

Healthy Families New York

Quality Assurance Plan 2023

Purpose:

In order to help sites, maintain the quality of their program services and assure they are providing these services in adherence with the HFA model and HFNY policy guidelines the following plan has been adopted.

The Quality Assurance activities are conducted internally, by site program managers and supervisors and externally, by Central Administration (CA) partner representatives and include a thorough review of Annual and Quarterly Reports, policy manual procedures, staff practice, and site visits. All in an effort to monitor compliance to HFA Best Practice Standards, HFNY Policy Guidelines and NYS Office of Children and Family Services (OCFS) contractual compliance.

Goals:

1. Implement the Healthy Families America (HFA) model with fidelity
2. Provide quality services to New York's most vulnerable families
3. Evaluate and improve the system of services and supports to the network
4. Employ a high performing and well-trained network of providers
5. Engage in continuous quality improvement

Objectives:

HFNY CA will implement the annual QA Plan developed by the QA/TA committee. The HFNY QA/TA committee is made up of representatives from each CA partner organization. Development of the QA Plan includes considerations for system support in areas of administration, policy, training, quality assurance and technical assistance.

The HFNY QA System consists of both internal and external QA activities which are performed by site program managers and CA partners respectively. These activities support practice in various functional areas and offer an opportunity to identify site-specific TA needs throughout the course of the year. These QA activities include:

Internal

- Data Collection and entry into the MIS
- Writing of Quarterly narrative and data reports (also reviewed and addressed by OCFS Program Contract Managers)
- Administration of annual program-wide participant satisfaction survey
- Administration of annual staff satisfaction and retention survey
- Review of Quarterly Performance Targets
- Review of Performance Indicators – twice per year
- QA Observation of practice for direct staff and supervisors
- Completion of Annual Service Review and Equity Plan (also reviewed and addressed by OCFS Program Contract Managers)

External

- PCANY QA Visit
- OCFS Site Visits
- Budget Review
- Workplan Review
- Quarterly Report Review
- Annual Service Review and Equity Plan Review

The following standards will be reviewed through completion of all 2023 QA activities:

RED: New mechanism for annual monitoring

YELLOW: Some monitoring, but not annually

BPS Standard	MSS CA Standard	Key Elements Needing Annual Monitoring	Monitoring Mechanism
CA QA	Q3	CA monitors policy manuals	OCFS-BPCD: Review of program specific policies initially using track changes to offer suggested changes; reviewed as a part of annual QA Tool
1.1A, B, C	Q4.1	Eligibility criteria and community relationships	OCFS-BPCD: review of ASR and workplan
2.1C	Q4.1	Timing of FROG	CHSR: PIs
1-1C	Q4.1	Tracking of site capacity	OCFS-BPCD: Site Visit, review of quarterly reports CHSR: PI's
1-2B 1-2C	Q4.1	Monitoring initial engagement processes and strategies to strengthen	OCFS-BPCD: through review of Quarterly reports and ASR
1.3B	Q4.1	Timing of first HV	CHSR: PIs
3.1B	Q4.1	Review of voluntary enrollment in services	OCFS-BPCD: Site Visit
4.2B	Q4.2	Home visit frequency	CHSR: PI's OCFS-BPCD: Site Visit
4.2D	Q4.2	Celebrating progress with families	OCFS-BPCD: Site Visit
4.3B	Q4.2	Length of service Minimum 3 years services offered	OCFS-BPCD: Site Visit
6.1B	Q4.2	Use of service plan in supervision	OCFS- BPCD: Site Visit
6.3D	Q4.2	Use of PCI tool	CHSR: PIs OCFS-BPCD: Site Visit
6.4B	Q4.2	Use of evidence-informed curricula	OCFS-BPCD: Site Visit
7.1B, C	Q4.2	Monitoring linkage of TCs to medical home	CHSR: PIs OCFS- BPCD: Site Visit, review of Quarterly Reports
7.2B, C	Q4.2	Monitoring immunizations	CHSR: PIs OCFS-BPCD: Site Visit
6.5B C (S&S)	Q4.2 (S&S)	ASQ administration	CHSR: PIs OCFS-BPCD: Site visit

6.6D (S&S)	Q4.2(S&S)	Monitoring referrals for TC with DD	OCFS-BPCD: Site Visit OCFS-BPCD: Site Visit
Q4.3	Q4.3	Monitors supervisor ratios for sites 1:5 at least annually	OCFS-BPCD: Site Visit
2-1D	Q4.4	Supervisor support use of FROG	PCANY: FRS Supervision Observations
6.1B	Q4.4	Supervisor involvement in development and ongoing review of HFA service plan	OCFS-BPCD: Site Visit
8.1B	Q4.4	Caseload (weight) management	CHSR: PIs OCFS-BPCD: Site Visit
12-2B	Q.4.4	Annual shadowing of direct service staff	CHSR: PIs
12-3B	Q.4.4	Observation of direct service staff supervision	PCANY: QA Site Visit Internal Observation Requirements
12-3C 12-4B	Q.4.4	Supervisors and PM's supervision	OCFS-BPCD: Site Visit
GA-4C	Q4.5	Monitoring reports of suspected child abuse/neglect	OCFS-BPCD: Site Visit
SAFETY STANDARDS ANNUALLY			
9-3B		Background check	OCFS-BPCD: Site Visit
10-2D		Orientation to CAN indicators and reporting requirements	OCFS-BPCD: Site Visit CHSR: PIs
GA-3C		Informed consent to release information	OCFS-BPCD: Site Visit
GA-4A and B		CAN Policy	OCFS-BPCD: Site Visit
12-1.B		Frequency and duration of supervision	CHSR: PIs
ESSENTIAL STANDARDS			
2.1B	Q.4.5	Use of FROG	OCFS-BPCD: Site Visit
3.3B	Q4.5	CO practice	CHSR: PIs OCFS-BPCD: Site Visit
4.2C	Q4.5	Appropriate use of level change process, forms	OCFS-BPCD: Pre-site visit report and site visit
5.4B	Q4.5	Site Equity Plan	OCFS-BPCD: Review of ASR
6.1C	Q4.5	Service Plan use with families	OCFS-BPCD: Site Visit Tool
6.2B	Q4.5	Goal setting with families	OCFS-BPCD: Site Visit
6.3B C E	Q4.5	Use of CHEERS	OCFS-BPCD: Site Visit
9-1D	Q4.5	Hiring of direct staff	OCFS-BPCD: Site Visit Tool
12-2B	Q4.5	Reflective supervision	OCFS-BPCD: Site Visit Tool

GA-3.A	Q4.5	Family rights and confidentiality	OCFS- BPCD: Site Visit Tool
Q4.6		Staff surveys & interviews	OCFS- BPCD: Review of Annual Service Review Programs: Completion of ASR
Q4.7		Monitoring of CWP	PI: for timing of first visit ASR: Acceptance rate analysis for referred from CW OCFS: Site Visit Tool for voluntary enrollment and services offered for minimum 3 years
GA9		HFAST up to date	OCFS-BPCD: Site Visit Tool

OCFS Protocols for Quality Assurance

The Annual Site Visit

The New York State Office of Children and Family Services (OCFS) Program Contract Managers (PCM) visit each program at least every year. Prior to each site visit, the site visit tools, and documentation requests are shared with each site program manager. In addition, OCFS PCMs call the site program manager to review each element of the tool and review all documentation to be submitted prior to the visit. Site staff are encouraged to be part of this planning process. The OCFS PCM reviews each program's utilization rates, Performance Indicators, Performance Targets, families' electronic files, electronic supervision documentation, site policies, contractual compliance as well as the program's performance and score on the tools. The PCM staff will score as much of the site visit tool as possible prior to the actual site visit in order to allot more time for discussion. Pre-site review generally includes family specific information, running of data reports, review of site's quarterly and annual service reports. Information is then incorporated into the site visit QA tool which encompasses necessary elements of the HFA Best Practice Standards (see attached site visit QA tool).

During site visits, OCFS PCMs meet with the Site Program Manager to discuss the focus of the visit. At this time, OCFS will solicit any input from the site program manager regarding any site-specific successes or challenges that they might be experiencing. After this interview, if applicable, the family files, supervision files, and any other documentation are reviewed to obtain more evidence of adherence to the Best Practice Standards being evaluated, particularly those that are not available electronically. PCMs meet with supervisors, FSSs, and FRSs in role-related groups, asking specific questions regarding their practice, understanding of policies and procedures, supervisory support, and strengths and challenges related to their site. At the conclusion of the site visit, PCMs debrief the program site staff and executive directors on the findings of the visit. Within 30 days of the visit, OCFS issues a site visit report which is shared with the site program manager, contract signatory, and CA partners. A program improvement plan (PIP) is requested for areas of concern not meeting a standard threshold such as program utilization, performance indicators and performance targets, contractual requirements, Safety and Essential Standards, and family retention. Site program managers are required to provide

quarterly reports to OCFS detailing the progress on any PIP. It should be noted that if a site program manager disagrees with any of the findings in the site visit report, they may submit an explanation or additional evidence to support a change in the rating of a site visit tool or other MIS data report. Each explanation will be evaluated on a case-by-case basis and changes or modifications to the site visit report will be made accordingly. If a program manager is not satisfied with the decision, a grievance may be submitted (see P-4 Policy for details on filing a grievance).

Following the completion of the site visit report and submission of the Program Improvement Plan, OCFS PCMs upload the site visit report, corresponding tools and Program Improvement Plan into the OCFS HFNY SharePoint site, where all site visit documentation for every HFNY site is stored.

Additional QA Activities

In addition to the above on-site activities, the following activities are done a minimum of once a year to monitor program quality:

- Budget Review as needed - Includes a review of each site's personnel FTEs to determine appropriate capacity and staff ratios for supervision.
- Work Plan Review as needed - Includes updates on the target population and services in each community.
- Quarterly Report Review - Includes a review of the following (see attached Quarterly Report Template):
 - Program accomplishments
 - Staff recruitment and retention
 - Training and staff development
 - QA/Management improvement activities
 - Father engagement
 - Program outreach and engagement activities
 - Tracking of capacity, utilization, and recruitment
 - Monitoring initial engagement processes and strategies to strengthen
 - Progress or barriers to reaching performance targets and indicators
 - Funding, public relations, and community systems
 - Program enrichment
 - Plans for improvement
- Annual Service Review and Equity Plan - Includes a review of components of the following Best Practice Standards(see attached ASR and Equity Plan Guidelines)):
 - BPS 1 - Initiate Services Early
 - BPS 3 - Offer Services Voluntarily
 - BPS 6 - Promote PCI, Childhood Growth and Development
 - BPS 7 - Health Care and Community Resources
 - BPS 10 - Model Specific Training
 - BPS 12 - Ongoing Reflective Supervision
 - BPS 5 - Diversity, Equity, and Inclusion

- BPS 9 - Service Providers Selection
- BPS 10 - Model Specific Training
- BPS 11 - Training to Fulfill Job Function
- GA - Governance and Administration

The Quarterly Reports and Annual Service Review and Equity Plans are reviewed using the corresponding tool. Feedback is shared by providing an e-mail with feedback and questions as appropriate within 30 days of receipt.

PCANY Protocols for Quality Assurance

The Annual Site Visit

Each program is assigned two QA Specialists; a home visit-focused specialist (working directly with the family support specialist supervisor) and a FROG-focused specialist (working directly with the family resource specialist supervisor). Programs receive one QA visit per year, alternating between the home visiting-focus and the FROG-focus. PCANY QA Visits are conducted via an interactive virtual meeting platform.

QA Specialists will contact site program managers 3-6 months prior to the projected QA visit date and offer a few potential visit dates for programs to choose from. PCANY makes every effort to schedule visits on or around the same time each year. Prior to the visit program managers provide QA Specialists with a list of supervisors with their hire dates, so that the staff who will be observed can be selected.

FSS Visits: Will occur over approximately two days, to allow for an observation and debriefing of a supervisor session.

FRS Visits: Will occur over approximately two days, to allow for an observation and debriefing of an FRS supervision session. Although QA Specialists will be reviewing FRS documentation, the feedback on the FROG narrative will be provided to the supervisor to review with the FRS. The FRS is not directly a part of the QA Visit.

For both FSS and FRS visits, there should be enough time between events to allow all involved to thoughtfully process the observation, yet close enough that the supervision is fresh in everyone's minds for the debriefing.

The QA Specialist will set up calls, ideally at least a few weeks before the visit date.

Program Manager call: QA Specialist discuss generally about how things are going for the program (what is going well and what is challenging) and will review the timetable and format of the visit (virtual, recorded etc.) They will also give the PM time to reflect with them on how their support of the supervisor to be observed is going.

Observed Supervisor call: QA Specialist will orient the supervisor to the goals of the QA observation, get to know them and reflect on how their work is going in general and with the specific supervisee they will be observed with.

The QA Specialist will assure that staff have received the observation and documentation review forms to be used during the visit, including "Tips for Recording"

Observations can occur either in a live virtual setting with supervisor, direct staff and QA Specialist present or through a prerecorded supervision session, to be reviewed by QA Specialist post hoc. Debriefing conversations include the supervisor's direct supervisor (usually site program manager), observed supervisor and QA specialist. QA Specialists will review their feedback from the observed supervision and their review of supervision note documentation and Service Plan documentation or FROG narrative for one of the families discussed during the observed supervision.

Within 45 days of the debriefing conversation, PCANY QA Specialists will provide sites with a *QA Letter* which includes:

- Standardized observation forms with competency-based feedback, strengths, and areas for growth.
- Standardized documentation review forms which note how documentation aligns with what was observed, as well as strengths and areas for growth.
- A space for program staff to identify steps for integrating the feedback into their work.

The QA Letter is shared with the QA Specialist's supervisor, PCANY Training and Staff Development Director, the program's other QA Specialist, OCFS Program Contract Manager (PCM), PCM supervisor and the HFNY Program Coordinator.

When the QA Letter is sent to programs, QA Specialists will also schedule a follow-up call to discuss the written feedback and site plans for supporting the observed staff, as well as to explore how you might extrapolate the feedback to the whole program. Typically, this call includes the program manager, but observed supervisors and program manager supervisors can be included at the program's discretion.

[Center for Human Services Research Support of the QA Process](#) Twice annually Center for Human Services Research (CHSR) extracts Performance Indicator (PI) data from the MIS to determine individual level site performance and HFNY system performance. Site program managers will receive their site-specific PI report to support their internal QA activities. All CA partners receive a PI report, which includes each site's individual performance towards meeting the PIs and the systemwide performance for each PI.

Development of 2024 HFNY QA Plan:

HFNY Central Administration is planning to obtain feedback from all sites regarding above QA process to inform CA's development of the 2024 Quality Assurance Plan. Prior to the January 2024 Regional Meetings all Program Managers and CA members will receive a digital copy of the 2023 HFNY QA Plan. All HFNY program managers and CA members will be asked to provide feedback on what activities are helpful and what is not in improving outcomes for families via two mechanisms, the January Regional meetings or digitally. Feedback obtained digitally and via the regional meetings, along with survey results from program managers perceptions of the site visit process will be used by the QA/TA committee to develop HFNY's 2024 QA Plan.