that includes administrative, clinical, and reflective components to continuously improve the quality of their performance. This would include supervisors who carry a caseload | 321 |  |
| Q 4.6 Safety and Sentinel StandardsGA 5-B- Review files to make sure the forms meet the criteria | The site ensures that all parents are notified of family rights and confidentiality at the onset of services, both verbally and in writing. At a minimum these forms include the following:Family Rights* the right to refuse service (voluntary nature)
* the right to referral, as appropriate, to other service providers
* the right to participate in the planning of services to be provided or the right to an individualized Family Goal Plan
* the right to a grievance/complaint and how to do so should the need arise including the phone number or contact information.

Confidentiality* the manner in which information is used to make reports to funders, evaluators or researchers (typically in aggregate format)
* the manner in which consent forms are signed to exchange information
* the circumstances when information would be shared without consent (i.e., need to report child abuse and neglect)
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| Q 4.6 Safety and Sentinel StandardsGA 5-C Review consents to make sure they are completed correctly and with parent’s signature | Parents are informed and sign a new consent form every time information is to be shared with a new external source or with the same source but for a subsequent time period. The consent includes the following, but is not limited to:* 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 person/agency to whom the information is to be released
* the name of the HFNY site providing the confidential information a statement that the person/family may withdraw their authorization at any time
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| GA-9HFAST Record | The site ensures that HFAST data is up to date. |  |  |
| Q-3Policy and Procedure manual review | 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. Has the program sent updated procedures to OCFS for review? | YN |  |
| TANFReview Files | TANF certifications are in a locked cabinet in folders by month and alphabetized by family name. |  |  |