

**QUALITY ASSURANCE** (EFFECTIVE 4/15/2025)

**HFA Best Practice Standard GA-2. A**

**POLICY: Sites will develop and implement a Quality Assurance plan for reviewing and documenting the quality of site implementation, to increase fidelity to the model within the four components of the service delivery system (initial engagement, home visiting, supervision, and management).**

HFNY Policy Guidelines

* Sites use a variety of methods to monitor the quality of all the services offered to families, as detailed in the Quality Assurance Table.
* Program Managers and Supervisors use the Quality Assurance Activity Calendar to support completion of role specific internal QA activities.
* The state system’s goals and objectives are monitored through the HFNY Performance Indicators (every 6 months) and HFNY Performance Targets (quarterly).
* The QA plan has specific internal quality assurance strategies, and includes monitoring initial engagement, home visiting, supervision practice, and management according to the HFNY Performance Indicators and HFNY Performance Targets.
* The QA plan includes working with the Center for Human Services Research to monitor quality and completeness of the data.
* If a direct staff or a supervisor observation by PCANY occurs, this can count towards the observed person’s required number of observations for the time (2 annually).
* An observation visit combined with debrief conversation between supervisor and direct service staff can be counted as a weekly supervision session, if this is documented in the MIS Supervision Note **(12-2.C)**.

**HFNY QUALITY ASSURANCE TABLE**

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| --- | --- | --- | --- | --- | --- |
| **Sites’ Internal QA Activities** | | | | | |
| MIS data completion | | | | | |
| Quarterly narrative and data reports (also regularly reviewed and addressed by OCFS Contract Managers) | | | | | |
| Annual program-wide participant satisfaction survey | | | | | |
| Annual staff satisfaction and retention survey | | | | | |
| Quarterly Performance Targets | | | | | |
| Performance Indicators – twice per year | | | | | |
| **Sites’ Internal QA Activities** | | | | | |
| Practice QA:  All practice QA activities are reviewed in supervision to acknowledge practice strengths and support practice improvement. All QA follow-up is documented by the supervisor.  When staff are new to their role, supervisors can demonstrate support by observing visits more frequently than twice annually during the onboarding process. | FSS  Two home visit observations per year.  One participant case record review per quarter (i.e., MIS record, signed consent forms, family rights and confidentiality, etc.)  Two participant surveys per quarter via phone or in person (Program manager should review all participant satisfaction surveys that are conducted by the supervisor)  Annual performance review and professional development plan | FRS  Two assessment observations per year.  One engagement refusal call or observation of engagement calls per quarter  Annual performance review and professional development plan | | Dual Role  One home visit observation and one assessment observation annually.  QA activities such as participant surveys and assessment refusal calls/call observations will be conducted in proportion to the staff’s time allotment in each role.  Annual performance review and professional development plan | Supervisor  Two supervision observations per year by PM or approved designee.  Supervisors regularly carrying a caseload (2 or more visits per week including FROG administrations) receive 2 observations of direct service practice and 1 observation of supervision practice annually  One review of supervisor notes by PM or approved designee per quarter  Annual performance review and professional development plan |
| **Annual Service Review (ASR)** The ASR represents the culmination of all the site’s QA activities and is shared with the site’s advisory board and funder. The ASR is studied by the site and used as a tool to develop a specific plan for program enhancement and improvement. | | | | | |
| **External QA Activities** | | | | | |
| PCANY Quality Assurance visits | FSS: Observation of program practice, including at least one supervisor observation \*see PCANY QA Protocol for Sites. Additional role specific support, training, and/or technical assistance may be offered as follow-up to QA activities.    Occur every 24 months, and follow PCANY protocols for planning, expectations, and follow-up for the visit | | FRS: Observation of program practice, including at least one supervisor observation \*see PCANY QA Protocol for Sites. Additional role specific support, training, and/or technical assistance may be offered as follow-up to QA activities.  Occur every 24 months, and follow PCANY protocols for planning, expectations, and follow-up for the visit | | |
| Technical Assistance Visits | Scheduled as needed and offered by one or more Central Administration partners in accordance with HFNY TA protocol. TA may be initiated by programs or by CA partners. | | | | |
| OCFS site visits | OCFS Program Contract Managers visit sites approximately every 12 months (at least twice a year for new programs). PCMs provide follow-up documentation and support sites in developing specific plans and timelines for quality improvement. | | | | |
| HFA Accreditation | While HFA accreditation occurs every 5 years, sites will begin to update their Self-Assessment Tool 24 months prior to accreditation. | | | | |
|  |  |  |  |  |  |

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures below:**

**1.** Details on how the site will implement the HFNY quality assurance plan, including:

1. How participant case record reviews are done, documented, and how feedback is given.
2. How supervision note reviews are done, documented, and how feedback is given.
3. How sites ensure Supervisors who regularly carry a caseload (2 or more visits per week including FROG administrations) receive 2 observations of direct service practice and 1 observation of supervision practice annually.
4. How the site will determine approved designees for performing supervision observations. At a minimum, designees will have demonstrated a comprehensive knowledge of reflective supervision and must be approved by the site’s Program Contract Manager.
5. Details on how the site will follow-up on quality assurance activities to address identified

areas of improvement and to ensure fidelity to the model.

**CONTINUOUS QUALITY IMPROVEMENT PLAN** (EFFECTIVE 11/6/2023)

**HFA Best Practice Standard GA-2. B**

**POLICY: Sites will establish a comprehensive quality improvement plan, utilizing site level data related to acceptance, retention, home visit completion, etc. to develop and apply strategies aimed at strengthening site services. The plan is reviewed and updated at least annually.**

HFNY Policy Guidelines

* The Continuous Quality Improvement Plan may include:

1. Equity Plan (5-4 standards)
2. Analysis of family engagement/acceptance (1-2 standards), family retention (3-4 standards), and prenatal enrollment
3. Analysis of sites’ Performance Targets and Performance Indicators are included in evaluation of quality.

* Sites use information gathered through all QA activities to continue effective practices and develop follow-up mechanisms to identify and address areas for improvement. Annually, sites will identify at least one quality improvement goal they are striving to improve, analyze data and conditions, develop, and implement a plan, and review results. The efforts throughout the year will be reported in Quarterly Reports, the Annual Service Review, and Program Improvement Plans, when applicable.
* Sites will use the MIS CQI Module to document and monitor progress related to quality improvement projects.

**Continuous Quality Improvement Plan Process:**

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**The site will adhere to all NYS policy guidelines specified above. No specific program procedures are required.**

**FAMILY RIGHTS AND CONFIDENTIALITY AND PARTICIPANT GRIEVANCE**

(EFFECTIVE 4/15/2025)

**HFA Best Practice Standards GA-3. A, GA-3. B, GA-3C**

**POLICY: Families are informed both verbally and in writing of their rights and confidentiality on or before the first home visit and during the course of services using the HFNY Family Rights and Confidentiality Form.**

HFNY Policy Guidelines

* Home visitors inform families both in writing and verbally of their rights and confidentiality using the **HFNY Service Agreement** **Family Rights and Confidentiality Form** and provide a copy of the form to the family before or on the first home visit. Documentation that the rights and confidentiality assurances were reviewed with the family is recorded in the HV log and completed forms will be uploaded in MIS under case documents.
* Confidentiality is an essential part of the program’s services. Every family has the right to private and confidential interaction with staff. The only exception to this right occurs under specific circumstances.
* The **HFNY Service Agreement Family Rights and Confidentiality Form** includes the following:
  + Participant Rights
    - The right to be treated fairly, with courtesy and respect by staff who appreciate your culture, belief, and values.
    - The right to end services at any time. Healthy Families services are always voluntary.
    - The right to privacy of your records and information.
    - The right to participate in the planning of services to be provided.
    - The right to say no if you are asked to participate in a research study.
    - The right to review the information gathered about you, upon request.
    - The right to be referred to other service providers, with your permission
    - The right to file a grievance/complaint and how to do so should the need arise including:
      * Who to contact
      * Phone number or contact information
      * The process and timeframes associated with response and resolution
      * Follow up mechanism to address identified areas of improvement
  + Site specific confidentiality standards
    - The manner in which information is shared, with whom and process for consent forms to be signed when exchanging information
    - The circumstances when information is shared with consent (including for referrals, if participating in research where identifying information is shared, and when data is provided to funders or model developer with identifying information)
    - The circumstances when information would be shared without consent which include:
      * If the site is concerned about the safety of a child or has reason to suspect that a child is being abused, maltreated, or neglected.
      * If the site has reason to believe anyone is in imminent danger.
      * If the site is ordered by a court or judge to release information.
* HFNY Systemwide confidentiality standards:
  + All HFNY staff sign a confidentiality agreement to keep participant information confidential including the acceptable use of HFNY MIS. Staff keep their MIS password confidential.
  + All family files are stored in locked file cabinets or electronically on the MIS or other computer-based filing system (encrypted and password protected).
  + Files are not left open on the staff's desk.
  + Staff log off MIS when leaving the desk or office.
  + In case of staff leaving the job, the site should terminate the person on the MIS worker form within 24 hours, which should remove their access to the system. If the MIS notifies them this did not successfully remove access, the site must inform CHSR using the ticket
  + Home visitors discuss information related to families only with site staff, administration, funders, OCFS, HFNY Central Administration and HFA.
  + Staff do not talk about the families being served with friends or family members.
  + Staff do not use the name of the family member (or any identifying information) in any public area.
  + Staff who breach confidentiality commitments face disciplinary action up to and including dismissal.
* All families are informed, and sign written consent every time information about them is to be shared. A family’s information cannot be discussed with an outside provider unless Consent for the Release of Information form has been signed. Consent to release information forms will only list one agency per form in order to maintain confidentiality related to the various services that a family might receive. Consent forms must include:
  + A signature of the person whose information will be released or parent or 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. \* Consent timeframe cannot exceed 12 months.
  + The name of the person/agency to whom the information is to be released.
  + The name of the HFNY site providing the confidential information.
  + A statement that the person/family may withdraw their authorization at any time.
* All families are asked to participate in the HFNY evaluation at enrollment and sign the Informed Consent. They are informed of the scope and intent of the evaluation, the voluntary nature of their participation, that they have the right to refuse participation without it having effect on the services they receive and that all evaluation results will be presented in aggregate form.
* If sites are participating in outside research studies, data sharing, evaluations etc., sites must talk with their OCFS Program Contract Manager to seek approval **(see GA-7. D for research policy)**. If approved, sites must add the details of the request to the HFNY Service Agreement Family Rights and Confidentiality Form to inform families of the request for their information and participation and include the option for families to opt out.
* Families are informed of the grievance process on the first home visit as part of reviewing the **HFNY Service Agreement Family Rights and Confidentiality Form** including the contact information if they have any concerns/complaints/grievance with the services and timeframes associated with response and resolution.
* The site will develop their grievance process within site specific procedures that includes:
  + Who (program manager, supervisors, agency leadership) from the program is notified of grievance and timeframe of notification.
  + Timeframes for follow-up and resolution.
  + Appeal process.
  + Supervisory support for staff named in grievance.

**The site will adhere to all HFNY Policy Guidelines specified above. In addition, please insert site-specific policies and procedures that include:**

1. How families will be informed of their rights and confidentiality using the HFNY Service Agreement Family Rights and Confidentiality form before or on the first home visit, both verbally and in writing (specifying language of delivery) and how this will be documented on the Home Visit Log.
2. How families are informed and sign a new consent to release information form every time information is to be shared with a new external source or with the same source but for a subsequent time period (beyond 12 months).
3. How your site staff adheres to confidentiality including:
   1. The manner in which staff are oriented to the MIS and sign the User Agreement.
   2. The manner in which files are protected (in family binders or electronic files: locked cabinets, password protection, encryption).
   3. The manner in which information is protected and kept confidential when there are multiple participants in the same household or dwelling.
   4. The circumstances when information would be shared without consent (i.e., need to report child abuse and neglect).
4. How will families be informed of any additional data requests and the approval process that follows to ensure participant privacy and voluntary choice (i.e., Informed Consent).
5. Describe the site’s grievance procedures including:
   1. Who (program manager, supervisors, agency leadership) from the program is notified of grievance and timeframe of notification.
   2. Timeframes for follow-up and resolution.
   3. Appeal process.
   4. Supervisory support for staff named in grievance.

**REPORTING CHILD ABUSE AND NEGLECT** (EFFECTIVE 4/15/2025)

**HFA Best Practice Standard GA-4A**

**POLICY: All suspected cases of child abuse and maltreatment are reported to the appropriate authorities, including situations where it is believed a report has already been made by another individual or organization and the program manager and/or supervisor are notified immediately.**

HFNY Policy Guidelines

* Home visitors are not considered mandated reporters under section 413 of New York State Social Service Law. In order to meet the HFA Best Practice Standards and the HFNY Policy, the expectation is that all staff (home visitors, supervisors, and program managers) take on the role of a mandated reporter and are required to make a report to the NYS Central Register (SCR) when they suspect child abuse or neglect, including situations where it is believed a report has already been made by another individual or organization.
* Families are informed of the limits of confidentiality before or at the first home visit, including the requirement to report to the SCR if needed by sharing verbally and in writing the HFNY Family Rights and Confidentiality form.
* If staff suspects abuse or neglect, they should immediately speak with their supervisor or Program Manager and make a report to the SCR. If imminent danger is threatened, the home visitor is to call 911 prior to calling the supervisor/Program Manager or SCR.
* Supervisors/Program Managers should provide support and guidance regarding the staff member’s observations and concerns. The supervisor/Program Manager should not attempt to dissuade the home visitor from making a report, even in situations where site leadership may not agree with the need to report. It should be noted that proof of abuse or neglect is not necessary to call the SCR. If program staff are unsure whether a report should be made, the SCR will be called. The SCR staff will make the determination as to whether a report will be registered.
* Upon making a call to the SCR, Program Managers should refer to Policy GA-5. A to determine if a Critical Incident Report must be submitted to OCFS.
* The site utilizes both the supervision form and Service Plan as a mechanism for the supervisor or program manager to track and monitor suspected cases of child abuse or neglect to ensure safety concerns are addressed and follow through occurs. Supervisors will document a report made to the SCR in the supervision form. The supervisor and home visitor will utilize the Service Plan to add the risk factor(s) associated with the suspicion of abuse or neglect, develop strategies, and implement plans to address the risk(s).
* All program managers, FRS and FSS supervisors, FSS and FRS, interns and volunteers receive orientation prior to direct contact with families or supervision of staff.This orientation, BPS 10-2. D, must ensure that staff clearly understands how to identify child abuse and maltreatment indicators, fully understands the State’s definition of child abuse and neglect, and is aware of the legal limits of confidentiality. Additionally, as per BPS 11-4. B, all staff receive annual training related to child abuse and neglect.
* A report to the State Central Register must be made if a staff member suspects that a child has experienced one of the following types of Abuse or Maltreatment (includes neglect) including but not limited to failure to exercise a minimum degree of care or sexual/physical abuse against the child or allowing sexual/physical abuse to be committed.
* Whenever possible, home visitors should inform the family that a call is going to be made. When circumstances make informing the family, either prior to or after calling the SCR, unsafe for family members or staff, it is up to the supervisor and home visitor to determine how to handle the incident and move forward to preserve the family.

**Definition of Maltreatment** refers to the quality of care a child is receiving from those responsible for the child. Maltreatment occurs when a parent or other person legally responsible for the care of a child harms a child or places a child in imminent danger of harm by failing to exercise the minimum degree of care in providing the child with any of the following: food, clothing, shelter, education, or medical care when financially able to do so. Maltreatment can also result from abandonment of a child or from not providing adequate supervision for the child. A child may be maltreated if a parent engages in excessive use of drugs or alcohol such that it interferes with their ability to adequately supervise the child.

**Definition of Abuse:** Abuse encompasses the most serious injuries and/or risk of serious injuries to children by their caregivers. When a child whose parent or other person legally responsible for their care inflicts serious physical injury, creates a substantial risk of serious physical injury, or commits a sex act of sex abuse against the child. Abuse also includes situations where a parent or other person legally responsible knowingly allows someone else to inflict such harm on a child.

**Indicators of Maltreatment and Abuse:**

1. Indicators of maltreatment can include but are not limited to:
   1. Failing to provide the child with food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial or other reasonable means to do so.
   2. Failing to Provide a child with proper supervision or guardianship. Child inappropriately left unattended or without supervision
   3. Unreasonably inflicting, or allowing to be inflicted, harm or substantial risk thereof, including but limited to the infliction of excessive corporal punishment.
   4. The misuse of drugs or alcohol to the extent of loss of control.
   5. By abandoning the child.
2. Indicators of sexual abuse can include but are not limited to:
   1. Injury to genital area.
   2. Symptoms of sexually transmitted diseases.
   3. Sexually suggestive, inappropriate, or promiscuous behavior or verbalization.
   4. Expressing age in-appropriate knowledge of sexual relations.
   5. Sexual victimization of other children.
3. Indicators of physical abuse can include but are not limited to:
   1. Injuries to the eyes or both sides of the head or body.
   2. Frequent injuries of any kind. These may appear in distinctive patterns such as grab marks, human bite marks, cigarette burns, or impressions with other instruments.
   3. Destructive, aggressive, or disruptive behaviors.
   4. Passive, withdrawn, or emotionless behavior.
   5. Fear of going home

**The site will adhere to all HFNY Policy Guidelines specified above. In addition, please insert site-specific policies and procedures that include:**

1. How the program will use the above criteria to make report of suspected child abuse and maltreatment, including situations where it is believed a report was already made by another individual or organization.
2. How the program manager and/or supervisor will be notified immediately when abuse or maltreatment is suspected.
3. How the supervisor or program manager will utilize the supervision form and Service Plan to track and monitor suspected cases of abuse or maltreatment to ensure safety concerns are addressed and appropriate follow through occurs.
4. How the family will be informed of any report made to the State Central Register. Include when the family may not be informed.
5. Any other program requirements.

**GA-4. A and GA-4. B are Safety Standards**

**CRITICAL INCIDENT AND PARTICIPANT DEATH** (EFFECTIVE 4/15/2025)

**HFA Best Practice Standard GA-5A**

**POLICY: Home visitors must immediately notify the program manager and/or supervisor in the event of a participant or participant’s household member’s death, critical injury, serious abuse incidents which prompt local investigation or media involvement, as well as litigation pertaining to Healthy Families work or services, or other critical incidents. Programs are also required to report any misuse of funds as a critical incident. The OCFS program contract manager (PCM) must be notified within one business day of a critical incident. Affected participants and staff are offered counseling (including grief counseling, Employee Assistance Program etc..) when a participant's death or critical incident occurs. Families are offered extended support as needed.**

HFNY Policy Guidelines

* In the event of critical incident, including the death or critical injury of a participant household member, serious abuse incidents which prompt local investigations or media involvement, as well a litigation pertaining to HFNY work or services, threats against the program or program staff, serious injury of staff on duty, the staff that becomes the first one aware of the incident immediately informs the program manager and/or supervisor. The OCFS PCM should be notified as soon as possible by phone or email, but within a maximum of one business day of the program becoming aware of the incident. This notification is to include preliminary information such as name and age of the participant and a brief description of the incident.
* Support is offered to the family, including referrals for grief counseling or other therapeutic services, if desired by the family, and short-term transitional home visits and informal transition plan in the case of the death of the target child.
* Appropriate support should also be provided to the home visitor(s) and supervisor including additional reflective supervision, and counseling or access to an Employee Assistance Program (EAP).
* If the program staff suspect that the death or critical incident of the target child or other child in the home may be the result of child abuse or neglect staff, follow the agency’s procedures consistent with the child abuse and neglect reporting policy and cooperates fully with any investigation.
* Critical Incidents are documented on the OCFS Critical Incident Report forms (See Appendix).
* If a report is made to the State Central Register (SCR) concerning the death or critical injury of a child, documentation on the OCFS Critical Incident Report includes:
  + who made the initial report to the Statewide Central Register (SCR)
  + if known; the contact information for the CPS worker or supervisor
  + If known; the notification that followed the initial report
  + Whether follow-up HFNY services will be provided to the remaining household members and length of time they will be provided

Programs should refer to Policy GA-4. for guidance on reporting of child abuse and maltreatment.

* Healthy Families NY programs funded through contacts with New York State Office of Children and Family Services are required to report any misuse of such funding to the Office of Children and Family Services.
* A preliminary written report of the critical incident, with available information, will be made to OCFS using the OCFS Critical Incident Report (Participant Critical Incident Report or Program Critical Incident Report) within three business days of the program becoming aware of the incident at most. A final OCFS Critical Incident Report, with all required information included, is submitted to the OCFS PCM with updates weekly as necessary.
* All sites review the Critical Incident and Participant Death policy and site procedures with all staff to ensure staff are aware of how to respond to these types of situations.

**The site will adhere to all NYS policies specified above. In addition, please insert site-specific policies and procedures that include:**

1. How staff are made aware of this policy and procedure to ensure they know how to respond to these types of situations.
2. Immediate notification of the program manager and or supervisor when a critical incident occurs. For subcontractors, this would also include notifying the contract manager of the contract holder.
3. How and when sites will notify OCFS program contract manager when a critical incident occurs.
4. Staff are offered grief counseling when a death or critical injury occurs, and/or other supportive methods to process the incident.
5. Identify what support will be offered to the family who has experienced loss, including resources for grief counseling.
6. How sites will complete the necessary documentation when a critical incident occurs including report made to the State Central Register **(GA-4. A)** as required and timeframe for submission of the Critical Incident Report to the OCFS Program Contract Manager.
7. How the site will ensure notification to OCFS Program Contract Manager surrounding the misuse of funds.

**Communication of Policies and Procedures to Staff** (EFFECTIVE 4/15/2025)

**HFA Best Practice Standard GA-6**

**POLICY: Updates to the site’s Policy and Procedure Manual are communicated to all staff on a timely basis and staff have access to a copy of the Policy and Procedure Manual.**

HFNY Policy Guidelines

* Site leadership shares HFNY Policy and Site-Specific Procedures with all staff at the start of their employment during orientation (10-2A) and occasionally thereafter to ensure staff have an understanding and are able to effectively implement policy and procedure into practice.
* When policy and procedures are updated, site leadership communicates updates and changes and, when possible, allows opportunity for staff feedback and input into the changes prior to them becoming final.
* All staff know where to find the Site-Specific Policy Manual and are able to access it easily in order to guide their work.

**The site will adhere to all NYS policies specified above. In addition, please insert site-specific policies and procedures that include:**

1. How staff are made aware of the policy and procedure manual at the start of employment and occasionally thereafter in a timely manner to ensure staff’s understanding of policy and procedure.
2. How site leadership will communicate updates and changes to policy and procedure to staff at their site.
3. How site leadership will allow opportunity for staff feedback and input into the changes in the policy and procedure manual before becoming final.
4. How and where staff are able to access the Site-Specific Policy and Procedure Manual.

**RESEARCH PROPOSALS** (EFFECTIVE 4/15/2025)

**HFA Best Practice Standard GA-7. D**

**POLICY: The site has a process for reviewing and recommending approval or denial of research proposals, whether internal or external, which involve past or present families. The policy and procedures include:**

* A description of the group or body of people who could conduct this review
* Procedures (or steps) for the review
* A timeline for completion of the process, and if approved/accepted
* Steps to ensure participant privacy and voluntary choice
* Communication with the National Office (via the Healthy Families America (HFA)
* Implementation Specialist) regarding summary of research design and contact information for principal investigator.

Only bona fide researchers may conduct research involving past or present families served by HFNY programs. To be eligible to conduct research, the researcher must be a faculty member or graduate student at an accredited institution of higher education or hold a research position at a reputable research organization or government agency.

* When approached to participate in a research study, the program manager should contact their OCFS program contract manager to discuss the study and data collection requirements. If there are questions about whether a funder is conducting research versus collecting data on program services to monitor performance or improve services as a condition of funding, this should be discussed. The OCFS program contract manager may request assistance from OCFS researchers as necessary to determine whether the project is a research study[[1]](#footnote-1)3.
* Programs should follow their own agency policy and procedures regarding whether they will allow bona fide researchers (other than HFNY system researchers) to engage in research activities with past or present families receiving services from HFNY programs.
* If the agency agrees to allow the researcher to use their program for research purposes, the agency must provide the researcher with a letter of support to indicate their willingness to participate in the research study.
* Prospective researchers must submit a proposal that meets all the requirements of the OCFS Research Proposal Application, which includes obtaining letters of support from participating programs and Institutional Review Board approval to the HFNY Program Supervisor who will put the research proposal on the agenda for review at the next HFNY CA meeting. These meetings occur at least six times per year and include partners from OCFS, PCANY, and CHSR. Review by the full group allows multiple aspects of impact to be considered.
* The HFNY CA will have up to 90 days to review the proposal based on the following standards: 1) relevance to the HFNY mission or contribution to the body of literature in the field; 2) methodological adequacy; 3) procedures for ensuring participant privacy, confidentiality, and voluntary choice; 4) potential risks and benefits to participants; 5) impact on HFNY or program operations; and 6) support from involved parties. HFNY CA will also assess the extent to which the program is providing services with fidelity to the HFNY model. In order to ensure that any research results are relevant to the state system, the program in which the research will be conducted must be meeting state performance standards. Exceptions may be allowed if the research is being conducted to specifically address areas in which the program is not yet meeting standards. Researchers should be sure to address the following questions within their proposals:
  + What is the added value to families involved in the research study over and above the services provided by HFNY?
  + Can the results of the study be generalized to other HFNY programs?
* Once HFNY CA has reviewed the research proposal, the OCFS researcher and the program’s OCFS contract manager will contact the researcher to address any concerns that were expressed by HFNY CA or told that their study is conditionally approved pending review by the OCFS Bureau of Research, Evaluation, and Performance Analytics (BREPA). If the researcher is unable to address all the concerns raised by HFNY CA, the study will be rejected. After all concerns are addressed to the satisfaction of HFNY CA, the HFNY Program Supervisor will provide a letter of support indicating conditional approval of the research study by HFNY.
* Upon receipt of the letter of support from the HFNY Program Supervisor, the researcher may proceed with the OCFS Research Approval process and should submit a complete research proposal to:

OCFS Research Proposal Review Team

Bureau of Research, Evaluation, and Performance Analytics

NYS Office of Children and Family Services

e-mail: [ocfs.sm.ResearchProposal@ocfs.ny.gov](mailto:ocfs.sm.ResearchProposal@ocfs.ny.gov)

***Please note in your email that this is an HFNY research proposal.***

* HFNY CA will abide by OCFS timeframes for review of all research proposals. Currently, the BREPA review of the research proposal is conducted by researchers who are also members of HFNY CA which expedites the initial stages of the OCFS review.
* Once OCFS approval of the research proposal has been received, the OCFS researcher will notify HFNY CA and send a summary of the approved research design and contact information for the Principal Investigator to the HFA National Office (via the HFA Implementation Specialist).
* HFNY programs that participate in a research study will need to add a filter in the HFNY MIS for the study. This filter should be selected for each family participating in the study. The Active Enrolled Cases report in the HFNY MIS can be run with the filter selected to track participation. A copy of the research study’s informed consent form should be kept in each participant’s file. Participant files will be reviewed to make sure the consent form is included during the annual site visit.
* If a participant involved in a research study at one program site transfers to a new program site, the program manager should notify their OCFS program manager. The participant’s continued participation in the research study will be addressed on a case-by-case basis via consultation between the research study principal investigator/project director, the OCFS program contract manager, and the OCFS HFNY researchers.
* Any concerns about the research study (e.g., participant feedback, changes to the approved plan, etc.) should be communicated to the program’s OCFS program contract manager within 5 business days.
* Any final reports or findings should be shared with OCFS and HFNY prior to dissemination so that OCFS and HFNY may confirm that the safety and privacy of families or program staff has been protected and so that OCFS and HFNY may benefit from the research results. Up to 20 business days shall be required to review and approve draft posters, presentations, journal abstracts, and manuscripts. Researchers should also notify OCFS and HFNY in advance of any media, publicity, or other public presentation related to the research study

**The site will adhere to all NYS policies specified above. In addition, please insert site-specific policies and procedures that include:**

1. The program’s own agency and/or program policies and procedures regarding whether they will allow bona fide researchers (other than HFNY system researchers) to engage in research activities with past or present families. The procedures should specify:
   1. Whether the program will allow researchers who otherwise meet the requirements to conduct research within their program.
   2. The name of the contact person for the agency/program who should be approached regarding participation in research study.
   3. Other individuals at the agency/program who will need to be contacted to review the request to participate.
   4. Who will make the decision to participate; and
   5. Who will provide a letter of support to the prospective researcher for inclusion in their application to HFNY CA and OCFS.
2. The location where informed consent forms for participants included in research studies are stored (e.g., secured paper files, electronically in MIS, etc.).

**Reference Table**

**Best Practice Standard GA**

*This reference table contains a list of reports in the MIS that can be used to help programs monitor fidelity as well as helpful links and documents related to each policy.*

|  |  |  |
| --- | --- | --- |
| **Policy** | **MIS Reports & Forms** | **Appendix & Links** |
| GA-2. A | * Quarterlies /Quarterly 4 Quarter Performance Targets * Accreditation/3-4 A and B Retention Rate Analysis * Accreditation/1-2 B Initial Engagement Process * Accreditation/1-3 B Timing of First Home Visit * Analysis/Quality Assurance Report * Training/Training BPS Orientation, Intensive Role Specific Training for Staff, Shadowing, Prenatal, and FGP/ IFSP * Training/Training BPS Wraparound 3 months, Wraparound 6 months and Wraparound 12-month reports * Accreditation/4-2 B. HFA Home Visiting Completion Rate Analysis – Summary * Accreditation/6-1.B Service Plan Analysis * Accreditation/8-1.B Annual Case Weight Report * Accreditation/12-2 C. Observations by Supervisor * Accreditation/12-3 B. Supervision of Supervisors * Accreditation/12-1.D Supervisor Ratio/ Case Weight Report | * [PCANY QA Protocol for Sites](https://www.healthyfamiliesnewyork.org/Staff/Documents/QA%20protocol%20for%20sites.pdf) (HFNY login required) * [OCFS Quarterly Report and Annual Service Review Guidelines](https://www.healthyfamiliesnewyork.org/Staff/reporting.htm) * [OCFS Site Visit Tool](https://www.healthyfamiliesnewyork.org/Staff/support.htm) * [Quarterly Performance Targets Manual](https://www.healthyfamiliesnewyork.org/Staff/Documents/PerformanceTargetsManual-2023.pdf) (HFNY login required) * [QA Quarterly Activities Calendar](https://www.healthyfamiliesnewyork.org/Staff/Documents/Quality%20Assurance%20Activity%20Calendar.pdf) * [Guidelines for Supervision Notes](https://www.healthyfamiliesnewyork.org/Staff/Documents/Supervision%20Note%20Guidelines%200224.pdf) |
| GA-2. B | * CQI Module | * [CQI Workshop Series](https://www.healthyfamiliesnewyork.org/Staff/support.htm) (HFNY login required) |
| GA-3. A | * None | * Service Agreement Family Rights and Confidentiality Form including Grievance Policy (Located on MIS under Paper Form) * [MIS User Agreement](https://www.healthyfamiliesnewyork.org/Staff/Documents/HFMISUserAgreement20220524.pdf) (HFNY login needed) * HFNY Data Request Form (Located on MIS under Paper Form) * MIECHV Informed Consent (Located on MIS under Paper Form) * Sample Consent to Share Information with External Source (Need HFA login)   + [English Version](https://www.healthyfamiliesamerica.org/network-resources/release-of-information-english/)   + [Spanish Version](https://www.healthyfamiliesamerica.org/network-resources/ga-5-c-release-of-information-spanish/) |
| GA-4. A | * GA-4 Report of Suspected Abuse and Maltreatment Calls | * [Child Abuse Maltreatment Policy Presentation GA 4-A](https://www.healthyfamiliesnewyork.org/Staff/Documents/GA%204%20Power%20Point%2010.2023-FINAL.ppt) |
| GA-5. A | * None | * [Critical Incident Report - Participant and Program fillable forms (HFNY login required - located under PM tab)](https://www.healthyfamiliesnewyork.org/Staff/programmanager.htm) |
| GA-6. A | * None | * [HFNY Policy and Procedure Manual](https://www.healthyfamiliesnewyork.org/Staff/HFNYupdatedpolicies.htm) (HFNY login required) |
| GA-7. D | * Active Enrolled Cases Report | * [NYS OCFS Research Proposal Application Process](https://www.healthyfamiliesnewyork.org/Media/pdf/2023%20-%20Appendix%20L%20-%20OCFS%20Research%20Approval%20Guidelines.pdf) |

1. 3 If the primary purpose of the data being collected or requested is to contribute to monitoring, oversight, or improvement of the program and the requestor is affiliated with the program as a stakeholder, employee, funder, etc., then the study may not need to follow these procedures. When in doubt, reach out to the OCFS program contract manager for assistance. [↑](#footnote-ref-1)