HEALTHY FAMILIES AMERICA

SELF ASSESSMENT TOOL

Best Practice Standards

2008-2012

VALID FOR SITE VISITS 9-1-08 THROUGH 12-31-12

Updated 3-1-10

THE QUALITY ASSURANCE PROCESS:

Healthy Families America (HFA) is based upon twelve research-based critical elements and is committed to demonstrating consistent service implementation through the Quality Assurance (QA) process. The Self Assessment Tool (SAT) is at the heart of the QA process and serves as the program's guide to program implementation. The SAT is also the tool used to determine the program's current state of quality. The tool identifies the policies, procedures and practices necessary for program implementation. The SAT is organized by each of the twelve critical elements and includes a section on Governance and Administration (GA). Each critical element and GA consists of a series of best practice standards that define the Healthy Families model. A standard is a goal for the HFA network that is widely recognized or employed as a model of excellence. A standard is not a "regulation". Rather, the standards represent a higher level of practice to strive for.

Coupled with each standard are rating indicators that are used to determine the program's current degree of implementation. The rating indicators help determine if the program is meeting, exceeding or not meeting the expectation of the standard. Each rating indicator is represented by a numerical system (3-exceeds, 2-meets, 1-does not meet).

The QA process is structured into three steps or phases. Each of these steps allows the program to modify or tailor its current policies, procedures, and/or practices. While the QA process is required every four years to maintain HFA accreditation, programs are encouraged to embrace a philosophy of continuous quality improvement by making the SAT a part of every day practices (i.e., referencing standards and intents in team meetings, supervision, training, etc.).

Step 1- The Self-Study

The initial step in the QA process is the development of the program's self-study. The self-study is the program's first opportunity to demonstrate implementation of the standards and serves as both a process and a document. Program staff are required to engage in a process of self-evaluation as they pull together the evidence necessary to illustrate implementation of the standard requirements throughout the SAT. This self-evaluation facilitates growth and positive change for the program that strives to achieve adherence to standards related to program policies, procedures and practices, and reinforces the maintenance of standards that are already fully implemented.

Step 2- The Site Visit

The second step in the QA process is the peer review site visit. The self-study document is used in conjunction with the peer review site visit to determine the program's current rating for all standards in the SAT. Peer Review teams familiarize themselves with the program's processes during the weeks leading up to the site visit by reviewing the self study and identifying areas requiring further clarification. On-site, the peer team completes a review of family files and other documentation (i.e., personnel records, meeting minutes, supervision logs, training logs, etc.) and conducts detailed interviews with program staff, participants and advisory board members. Once compiled, the peer team utilizes its findings to determine the rating of each standard. The numeric system is used for rating the program. When a "1" rating is assigned to a standard, peer teams are required to provided detailed information to indicate why the program is not currently meeting the standard. The peer team's rating for each of the standards is provided in the Accreditation Site Visit Report (SVR).

Step 3- Response Period

The final step in the QA process requires programs to address the standards rated out of adherence as outlined in the SVR. Programs submit detailed narratives, much like a Quality Improvement Plan,

coupled with evidence of implementation to the HFA Accreditation Panel (the Panel). Upon review of the materials, the Panel determines if the program has shown sufficient evidence to warrant an upgrade of the standard. The final decision to accredit a program is made by the Panel based on the program's demonstrated improvement. Additionally, all programs must meet the established minimum threshold requirements (certain percentage of standards in adherence). The minimum threshold requires 100% of 1st order standards rated as a "2" or a "3", 100% of safety standards rated as a "2" or a "3", plus at least 85% of all other standards 3rd order and unsupported 2nd order standards (standards with Rating Indicators) must be rated as a "2" or a "3".

THE STRUCTURE OF THE SELF ASSESSMENT TOOL:

The Standards:

The HFA Site Self Assessment Tool (SAT) contains a series of inter-related standards. As mentioned earlier, a standard is a goal for the HFA network that is widely recognized, either through research or consensus from the field, as a model of excellence. A standard is not a "regulation". Rather, the standards represent a higher level of practice to strive for. The SAT is broadly organized by the first order standards (the critical elements) and a section on governance and administration. Critical elements 10 and 11 are combined in standard 10 which is focused on training. The first orders state the overall purpose or aim of the practice within each section. Each first order standard is supported by a series of second order standards (e.g., 1-1, 1-2, 2-1, etc.). While the second order standards provide more detail and specificity than the first order standards, their main purpose is to provide further context for the third order standards. In some cases second order standards are unsupported (e.g., 3-1, 4-3, and 5-1), meaning they are not broken down into third order standards; however, most second order standards are supported by a series of third order standards (e.g., 1-1.A, 1-1.B, 1-2.A, 1-2.B, etc.). The unsupported second order and third order standards are the building blocks of the system. They allow for the formation of strong programmatic practice and are the most specific standards with which the program needs to show evidence of implementation.

1st Order Intent:

The 12 Critical Elements and Governance and Administration (GA) are represented in the first order standards 1-12 and are found at the beginning of each section. Immediately following each of the 1st order standards is the overall intent of the critical element. The intent is to provide the context or foundation for the standard/critical element. The HFA Literature Review can also be utilized to provide greater understanding of the context of the critical elements.

2nd Order and 3rd Order Standards Intent:

Intent has been added to many of the 2nd and 3rd order standards to further clarify what is expected, or the purpose, of the standards as they relate to the best practice process. The intent focuses on providing more detail on the "why" behind the standards.

Rating Indicators:

There is a set of rating indicators for every third order and unsupported second order standard in the tool. They were developed to help program's measure their own level of quality, and to assure consistency of ratings from peer team to peer team. These rating indicators provide further interpretation of the standard. They also provide assurance to a program that standards are measured objectively, and help to identify any improvements that may be advisable. The rating indicators are used, in addition to the standard, as part of the criteria with which to evaluate program performance. The rating indicators have been designed using a three point system. Each rating indicator is represented by a numerical system (3-exceeds, 2-meets, 1-does not meet).

Tips:

The tips were designed to help programs with implementation of standards. The tips are not required, but typically focus on ideas related to how a program might choose to document or implement the standard.

Tables of Evidence:

At the end of each Critical Element and the Governance section is a Table of Evidence. This table indicates the policy and procedure requirements, pre-site evidence requirements and the on-site activities. Programs should submit the policy and procedures for each of the items listed in the table within the self-study. Each policy and procedure requirement is linked to the standard to which it applies. The table also indicates the additional pre-site evidence required. For some standards, pre-site evidence beyond the policy and procedure requirements is not necessary. The pre-site information is sent in as part of the completed self-study and is important information for the peer review team to have prior to the site visit. It is suggested that programs utilize colored sheets of paper to separate the evidence required for each individual third order and unsupported standard within the self-study. Programs should also utilize the listing of information to assist them in determining what information is necessary to submit. Additionally, the listing of on-site evidence provides guidance on materials that the peer team will need to have available to them when they arrive for the site visit.

Safety Standards:

These are standards that **must be met** in order to be accredited as they impact the safety of the families being served. Safety standards include 9-3.B (personnel background checks), 10-2.C (orienting staff on child abuse and neglect indicators and reporting requirements), and GA-6.A and GA-6.B (child abuse and neglect reporting criteria, definitions and policy and procedures). Each of these standards is identified as a safety standard in its respective rating indicator box.

Sentinel Standards:

Sentinel Standards are standards determined to be especially significant in the review of HFA program quality. These standards include key program functions in the areas of developmental screenings (6-4.B and 6-6.B), supervision (11-1.B, 11-2.A, 11-2.B) and notifying families of their rights, of confidentiality practices, and obtaining informed consent when family information is to be shared with others (GA-.5.A, GA-5.B). While adherence to each of these standards is not required in order to receive HFA accreditation, a program with any of these standards rated out of adherence will be required to prepare and submit an improvement plan that clearly indicates how the program intends to bring the standard into compliance, coupled with evidence of implementation.

Use of HFA Analysis Tools and HFA Tracking Forms:

For certain standards (1-1.A-F, 1-2.A-C, 3-4.A-C, 4-1.B, 4-2.B, 6-4.B, 11-1.B) forms have been created to support programs in presenting evidence in a concise and manageable format. These forms are **OPTIONAL** and should be used if the program does not have a current system to present the information. If programs or system provide their own tracking forms they should insure that they include the same fields of information outlined in the tools.

Forms may be obtained from HFA national and regional staff and include:
1-1 Data Table, 1-2 Acceptance Analysis Grid, 3-4 Retention Measurement Worksheet and Analysis Grid, 4-1.B Tracking Form, 4-2.B Tracking Form, HFA ASQ Tracking Form, and 11-1.B Tracking Form.

COMMON TERMS USED THROUGHOUT THE SELF ASSESSMENT TOOL:

ADVISORY GROUP:

An organized voluntary group with responsibilities to advise on aspects of the Healthy Families program operations. The functions and responsibilities of this group may include making recommendations to the

Healthy Families program and the organization's governing group (if different from the advisory group) regarding program policy, operations, finances, community needs, etc. Typically, advisory group members are a diverse group of individuals who represent the interests of the community as guided by the critical elements.

ASSESSEMENT:
A standardized process for conducting an in-depth exploration of family strengths and needs. An assessment is done face-to-face and most often is completed in the home or in the hospital. Assessments are typically used to determine service eligibility (if this did not occur via the screening process) and is always used to support the development of individualized service/intervention plans.

ELIGIBILITY FOR SERVICES:
A process by which a program determines who meets specific criteria for receiving services.

HOME VISIT:
A face-to-face interaction that occurs between the participant(s) and home visitor. The goal of the home visit is to promote positive parent-child interaction, healthy childhood growth and development, and enhance family functioning. Typically, home visits occur in the home, last a minimum of an hour and the child is present. The focus during home visits may include, but are not limited to:

Promotion of positive parent-child interaction:

- Support of attachment,
- Social-emotional relationship,
- Support for parent role as child's first teacher (language & emergent literacy),
- Parent-child play activities,
- Support for parent-child goals, etc.

Promotion of healthy childhood growth & development:

- Child development milestones,
- Child health & safety,
- Nutrition,
- Parenting skills (discipline, weaning, etc.),
- Access to health care (well-child check-ups, immunizations),
- School readiness,
- Linkage to appropriate early intervention services,

Enhancement of family functioning:

- Trust-building and relationship development,
- Strength-based strategies to support family well-being and improved self-sufficiency,

- Family goals,
- Assessment tools,
- Coping & problem-solving skills,
- Stress management & self-care,
- Home management & life skills,
- Linkage to appropriate community resources (e.g., food stamps, employment, education),
- Access to health care,
- Reduction of self-defeating behaviors (e.g., substance abuse, domestic violence),
- Reduction of social isolation,
- Crisis management,
- Advocacy, etc.

MONITORS & ADDRESSES:
Monitors: to keep track of through the ongoing collection of available information. The extent of the information collected for tracking/monitoring purposes will vary and is a less rigorous process than compiling data for an analysis. In some situations, available data will be minimal, such as when tracking missed screens, in which case the program may not be able to determine much more than the total number missed and possibly referral source. In other situations, such as when monitoring families that assessed positive yet, verbally declined further involvement, the program will have more data available that it can use based on the amount of information that has been gathered from the family up to that point.
Addresses: to attempt to resolve and/or improve that which is learned from the monitoring process through identification of issues that may be affecting the outcome, along with development of strategies that seek to improve the outcome.

POLICY:
Written statements of principles and positions that guide program operation and services which are typically approved by the governing body, the host agency, and/or appropriate administrative body.

PROCEDURE:
The step-by-step methods by which broad policies are implemented and program operations are to be carried out, contained in writing in an operating or program manual.

PROGRAM:
The term used to describe the HFA site. The terms program and site can be used interchangeably.

RECENT PRACTICE:
The period of time required to demonstrate consistent practice subsequent to any program policy or procedural changes. Most often this period of time is a minimum of three months, though there may be certain circumstances when a shorter period of time may be taken into account or when a 3 month period of time is not sufficient to illustrate implementation.

SELF ASSESSMENT TOOL:
The document that outlines all of the best practice standards for Healthy Families America programs. Referred to as the SAT, it is tool used to identifies the policies, procedures and practices necessary for the program to implement and the tool used to determine the program's current state of quality.

SELF-STUDY:
The self-study (sometimes referred to as the Site Self Assessment-SSA or self assessment SA) is the program's opportunity to demonstrate implementation of the standards and is the compilation of all of the policy and procedure requirements and the pre-site evidence requirements outlined in the SAT. The self-study serves as both a process and a document. Programs are encouraged to make positive changes to their program during the compilation of the self-study.

SCREEN/SCREENING: A process for early identification of potential program participants that often occurs via medical record review, community or self-referral, questionnaire that gathers needs/risk data, or similar information collection system. Programs may establish screening criteria that when evident either results in the determination of service eligibility, or results in the completion of a more detailed assessment.

COMMON TERMS ASSOCIATED WITH ACCEPTANCE & RETENTION RATES AND STANDARDS REQUIRING AN ANALYSIS (1-2.A & B, 3-4.A & B, 9-4):

HFA ACCEPTANCE RATE:

The methodology for tracking the percent of participants who accept Healthy Families home visiting services during a particular time period. The point at which a program offers services impacts the acceptance rate. The earlier in the recruitment process a family may formally accept, the higher the acceptance rate will appear to be. This is because some number of families may initially accept services, but quickly change their mind.

To ensure uniformity in measurement, HFA requires programs to track the acceptance rate of participants based on the receipt of the first home visit, regardless of how a program may define its enrollment date. Programs may choose to measure rates at other intervals as well.

Measuring Acceptance Rates: HFA methodology for calculating a program's acceptance rate is:

1. Count the total number of participants, during a specified time period, who accepted home visiting services and completed a first home visit, and
2. Divide this number by the total number of potential participants who, during the same time period, verbally agreed to further program follow-up at the time of the initial screen/assessment (which ever is used to determine eligibility).

HFA has a spreadsheet available that will calculate acceptance rates using HFA methodology.

HFA RETENTION RATE:

HFA methodology requires that programs measure the percent of participants who remain in the program over specified periods of time (e.g., 3 months, 6 months, 12 months, 24 months, etc.) after receiving a first home visit.

Measuring Retention Rates: HFA methodology for calculating a program's retention rate is:

1. Select a specified time period, e.g., January 1, 2006 to December 31, 2006;
2. Count the number of families who received a first home visit during this time period,
3. Count the number of families in this group that remained in services over specified periods of time (e.g., six months, 12 months, two years or more, etc.);
4. Divide this number by the total number of families that received a first home visit during the time period.
5. For accuracy, a time period must be selected that ended at least one year ago for one year retention rate**,** two years ago for two year retention rate, three years ago for three year retention rate, and so on. This is to ensure that all families beginning services during the specified time period have had the opportunity to stay for the full retention period being measured. For example, a family enrolled in December 2006 could not be counted as retained for one year until December 2007.

HFA has a spreadsheet available that will calculate retention rates using HFA methodology.

NOTE: The *retention rate* is impacted by the way programs measure from the beginning to the end of services. For example, if retention is measured from acceptance date to termination date, retention will calculate lower than it does for programs that define acceptance later in the recruitment process (e.g., first home visit). Also, at the end of services, the termination date is often assigned after a period of creative outreach, which artificially extends the period of time a family was considered to be receiving home visiting services. To improve measurement of retention rate, HFA requires that retention calculations use first and last home visit dates, even if they define enrollment and termination differently.

ANALYSIS:
A detailed study and reporting of program patterns and trends. For the purposes of analyzing HFA Acceptance Rates and HFA Retention Rates, programs should compare the participants who accepted program services to those who refused and participants who stayed in the program compared to those who dropped out. An analysis should include data (both raw numbers and percentages) that depicts a variety of factors (demographic, programmatic and social), along with reasons why families refuse/drop-out, in combination with a narrative that reflects informal findings from discussions with staff in team meetings or supervision sessions, advisory board conversations etc., and a summary of the data that illustrates the patterns and trends, or in some cases the absence of patterns or trends. Patterns and trends are determined by comparing data across opposing groups (i.e., those accept compared to those who do not or families that stay compared to those that leave) over the same periods of time. Below you will find suggestions of factors to use with regards to Acceptance and Retention analyses; however, programs may consider utilizing certain criteria for other analyses.

Please note: these are not all required.

PROGRAMMATIC FACTORS:
General program elements that impact service planning and delivery. Below are some suggested criteria that programs may consider using in the analysis. For ease with programmatic factors the suggested criteria have been separated out with regards to acceptance and retention analyses.

Acceptance Rate Analysis
- target population;
- referral sources;
- staffing issues (patterns & trends among assessment staff);
- number of days between referral and assessment;
- assessment timeframe (e.g., prenatal, at birth within two weeks, more than two weeks);
- training of staff; and
- program funding, etc.

Retention Analysis
- target population;
- enrollment timeframe (e.g. enrolled prenatally, at birth, or at a later period)
- staffing issues (patterns and trends among home visitors) depending on program size home visitor trends can be evaluated by individual, by team and by satellite
- current service level;
- length of time in program;
- age of target child(ren)
- approaches to service delivery and evaluation of these approaches (use of curriculum, IFSP development – information may be gathered through the Quality Assurance Plan);
- how policies impact what happens with families and program outcomes;
- relationships with other agencies or community providers;
- training of staff;
- program funding, etc.

DEMOGRAPHIC FACTORS:
General population characteristics. Below are some suggested criteria that programs may consider using in the analysis.

- gender;
- age;
- race & ethnicity;
- marital status;
- education;
- language;
- employment;
- income level, and
- city/zip code, etc.

SOCIAL FACTORS:
The set of characteristics linked to a family's formal and informal support network and services that may contribute and/or influence human development, relationships, way of life, group dynamics, etc. Below are some suggested criteria that programs may consider using in the analysis.

- assessment score;
- working or in school;
- socio-economic status;
- family or friend support;
- teen parent(s) living independently or with parents;
- grandparents raising target child;
- linkages to other community resources;
- religious affiliation;
- domestic/family violence;
- cognitively delayed parents;
- substance abusing parents;
- parents with mental health issues; and
- heightened gang or other criminal activity, etc.

OTHER FACTORS:

- Special population characteristics unique to the individual, family or community. These criteria should be decided upon by the program and may not be present in every analysis.

REASONS WHY:
Program staff should attempt to determine the reasons why a family did not want to accept program services, or dropped out of the program prior to completion of services. At times the specific details may not be available (i.e., a family said yes to assessment staff person's offer, yet never received a first home visit or a family was on creative outreach and is eventually closed). In these instances, staff may draw upon anecdotal assumptions about the reasons why.

PLAN FOR INCREASING ACCEPTANCE RATES AND RETENTION RATES:
The plans developed by program staff to increase the acceptance and retention rates should be directly linked to the patterns and trends identified in the analysis. Program staff should utilize team meetings, supervision, advisory board meetings as venues to strategize ways to increase these rates. Additionally, staff should take sufficient time to implement the strategies, determine the effectiveness of a particular strategy, while working to improve its rates over time.

1. *Initiate services prenatally or at birth*.

***Standard 1 Intent:* The overall intent of the standards in this section is to ensure the program has a well-thought out mechanism for the early identification of families in the community that could benefit from program services.**

1-1. The program ensures it identifies and initiates home visiting services with families in the target population for services either while the mother is pregnant and/or at the birth of baby.

1-1.A. The program has a description of the ***target population*** that includes applicable demographic data and identifies places where the population is found (e.g., local hospitals, prenatal clinics, high schools, etc.).

Intent: *A program's target population describes the characteristics and total number (or close approximate) of all potential participants. Each program defines its own target population in order to meet the unique needs of the community. Programs are encouraged to identify target populations that are realistic to reach. For example, while it is commendable to want to reach out to all families giving birth in a given year, it may be unrealistic based on staffing to actually come into contact with all families.*

Target populations are often defined by factors such as age, Medicaid eligibility, geographical area, first time pregnancy, utilization of identified community agencies, or all parents, etc. Some cities have multiple HFA programs working together by serving different target populations.

In addition to the program's target population definition, demographic data that quantifies (as closely as possible) the volume of potential program participants as defined by its target population should be gathered. This data is specific to the families actually giving birth within the identified target and identify the community partners which will enable the program to gain access to the families. Programs are also encouraged to identify any other factors that will help ensure the target is well defined.

1-1.A. RATING INDICATORS

3 - The program has a demographic description of the target population and identifies organizations within the community in which the target population can be found. Both the description and identification are comprehensive and up-to-date (data within past two years).

2 - The program has a demographic description of the target population and identifies organizations within the community in which the target population can be found; however, the description and identification could be more comprehensive and/or up-to-date (relevant to program's current practices).

1 - Any of the following: the program does not have a description of the target population; the program does not identify organizations within the community in which the target population can be found; and/or the description and/or identification have major information gaps.

Target Population: Members of a group, which the program is designed to serve. The boundaries of the designated target population may be set by a variety of factors such as specific social problems, age, and/or community needs.

☺ Tip: Given that programs may expand or reduce services over time, the program's target population should periodically be reviewed and updated as changes in funding,

program structure and/or community demographics warrant.

☺ Tip: When compiling demographic data to quantify information about the target population, applicable data should be used (e.g., if the program intends to serve teen parents from a particular geographic area, then the program should gather data that establishes how many teens from that specified area give birth in a given year, or if the target population is all families enrolling in WIC from the local Health Dept., the program needs data to determine how many families make-up this target population, or 1st time families giving birth at XYZ Hospital, etc., etc.).

1-1.B. The program's system of organizational relationships with community entities (e.g. prenatal clinics, hospitals, etc.) allows families in the target population to be screened/identified to establish possible need for service and the program has identified strategies to increase the percentage screened/identified

Intent: *In order for programs to access families within the target population, it is essential to create relationships with community entities that come into contact with potential participants within the target population. In some cases these relationships may require formal Memorandums of Understanding/Agreements, and in other cases these relationships may be verbal agreements or informal in nature. In either case, it is important that these relationships allow program staff to connect with potential families. These connections may include the agencies providing referrals/screens and/or contact information to the HFA program for the purpose of assessing families to determine eligibility.*

*For many programs it may be challenging to screen/identify 75% or more of the target population. It is important for programs to continue to work toward reaching at least 75% of the target population and in some instances it may be appropriate to redefine the target population to a more realistic scope (to the extent permissible by funders or system administrators). Additionally, program staff should continue to identify gaps in the ability to connect with potential participants and address how the system of relationships might be improved (e.g., strategies to form new relationships, provide in-service training for referral agencies, create more effective ways to screen/identify families in the target area, etc.**).*** ***Please note:*** *if programs are able to screen/identify 90% or more of potential participants, strategies to increase the percentage do not need to be identified.*

1-1.B.		RATING INDICATORS
3	-	The system of organizational relationships enables the program to screen/identify 90% or more of the families in the target population.
2	-	The system of organizational relationships enables the program to screen/identify at least 75% of the families in the target population and the program has identified strategies to increase the percentage screened/identified.
1	-	The system of organizational relationships does not ensure screening/identification of 75% or more of the families in the target population and/or and the program has not identified strategies to increase the percentage screened/identified.

☺ Tip: Use of the HFA 1-1 Data Table will allow the program to calculate its rate of identifying potential families from the target population.

1-1.C. The program monitors and addresses families who screen positive and either 1.) were not offered home visiting services (when the program offers services universally or uses a positive screen to determine eligibility) or 2.) were not assessed (when the program uses a positive assessment to determine eligibility).

Intent: *Many potential program participants miss the opportunity to participate in home visiting services because program staff are unable, for a variety of reasons, to maintain contact with them subsequent to the initial screening process. Therefore, programs should monitor the screening/identifying process in order to develop strategies for increasing the capacity of the program to connect with the target population. The depth of the monitoring will depend on the amount of information gathered through the screening/identifying process or from referral agencies.* ***Please note: Monitors and Addresses is defined on page 6.***

1-1.C. RATING INDICATORS

3 - No 3 rating for Standard 1-1.C.

2 - The program monitors the screening process by which families are identified (at least annually), and has developed strategies to address any issues.

1 - Any of the following: The program has not monitored the screening process, or has not developed strategies to address issues.

1-1.D. The Screenings/Assessments used to determine eligibility for services occur either prenatally or within the first two weeks after the birth of the baby.

Intent: *Screening/Assessment is used together in this standard to allow programs flexibility in determining participant eligibility.* ***Please note:*** *there are several options programs use to determine eligibility: 1) a positive screen only, 2) a positive screen and positive assessment, and 3) universal approach where all families are eligible. Typically programs utilize a 2-part process that includes initial screening followed by an assessment to determine program eligibility. For programs using a 2-part process, assessment data should be used as evidence for this standard. Some programs use a 1-part process with the screen used to determine eligibility. Therefore, a positive screen equals eligibility. For programs using a 1-part process, screening data should be used as evidence for this standard. Finally, for programs providing "universal" home visiting services (where all families are considered eligible to participate in program services, regardless of a positive screen or positive assessment), programs should use the number of families referred/received as evidence for this standard.*

1-1.D. RATING INDICATORS

3 - Ninety-five percent (95%) through one hundred percent (100%) of eligibility screenings or assessments occur prenatally or within the first two weeks after the birth of the baby.

2 - Eighty percent (80%) through ninety-four percent (94%) of all eligibility screenings or assessments occur either prenatally or within the first two weeks after the birth of the baby.

1 - Less than eighty percent (80%) of all eligibility screenings or assessments occur either prenatally or within the first two weeks after the birth of the baby.

☺ Tip: Programs are encouraged to establish systems that allow the connection with families to occur as early as possible, ideally during the prenatal period.

1-1.E. The program monitors and addresses families who verbally declined further program involvement subsequent to either, 1.) a positive assessment (when program uses assessment to determine eligibility), or 2.) the offer of services (when program uses positive screen to determine eligibility or offers services universally).

Intent: *Programs utilize a variety of approaches to determine participant eligibility, (i.e. through screening, assessment or a universal approach). For some programs, families are not offered home visiting services until the first home visit. In other programs, potential participants agree to participate in home visiting services when they are offered the program at the point of screening or at the point of assessment. Programs are to monitor the families who verbally decline the offer of further program involvement after being determined eligible in an effort to develop strategies for increasing the capacity of the program to connect with and engage participants.* ***Please note: Monitors and Addresses is defined on page 6.***

1-1.E. RATING INDICATORS

3 - No 3 rating for Standard 1-1.E.

2 - The program monitors the families who verbally decline the offer of further program involvement, and has developed strategies to address any issues.

1 - Any of the following: The program has not monitored the families who verbally declined further program involvement, or has not developed strategies to address issues.

NA - All families, within the annual timeframe, verbally accepted the offer of further program involvement subsequent to being determined eligible.

1-1.F. The program's policy, procedures, and practices ensure that, for those who accept home visitation services, the first home visit occurs prenatally or within the first three months after the birth of the baby.

1-1.F. RATING INDICATORS

3 - The program's written policy and procedures state that the first home visit will occur prenatally or within the first three months after the birth of the baby, and ninety-five percent (95%) through one hundred percent (100%) of first home visits occur within this timeframe.

2 - The program's written policy and procedures state that the first home visit will occur prenatally or within the first three months after the birth of the baby, and at least eighty percent (80%) through ninety-four percent (94%) of first home visits occur within this timeframe.

1 - One of the following: There is no written policy and procedures; the policy and procedures do not address the timeframe identified in the standard; or less than eighty percent (80%) of first home visits occur prenatally or within the first three months after the birth of the baby.

☺ Tip: Programs are encouraged to begin providing home visiting services as early as possible, ideally during the prenatal period.

1-2. The program defines, measures, analyzes, and addresses how it might increase the acceptance rate of families into the program on a regular basis and in a consistent manner.

1-2.A. The program defines and measures the acceptance rate of families into the program using HFA approved methodology (based on receipt of first home visit - **please see the definition on page 7)**. **Please Note:** Other methodologies may be used in addition.

Intent: *Calculating the rate of families accepting home visiting services is a critical quality improvement measure. Programs are to look at the number of families accepting program services compared to the number of participants offered services. To ensure uniformity in measurement, HFA requires programs to track the acceptance rate of participants based on acceptance of the first home visit, regardless of how a program may define its enrollment date. Programs may choose to measure rates at other intervals as well.*

1-2.A. RATING INDICATORS

3 - The program defines the acceptance rate of families (based on receipt of a first home visit) into the program and evidence indicates acceptance rates are being measured more than once a year.

2 - The program defines its acceptance rate of families (based on receipt of a first home visit) and evidence indicates acceptance rates are being measured at least annually.

1 - The program does not define its acceptance rate of families and/or is not measuring its acceptance rate at least annually.

1-2.B. The program analyzes at least once every two years (e.g., both formally, through data collection, and informally through discussions with staff and others involved in the assessment process) who refused the program among those determined to be eligible for services and the reasons why. **Please see common terms associated with analyses beginning on page 6.**

Intent: *Programs are to measure program acceptance data at least annually (as indicated in standard 1-2.A) and conduct a thorough analysis, at a minimum, once every two years to determine patterns or trends; to compare families who accept program services with those who refuse program services, and to identify potential improvement strategies to increase program acceptance, based on the analysis. Programs may choose to analyze data more often if patterns or volume suggest this need.*

1-2.B. RATING INDICATORS

3 - The program annually uses both formal and informal methods to analyze who refused the program and why. This analysis is comprehensive, addressing programmatic, demographic, social and other factors and includes a comparison of those who accept and those who decline.

2 - The program once every two years uses both formal and informal methods to analyze who refused the program and why. This analysis is comprehensive, addressing programmatic, demographic, social and other factors and includes a comparison of those who accept and those who decline.

1 - Any one of the following: The program does not have a comprehensive analysis of who refused services and why; has only an informal analysis; the analysis does not include a comparison of those who accept and those who decline; or the analysis is not conducted at least once every two years.

NA - The program did not accept any new families in the last two years or at least 90% of individuals who were offered the program accepted.

☺ Tip: The HFA Acceptance Analysis Grid provides guidance on various programmatic, demographic and social factors to consider when conducting a comprehensive analysis.

1-2.C. The program addresses how it might increase its acceptance rate based on its analysis of those refusing the program in comparison to those accepting the program.

1-2.C.		RATING INDICATORS
3	-	Based on the analysis, the program has implemented a plan for increasing its acceptance rate among the individuals who are not currently choosing to participate in the program. The plan addresses programmatic, demographic, social and other factors.
2	-	Based on the analysis, the program has a plan for increasing its acceptance rate among the individuals who are not currently choosing to participate in the program. The plan addresses programmatic, demographic, social and other factors; however, the plan has not yet been implemented.
1	-	Any of the following: the program does not have a plan; the plan is not based on the analysis; does not address programmatic, demographic, social and other factors; and/or does not address how it might increase its acceptance rate.
NA	-	The program did not accept any new families in the past two years or at least 90% of individuals with a positive assessment accepted the program.

Initiate services prenatally or at birth			
Standard	**Policy and Procedures**	**Additional Pre-Site Evidence**	**On Site Activities**
1-1.A Target Population	No evidence required **Please note:** programs may have Policy and Procedures related to these standards and may submit them for the benefit of the peer review team; however, they are not required.	Please submit a definition of the program's target population (e.g., who does the program intend to serve) along with the most recent applicable demographic data. Also, identify places where the population is found (e.g., local hospitals, prenatal clinics, high schools, etc.). **Please note:** programs may submit the HFA 1-1 Data Table or program database reports, in combination with demographic data for the 1-1.A-F.	Interview: • program manager, • assessment supervisor, • assessment workers, and • home visiting staff, as necessary; and • partnering agency where families are accessed, if possible. Review: • formal or informal agreements with collaborating agencies, and • updated reports that would show recently improved practice, if necessary • Advisory Group Survey
1-1.B 75% Identified		Please submit a narrative describing the process and timeframe for identifying (referring/screening/assessing) families in the target population including the agency relationships that exist for identifying potential program participants (i.e., where are families found) the number of families in the target population for a 12 month period, the number and percentage of families screened/identified,, and strategies to increase the percentage screened/identified.	
1-1. C Monitoring Screens		Please submit a narrative describing how the program monitors and addresses families who 1.) were not offered home visiting services (when the program offers services universally or uses a positive screen to determine eligibility) or 2.) were not assessed (when the program uses a positive assessment to determine eligibility)Be sure to include strategies developed to address any issues.	
1-1.D Screen/Assessment Timeframes		Please submit a report illustrating the number of assessments (or screens if used to determine eligibility) that occurred prenatally, within the first two weeks of the birth of the baby, more than two weeks after the birth of the baby, and the total percentage within two weeks of the birth of the baby.	
1-1. E Monitoring families who verbally decline further program involvement		Please submit a narrative describing how the program monitors and addresses families who verbally declined further program involvement subsequent to either, 1.) a positive assessment (when program uses assessment to determine eligibility), or 2.) the offer of services (when program uses positive screen to determine eligibility or offers services universally).	
1-1.F First Home Visit Timeframe	Regarding: the process and timeframe for initiating home visiting services	Please submit a report indicating the date of the first home visit and the date of the baby's birth for all families who entered the program during the last 12 month period of time.	
1-2.A Acceptance Rate	No evidence required **Please note:** programs may have Policy and Procedures related to these standards and may submit them for the benefit of the peer review team; however, they are not required.	Please submit a narrative describing the program's definition of program acceptance rate, a description of the program's process for measuring the acceptance rate including method of calculation, and the current acceptance rate.	Interview: • program manager, • assessment supervisor, • assessment workers, and • home visiting staff, as necessary. Review: • Previous Acceptance Rate Analyses and Plans to Increase, as appropriate
1-2.B Acceptance Analysis		Please submit a narrative describing how often the program conducts its acceptance analysis and a copy of the most recent acceptance analysis. **Please note:** programs may submit the Acceptance Analysis Grid or program database report that includes all required elements (i.e., comprehensive, comparative and with reasons why).	
1-2.C Acceptance Plan to Increase		A copy of the most recent plan to increase the acceptance rate based on the analysis. When appropriate, the site should describe which aspects of the plan have been implemented.	

2. *Use a standardized (e.g., in a consistent way for all families) assessment tool to systematically identify families who are most in need of services. This tool should assess the presence of various factors associated with increased risk for child maltreatment or other poor childhood outcomes (e.g., social isolation, substance abuse, parental history of abuse in childhood).*

***Standard 2 Intent:* The overall intent of the standards in this section is to ensure the program has an objective, standardized process for assessing the strengths and needs of families at the onset of program services.**

2-1. The program uses a tool(s) (e.g., screening tools, assessment tools, etc.) to identify the families within the target population who are most in need of intensive home visitor services.

2-1.A. The program has ***screening*** and/or ***assessment*** tool(s) to identify families most in need of intensive home visitor services that assess for the presence of factors that could contribute to increased risk for child maltreatment or other poor childhood outcomes, (i.e., social isolation, substance abuse, mental illness, parental history of abuse in childhood, etc.).

Intent: *No single factor is sufficient to predict who faces the high levels of stress that may lead a parent to abuse or neglect a child. It is also not possible for a single factor to predict when a child is at risk for developmental delays or poor childhood outcomes. Therefore, programs should use comprehensive assessment tools to determine family strengths and needs. When it is not fiscally possible to provide services universally, standardized assessment tools identify families most in need of services in an objective manner and ensure program services are offered to families the program is designed to serve.*

Please note: *If services are offered based on a positive screen or universally to all families in the target population, assessments should still be completed to provide home visitors and supervisors with an understanding of the unique strengths, risk factors, and needs of a family, thereby affording an opportunity to provide individualized services.*

2-1.A.		RATING INDICATORS
3	-	No “3” rating indicator for standard 2-1.A.
2	-	The program has screening and/or assessment tool(s) that assess for the presence of factors that could contribute to increased risk for child maltreatment or other poor childhood outcomes.
1	-	The program does not have screening and/or assessment tool(s) that assess for the presence of factors that could contribute to increased risk for child maltreatment or other poor childhood outcome.

2-1.B. The program has written policy and procedures regarding assessment ***criteria*** and documentation of assessment summaries and/or ***narratives*** that cover all areas as outlined by the tool.

Intent: *It is important that programs state clear expectations for the documentation of the assessment narrative to ensure it conveys accurately the depth and detail of each family's strengths, risk factors and needs. Consistent documentation in this way provides home visitors with an understanding of each family, and affords the opportunity to provide individualized service that builds upon their strengths and is specific to their unique needs. The review of this assessment documentation becomes the basis for standards 6-1.A and 6-1.B.*

2-1.B. RATING INDICATORS

3 - No "3" rating for standard 2-1.B.

2 - The program has written policy and procedures for criteria, assessment summaries and/or narratives.

1 - The program does not have written policy and procedures for criteria, assessment summaries and/or narratives; or the policy and procedures do not cover all areas as outlined by the tool.

Criteria: standards and/or expectations on which judgments or decisions are based.

Narratives: written descriptions of the information gathered from the family during the assessment process. It should incorporate the information provided by the families that links to the assessment criteria.

2-1.C. The screening and/or assessment tool is administered uniformly with the target population and in accordance with program policy and procedures.

Intent: *Program policy and procedures ensures that all staff involved in the screening/assessment process provide such service objectively and reliably, so that all families are assessed and offered service in the same way regardless of who conducts the assessment or when it is administered.*

2-1.C. RATING INDICATORS

3 - The program screening and/or assessment tool is administered uniformly with the target population and in accordance with program policy and procedures.

2 - Past instances may have occurred when the program screening and/or assessment tool was not administered uniformly with the target population and in accordance with program policy and procedures; however, recent practice indicates this is now occurring.

1 - The program does not demonstrate that it administers the tool uniformly with target population and in accordance with program policy and procedures.

2-2. The program ensures that staff and volunteers who use the screening and/or assessment tool(s) have been trained in its use prior to allowing them to administer it.

2-2.A. The program has policy and procedures for training workers who will use the tool to ensure that the worker has adequate understanding and knowledge of how to use the tool appropriately. The training must include the theoretical background (e.g., its purpose, what it measures, etc.) on the tool, ***hands-on practice*** in using the tool and occur prior to administering it.

Intent: *In Standard 10, intensive role-specific assessment training must occur within 6 months of date of hire. On occasions when staff begin performing assessments prior to the receipt of "core" training, the program's procedures for "stop-gap" training must include the components (theory and hands-on practice) identified in this standard. "Stop-gap" training is defined as customized role-specific training (often conducted in-house on an as-needed basis) to meet an individual's urgent need for skills necessary to perform work, prior to the receipt of "core" training. "Stop-gap" training does not need to be conducted by a certified trainer; however it must be conducted by someone who regularly uses the tool and has been intensively trained in the use of the tool. Stop-gap training does not replace the requirement to attend "core" training.*

2-2.A. RATING INDICATORS

3 - No "3" rating indicator for standard 3-3.B.

2 - The program has written policy and procedures for training workers who will use the tool that includes:
- the theoretical background.
- hands-on practice, and
- the timeframe for the occurrence of the training.

1 - Any of the following: the program does not have written policy and procedures for training workers who will use the tool; the policy and procedures does not specify the training include the theoretical background on the tool; hands-on practice; or timeframe for the occurrence of the training.

Hands-on practice: *examples of how hands on practice is utilized include actually using the tool during the training, which may include role play, video taping assessments, or scoring a video taped assessment*.

2-2.B. Staff and volunteers who use the tool have been trained to ensure that the worker has adequate understanding and knowledge of how to use the tool appropriately.

2-2.B. RATING INDICATORS

3 - All staff receive training prior to administering the tool that includes the
- theoretical background on the tool, and
- hands-on practice.

2 - Past instances may have occurred when training was not received prior to administering the tool and/or that included the theoretical background on the tool, and hands-on practice; however, recent practice indicates that the program is now ensuring all staff receive training prior to administering the tool that includes the theoretical background on the tool, and hands-on practice.

1 - Any of the following: program staff do not receive training prior to administering the tool; the training does not include theoretical background on the tool; and/or the training does not include hands-on practice.

☺ Tip: Be sure to include this training in the training plan and mechanism for tracking as required by 10-1.

Standardized Assessment Tool			
Standard	**Policy and Procedures**	**Additional Pre-Site Evidence**	**On Site Activities**
2-1.A Screening/assessment Tool Factors of Risk	Regarding: the program's screening and/or assessment process and the criteria used to determine and document program eligibility	Please submit a copy of the screening and/or assessment tool and any related documentation, and a description of the factors identified by each tool	Interview: • program manager, • assessment supervisor, • assessment workers, as necessary
2-1.B Policy & Procedures Criteria & Summaries		No additional Pre-Site Evidence Necessary	
2-1.C Screening/assessment Tool Administered Uniformly		No additional Pre-Site Evidence Necessary	Interview: • assessment supervisor, • assessment workers, as necessary Review: • completed screens/assessments from recent time period
2-2.A Policy & Procedure Training Assessment Staff	Regarding: training staff on the use of the assessment tool prior to use of the tool	No additional Pre-Site Evidence Necessary	Interview: • program manager, • assessment supervisor, • assessment workers, as necessary Review: • any additional training documentation that may be necessary
2-2.B Assessment Staff Receive Training		Please submit a table or list that depicts each person that uses the tool, the date each person received training and the date each person first used the tool, and assessment training certificates or documentation confirming receipt of training on use of the tool	

3. *Offer services voluntarily and use positive, persistent outreach efforts to build family trust*.

Standard 3 Intent: ***The overall intent of the standards in this section is to ensure the program has a process for reaching out to and engaging families, as well as attempting to stay connected with and re-engaging families who may be more challenging to serve.***

3-1. Program policy, procedures and practices ensure services are offered to families on a ***voluntary*** basis.

Intent: *Offering services voluntarily (allowing families to choose to participate) increases trust and receptivity, and research suggests that an important reason for voluntary programs, is that mandatory programs shift emphasis from one of social support to one of social control (Daro, 1988). Home visitation services must be voluntary, such that the entire context and tone of the program is one of respect for families – their desires and their strengths (Gomby, 1993).*

Program services can still be provided by multiple service providers when the HFA program provides clear guidelines with regards to the content of the information being shared. Program staff need to ensure that families are giving informed consent any time information is shared between providers, to ease in delivery of services.

3-1. RATING INDICATORS

3 - The program has written policy and procedures regarding the voluntary nature of program services, and practice clearly indicates services are offered to all families solely on a voluntary basis.

2 - The program has written policy and procedures regarding the voluntary nature of program services, and past instances may have occurred when the policy and procedures were not followed; however, recent practice indicates the policy and procedures are now being followed and services are offered to families solely on a voluntary basis.

1 - There are instances in which families are mandated to receive services at program entry or at any point during program services.

Voluntary: This term is used to differentiate between activities in which an individual chooses to participate (i.e., voluntary) and activities in which an individual is required, without choice, to participate (i.e., mandatory).

3-2. The staff uses positive methods to build family trust, engage new families, and maintain family involvement in program.

3-2.A. The program has policy and procedures that specify a variety of positive methods to build family trust, engage new families, and maintain family involvement in the program.

Intent: *This standard reflects the need for staff to utilize trust-building methods and tools, including supervisory support, when establishing and maintaining relationships with families. Families are often reluctant to engage in services and may have difficulty building trusting relationships. Therefore, program staff must identify positive ways to establish a relationship with a family and keep families interested and connected over time. Utilizing a family centered approach, throughout the course of home visiting services, allows staff to focus on what is important to the family. Supervision is an excellent place to strategize ways to continue to build trust, engage families and maintain involvement.*

3-2.A.		RATING INDICATORS
3	-	No "3" rating indicator for 3-2.A.
2	-	The program has policy and procedures that specifies a variety of positive methods (e.g., telephone calls, visits, mailings, parenting groups, family-centered practices, etc.) to build family trust, engage new families, and maintain family involvement in the program.
1	-	The program has no written policy and procedures or the policy and procedures lack specificity.

3-2.B. The staff uses positive methods in order to build family trust, engage them in services, and maintain family involvement.

3-2.B.		RATING INDICATORS
3	-	Program staff uses positive methods to build family trust, engage them in services, and maintain family involvement.
2	-	Past instances may have occurred when positive methods were not used; however, recent practice indicates that the program now uses positive methods to build family trust, engage them in services, and maintain family involvement.
1	-	The program does not use positive methods to build family trust, engage them in services and maintain family involvement.

3-3. The program offers creative outreach under specified circumstances for a minimum of three months for each family before discontinuing services.

3-3.A. The program policy and procedures specifies the circumstances under which a family is placed on creative outreach status, the activities to be carried out during the course of creative outreach, that creative outreach is continued for families for three months and is only concluded prior to three months when families have (re)engaged in services, refused services or have moved from the area.

Intent: *It is the program's responsibility to reach out to families who have accepted services, yet for a variety of reasons, may not be comfortable availing themselves for home visiting services. Often, families that have experienced trauma in their own childhood histories find it difficult to openly trust and welcome others into their homes. The circumstances that warrant a family being placed on creative outreach may vary from program to program; however, the number of missed visits or length of time without contact should be clearly outlined in the policy. Additionally, the activities to (re)engage families in program services required while on creative outreach should be identified. Please keep in mind that, to the best ability of the home visitor and supervisor, these services should be uniquely tailored to individual family. The activities should be focused on strategies that will show the family that the worker is genuinely interested in them and willing to continue to offer family support services. The exception to this outreach policy is when families move out of the service area or make a decision for themselves and verbally refuse program services.*

3-3.A. RATING INDICATORS

3 - No "3" rating indicator for standard 3-3.A.

2 - The written policy and procedures specify:

- the types of circumstances under which a family is provided creative outreach,
- the activities to be carried out during the course of creative outreach,
- that creative outreach is continued to families for three months, and is only concluded prior to three months when families have engaged in services, refused services or the family has moved from the service area.

1 - Any one of the following: There are no written policy and procedures; or the policy and procedures do not address all points required in the "2" rating indicator.

Refused Services: a participant, determined to be eligible for services, which is offered services and declines participation in services (either verbally or in writing). Or, a participant who has been enrolled in a program and for whatever reason declines further participation.

☺ Tip: Programs are advised to avoid correspondence that threatens or demands the family to contact them or they will be terminated from program services. While it is a reality that program services may be terminated after the 90 day/3 month timeframe, correspondence indicating a plan to terminate services will likely add to the alienation and lack of trust families have in programs services. These creative activities designed to reach out to families should occur for the full timeframe.

3-3.B. The program places families in creative outreach appropriately and continues creative outreach for three months, only concluding creative outreach services prior to three months when the families have engaged in services, refused services or moved from the area.

3-3.B. RATING INDICATORS

3 - The program places families on creative outreach appropriately (e.g., as specified by its written policy), conducts the activities to be carried out during the course of creative outreach and continues creative outreach for three months. The only instances found when outreach was concluded prior to three months occurred when the families engaged in services, refused services or moved from the area.

2 - Past instances may have occurred when the written policy and procedures were not followed; however, recent practice indicates the program places families on creative outreach appropriately (e.g., as specified by its written policy), conducts the activities to be carried out during the course of creative outreach and continues outreach for three months. The only instances found when creative outreach was concluded prior to three months occurred when the families engaged in services, refused services or moved from the area.

1 - Any of the following: The program does not place families on creative outreach appropriately; does not conduct the activities to be carried out during the course of creative outreach; and/or does not continue creative outreach for three months.

3-4. The program defines, measures, analyzes and addresses how it might increase the retention rate of families in the program in a consistent manner and on a regular basis.

3-4.A. The program defines and measures its retention rate using HFA approved methodology (first and last home visit - **please see definition on page 7**). Other methodologies may be used in addition. The definition of its retention rate includes all families who enrolled in home visitation from the program.

Intent: *Calculating the length of time families are retained in the program is a critical quality improvement measure. Programs are to look at the length of time families are remaining in the program and patterns and trends associated to families dropping out of program services at specified intervals. Measuring retention rates at specified intervals assists program staff in identifying when families are dropping out of the program.*

3-4.A.		RATING INDICATORS
3	-	The program defines the retention rate of families in the program and evidence indicates retention rates are being measured more than once a year.
2	-	The program defines its retention rate, and evidence indicates retention rates are measured at least annually.
1	-	The program does not define its retention rate and/or is not measuring it at least yearly.

☺ Tip: Ideally, in addition to measuring the retention of families who have enrolled (per program definition of enrolled) in the program, programs should also have a process for measuring the families that accept program services, however never receive home visiting services.

3-4.B. The program analyzes at least once every two years (e.g., both formally through data collection and informally, through discussions with staff and others involved in program services) which individuals dropped out of the program, at what point in services, and reasons why. **Please see common terms associated with analyses beginning on page 6.**

Intent: *It is recommended that programs measure family retention annually (as indicated in standard 3-4.A) and conduct a thorough analysis once every two years to determine patterns or trends; to compare families who stay in the program with those who drop out of the program, and to identify improvement strategies to increase family retention. Programs may choose to analyze data more often if patterns or volume suggest this need.*

3-4.B.		RATING INDICATORS
3		The program annually uses both formal and informal methods to analyze who leaves the program and why. This analysis is comprehensive, addressing programmatic, demographic, social and other factors and compares this data to the families who remained in the program.
2	-	The program once every two years uses both formal and informal methods to analyze who leaves the program and why. This analysis is comprehensive, addressing programmatic, demographic, social and other factors and compares this data to the families who remained in the program.
1	-	Any of the following: the program does not have an analysis of who dropped out of the program and why; the program has only an informal analysis; or the analysis does not include programmatic, demographic, social and other factors; the analysis does not compare this data to the families who remained in the program and/or the analysis is not conducted once every two years.
NA	-	No families have dropped out of the program in the past two years.

☺ Tip: The HFA Retention Analysis Grid provides guidance on various programmatic, demographic and social factors to consider when conducting a comprehensive analysis.

3-4.C. The program addresses how it might increase its retention rate based on its analysis of which individuals dropped out of the program, at what point in services, and the reasons why.

3-4.C.		RATING INDICATORS
3	-	Based on the analysis, the program has implemented a plan for increasing its retention rate among the individuals who are currently dropping out of the program. The plan addresses programmatic, demographic, social and other factors.
2	-	Based on the analysis, the program has a plan for increasing its retention rate among the individuals who are currently dropping out of the program. The plan addresses programmatic, demographic, social and other factors; however, the plan has not yet been implemented.
1	-	Any of the following: the program does not have a plan; the plan is not based on the analysis; does not address programmatic, demographic, social and other factors; and/or does not address how it might increase its retention rate.
NA	-	No families dropped out of the program in the past two years.

☺ Tip: Sites should clearly connect the patterns or trend in the analysis to the items in the plan.

Offer services voluntarily and use positive, persistent outreach efforts to build family trust.			
Standard	**Policy and Procedures**	**Additional Pre-Site Evidence**	**On Site Activities**
3-1. Voluntary Services	Regarding: the voluntary nature of service	No additional pre-site evidence required	Interview: • program manager, • supervisors • assessment staff, • home visitors, and • families, as necessary, Review: • materials or forms indicating services are voluntary • Staff Questionnaires
3-2.A Policy & Procedures Trust Building	Regarding: establishing and building trusting relationships with families	No additional pre-site evidence required	Interview: • home visitor supervisor, • home visitors, & • families, as necessary Review: • Staff Questionnaires
3-2.B Implementation of Policy & Procedures	No evidence required		
3-3.A Policy & Procedures Creative Outreach	Regarding: the process for creative outreach services that specify the criteria in the standard.	No additional pre-site evidence required	Interview: • home visitor supervisor, • home visitors, & • families, as necessary Review: • review closed family files to ensure implementation of policy and procedures
3-3.B Implementation of Policy & Procedures	No evidence required		
3-4.A Retention Rate	No evidence required	Please submit the program's definition of family retention and method for calculating and a description of program's process for measuring retention and minimum of 1 year retention calculation. **Please note:** programs may the HFA Retention Measurement Worksheet to calculate	Interview: • program manager, • home visitor supervisor, & • home visitors, as necessary Review: • Previous Retention Analyses and Plans to Increase, as appropriate
3-4.B Retention Analysis		Please submit a narrative describing how often the program conducts its retention analysis and a copy of the most recent retention rate analysis. **Please note:** programs may submit the HFA Retention Analysis Grid or program database report that includes all required elements (i.e., comprehensive, comparative and with reasons why).	
3-4.C Retention Plan		Please submit a copy of the most recent plan to increase the retention rate based on the analysis. When appropriate, the site should describe which aspects of the plan have been implemented.	

4. Offer services intensely (e.g., at least once a week) with well-defined criteria for increasing or decreasing intensity of service and over the long term (e.g., three to five years).

***Standard 4 Intent:* The overall intent of the standards in this section is to ensure the program has a well-thought out process for determining the intensity/frequency of home visits that is consistent with the needs and the progress of each family.**

4-1. The program offers home visitation services intensively after the birth of the baby.

4-1.A. The program's policy and procedures state that families are offered weekly home visits for a minimum of six months after the birth of the baby or six months after enrollment (whichever is longer), excluding time on creative outreach.

Intent: *The first 6 months of involvement with a family after a baby has been born is critical for many reasons including relationship development, newborn care and safety and adjustment to parenthood. While respecting the family's schedule, weekly visits during this time are essential. This standard does not require that all families receive weekly visits during this time period, but serves to ensure weekly services are offered during this time.*

Policy regarding families being offered weekly home visits for 6 months after the birth of the baby can provide exception for isolated instances (up to 10% of active caseload) due to family school and/or work restrictions. However, even when families request a less frequent home visitation schedule during this timeframe, programs are encouraged to keep the family on level one and continue to offer weekly visits and ensure the home visitor's caseload weight is safeguarded to allow for weekly home visits should the families school and/or work situation change. This does not mean the home visitor should continually try to schedule or engage the family into a weekly visitation schedule, but that they clearly indicate to the family the availability of this weekly schedule.

In some situations, families may enter the program when the baby is older than 1 month, or some families may have periods of being on creative outreach during the first six months, therefore it is important to establish policy that indicates clearly that the time frame to offer weekly service is intended as a full six month period versus until the baby is 6 months old. This six month period also excludes time while on creative outreach. The HFA 4-1.B Tracking Form (or equivalent) should be used to monitor this.

4-1.A. RATING INDICATORS

3 - No "3" rating indicator for standard 4-1.A.

2 - The program's written policy and procedures state that the minimum length of time for offering weekly home visits is at least six months after the birth of the baby or six months after enrollment (whichever is longer), excluding time on creative outreach.

1 - The program's written policy and procedures state that the minimum length of time for offering weekly home visits is less than six months or minimum length of time for weekly visits is not indicated in program policy and procedures.

☺ Tip: Given the frequency with which a family's schedule and life demands may fluctuate, when allowing for isolated (up to 10% of active caseload) exceptions to policy, it is important that home visitors and supervisors stay attuned to when a family may return to being offered weekly visits.

4-1.B. The program ensures that families remain on a weekly home visitation level for a minimum of six months after the birth of the baby.

4-1.B. RATING INDICATORS

3 - At least ninety percent (90%) of families remain on a weekly home visitation level for a minimum of six months after the birth of the baby or six months after enrollment (whichever is longer), excluding time on creative outreach.

2 - Past instances may have occurred when less than 90% of families remained on a weekly home visitation level for a minimum of six months after the birth of the baby or six months after enrollment (whichever is longer), excluding time on creative outreach; however, recent practice indicates at least ninety percent (90%) of families remain on a weekly home visitation level for a minimum of six months after the birth of the baby or six months after enrollment (whichever is longer), excluding time on creative outreach.

1 - Families do not remain on a weekly home visitation level for a minimum of six months after the birth of the baby or six months after enrollment (whichever is longer), excluding time on creative outreach.

☺ Tip: It is important that when a family's immediate work/school schedule precludes the offer of weekly home visits, or when a family enters a level of creative outreach during the 6 month period, that their service level returns to weekly as soon as the family's schedule permits. It is not intended that families in these situations automatically be moved to Level 2, as progression to less intense services is based on indicators of increased family stability and parent-child well-being as identified in level change criteria versus scheduling conflicts.

4-2. The program has a well-thought-out system for managing the intensity/frequency of home visitor services.

4-2.A. The levels of service (e.g., weekly visits, bi-weekly visits, monthly visits, etc.) offered by the program and the criteria for moving to a different level of service is clearly defined.

Intent: *As a family-centered program, HFA endorses the use of a "level system" for managing the intensity of home visiting services. A well-thought out system is sensitive to the needs of each family, the changes in family needs over time, and the responsibilities of the home visitor. Clearly defined levels reflect in measurable ways the capacity of the family, such that families with higher needs are able to receive more intensive services, while less intensive services are provided as stability and progress increases. Not only does an effective "level system" allow for individualized service delivery, it also provides programs a mechanism to more effectively monitor caseload capacity, thus promoting higher quality services. It is important for home visitors to know where to locate information regarding levels of service and to be familiar with the process of how a family progresses from one level to another.*

4-2.A. RATING INDICATORS

3 - No "3" rating indicator for standard 4-2.A.

2 - Levels of service and criteria for level change are clearly defined.

1 - Levels of service and criteria for level change are not clearly defined.

4-2.B. Families at the various levels of service (e.g., weekly visits, bi-weekly visits, monthly visits, etc.) offered by the program receive the appropriate number of home visits, based upon the level of service to which they are assigned.

Intent: *Home visiting is the foundation upon which HFA is built, and inasmuch its importance to our work with families is paramount. In-home visits (taking place where the family resides) provide the opportunity to experience the family's living environment, to develop first-hand knowledge of the strengths and stresses of the home environment, to implement home safety assessments with the family, and to engage the family on "their turf". It is acknowledged that not all visits will occur in the home. At times when the home environment is overly chaotic or unstable, or when social isolation impedes the family's interaction with the larger community, occasional visits that occur outside the home can be beneficial and are permissible. However, these visits can count as a home visit only when the content of the visit matches the goal of a home visit and can be documented as such. The goal of a home visit is to promote positive parent-child interaction, healthy childhood growth and development, and enhance family functioning. Typically, a home visit lasts a minimum of an hour and the child is present.*

4-2.B. RATING INDICATORS

3 - Ninety percent (90%) of families receive at least seventy-five (75%) percent of the appropriate number of home visits based upon the individual level of service to which they are assigned.

2 - Seventy-five percent (75%) of families receive at least seventy-five (75%) percent of the appropriate number of home visits based upon the individual level of service to which they are assigned.

1 - Less than seventy-five percent (75%) of families receive at least seventy-five (75%) percent of the appropriate number of home visits based upon the individual level of service to which they are assigned.

☺ Tip: The home visit completion percentages detailed above in the rating indicators are designed to account for situations when staff and/or family may not be available due to illness, vacation, training, etc., or where parent group meetings are used to substitute for one home visit/month while on Level 1 (when the home visitor is also involved with the group meeting).

Use of the HFA 4-2.B form (or an equivalent database report) allows programs to measure home visit completion rates over a period of three months. Additionally, programs are encouraged to set thresholds to measure in-home home visit completion rates, and that when in-home visit rates fall below the threshold, this is focused on during supervision with exceptions, reasons and problem-solving strategies documented in supervision notes.

4-2.C. The program monitors and addresses how it might increase its home visitation completion rate.

Intent: *The HFA 4-2.B Tracking Form (or equivalent database report) along with supervision provides a format for monitoring home visit completion for each home visitor, and ultimately for the program as a whole. Quarterly monitoring should be ongoing, so that an appropriate determination of patterns and trends related to home visit completion can be made. A plan to improve home visit completion rates, based on information from program monitoring, should be developed annually. This in no way precludes a program from taking earlier and more timely action when needed to correct a program staffing or policy issue, or other situation requiring immediate action.* ***Please note: Monitors and Addresses is defined on page 6.***

4-2.C. RATING INDICATORS

3 - Based on program monitoring, a plan has been implemented for increasing its home visitation completion rate.

2 - Based on the most recent year of program monitoring, a plan that addresses how it might increase its home visitation completion rate has been developed, but has not yet been implemented (Note: when all staff achieve a rate of 90% or greater home visit completion over a one year period, a plan is not required).

1 - The program either has not monitored home visit completion rates, or does not have a plan for how it might increase home visitation rates.

4-2.D. Each family's progression (as identified on level change criteria) to a new level of service is reviewed by the family, home visitor, and supervisor and serves as the basis for the decision to move the family from one level of service to another. **Please note:** All parties do not have to be present at the same time to conduct this review.

Intent: *This standard relates to the process a program utilizes to ensure families, supervisors and home visitors are all involved and agreeable to the level-change decision. Therefore supervisors and home visitors should have documented conversation about potential level change during routine supervisory sessions where family progress is discussed. Likewise, home visitors and families should have documented conversations about family progress, including talking together about any formal change that might be made to home visit frequency.*

Please Note: *This standard relates only to level change decisions and is not related to IFSP progress (IFSP progress is covered in standard 6-2).*

4-2.D. RATING INDICATORS

3 - The program has written policy and procedures regarding the process for reviewing progress made by families, and involve the home visitor, the family, and the supervisor in the level change decision, and evidence indicates the policy and procedures are being followed.

2 - The program has written policy and procedures regarding the process for reviewing progress made by families, and involve the home visitor, the family, and the supervisor in the level change decision. Past instances may have occurred when either families moved from one level of service to another in absence of a review of family progress or the appropriate individuals (home visitor, family, and supervisor) were not involved with the level change decision; however, recent practice indicates the program reviews progress made by families, and involves, the home visitor, the family, and the supervisor in the level change decision.

1 - Evidence indicates families are routinely moved from one level of service to another in absence of a review of family progress. Reviews were not according to program policy and procedures or appropriate individuals (home visitor, family and supervisor) were consistently not involved with the level change decision.

☺ Tip: Family progress should be reviewed in an ongoing fashion as often as needed (whether semi-annually, quarterly or more frequently) based on the needs of the family and the current home visit frequency. The decision to change to a new level of service needs to be based on family progress, which is most often outlined on level change forms Level change decisions should not be made based on program need or the age of the child.

4-3. The program offers home visitation services to families for a minimum of three years after the birth of the baby.

4-3.		RATING INDICATORS
3	-	The program policy and procedures specify that home visitation services are offered for more than three years after the birth of the baby, and evidence indicates program is following its policy and procedures.
2	-	The program policy and procedures specifies that home visitation services are offered for three years after the birth of the baby. Past instances may have occurred when the written policy and procedures were not followed; however, recent practice indicates the program is offering services for a minimum of three years.
1	-	The program policy and procedures specifies that home visitation services are offered for less than three years after the birth of the baby or there is evidence the program is not offering services for a minimum of three years.

Offer services intensely (e.g., at least once a week) with well-defined criteria for increasing or decreasing intensity of service and over the long term (e.g., three to five years).			
Standard	**Policy and Procedures**	**Additional Pre-Site Evidence**	**On Site Activities**
4-1.A Policy & Procedures Offering Weekly home visits	Regarding: The minimum length of time families remain on the most intensive level of service	No additional pre-site evidence required	Interview, as needed: • program manager, • home visitor supervisor, and • home visitors
4-1.B Length of time families are offered Weekly home visits		Please submit the HFA 4-1.B. Tracking Form or equivalent program database report	
4-2.A Policy & Procedures Levels of Service	Regarding: The program's levels of service	Please submit the programs Level Change Forms	Interview: • program manager, • home visitor supervisor, & • home visitors
4-2.B Home Visit Rate		Please submit the 4-2.B. tracking form or equivalent program database report	
4-2.C Monitor and Address Home Visit Rate	No evidence required	Please submit a narrative describing the program's process used to monitor and address home visit completion and a copy of the most recent plan to increase home visitation rates.	
4-2.D Family Progress is Basis Change Level of Service	Regarding: The program's process for increasing and decreasing the frequency of home visits (including the mechanism for documenting this)	No additional pre-site evidence required	Interview: • program manager, • home visitor supervisor, • home visiting staff, & • families, as necessary. Review: • family files & supervision logs to ensure family progress is the basis for a change in level of service • Staff Questionnaires
4-3 Services for a minimum of three years	Regarding: The length of time families may remain in the program	Please submit a report indicating the current number of families who have been enrolled for 3 or more years, if families graduate after three years of service please provide a report indicating all of the families who have graduated within the most recent 12 month period.	Interview: • program manager, • home visitor supervisor, • home visiting staff, & • families, as necessary. Review: • Any materials (brochures, forms, etc.) indicating the length of time families may participate.

5. *Services should be culturally sensitive such that staff understands, acknowledges, and respects cultural differences among families; staff and materials used should reflect the cultural, language, geographic, racial and ethnic diversity of the population served.*

Standard 5 Intent: The overall intent of the standards in this section is to ensure the program is culturally sensitive to each family's unique characteristics. For home visiting services to be effective it is imperative that cultural context is incorporated into program design and delivery. There are two underlying assumptions to this statement: 1) that the diversity of families is of great significance to intervention programs; and 2) services may be provided by persons whose culture differs from that of the participating family. Thus, in developing home visiting programs, it is important to consider that:

- **Family needs, health beliefs, coping mechanisms and child rearing practices vary by population - thus, interventions should reflect this variation;**
- **Valuing diversity in its many forms (e.g., cultural, language, racial, geographic and ethnic) allows a home visitor to establish quality relationships with families; and**
- **A home visitor's ability to establish strong relationships with families based on mutual respect and understanding will enhance the opportunity for providers and families to work together.**

Successful home visiting programs provide culturally sensitive services so that new skills and ideas being shared with the family are respectful of each family's values and decision-making systems. Providing culturally sensitive services requires that knowledge of diversity be applied to policy and practice. Agencies and their staff observe and understand differences among families so that new skills and ideas fit in with existing family behaviors and contexts. Home visitors facilitate the family's consideration of how new perspectives fit into their lives. This practice allows families and home visitors to work together to craft positive family development strategies.

Families vary in many ways, so it is important that home visitors understand differences among them. Cultural groups may define "family" differently, which affects the audience for home visiting services. Home visitors should observe cultural differences and use them as a springboard for inquiry and understanding, asking families about particular behaviors. Family background and ethnicity influence value systems, how people seek and receive assistance, and communication practices (e.g., native language, slang, body-language), among other things. If home visitors ask questions which are non-judgmental in tone, then families have an opportunity to reflect. Answers to questions provide home visitors with greater understanding and allow visitors to share alternate perspectives with families. To strengthen families' coping abilities and independence, visitors must respect differences among families.

☺ Tip: Ask for a copy of **Cultural Sensitivity: A Process of Self Awareness and Integration**, which is a workbook to assist with the development of these standards.

5-1. The program has a description of the ***cultural characteristics*** of its current ***service population***, including ethnic, racial, language, demographic and other characteristics.

Intent: *The description of the service population is specific to the families who have accepted home visiting services. The description may include features and attributes such as the ethnic heritage, race, customs, values, language, age, gender, religion, sexual orientation, social class, and geographic origin among others. Additionally, programs are encouraged to look at other factors such as: domestic violence, substance abuse, mental health and cognitive abilities as it relates to the families being served.*

5-1. RATING INDICATORS

3 - No "3" rating indicator for standard 5-1.

2 - The description of the cultural characteristics of the service population addresses all of the following:

→ ethnic and racial characteristics,
→ language characteristics,
→ demographic characteristics, and
→ other cultural characteristics identified by the program.

1 - The program does not have a description or the description does not address all characteristics as stated above.

Service Population: Members of the target population that are involved in home visiting services.

Cultural Characteristics: Distinguishing features and attributes such as the ethnic heritage, race, customs, values, language, gender, religion, sexual orientation, social class, and geographic origin among others, that combine to create a unique cultural identity for families, based on both experience and history.

☺ Tip: Programs are encouraged to update the description of the cultural characteristics of the service population every time review of cultural sensitivity is completed. Ideally, programs should update it annually to identify necessary training for staff as required in 5-3.

5-2. The program demonstrates culturally sensitive practices in all aspects of its service delivery.

5-2.A. The program has the capacity to provide ***culturally sensitive*** and ***family-centered*** (e.g., photos reflective of diversity of population, materials available in ***major*** languages spoken by *target population*, materials reflect literacy level of *families*, etc.) services to the ***major*** group(s) within the service population.

Intent: *Racial and ethnic minorities often face barriers in receiving adequate services within their communities. These include difficulties with language and communication, feelings of isolation, encounters with service providers lacking knowledge of the family's culture and challenges related to the socio-economic status of the family. Home visitors have an opportunity to provide a voice for families who cannot speak for, or represent, themselves.*

Programs should identify strategies or practices that will ensure families feel comfortable, respected and represented in program services. It is the program's responsibility to identify major groups within the service population and determine the groups currently unable to be served. In addition to hiring staff who may represent the major groups (through a variety of characteristics), programs are encouraged to provide training through other community entities

or other means in an effort to increase staff's ability to meet the cultural and language needs of families. This should be an ongoing process for all staff.

It is important to keep in mind how assessment staff represent a culturally sensitive and family-centered program. Programs will also want to make sure any materials, literature; brochures (in addition to staff) are reflective of the represented diversity.

5-2.A. RATING INDICATORS

3 - The program has the appropriate staff, materials (e.g., annual report, brochures, program specific materials such as curricula, etc.), and community partners to meet the cultural and language needs of the major population groups within the service population.

2 - While the program may not currently have all of the appropriate staff, materials (e.g., annual report, brochures, program specific materials such as curricula, etc.), and community partners to meet the cultural and language needs of the major population groups within the service population, it has a plan to address these needs.

1 - The program does not have the appropriate staff, materials (e.g., annual report, brochures, program specific materials such as curricula, etc.), and community partners to meet the cultural and language needs of most of the major population groups within the service population.

Culturally sensitive: a programs ability to be aware of and respectful to the diversity of the families it serves and its ability to integrate

Family-centered: services that are designed to be flexible, accessible, developmentally appropriate, strength-based, and responsive to family-identified needs.

Major: *number of families that would represent a greater number or quantity. Sufficient to create a pattern or trend among program participants.*

☺ Tip: Incorporate the needs identified within this standard to meet the needs of standard 5-3. Typically the unique characteristics identified as gaps in service delivery will correspond with the program providing training on culturally sensitive practice to staff at least annually.

5-2.B. Ethnic, racial, language, demographic, and other cultural characteristics identified by the program are taken into account in overseeing staff-family interactions.

Intent: *In order to ensure staff are best equipped to connect with and relate to the unique characteristics of families, programs are encouraged to utilize training, supervision, and/or development plans, etc. to assist staff in supporting and respecting the family's cultural, racial/ethnic, and language characteristics. It is also important to support assessment staff during the oversight of staff-family interactions, because they are a family's first experience with the program and set the tone for participating in home visiting services. These activities can be linked to standards 5-2.A and 5-3.*

5-2.B. RATING INDICATORS

3 - The program takes into account ethnic, racial, language, demographic, and other cultural characteristics identified by the program during oversight of staff-family interactions by ensuring that the worker supports and respects the family's cultural, racial/ethnic, and language characteristics.

2 - Past instances may have occurred when the program did not take into account ethnic, racial, language, demographic, and other cultural characteristics identified by the program during oversight of staff-family interactions by ensuring that the worker supports and respects the family's cultural, racial/ethnic, and language characteristics; however, recent practice indicates this is now occurring.

1 - Either the program does not take into account ethnic, racial, language, demographic, and other cultural characteristics identified by the program during oversight of staff-family interactions or it does not ensure the worker supports and respects ethnic, racial, language, demographic, and other cultural characteristics identified by the program.

☺ Tip: Supervision is the ideal opportunity to monitor home visitor-participant interactions, not only during ongoing case review, but also during shadowing of home visits. It is an opportunity to ensure staff are respecting a family's cultural values and beliefs based on ethnic, racial, language, demographic, and other cultural characteristics. Additionally, it provides an opportunity to support staff and strategize new ways to relate to the family based on their unique characteristics.

☺ Tip: These activities may be challenging to document and illustrate through written documentation; however, programs are encouraged to ensure program staff are aware of the activities and link them back to ensuring services are culturally sensitive with regards to staff-family interaction.

5-3. The program ensures staff receive training designed to increase understanding and sensitivity of the unique characteristics of the service population. **Please Note:** During the first year of hire, standard 10-4.E. (The Role of Culture in Parenting), may be used to satisfy this standard.

Intent: *Staff are better prepared to serve and interact with families when they have increased understanding of culturally sensitive practices linked to the family's unique characteristics. Programs are encouraged to reflect on a broad definition of culture and identify training related to characteristics beyond race and ethnicity. This could include a variety of training topics such as the cultural dynamics of substance-abusing parents, or parenting in households where there is domestic violence. It could also include topics such as working with military families, immigrant families, grandparents raising grandchildren, etc. Essentially, helping staff develop and enhance skills that allow them to work most effectively with families being served in the program.*

5-3 RATING INDICATORS

3 - All staff receive training related to the unique characteristics of the service population at least annually.

2 - Past instances may have occurred when training related to the unique characteristics of the service population on an annual basis was not received; however, recent practice indicates the program is now ensuring all staff receive training annually.

1 - Staff do not complete training related to the service population on an annual basis.

☺ Tip: Use the information gathered in 5-1 to identify training based on the unique characteristics of the service population.

5-4. The program analyzes the extent to which all aspects of its service delivery system (assessment, home visitation, and supervision) are culturally sensitive.

5-4.A. The ***Cultural Sensitivity Review*** is completed at least every two years and it addresses the following components: materials, training and the service delivery system.

Intent: *A Cultural Sensitivity Review allows a program to continually modify or tailor its system of service delivery based on the cultural characteristics of families being served. The review is in narrative format and includes information about the program's materials, training, and all aspects of the delivery system (assessment, home visiting and supervision). It should include input from families and program staff and identify patterns and trends related to program strengths as well as areas to improve upon.*

5-4.A. RATING INDICATORS

3 - The Cultural Sensitivity Review is completed annually and comprehensively addresses the following:

- materials,
- training, and
- the service delivery system (assessment, home visitation, supervision, etc.).

2 - The Cultural Sensitivity Review comprehensively addresses the items listed in a "3" rating and is completed every two years.

1 - Any of the following: there is no Cultural Sensitivity Review; it does not address the components listed above; and/or it is not completed at least every two years.

Cultural Sensitivity Review: *A* process the program undertakes to examine critically and deliberately its current ability to provide culturally sensitive services. The review, as a final product, is a written document that summarizes the strengths and needs for improvement in all areas of the service delivery system, and the review identifies recommendations/suggestions for how the program might advance its current level of cultural sensitivity.

5-4.B. The Cultural Sensitivity Review includes family and staff input regarding the program's ability to provide culturally sensitive services.

Intent: *The Cultural Sensitivity Review as submitted in 5-4.A should include feedback from both families and staff. Programs are encouraged to gather input related to:*

- *the materials (brochures, flyers, curriculum, videos, etc.) used by the program,*
- *communication or language factors (language spoken and written, reading level, etc.), and*
- *culturally sensitive staff-family interaction (working with families in a manner that is individualized and tailored to the unique strengths and needs of each family and is respectful of family traditions, religious beliefs, values, norms, parenting styles, etc.).*

The feedback can be gathered in various forms (e.g., surveys/questionnaires, interviews, family advisory committees, supervision, etc.). Programs should include a descriptive narrative that summarizes patterns and trends, strengths and areas to address, based on the feedback from families and staff.

5-4.B. RATING INDICATORS

3 - No "3" rating indicator for standard 5-4.B

2 - The program has a Cultural Sensitivity Review that includes direct input from the families and staff on the following culturally sensitive practices:
- program materials,
- communication or language factors, and
- staff-family interaction.

1 - Any of the following: the Review does not include input from families and staff on the areas listed in the "2" rating; there is no Cultural Sensitivity Review; the Review does not include family and/or staff input; or the Review is not completed every two years,

☺ Tip: Programs are encouraged to include questions on their satisfaction survey related to cultural sensitivity. Be sure to include questions that link back to the assessment process, or even referral process, if appropriate.

5-4.C. The Cultural Sensitivity Review is reported to the advisory/governance group and strategies for growth are identified and/or discussed.

Intent: *Programs should continuously embark on a journey of self-awareness and integrate the information learned to constantly shape and improve its ability to be sensitive to the unique characteristics of the families it serves or intends to serve. Ultimately, a program is continually modifying or tailoring the system of service delivery in order to be sensitive to the cultural characteristics in the service population. It can be difficult to self-identify gaps and determine strategies. This is why it is important to seek the perspective and assistance from the program's advisory/governance group. The advisory/governance group may help to determine the necessary action to take. It is the expectation that each program will have at least one improvement strategy in order to increase its ability to be culturally sensitive.*

5-4.C. RATING INDICATORS

3 - The Cultural Sensitivity Review is reported at least annually to the advisory/governance group and strategies for growth are identified and/or discussed.

2 - The Cultural Sensitivity Review is reported at least every two years to the advisory/governance group and strategies for growth are identified and/or discussed.

1 - Any of the following: the Cultural Sensitivity Review is not reported at least every two years to the advisory/governance group; there is no Review; or strategies for growth were not identified and discussed.

Services should be culturally sensitive such that staff understands, acknowledges, and respects cultural differences among families; staff and materials used should reflect the cultural, language, geographic, racial and ethnic diversity of the population served.			
Standard	**Policy and Procedures**	**Additional Pre-Site Evidence**	**On Site Activities**
5-1. Service Population	No evidence required	Please submit a description of the program's service population as indicated in the standard.	Interview: • program manager, and/or supervisor, as needed
5-2.A Appropriate staff, materials & community partnerships		Please submit a narrative describing how the program ensures it has the appropriate staff, materials (e.g., annual report, brochures, program specific materials such as curricula, etc.), and community partners to meet the cultural and language needs of the *major* population groups within the service population	Interview: • program manager, • supervisors, • assessment workers, • home visitors, & • families. Review: • all relevant program materials for the service and target populations, (e.g., annual report, program brochure, flyers, curriculum, etc.). • Staff & Advisory Questionnaires
5-2.B Cultural Characteristics are taken into account when overseeing staff-family interactions		Please submit a narrative describing how the program takes into account ethnic, racial, language, demographic, and other cultural characteristics identified by the program in overseeing staff-family interactions.	
5-3 Training on unique characteristics		Please submit a narrative describing the training offered to staff on cultural sensitive practices and the particular group(s) represented in the service population for the most recent year. Be sure to link the training to the characteristics identified in 5-1. Please submit training logs or a list of all program staff in attendance at the training(s), and date trainings were completed for the most recent year.	Interview: • program manager, • supervisor, • assessment workers & • home visitors. Review: • any additional training logs, as necessary.
5-4.A Cultural Sensitivity Review		Please submit a copy of the most recent Cultural Sensitivity Review and be sure that the review includes input from families and staff regarding program materials, communication or language factors, and staff-family interaction. As a point of clarification, the review should be in narrative format and address at a minimum information related to materials, training, and the services delivery system (assessment, home visitation, and supervision).	Interview: • program manager, • supervisors, • assessment workers, • home visiting staff, • families, & • advisory board members, as necessary. • Staff & Advisory Questionnaires
5-4.B Family & Staff Input			
5-4.C Strategies for growth are identified		Please submit a description indicating to whom the review is reported, the frequency of the reporting, and how strategies for growth are identified and discussed, and advisory/governing group meeting minutes to illustrate review of the Cultural Sensitivity Review.	

6. *Services should focus on supporting the parent(s) as well as supporting parent-child interaction and child development. This support should include discussing issues identified at the initial assessment, collaborating with families to identify, develop and achieve goals, sharing parenting and child development information, and ensuring children are developmentally on target.*

Standard 6 Intent: The overall intent of the standards in this section is to ensure program staff provide services that family-centered, process oriented and support families in setting meaningful goals, enhancing family functioning, nurturing their children and sharing child development information. Both the parents and their children are service recipients.

6-1. Issues identified by the family in the initial assessment are discussed and reviewed during the course of home visiting services.

6-1.A. The supervisor and home visitor discuss and review the issues identified by the family in the initial assessment during the course of home visiting services.

Intent: *Supervisors and home visitors refer back to the initial assessment during the course of services offered to families to clarify how the issues that place families at-risk for poor childhood outcomes are addressed over time. The frequency of this review depends on the level of service the family is on and the complexity of the issues identified in the initial assessment. Additionally, the supervisor and home visitor plan how to discuss the information from the initial assessment with families. Clear documentation of crisis issues assures continuation of intervention plans should there be any staff changes.*

For programs that use a screening tool to determine eligibility of home visitation services, a more in-depth psycho-social assessment as part of early home visits should be conducted. The assessment should clearly identify the risk factors that could result in increased risk for child maltreatment or other poor childhood outcomes as required in 2-1.A. Additionally, programs will want to ensure the tool is administered uniformly with all families and that staff are trained in the use of the tool prior to administering it.

6-1.A. RATING INDICATORS

3 - The program has written policy and procedures regarding the discussion and review of the issues identified in the initial assessment between the supervisor and home visitor and evidence indicates the policy and procedures are being followed.

2 - The program has written policy and procedures regarding the discussion and review of the issues identified in the initial assessment between the supervisor and home visitor and past instances may have occurred when the policy and procedures were not followed; however, recent practice indicates the policy and procedures are now being followed.

1 - Either the program does not have policy and procedures or the supervisor and home visitor do not consistently discuss and review issues identified in the initial assessment.

☺ Tip: The plans that the supervisor and home visitor develop are ongoing and reflect a thoughtful, purposeful discussion that assists the home visitor in understanding the stresses experienced by the family and guides the home visitor's interventions. The content of these discussions is documented in supervisor logs.

6-1.B. The home visitor and family discuss and review issues identified in the initial assessment during the course of home visiting services.

Intent: *Based upon conversations and plans developed with the supervisor, the home visitor reviews the issues identified in the initial assessment with families over the course of a family's enrollment in home visit services. There is clear evidence in practice that families are offered opportunities to make positive healthy changes in their lives.* ***Please Note:*** *it is not expected that a home visitor discuss all of the issues at one time.*

6-1.B. RATING INDICATORS

3 - The program has written policy and procedures regarding the discussion and review of the issues identified in the initial assessment between the home visitor and family and evidence indicates the policy and procedures are being followed.

2 - The program has written policy and procedures regarding the discussion and review of the issues identified in the initial assessment between the home visitor and family and past instances may have occurred when the policy and procedures were not followed; however, recent practice indicates the policy and procedures are now being followed.

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1 - Either the program does not have policy and procedures or the home visitor and family do not consistently discuss and review issues identified in the initial assessment.

☺ Tip: Policy and procedures should clearly indicate that the review of the issues from the initial assessment is a thoughtfully planned process. Documentation of the content of these discussions in the home visit notes clearly links back to the initial assessment. Interviews with home visit staff indicate how the policy is implemented in practice. Programs are encouraged to discuss these issues with families and review prior to the development of the Individual Family Support Plan.

6-2. Delivery of services to families is guided by the Individual Family Support Plan (IFSP) and the process of developing the plan uses family-centered practices.

6-2.A. The home visitor and family collaborate to identify family strengths/competencies and needs as well as the services desired to address those needs.

Intent: *The goal setting process is designed to support competency development and growth based upon the family strengths and needs. Interacting with families to identify what strengths and competencies they have to address their needs develops critical thinking and problem solving skills. Home visitors and families collaborate as partners to determine strengths and needs.*
Please Note: *the identification of strengths and needs applies to both the family goals and the parent-child interaction/child development goals.*

6-2.A. RATING INDICATORS

3 - The home visitor and family collaborate to identify family strengths/competencies and needs as well as the services desired to address those needs.

2 - Past instances were found when the home visitor and family did not collaborate to identify family strengths/competencies and needs as well as the services desired to address those needs; however recent practice indicates the program now ensures this occurs.

1 - The home visitor and family do not consistently collaborate to identify family strengths/competencies and needs as well as the services desired to address those needs.

☺ Tip: Identification of strengths and needs may be ongoing. Documentation of these conversations may be found in home visit notes, the tools each program uses to "think about" strengths and needs with families, and/or in actual IFSP forms. Typically, family needs are identified first with the strengths/competencies developed that are specific to those needs. Often, needs are developed into goals and strengths are used to support the parent in accomplishing the goals. Programs are encouraged to articulate in their policy and procedures how this collaboration is demonstrated and which tools are used to identify strengths and needs for both family and child goals.

6-2.B. The home visitor and family collaborate to set meaningful goals for the family and develop specific objectives/strategies for achieving those goals, taking into consideration family strengths, needs and concerns.

Intent: *The home visitor and family work together to develop goals and break those goals into meaningful steps to insure success for each family. There is a clear conversation and partnering between the home visitor and parent that supports growth in families. Breaking larger goals into small steps assists parents in developing problem solving skills, increases their sense of power over their situations, and supports adult brain development. Steps should be incremental, measurable, and functional for the family.* ***Please Note:*** *many programs develop goals and specific objectives/strategies for both the family and parent-child interaction/child development needs; however, from time to time the family's capacity for goal achievement and/or the complexity of the family's desired goal may warrant only one goal being worked on at a time. The focus is not so much about how many goals the families complete, but about the skills the process of developing and working on goals builds with regards to enhancing family functioning.*

Goal setting is an opportunity for the home visitor to discuss with the family issues that impact healthy parenting (e.g., issues identified in the initial assessment, healthy lifestyle issues, and any other issues identified from other tools used by the program) in an open, honest way as well as goals designed around child development and parent-child interaction. Home visitors experience the greatest success when they clearly understand the family's values and work within a culturally sensitive framework to assist families in developing functional goals.

6-2.B. RATING INDICATORS

3 - The home visitor and family collaborate to set meaningful goals and develop specific strategies/objectives to achieve those goals, taking into consideration family strengths, needs and concerns.

2 - Past instances were found when the home visitor and family did not collaborate to set meaningful goals and develop specific strategies/objectives to achieve those goals, taking into consideration family strengths, needs and concerns; however, recent practice indicates the program now ensures this occurs.

1 - The home visitor and family do not consistently collaborate to set family goals or develop specific strategies/objectives to achieve those goals, taking into consideration family strengths, needs and concerns.

☺ Tip: The goal setting process takes time. Programs are encouraged to detail the goal setting process, timelines, and how the family and the home visitor collaborate in their program policy and procedures. Programs may use more than one tool or strategy to develop goals and the specific objectives to achieve the goals.

6-2.C. The home visitor and supervisor review IFSP progress ***regularly***.

Intent: *In order to support growth in families, supervisors and home visitors review the progress that families are making towards the achievement of their goals. The supervisor/staff collaborate to insure the goals for families remain relevant, challenges to achieving goals are addressed, successes for each of the steps/objectives are celebrated, and the services the home visitor provides are connected to the goals (e.g., serves as the guide for services). Additionally, the supervisor and home visitor brainstorm any barriers the home visitor is facing regarding IFSP development with families and support the home visitor in increasing the quality and function of the IFSP process. The formal update, or re-development of an IFSP, should be frequent enough to insure meaningful and relevant goals are being set. Collaboration between the supervisor and home visitor strongly reinforces success in goal achievement and celebration of accomplishments.* ***Please Note:*** *the program determines how often the IFSP should be re-developed or updated.*

6-2.C. RATING INDICATORS

3 - The home visitor and supervisor review IFSP progress regularly.

2 - Past instances were found when the home visitor and supervisor did not review IFSP progress *regularly*; however, recent practice indicates the program now ensures this occurs.

1 - The home visitor and supervisor do not review IFSP progress at regular intervals.

Regularly: This term implies to ongoing, scheduled activities which take place in a recurring manner. Programs may choose to set specified intervals (i.e., bi-weekly, monthly, quarterly, etc.) and practice should clearly illustrate the regular occurrence as defined in the policy and procedures.

☺ Tip: Supervisors are encouraged to document the review of family's progress towards meeting their goals in supervisory notes. Documentation should include any discussions of progress and how the home visitor plans to use the IFSP to guide interventions and activities with families. Additionally, supervisors are encouraged to document collaboration between the supervisor and home visitor in the formal update of the IFSP wherever appropriate.

☺ Tip: Review intervals may be determined based upon the level of service (i.e., weekly, biweekly, monthly or quarterly) the family is currently on.

6-2.D. The IFSP serves as the guide for delivering services.

Intent: *The IFSP process sets the framework for home visitors to develop a plan with families which ensures they are getting what they need from program services. Home visitors develop and maintain the IFSP as the guide for delivery of services by designing interventions and providing resources and referrals that support families in accomplishing their goals. Home visitors develop content for home visits to support goal accomplishment. The IFSP always has current goals. In order to support the growth in families, home visitors review with families the progress that they are making on their specific objectives/strategies and goals. These conversations/activities support the family in addressing barriers, developing contingency plans, and celebrating the successes that they have accomplished, thereby increasing confidence. Celebrating the successes greatly increases a family's capacity for making positive, healthy changes. There should always be current relevant goals (that have been agreed upon but not yet achieved) to guide service delivery. Collaboration between the home visitor and family strongly reinforces success in goal achievement and celebration of accomplishments.*

6-2.D. RATING INDICATORS

3 - The IFSP serves as the guide for delivering services. Practice can include a variety of mechanisms such as:

- continually reviewing current goals and documenting when steps are achieved,
- celebrating and/or affirming when steps/goals are accomplished,
- keeping goals current (e.g., the timeframes reflect future activities),
- developing new goals when prior goals are accomplished,
- ensuring staff's activities and interventions are related to the steps/goals,
- ensuring resources & referrals are provided to families based upon steps/goals,
- modifying goals that are no longer meaningful to families, thereby increasing opportunities for success,
- retiring goals that the family no longer wishes to pursue and assisting them in setting or identifying new goals,
- creating contingency plans that "plan for" potential barriers as appropriate,
- addressing barriers the family may be experiencing in reaching their goals, and
- ensuring steps/goals for children are anchored in the family's general routines

2 - Past instances were found when the IFSP did not serve as the guide for delivering services; however, recent practice indicates the program now ensures this occurs.

1 - The IFSP inconsistently serves as the guide for delivering services.

☺ Tip: Programs are encouraged to document the interventions and conversations that home visiting staff use to support the family's goals and objectives. When families achieve goals, successes are celebrated. Documentation clearly indicates that goals and objectives/strategies are reviewed and accomplishments are celebrated.

☺ Tip: Programs are also encouraged to document home visitor/family conversations regarding the IFSP in home visit notes. Notes should detail the content of these discussions and any contingency plans that may be developed or successes celebrated. As each specific objective or strategy is accomplished, home visitors are encouraged to record the "date accomplished" on the IFSP document indicating ongoing review of progress.

6-3. The program promotes positive parent-child interaction, child development skills, and health and safety practices with families.

6-3.A. The program has policy and procedures, regarding the promotion of positive parent-child interaction, child development skills, and health and safety practices with families, that clearly indicate the curricula and/or materials used to share this information and specify how often this information is to be shared with families.

Intent: *Programs should develop clear policies and procedures regarding how home visiting staff promote and share information regarding positive parent-child interaction, child development skills and health and safety information and provide details about what activities staff might conduct. The policy and procedures should also indicate how parenting skills are promoted within the context of the child's development. Health and safety practices should focus on both preventative strategies as well as areas of concern observed in the home. Finally, programs should identify the curricula and/or materials used to share this information, and how often this information is to be shared with families (routinely as required in 6-3.B and C). Staff are encouraged to take advantage of "teachable moments" and share appropriate information with families when it is most meaningful (emergent curriculum).*

6-3.A. RATING INDICATORS

3 - No "3" rating indicator for standard 6-4.A.

2 - The program has policy and procedures regarding the promotion of positive parent-child interaction, child development skills, and health and safety related practices with families that clearly indicate the curricula and/or materials used to share this information and specify how often this information is to be shared with families.

1 - Any of the following: the program does not have policy and procedures; the policy and procedures do not cover promotion of positive parent-child interaction, child development skills, and health and safety related issues; and/or the policy and procedures do not clearly indicate the curricula and/or materials used to share this information and specify how often this information is to be shared with families.

☺ Tip: The policy and procedures should include how staff observe for and address each of the issues outlined in the standard as well as what procedures staff are to follow when sharing information.

6-3.B. The home visitor ***routinely*** builds skills and shares information with families on appropriate activities designed to promote positive parent-child interaction and child development skills.

Intent: *Child development occurs within the context of the parent-child interaction. Parent-child relationships and child development are different frameworks (parent-child relationships focus on attachment; child development focuses on developing cognitive, language/communication, social-emotional, fine motor, gross motor, and self-help skills), both are interdependent. Home visitors observe, build skills, and share information regarding parent-child interaction and child development with families based upon naturally occurring experiences as well as through curriculum and other resources. Parenting skills such as guidance and discipline, toilet training, weaning from the breast, etc., are included as child development activities and occur within the context of parent-child interaction. A parent who has the ability to understand what their child is able to do developmentally and the intent of the baby's behavior will be much more likely to have empathy within the relationship. Child development activities should be designed to promote the parent-child interaction thereby impacting the relationship established over time between the parent-child dyad. Whenever possible, staff are encouraged to organize child development information into activities in which the parent is encouraged to play with the child while the home visitor shares the developmental stimulation the baby is receiving.*

6-3.B. RATING INDICATORS

3 - The home visitor routinely shares information with families on appropriate activities designed to promote positive parent-child interaction and child development skills.

2 - Past instances were found when the home visitor did not routinely share information with families on appropriate activities designed to promote positive parent-child interaction and child development skills; however, recent practice indicates this is now occurring.

1 - The home visitor does not routinely share information with families on appropriate activities designed to promote positive parent-child interaction and child development skills.

Routinely: This term refers to a pattern of implementation, on the part of the program, which, once evidence is reviewed, indicates that a particular activity is occurring (or not occurring). Programs should identify in their policy and procedures (as required in 6-3.A) the frequency of the occurrence of these activities.

☺ Tip: Programs are encouraged to document both observations of parent-child interaction and child development as well as what information is shared with families. It is helpful for staff to document how they build on parental competences and promote healthy relationships in a thoughtful way (e.g. if parents struggle to understand what their baby is communicating to them, the home visitor might identify when they observe the parent being empathic, thereby building the parents' skills). Home visitors should insure that curriculum use is clearly documented to indicate what content was shared with families.

6-3.C. The home visitor ***routinely*** shares information with families designed to promote positive health and safety practices.

Intent: *Health and safety information should include prevention strategies as well as address any issues observed in the home. Content shared with families may include smoking cessation, SIDS, "shaken baby" strategies, baby-proofing, and culturally based safety issues. It is anticipated that home visitors will address any issue that could be detrimental to parents and their children.*

6-3.C. RATING INDICATORS

3 - The home visitor routinely shares information with families designed to promote positive health and safety practices.

2 - Past instances were found when the home visitor did not routinely share information with families designed to promote positive health and safety practices; however recent practice indicates this is now occurring.

1 - The home visitor does not routinely share information with families designed to promote positive health and safety practices.

Routinely: This term refers to a pattern of implementation, on the part of the program, which, once evidence is reviewed, indicates that a particular activity is occurring (or not occurring). Programs should identify in their policy and procedures (as required in 6-3.A) the frequency of the occurrence of these activities.

☺ Tip: Programs will have mechanisms for insuring how home visitors use safety checklists and/or share information with families. Staff are encouraged to document the content of health and safety discussions in home visit notes.

6-4. The program monitors the development of participating infants and children with a standardized developmental screen.

6-4.A. The program has policy and procedures for administration of a standardized developmental screen/tool that specifies how and when the tool is to be used with all target children participating in the program, unless developmentally inappropriate.

Intent: *The policy and procedures should clearly indicate "how" the developmental screens are used with all target children and "when" the screens are to be administered. At a minimum, programs are to screen all target children according to the Association for the Academy of Pediatrics (AAP) guidelines: a minimum of twice per year for children under the age of three and annually for children ages three through five years. Programs are encouraged to screen more frequently based upon the needs of their communities and in an effort to ensure all target children are screened according to the AAP guidelines. Additionally, programs should indicate instances when a child would not receive a developmental screen (i.e., receiving early intervention services, etc.).*

Please Note: *A screening tool is used to determine the need for further assessment, typically an in depth assessment completed by a partnering community agency specializing in early intervention.*

6-4.A. RATING INDICATORS

3 - No "3" rating indicator for standard 6-4.A.

2 - The program has policy and procedures for administration of a standardized developmental screen/tool that specifies how and when the tool is to be used with all target children participating in the program, unless developmentally inappropriate. The policy and procedures meet the minimum requirements by the AAP.

1 - Any of the following: the program does not have written policy and procedures to administer the standardized developmental screen/tool; the policy and procedures do not specify how and when the screen/tool is to be used with all target children in the program, unless developmentally inappropriate; and/or the policy and procedures do not meet the minimum requirements by the AAP.

☺Tip: Programs are encouraged to indicate in their policy and procedures the process for determining when a child has a revised screening schedule due to premature birth or other reasons, as well as, a policy indicating the screening process when a family is on outreach, or enrolled in early intervention programs.

6-4.B. The program ensures that a standardized developmental screen/tool is used to monitor child development at specified intervals, unless developmentally inappropriate.

Intent: *All target children are screened for potential developmental delays according to the Association for the Academy of Pediatrics. Staff are not required to screen children that are enrolled in early intervention services (special needs) and are receiving in-depth developmental assessments. It is recommended that programs request a copy of the developmental assessment from the family or from the early intervention service provider with permission from the family so that the home visiting program can support the developmental activities of the early intervention team.*

6-4.B. RATING INDICATORS

3 - The program uses the standardized developmental screen/tool at specified intervals, and ensures all target children in the program (unless developmentally inappropriate) are screened a minimum of twice per year for children under the age of three and annually for children ages three through five years.

2 - Past instances were found when the program did not ensure all target children in the program (unless developmentally inappropriate) were screened a minimum of twice per year for children under the age of three and annually for children ages three through five years; however, recent practice indicates this is now occurring.

1 - Any of the following: the program does not use the standardized developmental screen/tool; the program does not use the standardized developmental screen/tool at the specified intervals to ensure all target children in the program (unless developmentally inappropriate) were screened a minimum of twice per year for children under the age of three and annually for children ages three through five years.

Note: This is a Sentinel Standard

☺ Tip: Programs are encouraged to indicate in the family files when a child has a revised screening schedule due to premature birth or other reasons, when screens are missed due to families being on creative outreach or when families decline the opportunity to screen the child.

6-5. Those who administer developmental screenings have been trained in the use of the tool before administering it.

Intent: *Staff must be trained before administering developmental screens, and must follow its own policies regarding administration of the tool. This training should be conducted by an individual that understands the use of the tool. When possible, this training should include information that details the critical function behind each of the developmental questions.*

6-5. RATING INDICATORS

3 - All staff using the tool have been trained in its use before administering it.

2 - Past instances where found when training was not received until after staff had administered tool, these staff have since been trained, and recent practice indicates the program is now ensuring that all staff receives training prior to their first administration.

1 - Evidence exists to indicate that staff administer the tool prior to being trained.

☺ Tip: Document the first administration of the developmental screen in training logs along with the date the staff member was trained in the use of the tool. Keep content of the training in training files.

☺ Tip: Be sure to include this training in the training plan and mechanism for tracking as required by 10-1.

6-6. The program tracks target children who are suspected of having a developmental delay and follows through with appropriate referrals and follow-up, as needed.

6-6.A. The program has policy and procedures which address how it tracks target children who are suspected of having a developmental delay and how it follows through with appropriate referrals and follow-up, as needed.

Intent: *Program staff should know who to refer a family to when a screen indicates the child may have a developmental delay. This determination should be developed with the supervisor and may include referring the family to their primary care physician or medical provider. In most instances, programs refer to the early intervention experts within the community. Many early intervention systems are complicated with numerous requirements and a variety of agencies that provide different services to families. Families frequently have difficulty keeping track of various appointments and schedules and/or may be reluctant to access these services. By having clearly stated policy and procedures for home visitors, the program can insure it tracks children suspected of having a developmental delay. Additionally, program staff should follow-up to ensure the families have utilized the appropriate referrals, as well as clearly documented the child's progress toward reaching developmentally appropriate milestones.*

6-6.A. RATING INDICATORS

3 - No "3" rating indicator for standard 6-6.A.

2 - The program's policy and procedures address how it tracks target children who are suspected of having a developmental delay and how it follows through with appropriate referrals and follow-up, as needed.

1 - The program does not have policy and procedures which address how it tracks target children who are suspected of having a developmental delay and how it follows through with appropriate referrals and follow-up, as needed.

☺ Tip: Be sure the policy and procedures are clear regarding when and how to make a referral, whom to make the referral to, how to determine the outcome of the referral, and how to participate in the process so that staff can support families and greatly facilitate the tracking process to insure families receive appropriate services in a timely manner.

☺ Tip: Programs are encouraged to contact early intervention services in their community to assist in the development of policies and procedures regarding the referral and tracking process for children suspected of having a delay. Families that are ultimately enrolled in early intervention services will have an IFSP process. It is recommended that collaboration occur in the development of an IFSP for both early intervention and HFA programs.

6-6.B. The program tracks target children suspected of having a developmental delay and follows through with appropriate referrals and follow-up, as needed.

Intent: *Programs are encouraged to collaborate with early intervention services for children who are dually enrolled in HFA and early intervention to avoid duplication of services and to encourage consistency. Early intervention services can be difficult for parents to understand. The home visitor can be a great liaison for the family into various services that are offered through early intervention. It is critical to support parents by tracking referrals and supporting the parent in following-through with in-depth evaluations and therapy. It is recommended that screens and developmental assessments administered by early intervention services be kept in the family files (however, this is not a requirement).*

6-6.B. RATING INDICATORS

3 - Evidence indicates the program tracks target children suspected of having a delay and follows through with appropriate referrals and follow-up, as needed.

2 - Past instances were found when the program did not track target children suspected of having a delay and follow through with appropriate referrals and follow-up, as needed; however, recent practice indicates this is now occurring.

1 - Insufficient evidence to indicate that the program tracks target children suspected of having a developmental delay and follows through with appropriate referrals and follow-up, as needed.

NA - No children identified with a developmental delay.

Note: This is a Sentinel Standard.

☺ Tip: If a family declines early intervention services, be sure to document this in the family's file, as well as the home visitor's continuous efforts to advocate for early intervention services. Be sure to document any joint meetings attended and referrals that home visitors made to support parents.

Services should focus on supporting the parent(s) as well as supporting parent-child interaction and child development .			
Standard	**Policy and Procedures**	**Additional Pre-Site Evidence**	**On Site Activities**
6-1.A Supervisor & Home Visitor discuss & review issues identified on Assessment	Regarding: supervisor & home visitor review of issues identified during the initial assessment with families, throughout the course of home visiting services.	Please submit samples of forms used for documentation of the discussions between the supervisor and the home visitors.	Interview: • Home Visitor Supervisor, • home visitors, and Review: • supervisory documentation, and • family files.
6-1.B Home Visitor & family discuss & review issues identified on Assessment	Regarding: home visitor & families review issues identified during the initial assessment with families throughout the course of home visiting services.	Please submit samples of forms used for documentation of the discussion between the home visitors and families.	
6-2.A Strengths & Needs	Regarding: IFSP process including how families and home visitors collaborate to identify strengths and needs, develop goals and objectives, review progress, and how the IFSP serves as the basis for service delivery.	Please submit samples of blank IFSP forms and tools that support the development of the IFSP and samples of blank forms used by supervisors and home visitors to document IFSP conversations.	Interview: • home visitor supervisor, • home visitors, & • families. Review: • Family files with completed IFSP's, and • supervisor documentation
6-2.B Goals & Objectives			
6-2.C Progress Reviewed Regularly			
6-2.D Guides Services			
6-3.A Policy & Procedures Promotion of PCI, child development skills, & health & safety issues	Regarding: promotion of positive parent-child interaction, child development skills, and sharing information on health and safety related practices with families, including curriculum & materials used.	Please submit a sample of blank home visit forms indicating where the promotion of positive parent-child interaction, child development shills, and health and safety practices are documented.	Interview: • home visitor supervisors, • home visitors, & • families. Review: • curriculum and materials used by the program, and • home visit notes, or wherever the program documents these activities.
6-3.B Implementation of Positive PCI & Child Development Skills	No evidence required		
6-3.C Implementation of Positive Health & Safety	No evidence required		

Services should focus on supporting the parent(s) as well as supporting parent-child interaction and child development .			
Standard	**Policy and Procedures**	**Additional Pre-Site Evidence**	**On Site Activities**
6-4.A Policy & Procedures Administration of Developmental Screens	Regarding: administration of developmental screening with specified intervals of administration	Please submit a sample of developmental screening tool (only 1 interval of screen sample needed, for example, a 6-month screen will suffice for all intervals available for the tool) and a sample of form(s) used to track screening process	Interview: • home visitor supervisors, • home visitors, & • families, as necessary. Review: • completed tracking tools and/or tracking system.
6-4.B Implementation of Policy & Procedures	No evidence required	Please submit a report indicating the date of the birth of the baby and the date the screens were completed for all families. **Please note:** programs may submit the HFA ASQ Tracking Form or database report.	
6-5 Staff trained on developmental screen prior to administering it	No evidence required	Please submit a list of staff indicating the date they were trained on the screening tool and the date they first administered it.	Interview: • home visitor supervisors, & • home visitors. Review: • any additional documentation related to training as necessary.
6-6.A Policy & Procedures Tracking & Follow through with developmental delay	Regarding: tracking and follow-up of developmental delays	Please submit a sample of form(s) or system used for tracking children with suspected developmental delays and a sample of forms used to refer and monitor the interventions needed for families with a child suspected/confirmed of having a developmental delay.	Interview: • home visitor supervisor, • home visitors, & • families, as appropriate. Review: • Family files with children suspected or confirmed of having a developmental delay.
6-6.B Implementation of Policy & Procedures	No evidence required		

7. *At a minimum, all families should be linked to a medical provider to assure optimal health and development (e.g., timely immunizations, well-child care, etc.) Depending on the family's needs, they may also be linked to additional services such as financial, food, and housing assistance programs, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters.*

Standard 7 Intent: The overall intent of the standards in this section is to ensure program staff link families to medical providers for preventative health care, ensure timely receipt of immunizations and appropriately refer to additional services based on the needs of the families.

7-1. Participating Target Children have a medical/health care provider to assure optimal health and development.

7-1.A. The program has policy and procedures for linking all target children to ***medical/health care provider(s)***.

Intent: *It is important for each family to have a medical home (a partnership between the family and the child's primary health care professional) and to utilize preventative health care practices for children. The program is to have a process for informing and connecting families to medical/health care provider(s) available within the community. Through this partnership, the primary health care professional can help the family/patient access and coordinate routine well-child care, sick-child care and specialty care when needed.*

7-1.A. RATING INDICATORS

3 - No "3" rating indicator for standard 7-1.A

2 - The program has policy and procedures for linking all target children to medical/health care providers.

1 - The program does not have policy and procedures to link all target children to medical/health care providers.

***Medical/health care provider*:** The primary individual, provider, medical group, public and/or private health agency, or a culturally recognized medical professional where participants can go to receive a full array of health and medical services.

7-1.B. Target children have a medical/health care provider.

7-1.B. RATING INDICATORS

3 - Ninety-five percent (95%) through one hundred percent (100%) of target children have a medical/health care provider.

2 - Eighty percent (80%) through ninety-four percent (94%) of target children have a medical/health care provider.

1 - Less than eighty percent (80%) of target children have a medical/health care provider.

☺ Tip: For target children who currently do not have medical providers, be sure to indicate the reasons why and clearly document attempts/steps taken to link these children.

☺ Tip: It is also important to indicate if families are on Creative Outreach and current information is unavailable.

☺ Tip: Programs are also encouraged to document the current medical provider for all participating family members (children other than target children and adults) – see standard 7-3.

7-2. Based on the program's identified ***immunization schedule***, the program ensures that immunizations are up-to-date for target children. **Please note:** the percentage should not include children whose family beliefs preclude immunizations; however, evidence of this must be documented in the family file.

Intent: *All children should be immunized at regular health care visits, beginning at birth. Immunizations are very important in keeping children healthy. The regular schedule recommends shots starting at birth and going through 24 months of age, with boosters and catch-up vaccines continuing through the teenage years and into old age. By immunizing, children are safeguarded against the potentially devastating effects of 11 vaccine-preventable diseases plus Hepatitis A and the flu. The catastrophic effects of childhood diseases can lead to life-long illness or death (Every Child By Age Two).*

Vaccines help prevent infectious diseases and save lives. Childhood immunizations are responsible for the control of many infectious diseases that were once common in this country, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and Haemophilus influenzae type b (Hib). While the US currently has near record low cases of vaccine-preventable diseases, the viruses and bacteria that cause them still exist. Vaccines prevent disease in the people who receive them and protect those who come into contact with unvaccinated individuals (aap.org).

Some children may be ill or have other reasons preventing them from receiving immunizations according the identified immunization schedule. Therefore, children may not necessarily receive their immunizations on time; however, it is essential to keep them up-to-date.

Programs track immunization information differently. Some choose to collect the information from the parent/care giver and document it on the program's tracking sheets, and others solicit periodic updates from the medical providers themselves indicating whether or not the child is up-to-date or current. Therefore, programs are encouraged to clearly indicate how they receive the information used to determine if target children have up-to-date immunizations.

7-2. RATING INDICATORS

3 - Ninety percent (90%) through one hundred percent (100%) of target children have up-to-date immunizations.

2 - Eighty percent (80%) through eighty-nine percent (89%) of target children have up-to-date immunizations

1 - Less than eighty percent (80%) of target children have up-to-date immunizations.

***Immunization schedule*:** Immunization schedules follow different guidelines, depending upon the schedule adopted by the program/multi-site system. The American Academy of Pediatrics, the Centers for Disease Control, and most Departments of Public Health at the state level issue immunization schedules which spell out what immunizations a child should have and at what age. HFA expects a home visitation program to follow one of these generally accepted immunization schedules, but does not recommend one schedule over another.

☺ Tip: For target children who are not currently up-to-date, be sure to indicate the reasons why and clearly document attempts/steps taken to obtain immunizations for these children.

☺ Tip: It is also important to indicate if families are on Creative Outreach and currently no information is available.

☺ Tip: Be sure to clearly document families who opt not to have their children immunized due to religious or other beliefs.

7-3. Home visitors provide information, referrals, and linkages to available health care resources for all participating family members.

Intent: *Programs are encouraged to provide information, referrals and linkages for all family members including the target child. Information could include a variety of topics that may benefit all participating members (i.e., smoking cessation support groups, free health clinics for adults, immunization clinics, flu shots, nutritional classes, etc.). Program staff should be knowledgeable of health care resources within the community and be able to appropriately provide referrals and linkages to members. It is recommended that programs only provide information, referrals and linkages when necessary, (i.e., when a pregnant mother needs assistance connecting to prenatal care, or when parents or siblings have health concerns and are without a medical care provider). Therefore if a family is currently receiving necessary care, there may be no need for further provision of the above-mentioned services.*

7-3.	RATING INDICATORS
3	Evidence indicates that home visitors provide information, referrals and linkages to all participating family members on available health care resources, when necessary.
2	Past instances were found when home visitors did not provide information, referrals and linkages to all participating family members on available health care resources, when necessary; however, recent practice indicates this is occurring.
1	Insufficient evidence exists to suggest that home visitors are providing information, referrals and linkages to all participating family members on available health care resources, when necessary.

☺ Tip: Programs may want to consider documenting health care resource referrals associated with this standard, in the same way other community resource referrals are documented for standards 7-4.A and 7-4.B.

7-4 Families are connected to additional services in the community on an as needed basis.

7-4.A. The program connects families to appropriate referral sources and services in the community as needed.

Intent: *Families benefit by accessing community agencies and services that can support the family in accomplishing goals or overcoming challenges they may be experiencing. Families may be reluctant to access additional services, and home visitors are one way to bridge the gap. Home visitors should be familiar with the community agencies and the services they provide to be sure families are referred appropriately. Programs are encouraged to provide referrals as often as needed. Additionally, while there may be services to refer the family to within the community, it does not mean they are necessarily appropriate or needed by the family. Therefore not all families require referrals.*

7-4.A.		RATING INDICATORS
3	-	Evidence indicates families are linked to additional services in the community on an as needed basis.
2	-	Past instances were found when families needing additional services were not connected to appropriate services in the community, as needed; however, recent practice indicates this is now occurring.
1	-	There is insufficient evidence to indicate families are linked to additional services in the community on an as needed basis.

7-4.B. The program tracks and follows up with the family, and/or service provider (if appropriate) to determine if the family received needed services.

7-4.B.		RATING INDICATORS
3	-	The program has a method for tracking and following-up on referrals of families to other community services as needed and evidence indicates the program is tracking and following up on referrals.
2	-	Past instances were found when tracking and follow-up did not occur; however, recent practice indicates this is now occurring.
1	-	Either the program does not have a method or the program has a method but there is insufficient evidence to indicate that tracking and follow-up is occurring.

☺ Tip: Programs are encouraged to track all of the referral resources provided and the family's utilization of those services over the course of home visiting services in one place for easy monitoring.

At a minimum, all families should be linked to a medical provider to assure optimal health and development (e.g., timely immunizations, well-child care, etc.) Depending on the family's needs, they may also be linked to additional services such as financial, food, and housing assistance programs, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters.			
Standard	**Policy and Procedures**	**Additional Pre-Site Evidence**	**On Site Activities**
7-1.A Policy & Procedures Medical Providers for Target Children	Regarding: linkage of target children to medical/health care providers.	No additional pre-site evidence required	Interview: • Supervisors, • home visitors, and • families, as necessary, Review: • any additional information as necessary
7-1.B Target Children Have Medical Providers	No evidence required	Please submit a report detailing all of the target children and their current medical/health care provider, and the percent of the target children who are currently connected with a medical/health care provider.	
7-2 Timely Receipt of Immunizations	Regarding: the processes to determine if children are on target with the receipt of immunizations and ensure they are fully immunized by age two.	A copy of the program's immunization schedule, a report detailing all target children and whether or not they are up-to-date, and the percentage of target children whose immunizations are up-to-date.	Interview: • home visitor supervisor, • home visitors, & • families, as necessary Review: • any additional information as necessary
7-3. Provision of information, referrals & linkages to health care resources	No evidence required	Please submit a description that clearly describes the provision of information, referrals, and linkages to available health care resources for all participating family members.	Interview: • home visitor supervisor, • home visitors, & • families, as necessary Review: • documentation in family files illustrating these practices.
7-4.A Connection to appropriate referral sources	Regarding: the program's process to connect families to appropriate referral sources in the community.	Please submit any relevant tracking documentation such as blank referral tracking forms, home visit records, etc., where this information is documented.	Interview: • home visitor supervisor, • home visitors, & • families, as necessary Review: • documentation in family files illustrating these practices.
7-4.B Follow-up to appropriate referral sources	Regarding: the program's process related to how it follows-up to determine if the family received needed services.		

8. *Services should be provided by staff with limited caseloads to assure that home visitors have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities (e.g., many communities, allow for no more than fifteen (15) families per home visitor on the most intense service level and, for some communities, the number may need to be significantly lower, e.g., less than ten (10)).*

Standard 8 Intent: The overall intent of the standards in this section is to ensure program staff have limited caseloads to allow them the necessary time with families to build trusting, nurturing relationships.

8-1. Services are provided by staff with limited caseloads to assure that home visitors have an adequate amount of time to spend with each family to meet their needs and plan for future activities.

8-1.A The program's policy and procedures regarding established ***caseload*** size is no more than fifteen (15) families, at the most intensive level (at least weekly visits) per full time home visitor.

8-1.A. RATING INDICATORS

3 - No "3" rating indicator for standard 8-1.A.

2 - The program's written policy and procedures states that caseload size is no more than fifteen (15) families, at the most intensive service level (at least weekly visits) per full time home visitor.

1 - The program does not have written policy and procedures or the program's written policy states that caseload size is more than fifteen (15) families, at the most intensive service level (at least weekly visits) per full time home visitor.

Caseload: The total number of family units assigned to a direct service staff person.

☺ Tip: Circumstances may arise when staff exceed the caseload size of 15 at the most intensive level such as when a family moves from a less intensive level of services to a more intensive level of service or when a home visitor leaves and the caseload is dispersed among existing home visitors, etc. This practice should be temporary (3 months or less) and programs are encouraged to clearly document the reasons why the caseload has exceeded the limit and the duration of this deviation.

☺ Tip: Programs should prorate caseload size based on the staff person's Full Time Equivalency (e.g., a .5 FTE should not have more then 7-8 families on the most intensive level, or a .75 FTE should only have 11 families on the most intensive level).

8-1.B. The program's policy regarding maximum ***caseload*** size is no more than twenty-five (25) at any combination of service levels per full-time home visitor.

8-1.B. RATING INDICATORS

3 - No "3" rating indicator for standard 8-1.B.

2 - The program's written policy and procedures regarding maximum caseload size is no more than twenty-five (25) families at any combination of service levels per full time home visitor.

1 - The program does not have written policy and procedures or the program's policy regarding maximum caseload size exceeds twenty-five (25) families at any combination of service levels per full time home visitor.

Caseload: The total number of family units assigned to a direct service staff person.

☺ Tip: Circumstances may arise when staff exceed caseload size (e.g., a home visitor leaves and the caseload is dispersed among existing home visitors, etc.). This practice should be temporary (3 months or less) and programs are encouraged to clearly document the reasons why the caseload has exceeded the limit and the duration of this deviation.

☺ Tip: Programs should prorate this number based on the staff person's Full Time Equivalency (e.g., a .5 FTE should not have more then 12-13 families at any combination of service levels, or a .75 FTE not have more than 19 families at any combination of service levels).

8-1.C. Home visitors are within the caseload ranges, as stated in standard 8-1.A and 8-1.B.

8-1.C. RATING INDICATORS

3 - No home visitor exceeds the caseload sizes, as stated in standards 8-1.A and 8-1B.

2 - Past instances were found when home visitors exceeded the caseload sizes as stated in 8-1.A and 8-1.B; however, recent practice indicates this is now occurring and any deviation is temporary (3 months or less).

1 - Home visitors routinely exceed the caseload sizes as stated in 8-1.A. and 8-1.B.

8-2. The program's caseload system ensures that home visitors have an adequate amount of time to spend with each family.

8-2.A. The program has policy and procedures for managing its caseloads.

8-2.A.		RATING INDICATORS
3	-	No "3" rating indicator for standard 8-2.A.
2	-	The program's written policy and procedures include all of the following criteria: - experience and skill level of the home visitor assigned, - nature and difficulty of the problems encountered with families, - work and time required to serve each family, - number of families per service provider which involve more intensive intervention, - travel and other non-direct service time required to fulfill the service providers' responsibilities, - extent of other resources available in the community to meet family needs, and - other assigned duties.
1	-	The program does not have policy and procedures or the policy and procedures do not include all the criteria listed above in the "2" rating indicator.

8-2.B. The program uses the criteria as identified above in 8-2.A. to manage its caseload sizes.

8-2.B.		RATING INDICATORS
3	-	The program manages its caseload sizes utilizing criteria identified in 8-2.A and outlined in the policy and procedures.
2	-	Past instances were found when the caseload sizes were not managed according to the criteria identified in 8-2.A; however, recent practice now indicates this is occurring.
1	-	The program does not manage its caseloads utilizing criteria identified in 8-2.A.

Standardized Assessment Tool			
Standard	**Policy and Procedures**	**Additional Pre-Site Evidence**	**On Site Activities**
8-1.A Policy & Procedures Caseload size	Regarding: caseload size for families on the most intensive service level (at least weekly visits)	No additional Pre-Site Evidence Necessary	Interview: • program manager, • home visitor supervisor, and/or • home visitors, as necessary
8-1.B Policy & Procedures Maximum Caseload	Regarding: maximum caseload size for families at any combination of service levels	No additional Pre-Site Evidence Necessary	
8-1.C Implementation of Policy & Procedures	No evidence required	Please submit a report showing the caseload size of all current home visitors over the past 12 months (include breakdowns for each home visitor's caseload for the quarter immediately prior to completing the self study, the home visitors full time equivalency, the number of families assigned to him or her, and the intensity of service each family is receiving)	
8-2.A Policy & Procedure Managing Caseloads	Regarding: the criteria used to manage caseloads	No additional Pre-Site Evidence Necessary	Interview: • program manager, • home visitor supervisor, and/or • home visitors, as necessary Review: • documentation of caseload management system

9. Service providers should be selected because of their personal characteristics (e.g., non-judgmental, compassionate, ability to establish a trusting relationship, etc.), their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job.

Standard 9 Intent: The intent of the standards in this section is to ensure staff are selected because they possess characteristics necessary to build trusting, nurturing relationships and work with families with different cultural values and beliefs than their own.

9-1. Service providers and program management staff are selected because of a combination of personal characteristics, experiential, and educational qualifications.

9-1.A. Screening and selection of program managers includes consideration of characteristics including, but not limited to:

- A solid understanding of and experience in managing staff;
- Administrative experience in human service or related program(s), including experience in quality assurance/improvement and program development;
- A bachelor's degree in human services administration or related field required (Master's degree preferred).

9-1.A.		RATING INDICATORS
3	-	The program's system for screening and selection of program managers ensures that it considers all of the personal characteristics of job candidates as listed above, and program managers routinely meet all of the criteria.
2	-	The program's system for screening and selection of program managers ensures that it considers all of the personal characteristics of job candidates as listed above; however, instances found when program managers did not meet the criteria, but a staff development plan for managers is in place and has been acted upon.
1	-	One of the following: the program does not screen for the characteristics listed above; the system is not followed when hiring; the program does not have a screening or selection system for hiring program managers; program managers routinely do not meet the criteria stated in the standard and there is no development plan; or the development plan has not been acted upon.

9-1.B. Screening and selection of supervisors includes consideration of characteristics, including but not limited to:

- A solid understanding of and experience in supervising and motivating staff, as well as providing support to staff in stressful work environments;
- Knowledge of infant and child development and parent-child attachment;
- Experience with family services that embrace the concepts of family-centered and strength-based service provision;
- Knowledge of maternal-infant health and dynamics of child abuse and neglect;
- Experience in providing services to culturally diverse communities/families;
- Experience in home visitation with a strong background in prevention services to the 0-3 age population; and,
- Bachelor's degree in human services or related field required (Master's degree preferred).

9-1.B. RATING INDICATORS

3 - The program's system for screening and selection of supervisors ensures that it considers all of personal characteristics of job candidates as listed above, and supervisors routinely meet all the criteria.

2 - The program's system for screening and selection of supervisors ensures that it considers all of personal characteristics of job candidates as listed above; however instances were found when supervisors did not meet all of the criteria, but a staff development plan for supervisors is in place and has been acted upon.

1 - The program does not screen for the characteristics listed above; the system is not followed when hiring; the program does not have a screening or selection system for hiring supervisors; supervisors routinely do not meet the criteria stated in the standard, or the staff development plan has not been acted upon.

9-1.C. Screening and selection of direct service staff and volunteers and interns (performing the same function) include consideration of personal characteristics, including but not limited to:

- Are experienced in working with or providing services to children and families;
- An ability to establish trusting relationships;
- Acceptance of individual differences;
- Experience and willingness to work with the culturally diverse populations that are present among the program's target population; and
- Knowledge of infant and child development.

9-1.C. RATING INDICATORS

3 - The program's system for screening and selection of direct service staff and volunteers and interns, performing the same function, ensures that it considers all of the personal characteristics of job candidates as listed above and direct service routinely meet all the criteria:

2 - The program's system for screening and selection of direct service staff and volunteers and interns, performing the same function, ensures that it considers all of the personal characteristics of job candidates as listed above; however instances were found when direct service staff did not meet all of the criteria, but a staff development plan for direct service staff is in place and has been acted upon.

1 - The program does not screen for the characteristics listed above; or the system is not followed when hiring or direct service staff and/or volunteers and interns, performing the same function, routinely do not meet the stated criteria stated.

9-2. The program actively recruits, employs, and promotes qualified personnel and administers its personnel practices without discrimination based upon age, sex, race, ethnicity, nationality, handicap, or religion of the individual under consideration.

9-2. RATING INDICATORS

3 - The program:
-is in compliance with the Equal Opportunity Act in the United States, has a written equal opportunity policy that clearly states its practices in recruitment, employment, transfer and promotion of employees,
-disseminates its equal opportunity policy and uses recruitment materials that specify the non-discriminatory nature of the program's employment practices
-has no administrative findings or court rulings against the program in this respect, and
-no known violations of equal employment opportunity.

2 - Status is under review and pending final determination; no major difficulties have been identified in the process of a review conducted by a regulatory authority; the policy, though written, does not include all areas of personnel administration and there are no known violations of equal employment opportunity; the program uses limited means of disseminating information on its non-discriminatory hiring practices.

1 - The program is in process of remediation of identified difficulty; the program is not in compliance with the applicable law and has not begun corrective action; the program has no written policy and/or the program has violated its equal opportunity policy; or the program does not disseminate information internally or externally on its position on equal opportunity.

9-3. The program's recruitment and selection practices assure that its human resource needs are met.

9-3.A. The program's recruitment and selection practices are in compliance with applicable law or regulation and include:

- notification of its personnel of available positions before or concurrent with recruitment elsewhere,
- utilization of standard interview questions that comply with employment and labor laws, and
- verification of 2-3 references and credentials.

9-3.A. RATING INDICATORS

3 - The program's recruitment and selection practices contain all three practices identified in the standard for both staff and volunteers.

2 - Past instances were found where the program's recruitment and selection practices did not contain all three practices identified in the standard for both staff and volunteers; however, recent practice (through new hires) indicates this is now occurring.

1 - The program's recruitment and selection practices consistently do not include all three practices identified in the standard for both staff and volunteers.

9-3.B. The agency conducts appropriate, legally permissible, and mandated inquiries (as allowed within the state or province) of state or provincial criminal history records on **all** prospective employees and volunteers who will have responsibilities where clients are children, i.e., assessment staff, home visitors, and supervisors.

Intent: *Programs should ensure the safety of the families and children it serves by conducting background checks on all perspective employees who will come in contact with them, i.e., assessment staff, home visitors, supervisors. Even in cases when the State does not mandate criminal background checks for HFA staff, programs are expected to check legally permissible criminal history records and civil child abuse and neglect registries. At a minimum, programs are to conduct legally permissible background checks (at any point during employment) in order to be in adherence to the standard. While inquiries made to civil child abuse and neglect registries are highly recommended, they are not always legally permissible or readily available to programs.*

Criminal history records should not be used to deny employment of qualified individuals unless the nature of the conviction is related to the specific job duties. Legal counsel should be consulted with regards to appropriate use of background checks.

The program is not required to conduct background checks for licensed staff if the program has verified that background checks are part of the licensing process.

9-3.B. RATING INDICATORS

3 - All program staff have had legally permissible background checks completed including criminal background **AND** civil child abuse and neglect registries. The program is knowledgeable about what is legally permissible and usable in screening applicants. It carefully follows all mandates.

2 - Past instances were found when criminal background checks were not completed; however, recent practice indicates all currently employed staff have now had background checks (at any point during employment) and evidence indicates that any new hires have had legally permissible background checks completed at time of employment.

1 - The program does not conduct legally permissible background checks on some applicants or for personnel dealing with vulnerable families and/or does not conduct mandated background checks in all cases.

Note: This is a Safety Standard.

☺ Tip: Programs are encouraged to conduct background checks throughout the course of an employee's employment.

☺ Tip: Programs are also encouraged to conduct background checks on program managers.

9-4. The program monitors personnel satisfaction and retention at least every two years and addresses how it may increase staff retention.

Intent: *A stable, qualified workforce is known to contribute to improved participant outcomes, with families more likely to be retained in the program longer when staff are retained. Therefore, program management should monitor factors associated with staff turnover. By understanding the circumstances and characteristics of staff that leave, in comparison to those that stay, strategies to increase retention can be developed (based on the data) and implemented with a greater likelihood of success. The program may consider factors that have been associated with staff satisfaction and retention, including: job category, staff demographics, role clarity, acknowledgement of work performed, satisfaction with salary and benefits, reasonable workload, autonomy, opportunities for advancement and career development.*

9-4		RATING INDICATORS
3	-	The program monitors staff retention and satisfaction at least every two years, and has developed and implemented strategies to address any issues.
2	-	The program monitors staff retention and satisfaction at least every two years, and has developed strategies to address any issues.
1	-	Any of the following: The program has not monitored staff retention and/or satisfaction at least every two years; or has not developed strategies to address issues.

Service providers should be selected because of their personal characteristics (e.g., non-judgmental, compassionate, ability to establish a trusting relationship, etc.), their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job.			
Standard	**Policy and Procedures**	**Additional Pre-Site Evidence**	**On Site Activities**
9-1.A Screening & selection of Program Managers 9-1.B Screening & selection of Supervisors 9-1.C Screening & selection of direct service staff	Regarding: screening and selecting program staff	Please submit a description of the program's screening and selection procedures for program managers, supervisors, direct service staff (including volunteers if used), and any relevant materials used during the screening/selection procedure, such as interview guidelines, job descriptions, qualifications required at hire, etc.	Interview: • program manager, • human resources, if applicable, and • any other staff as necessary Review: • personnel files, and • staff development plans if necessary
9-2 Equal Opportunity Employment	Regarding: equal opportunity employment	Please submit materials, such as correspondence with regulatory authorities indicating that there are no known problems or a legal opinion from counsel indicating the agency's practices conform to the law. (In the absence of such materials, the agency may provide a statement indicating whether there have been any findings or rulings against their practices in the past four years.), and a copy of the equal opportunity policy.	Interview: • program manager, • human resources, if applicable, and • any other staff as necessary Review: • copies of dissemination materials which indicate EOE.
9-3.A Job Postings, Interviews & references	Regarding: recruitment and selection practices including: notification of available positions before, interview questions reference checks	Please submit a narrative describing the program's current process with regards to notification of available positions, utilization of standard interview questions and acquiring background checks,	Interview: • program manager, • human resources, if applicable, and • any other staff as necessary Review: • personnel files, and • any other relevant documentation
9-4 Staff Retention and Satisfaction	No evidence required	Please submit a narrative describing how the program monitors and addresses staff retention and satisfaction. Be sure to include corresponding data report and strategies developed to address any issues, as needed.	Interview: • program manager, • supervisor, • direct service staff Review: • updated reports that would show recently improved practice, if necessary Staff Survey

10.a Service providers should have a framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk families. All service providers should receive basic training in areas such as cultural competency, reporting child abuse, determining the safety of the home, managing crisis situations, substance abuse, domestic violence, drug-exposed infants, and services in their community.
Critical Element 10

10.b Service providers should receive intensive training specific to their role to understand the essential components of family assessment and home visitation (e.g., identifying at-risk families, completing a standardized risk assessment, offering services and making referrals, promoting use of preventive health care, securing medical homes, emphasizing the importance of immunizations, utilizing creative outreach efforts, establishing and maintaining trust with families, building upon family strengths, developing an individual family support plan, observing parent-child interactions, teaching parent-child interaction, etc.).
Critical Element 11

Standard 10 Intent: The overall intent of the standards in this section is to ensure staff receive the training support and have the skill set necessary to fulfill their job functions and achieve the program's goals with families. Training should be geared to the unique aspects of home visiting services and should be culturally sensitive, taking into account each staff member's skills and needs. Training can be received through a variety of methods including, but not limited to the following: lecture or interactive presentations by individuals with particular expertise in an area, workshops, college coursework, multi-disciplinary clinical consultations, training presentations by staff members, and self-study with supervisory follow-up.

10-1. The program has a comprehensive training plan that assures access and ongoing tracking and monitoring of required trainings in a timely manner for all staff (home visitors, assessment workers and supervisors)

- orientation (10-2.A-E);
- intensive role specific training (10-3.A-C);
- additional training within 6-months of hire (10-4.A-F.);
- additional training within 12-months of hire (10-5.A-F.); and
- on-going training topics (10-6.)
- screening and/or assessment tool (2-2.A)
- cultural sensitivity (5-3)
- developmental screens (6-5)

Please note: All interns and volunteers who perform the same duties as assessment workers, home visitors and supervisors should receive the same type of training as paid staff.

Standard 10-1 Intent: The training plan (or policy) should address all topics and subtopics included in standard 10, as well as training required related to the administration of other program tools that are used with families (e.g., screening/assessment tools, developmental screen, etc.) and annual cultural sensitivity required for standard 5-3. The plan should guide the program toward achieving the training in a timely manner (by the specified timeframes) and clearly identify how the training is provided and by whom (i.e., program manager/supervisor, community agency, video, reading materials, etc.), topics covered by each session, and the programs processes for supervisory follow-up, etc. Additionally, the program should address how they ensure that training provided is of high quality. Training logs should include supervisory verification that the training was received. Each of the sub-topics in 10-4 and 10-5 needs to be designated and clearly identified.

10-1		RATING INDICATORS
3	-	The program has a comprehensive training plan/policy, as well as a tracking and monitoring system that ensures timely access of training for all staff and monitoring is occurring.
2	-	The program recently developed a comprehensive training plan/policy and tracking system and recently began implementation of its tracking and monitoring system to ensure timely access to training.
1	-	Any of the following: there is no training plan/policy; the training plan/policy is not comprehensive; or the plan in place and/or tracking and monitoring is not occurring.

☺ Tip: The tracking form should include date of hire, date of 1st direct service contact provided (home visit, assessment, supervision etc.).

☺ Tip: Programs are encouraged to track training even when training was received outside of the required timeframe.

☺ Tip: It is important for programs to demonstrate how they have implemented new procedures or practices that ensure newly hired staff receive training in a timely manner.

10-2. Staff (assessment workers, home visitors and supervisors), receive orientation (separate from intensive role specific training) prior to direct work with families to familiarize them with the functions of the program.

Intent: *When new staff are hired, they often are sent into the home to work with families prior to receiving role specific/Core training and the 6 month and 12 month wraparound trainings. Therefore, it is essential that staff have been oriented to topics that will directly impact their immediate work with families or direct service staff (for supervisors). Typically, these orientations are designed and developed based on unique characteristics based on where and how the program is housed (i.e., community resources available, local child abuse and neglect reporting laws, etc.). Program administrators should ensure that these orientation topics are comprehensive and support the staff to succeed in their roles during this early part of employment. All of these training topics must be covered prior to direct contact with participants and prior to direct supervision of staff.* ***Please note:*** *In the event that staff did not receive these trainings within the required timeframes, for accreditation purposes it is the expectation that all staff will receive the training regardless of the timeframe.*

10-2.A. Staff (assessment workers, home visitors and supervisors) are oriented to their roles as they relate to the program's goals, services, policies and operating procedures (including forms, evaluation tools and data collection), and philosophy of home visiting/family support prior to direct work with families or supervision of staff.

10-2.A.		RATING INDICATORS
3	-	All staff are oriented to their roles as they relate to the program's goals, services, policies and operating procedures (including forms, evaluation tools and data collection) and philosophy of home visiting/family support prior to direct work with families.
2	-	Past instances were found when staff were not oriented to their roles as they relate to the program's goals, services, policies and operating procedures (including forms, evaluation tools and data collection) and philosophy of home visiting/family support prior to direct work with families; however, recent practice indicates this is now occurring and all staff have received the orientation training regardless of the timeframe.
1	-	Staff are routinely not oriented to their roles as they relate to the program's goals, services, policies and operating procedures (including forms, evaluation tools and data collection) and philosophy of home visiting/family support prior to direct work with families.

10-2.B Staff (assessment workers, home visitors and supervisors) are oriented to the program's relationship with other community resources prior to direct work with families.

10-2.B.		RATING INDICATORS
3	-	All staff are oriented to the program's relationship with other community resources (e.g., organizations in the community with which the program has working relationships) prior to direct work with families.
2	-	Past instances were found when staff were not oriented to the program's relationship with other community resources prior to direct work with families; however, recent practice indicates this is now occurring and all staff have received the orientation training regardless of the timeframe.
1	-	Staff are routinely not oriented to the program's relationship with other community resources prior to direct work with families.

10-2.C Staff (assessment workers, home visitors and supervisors) are oriented to child abuse and neglect indicators and reporting requirements prior to direct work with families.
Please note: To be accredited programs must be sure that all staff have been oriented to child abuse and neglect indicators.

10-2.C.		RATING INDICATORS
3	-	All staff are oriented child abuse and neglect indicators and reporting requirements prior to direct work with families.
2	-	Past instances were found when staff were not oriented to child abuse and neglect indicators and reporting requirements prior to direct work with families; however, recent practice indicates this is now occurring and all staff have received the orientation training regardless of the timeframe.
1	-	Staff are routinely not oriented to child abuse and neglect indicators and reporting requirements prior to direct work with families.
Note:		**This is a Safety Standard.**

10-2.D Staff (assessment workers, home visitors and supervisors) are oriented to issues of confidentiality prior to direct work with families.

10-2.D.		RATING INDICATORS
3	-	All staff are oriented to issues of confidentiality prior to direct work with families.
2	-	Past instances were found when staff were not oriented to confidentiality prior to direct work with families; however, recent practice indicates this is now occurring and all staff have received the orientation training regardless of the timeframe.
1	-	Staff are routinely not oriented to issues of confidentiality prior to direct work with families.

10-2.E Staff (assessment workers, home visitors and supervisors) are oriented to issues related to boundaries prior to direct work with families.

10-2.E.		RATING INDICATORS
3	-	All staff are oriented to issues related to boundaries prior to direct work with families.
2	-	Past instances were found when staff were not oriented to issues related to boundaries prior to direct work with families; however, recent practice indicates this is now occurring and all staff have received the orientation training regardless of the timeframe.
1	-	Staff are routinely not oriented to issues related to boundaries prior to direct work with families.

☺ Tip: An important element of these standards is that the training be received prior to the staff person conducting their job duties independently. If the orientation program includes shadowing, this can be done as a component, and prior to completion of the orientation training.

☺ Tip: Programs should develop a protocol for documenting the date for each staff person for 1st home visit, assessment or supervision as part of the evidence required for this standard

☺ Tip: If the program has made a recent change of practice, precedence should be given to most recently hired staff. Date of change should be included in program narrative.

10-3. Staff (assessment workers, home visitors and supervisors) receive intensive role specific training within six months of date of hire specific to their role within the home visitation program to help them understand the essential components of their role within the program.

Intent: *Formal training develops the knowledge and skills necessary to achieve program goals. It prepares staff to assess family needs, assist with parent-child interaction, provide appropriate information, assess needs and connect families with appropriate resources, and meet certain standards of service delivery. Furthermore, formal training allows staff to:*

- *link theory to practice by developing and implementing practical approaches to real situations;*
- *share information, experiences, and to learn from one another;*
- *feel supported in their work and promotes professional development; and*
- *provide consistent service delivery which allows for improved program evaluation.*

Please Note*: When staff either move from one role to another (i.e., FSW becomes a FAW), or at some point the staff are cross-trained (i.e., start as a FAW and eventually serve as a FAW and FSW), it is the expectation that additional core training to the new or added role will occur within 6 months from date of position change.*

Please note: *In the event that staff did not receive these trainings within the required timeframes, for accreditation purposes it is the expectation that all staff will receive the training regardless of the timeframe.*

10-3.A. All staff conducting assessments received intensive ***role specific 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.

10-3.A.		RATING INDICATORS
3	-	All staff conducting assessments receive intensive role specific assessment training, by a certified trainer, on the essential components of family assessment within six months of the date of hire.
2	-	Past instances were found when staff did not receive intensive role specific assessment training, by a certified trainer, within 6 months after hire; however, recent practice indicates this is now occurring and all assessment staff have received role specific training regardless of the timeframe.
1	-	Any of the following: all staff conducting assessments routinely do not receive intensive role specific training within specified time frame; the training does not sufficiently address the role of the assessment worker; or training was not conducted by a certified trainer.

Role Specific Assessment Training: In-depth, formalized training which outlines the specific duties of the assessment worker's role within Healthy Families and covers topics including, but not limited to: the role of family assessment, identifying overburdened families, interviewing skills, conducting risk assessments, completing necessary paperwork and documentation, family-centered support services, communication skills, etc. The trainer is certified and has been trained to train others.

10-3.B. Home visitors have received intensive ***role specific 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 his/her role as a home visitor.

10-3.B.		RATING INDICATORS
3	-	All home visitors receive intensive role specific home visitor training, by a certified trainer, on the essential components of home visitation within six months of the date of hire.
2	-	Past instances were found when staff did not receive intensive role specific home visitor training, by a certified trainer, within 6 months after hire; however, recent practice indicates this is now occurring and all home visitors have received role specific training regardless of the timeframe.
1	-	Any of the following: home visitors routinely do not receive such training within specified time frame; the training does not sufficiently address the role of the home visitor; or the training was not conducted by a certified trainer.

Role Specific Home Visitor Training: In-depth, formalized training which outlines the specific duties of the home visitor's role within Healthy Families and covers topics including, but not limited to: establishing and maintaining trust with families, completing necessary paperwork/documentation, the role of the home visitor, communication skills, and crisis intervention, etc. The trainer is certified and has been trained to train others.

10-3.C. Supervisors have received intensive ***role specific 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 and home visitation.

10-3.C.		RATING INDICATORS
3	-	All supervisory staff receive intensive role specific supervisory training, by a certified trainer, on the essential components of supervision, within six months of the date of hire.
2	-	Past instances were found when supervisors did not receive intensive role specific supervisory training, by a certified trainer, within 6 months after hire; however, recent practice indicates this is now occurring and all supervisory staff have now received role specific training regardless of the timeframe..
1	-	Any of the following: supervisory staff routinely do not receive training specific to their role within the specified time frame; the training does not sufficiently address the role of one or more of the following: assessment, home visiting, supervision; training was not conducted by a certified trainer.

Role Specific Supervisory Training: In-depth, formalized training which outlines the specific duties of the supervisor's role within Healthy Families and covers topics including, but not limited to: the role of family assessment and home visitation, effective supervision, quality management techniques, crisis management, understanding the program's policies and procedures; and case management, etc. The trainer is certified and has been trained to train others.

☺ Tip: "Cross training" of supervisors is optional, if they only supervise one of the program roles (e.g. FSW supervisor who does not provide any oversight of FAW component). It is the decision of the Program manager and/or state system if this training is required.

☺ Tip: When staff have been cross-trained, but have not performed the duties of this additional role, it is recommended that they receive comprehensive refresher training or retraining within 6 months of assuming these duties, should that occur. This refresher training can be conducted by a program manager, supervisor (that have completed the training) or certified trainer.

10-4. Staff (assessment workers, home visitors and supervisory) receive training on a variety of topics necessary for effectively working with families and children within six-months of hire.

Intent 10-4 & 10-5:
Quality is determined by training that is specific and relevant to the field of home visiting and can translate to the work of HFA staff. It is intended for staff to receive training in all of the topics outlined within the rating indicators; however, to meet the standard a majority of topics should have been covered. It is a program's responsibility to establish competency of staff, and determine their need for additional training beyond the required topics outlined in these standards. The intent of training is to provide staff with the knowledge and skills necessary to assess issues and concerns with families and to share appropriate information accordingly.
Please note: *In the event that staff did not receive these trainings within the required timeframes, for accreditation purposes it is the expectation that all staff will receive the training regardless of the timeframe.*

Training: A formal period of time during which an individual with expertise in the specified content area teaches or otherwise shares the information with staff. A variety of vehicles are acceptable through which to accomplish training and can include: attendance at trainings, formal education, certification, licensure, and competency-based testing (a tool, often paper and pencil or measured through observation of skills and abilities, which tests an individual's knowledge level on a given topic) in each of the specified areas below. Also, self-study training (e.g., reading manuals or literature, watching videos, listening to tapes, etc.), professional experience and previous formal education can qualify as training when coupled with competency based testing and/or supervisory follow-up to assure successful knowledge acquisition and understanding of concepts and/or materials. Formal education, previous training and previous experience must have occurred within three years prior to hire in the Healthy Families program and directly apply to the topics identified. Supervisors must determine how experience or education received prior to working with the program is appropriate to the staff persons work as a family assessment worker, home visitor, or supervisor and/or if additional training in this topic might be beneficial.

☺ Tip: (for 10-4 and 10-5):

- Programs should have mechanisms for ensuring staff training needs are being met and the trainings are of high quality.
- In order to clearly outline overall adherence to these standards it is recommended that the program provide a summary of all staff and the number or percentage of staff who have completed training on each of the topic areas within the required timeframe.
- It is recommended programs maintain copies of outlines, certificates and/or agendas for training staff attend.
- For staff documenting training resulting from the maintenance of their professional license, they must also include information on the CEU's granted for this training.
- Training should be delivered by presenters who understand the HF philosophy, and how their information relates to the field of home visitation.
- CORE or role specific training cannot be used to satisfy the 6 and 12 month training requirements.
- If a change in practice has occurred, programs should indicate the date they began implementing the standards and in these instances the focus for determining adherence will be on the most recently hired staff.

- When circumstances prevent staff from attending a required training, it is recommended that programs document the circumstances that led to staff missing the training.

10-4.A. Staff (assessment workers, home visitors and supervisors) received training on Infant Care within six months of the date of hire.

10-4.A		RATING INDICATORS
3-	-	All staff received training on Infant Care within six months of hire. Topics include: - Sleeping; - Feeding/Breastfeeding; - Physical care of the baby; and - Crying and comforting the baby.
2	-	Past instances were found when staff received training on a majority of the topics related to Infant Care later than six months after hire; however, recent practice indicates this is now occurring and all staff received the training regardless of the timeframe.
1	-	A majority of staff have not received training on a majority of the content areas identified above within six months of hire.

10-4.B. Staff (assessment workers, home visitors and supervisors) received training on Child Health and Safety within six months of the date of hire.

10-4.B.		RATING INDICATORS
3	-	All staff received training on Child Health and Safety within six months of hire. Topics include: - Home safety; - Shaken baby syndrome; - SIDS; - Seeking medical care; - Well-child visits/immunizations; - Seeking appropriate child care; - Car seat safety; and - Failure to thrive.
2	-	Past instances were found when staff received training on a majority of the topics related to Child Health and Safety later than six months after hire; however, recent practice indicates this is now occurring and all staff received the training regardless of the timeframe.
1	-	A majority of staff have not received training on a majority of the content areas identified above within six months of hire.

10-4.C. Staff (assessment workers, home visitors and supervisors) have received training on Maternal and Family Health within six months of the date of hire.

10-4.C.		RATING INDICATORS
3	-	All staff received training on Maternal and Family Health within six months of hire. Topics include: - Family Planning; - Nutrition; - Pre-natal/Post-natal healthcare; and - Pre-natal/Post-Partum Depression;
2	-	Past instances were found when staff received training on a majority of the topics related to Maternal and Family Health later than six months after hire; however, recent practice indicates this is now occurring and all staff received the training regardless of the timeframe.
1	-	A majority of staff have not received training on a majority of the content areas identified above within six months of hire.

10-4.D. Staff (assessment workers, home visitors and supervisors) received training on Infant and Child Development within six months of the date of hire.

10-4.D.		RATING INDICATORS
3	-	All staff received training on Infant and Child Development within six months of hire. Topics include: - Language and literacy development; - Physical and emotional development; - Identifying developmental delays; and - Brain development.
2	-	Past instances were found when staff received training on a majority of the topics related to Infant and Child Development later than six months after hire; however, recent practice indicates this is now occurring and all staff received the training regardless of the timeframe.
1	-	A majority of staff have not received training on a majority of the content areas identified above within six months of hire.

10-4.E. Staff (assessment workers, home visitors and supervisors) received training on the Role of Culture in Parenting within six months of the date of hire.

10-4.E.		RATING INDICATORS
3	-	All staff have received on the Role of Culture in Parenting within six months of hire. Topics include: - Working with diverse cultures/populations (age, religion, gender, sexuality, ethnicity, poverty, dads, teens, gangs, disabled populations, etc. - Culture of poverty; and - Values clarification.
2	-	Past instances were found when staff received training on a majority of the topics related to Role of Culture in Parenting later than six months after hire; however, recent practice indicates this is now occurring and all staff received the training regardless of the timeframe.
1	-	A majority of staff have not received training on a majority of the content areas identified above within six months of hire.

10-4.F. Staff (assessment workers, home visitors and supervisors) received training on Supporting the Parent-Child Relationship within six months of the date of hire.

10-4.F.		RATING INDICATORS
3	-	All staff have received training on Supporting the Parent-Child Interaction within six months of hire. Topics include: - Supporting attachment; - Positive parenting strategies; - Discipline; - Parent-Child interactions; - Observing parent-child interactions; and - Strategies for working with difficult relationships.
2	-	Past instances were found when staff received training on a majority of the topics related to Supporting the Parent-Child Relationship later than six months after hire; however, recent practice indicates this is now occurring and all staff received the training regardless of the timeframe.
1	-	A majority of staff have not received training on a majority of the content areas identified above within six months of hire.

10-5. Staff (assessment workers, home visitors and supervisors) received training on a variety of topics necessary for effectively working with families and children within twelve-months of hire.

10-5.A. Staff (assessment workers, home visitors and supervisors) received training on Child Abuse and Neglect within twelve months of the date of hire.

10-5.A.		RATING INDICATORS
3	-	All staff received training on Child Abuse and Neglect within twelve months of hire. Topics include: - Etiology of child abuse and neglect; and - Working with survivors of abuse.
2	-	Past instances were found when staff received training on a majority of the topics related to Child Abuse and Neglect later than six months after hire; however, recent practice indicates this is now occurring and all staff received the training regardless of the timeframe.
1	-	A majority of staff have not received training on a majority of the content areas identified above within twelve months of hire.

10-5.B. Staff (assessment workers, home visitors and supervisors) received training on Family Violence within twelve months of the date of hire.

10-5.B.		RATING INDICATORS
3	-	All staff received training on Family Violence within twelve months of hire. Topics include: - Indicators of family violence; - Dynamics of domestic violence; - Intervention protocols; - Strategies for working with families with family violence issues; - Referral resource for domestic violence; - Effects on children; and - Gangs.
2	-	Past instances were found when staff received training on a majority of the topics related to Family Violence later than six months after hire; however, recent practice indicates this is now occurring and all staff received the training regardless of the timeframe.
1	-	A majority of staff have not received training on a majority of the content areas identified above within twelve months of hire.

10-5.C. Staff (assessment workers, home visitors and supervisors) received training on Substance Abuse within twelve months of the date of hire.

10-5.C.		RATING INDICATORS
3	-	All staff received training on Substance Abuse within twelve months of hire. Topics include: - Etiology of substance abuse; - Culture of drug use; - Strategies for working with families with substance abuse issues; - Smoking cessation; - Alcohol use/abuse; - Fetal alcohol syndrome; - Street drugs; and - Referral resources for substance abuse.
2	-	Past instances were found when staff received training on a majority of the topics related to Substance Abuse later than six months after hire; however, recent practice indicates this is now occurring and all staff received the training regardless of the timeframe.
1	-	A majority of staff have not received training on a majority of the content areas identified above within twelve months of hire.

10-5.D. Staff (assessment workers, home visitors and supervisors) received training on Staff Related Issues within twelve months of the date of hire.

10-5.D.		RATING INDICATORS
3	-	All staff received training on Staff Related Issues within twelve months of hire. Topics include: - Stress and time management; - Burnout prevention; - Personal safety of staff; - Ethics; - Crisis intervention; and - Emergency protocols.
2	-	Past instances were found when staff received training on a majority of the topics related to Staff Related Issues later than six months after hire; however, recent practice indicates this is now occurring and all staff received the training regardless of the timeframe.
1	-	A majority of staff have not received training on a majority of the content areas identified above within twelve months of hire.

10-5.E. Staff (assessment workers, home visitors and supervisors) received training on Family Issues within twelve months of the date of hire.

10-5.E.		RATING INDICATORS
3	-	All staff have received training on Family Issues within twelve months of hire. Topics include: - Life skills management; - Engaging fathers; - Multi-generational families; - Teen parents; - Relationships; and - HIV and AIDS.
2	-	Past instances were found when staff received training on a majority of the topics related to Family Issues later than six months after hire; however, recent practice indicates this is now occurring and all staff received the training regardless of the timeframe.
1	-	A majority of staff have not received training on a majority of the content areas identified above within twelve months of hire.

10-5.F. Staff (assessment workers, home visitors and supervisors) received training on Mental Health within twelve months of the date of hire.

10-5.F.		RATING INDICATORS
3	-	All staff received training on Mental Health within twelve months of hire. Topics include: - Promotion of positive mental health; - Behavioral signs of mental health issues; - Depression; - Strategies for working with families with mental health issues; and - Referral resources for mental health.
2	-	Past instances were found when staff received training on a majority of the topics related to Mental Health later than six months after hire; however, recent practice indicates this is now occurring and all staff received the training regardless of the timeframe.
1	-	A majority of staff have not received training on a majority of the content areas identified above within twelve months of hire.

☺ **REFER TO TIPS SECTION PRECEEDING 10-4 STANDARDS**

10-6. The program ensures that program staff receive ***ongoing training*** which takes into account the worker's knowledge and skill base. **Please Note:** Staff who have worked for the program for less than 12 months may have only attended required training as outlined in standards 10-2 through 10.5, therefore may not have had opportunities for ongoing training.

Intent: *The worker and supervisor are to identify individual training needs, and determine what additional training topics would be most beneficial in enhancing job performance. This determination would be based upon worker knowledge, skill base and interest.*

10-6. RATING INDICATORS

3 - The program ensures that program staff receives ongoing training, beyond the trainings identified in 10-2, 10-3, 10-4 and 10-5. Evidence indicates that staff are offered and participate in ongoing training.

2 - Past instances were found when staff did not receive ongoing training, beyond the trainings identified in 10-2, 10-3, 10-4 and 10-5; however, recent practice indicates this is now occurring.

1 - The program does not ensure staff routinely receive ongoing training or staff does not routinely participate in ongoing training opportunities.

***Ongoing Training*:** Supportive and regularly scheduled training provided to staff based upon the specific staff needs and issues of families within the community served.

10.a Service providers should have a framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk families (wraparound). ***10.b Service providers should receive intensive training specific to their role to understand the essential components of family assessment and home visitation (role specific).***			
Standard	**Policy and Procedures**	**Additional Pre-Site Evidence**	**On Site Activities**
10-1. Training Plan & Monitoring	Regarding: Training provided to staff, and the tracking and monitoring of training.	Please submit a copy of the program's training plan (if not submitted under policy and procedure requirements), a narrative describing the training plan, including the tracking and monitoring of training and how the program ensures staff receive training within the required timeframes, and samples of any forms used to document training received.	Interview: • program manager, • supervisors, and • staff, as necessary Review: • any additional documentation, as necessary
10-2.A-E Orientation		Please submit documentation indicating the date each staff person (home visitors, assessment workers, supervisors) completed each of the orientation topics (10-2.A-E), that includes the date of hire and the date staff person began providing direct services (assessment, home visits, supervision).	
10-3.A-C Role Specific Training		Please submit documentation indicating the date each staff person completed role specific training (home visitors, assessment workers, supervisors) that includes the date of hire (assessment, home visits, supervision) or role specific training certificates that indicate the date training was completed, as well as the date of hire for each staff.	
10-4.A-F 6 month wraparound training		Please submit: a list of all current program staff and date of hire, training logs documenting the training current program staff have received with regards to each of the topics listed in standards 10-4.A-F and 10-5.A-F which includes the date received, the title of training and topics covered/achieved by the training. For staff utilizing formal education, previous training, and/or previous professional experience to satisfy the 6 & 12 month training requirements please include a narrative indicating any competency based testing and/or supervisory follow-up to assure successful knowledge acquisition and understanding of concepts and/or materials provided to assure knowledge of the topics was satisfied.	
10-5.A-F 12 month wraparound training			
10-6	Regarding: How the program determines and provides ongoing training needs for staff. May be in Training Plan	Please submit a list of all staff and the ongoing training(s) completed (this can be in the form of a training log or database printout).	

11. *Service providers should receive ongoing, effective supervision so they are able to develop realistic and effective plans to empower families to meet their objectives; to understand why a family may not be making progress and how to work with the family more effectively; and to express their concerns and frustrations to see they are making a difference and to avoid stress-related burnout.*
Critical Element 12

Standard 11 Intent: The overall intent of the standards in this section is to ensure direct service staff and supervisors collaborate effectively to facilitate healthy growth in families through the professional relationships staff have with families as well as reduce burnout and increase staff retention. In a parallel process, the supervisor's relationship with staff mirrors the relationship that program staff have with families and ultimately families have with their children. Since most services are delivered through professional relationships, it is important to consistently and objectively review those relationships and reflect on the process of all partners within that relationship. This reflective practice increases self-awareness, enables staff to identify and build on parental competencies, and become more effective in their interactions with families. Additionally, supervision supports staff in becoming more familiar with their own feelings and values and how these impact their work. The process of supervision requires collaboration and partnership between the supervisor and the individual staff member, regularity with defined time and protection of that time, and reflection which enables both the supervisor and the staff member to reflect on their interactions and the reasons behind some of the strong feelings that all relationships elicit. A supervisor's primary roles are to create an environment that encourages staff to grow and change, provide motivation and support, maintain ideals, standards, quality assurance and safety, and facilitate open, clear communication.

11-1. The program ensures that direct service staff receive regular and ongoing supervision.

Intent: *Providing regularly scheduled supervision helps direct service staff maintain perspective, evaluate their performance and encourage personal and professional development, learn new strategies to effectively work with families, and ultimately enhance the quality of services families receive. Additionally, supervision promotes both staff and program accountability and reduces staff burnout and turnover by providing much needed support. Supervisors must ensure they have adequate time to spend with each staff person, therefore the frequency and duration of supervision should be monitored closely. Additionally, supervisors need to have a limited number of staff to supervisor to ensure they can fulfill on the necessary activities in 11-2.*

Policy and procedures should clearly define the frequency (weekly), duration requirements (1.5 hours – 2 hours) for individual supervision of each of the full-time direct service staff. For part-time staff the minimum amount of individual supervision is 1 hour per week. For home visiting staff, supervision is not to be split into more than 2 sessions per week. For family assessment staff, supervision may be split into more frequent sessions. For full-time staff who serve in more than one role (i.e., position is split with assessment time at 30% and home visitor time at 70%) 1.5 hours per week is the expectation to meet the supervision requirements of both roles and documentation should clearly indicate both roles are being addressed. For staff that have contracted positions for less than 10 hours per week and provide either a limited number of assessments or visit a small number of families, supervision may be provided according to occurrence of services. For example: 1) assessment staff should discuss all of the assessments that occur in a given week; however this may not take the full hour of discussion. 2) a home visitor may only have 3 families and supervisory discussions may be utilized based on the level of service the families are on. Supervisors should also make sure that the requirements of the 11-2 standards are being carried out throughout the shortened sessions.

11-1.A. The program's policy states that weekly individual supervision is provided to all direct service staff (e.g., assessment and home visitation staff) and volunteers and interns (performing the same function).

11-1.A.		RATING INDICATORS
3	-	The program policy and procedures specify all full time direct service staff receive a minimum of 2 hours per week of regularly scheduled individual supervision and part-time staff receive a minimum of 1 hour per week of regularly scheduled individual supervision.
2	-	The program policy and procedures specifies all full time direct service staff receive a minimum of 1 and ½ hours per week of regularly scheduled individual supervision and part-time staff receive a minimum of 1 hour per week of regularly scheduled individual supervision.
1	-	There is no policy or the policy does not meet the requirements specified in the 2 rating.

11-1.B. The program ensures that weekly individual supervision is received by all direct service staff and volunteers and interns (performing the same function).

Intent: *All full-time direct service staff (assessment and home visit) receive weekly individual supervision for 1.5 to 2 hours and part-time staff receive at least 1 hour. This time is protected and is regularly scheduled.* ***Please Note****: supervisory sessions should not be split into more than two regularly scheduled sessions per week for home visitors.*

11-1.B.		RATING INDICATORS
3	-	90% of supervisory sessions for direct service staff occur weekly and 90% of these sessions are held for a minimum of 1.5 - 2 hours. (Supervisory sessions for home visiting staff are not split into more than two regularly scheduled meetings and less than full-time staff receive a minimum of 1 hour of individual supervision.)
2	-	75% of supervisory sessions for direct service staff occur weekly and 75% of these sessions are held for a minimum of 1.5 hours – 2 hours. (Supervisory sessions for home visiting staff are not split into more than two regularly scheduled meetings and less than full-time staff receive a minimum of 1 hour of individual supervision.)
1	-	There is insufficient evidence to indicate that the program is following the acceptable guidelines as outlined in 2 or 3 above.
Note:		**This is a Sentinel Standard**

☺ Tip: Frequency and duration of supervisory sessions are most effective when viewed over time versus monthly to account for times when staff are in training, on vacation or for seasonal fluctuations in service delivery. Semi-annual or annual supervision rate reviews are recommended. There should always be an "acting supervisor" when staff are in the field for support and consultation. When supervisors are on-leave for periods over two weeks in length, a "back-up" supervisor should be appointed or a contingency plan developed to insure the individual weekly sessions are conducted. Documentation of frequency and duration of supervision sessions should also include the reasons for cancellations and/or rescheduling.

☺ Tip: Although the individual supervisory sessions for assessment staff may be divided into more frequent sessions, supervisors are still held accountable for achieving the 11-2 standards. Assessment supervisors are encouraged to insure that at least one of the weekly supervisory sessions enables them to provide their staff with skill development and professional support.

☺ Tip**:** only actual supervisory sessions are counted and are not adjusted due to training or other program requirements. Programs are encouraged to use the worksheet for 11-1.B.

☺ Tip: Volunteers and/or interns who perform direct services independently (assessment and/or family support) must receive the minimum of 1 hour of individual supervision if part-time and 1.5 hours per week if full-time as well as receive all required trainings (see standard 10). Note: Volunteers and/or interns who perform other supportive functions to assist direct service staff (e.g. assist with parent groups, accompany a home visitor to assist with home visit activities, etc.) are exempt from the supervision and training requirements of the standards.

11-1.C. The ratio of supervisors to direct service staff and volunteers and interns (performing the same function) is sufficient to allow regular, ongoing, and effective supervision to occur.

11-1.C.		RATING INDICATORS
3	-	The ratio of supervisors to direct service staff is one (1) full time supervisor (has full-time supervisor responsibilities for the Healthy Families program) to five (5) full time direct service staff. Consistent evidence indicates the program is following this standard.
2	-	The ratio of supervisors (has full-time supervisor responsibilities for the Healthy Families program) to direct service staff is one (1) full time supervisor to six (6) full time direct service staff. Consistent evidence indicates the program is following this standard.
1	-	The program ratio of supervisors (has full-time supervisor responsibilities for the Healthy Families program) to direct service staff has more than six (6) full time direct service staff to one (1) full time supervisor or there was insufficient evidence that the program is following the standard as outlined in 2 and 3 above.

☺ Tip: In the event the Supervisor is not full time in their role (i.e., is hired 75%, is a part-time assessment staff, or is a Program Manager who also serve as a supervisor, etc.) they should indicate the amount of time spent in the supervisory role and insure the ratio of direct service staff is adjusted to the percentage of time spent in the supervisory role. For example: a supervisor who is 75% supervisor and 25% assessment staff would have a ration of .75FTE:4.5FTE. This is calculated by taking .75 (% FTE) X 6 (as allowed in a 2 rating) and once calculated equals 4.5 FTE. This formula can be used to determine the ratio of supervisors to direct service staff regardless of the percentage of time.

11-2. Direct service staff (e.g., assessment and home visitation staff) and volunteers and interns (performing the same function) are provided with skill development and professional support and held accountable for the quality of their work.

11-2.A. The program has supervisory policy and procedures to assure that all direct service staff (e.g., assessment and home visitation staff) and volunteers and interns (performing the same function) are provided with the necessary skill development to continuously improve the quality of their performance and are held accountable for the quality of their work.

Intent: *Supervisors represent several roles in the HFA program. As an administrator, supervisors evaluate the performance of the staff and even shadow assessments and home visits. In doing so, they provide feedback that encourages the staff's professional development. As the teacher, supervisors add to the knowledge of direct service staff, discuss how to work with challenging families and enhance their abilities. Supervisors are to ensure training programs are properly carried out and that core program curricula are transmitted and carried out by the direct service staff. Working with overburdened families is a high stress job, and as a result, supervisors find themselves* in *the role of offering guidance, emotional support and insight into the impact of the work on the worker. Ultimately providing staff with this kind of support allows for congruency between the staff person's expectations of the family and the program's expectations of the visitor, which ensures program quality. All direct service staff (assessment and home visitation) are held accountable for the quality of their interactions with families on a regular and routine basis. Supervisors provide support and provide skill development to insure that staff maintains high standards of program quality. Programs are encouraged to develop mechanisms to measure the quality of work as well as develop strategies to provide feedback on performance measures.*

11-2.A. RATING INDICATORS

3 - The program has supervisory policy and procedures which assure that all direct service staff receive the necessary skill development to continuously improve the quality of their performance and are held accountable for the quality of their work and practice indicates this is occurring. Procedures can include a variety of mechanisms **such as**:

- coaching and providing feedback on strength-based approaches and interventions used (e.g., problem-solving, crisis intervention, etc.),
- shadowing,
- reviewing IFSP progress and process,
- reviewing family progress and level changes,
- discussing family retention and attrition,
- providing feedback on documentation;
- integrating results of tools used (e.g., developmental screens, evaluation tools, etc),
- integrating quality assurance results that include regular, and routine review of assessments and assessment records, home visitor records, and all documentation used by the program,
- discussing home visit/assessment rates,
- assisting staff in implementing new training into practice,
- assessing cultural sensitivity/practices,
- providing guidance on use of curriculum,
- providing reflection on techniques and approaches,
- identifying areas for growth;
- identifying and reflecting on potential boundary issues, and
- sharing of information related to community resources.

2 - Past instances were found when staff did not receive the necessary skill development to continuously improve the quality of their performance and were not held accountable for the quality of their work as outlined in the program's policy and procedures; however, recent practice indicates this is now occurring.

1 - Any of the following: the program has no policy and procedures; the policy and procedures do not adequately ensure staff receive skill development; or evidence suggests policy and procedures are not followed.

Note: **This is a Sentinel Standard.**

☺ Tip: Programs are encouraged to develop comprehensive internal quality management plans that include observations of assessments and home visits, reflection into relationships between staff and families, building on the staff member's competencies, and integration of all tools that are used with families. Supervisors should also discuss training that staff have received and assist with implementing knowledge into practice.

11-2.B. The program has supervisory policy and procedures to assure that direct service staff (e.g., assessment and home visitation staff) and volunteers and interns (performing the same function) are provided with the necessary professional support to continuously improve the quality of their performance.

Intent: *The program's procedures assure that all direct service staff have professional support, which includes reflective supervisory practice, availability whenever staff are in the field, and a positive working environment that is nurturing and conducive to productivity. Reflective supervision is a process in which the supervisor supports a direct service staff member who is using his or her experience in interactions with a family. Reflection is the process of exploring those experiences and their impact on the worker and the families served. Many programs utilize multi-disciplinary teams to support staff in the field and these are included in the concept of professional support.* ***Note:*** *not all mechanisms are required.*

11-2.B. RATING INDICATORS

3 - The program has supervisory policy and procedures which assure that all direct service staff receive professional support (other than formal training) to continuously improve the quality of their performance and consistent evidence indicates that the program is following its procedures and practice indicates this is occurring. Procedures can include a variety of mechanisms, **such as**:

- regular staff meetings,
- open door policy with supervisors
- multi-disciplinary teams,
- on-call availability to service providers,
- exploration/reflection of impact of the work on the worker,
- employee assistance program,
- clinical supervision,
- acknowledgement of performance,
- provision of tools for performing job,
- creating a nurturing work environment that provides opportunities for respite,
- scheduling flexibility, and
- providing a career ladder for direct service staff.

2 - Past instances were found when the direct service staff did not receive professional support as outlined in the program's policy and procedures; however, recent practice indicates this is now occurring.

1 - Any of the following: the program has no policy and procedures; the policy and procedures do not adequately ensure staff receives professional support; or evidence suggests the policy and procedures are not followed.

Note: **This is a Sentinel Standard**

☺ Tip: Programs are encouraged to keep agendas and/or minutes of team meetings including content and who was present.

11-3. Supervisors receive regular, on-going supervision which holds them accountable for the quality of their work and provides them with skill development and professional support.

11-3.A. The program has policy and procedures to assure that supervisors are held accountable for the quality of their work, receive skill development and professional support through regular and on-going supervision.

Intent: *Supervisors deserve professional support and skill development on a regular basis. Programs are to have clear policies and procedures regarding the frequency of supervision for supervisors, and the professional support, skill development and accountability measures in place to insure that support offered to staff and services offered to families are of high quality. Policy and procedures should clearly describe which mechanisms from the items listed in the rating indicators are used by the program.*

Supervision of the supervisor does not have to be weekly, but should be every other week or at a minimum, monthly. Supervision of the supervisory staff can occur face-to face or via the telephone. Supervisory sessions should be regularly scheduled to insure that the supervisor has the support they need to ensure quality at the staff and direct service level.

Supervisors often carry small caseloads (1-3 families) or conduct assessments, as a backup to the assessment staff, in an effort to better support the direct service staff. Supervisors should receive supervision related to these interactions with families; however, the person providing supervision does not necessarily have to be trained as an HFA supervisor within that role. Additionally, the supervision session can occur based on the frequency of contact and does not have to occur weekly. Finally, if the person providing the supervision is not trained as a supervisor in HFA, the supervisor can maintain the supervision notes based on the discussions being conducted. ***Please note:*** *When supervisors carry larger caseloads, the ratio of supervisor to staff (11-1.C) should be taken into account based on the percentage of time the supervisor is providing direct services. Additionally, supervisory sessions should occur on a weekly basis and be consistent with the activities in the 11-2 standards.*

11-3.A. RATING INDICATORS

3 - No "3" rating indicator for standard 11-3.A.

2 - The program has supervisory policy and procedures which specify supervisors receive a minimum of once monthly regularly scheduled supervision and are held accountable for the quality of their work, receive skill development and professional support. Procedures should include a variety of mechanisms such as:
- Addressing personnel issues,
- feedback/reflection to supervisors regarding team development and agency issues,
- review of program documentation including monthly or quarterly reports, program statistics (screening and initial assessment, home visit rates, content of home visits, quality assurance mechanisms, etc.),
- review of progress towards meeting program goals and objectives,
- strategies to promote professional development/growth, and
- quality oversight that could include shadowing of the supervisor.

1 - There is no policy, or the policy does not meet the requirements specified in the 2 rating.

☺ Tip: Programs are encouraged to develop policy and procedures that address each of the mechanisms listed in the rating indicators and the frequency each mechanism is to occur.

11-3.B. The program's practice assures that supervisors receive regularly scheduled supervision and are held accountable for the quality of their work, receive skill development and professional support.

11-3.B.		RATING INDICATORS
3	-	Evidence indicates that the program is following its policy and procedures to assure supervisors receive at least monthly supervision and are held accountable for the quality of their work, receive skill development and professional support.
2	-	Past instances were found when the program was not following its policy and procedures; however, recent practice indicates this is now occurring.
1	-	Any of the following: There is insufficient evidence to indicate that supervision of supervisors occurs at least monthly; or there is insufficient evidence to assure supervisors are held accountable for the quality of their work, receive skill development and professional support.

☺ Tip: Supervisors should document meetings with their supervisors and are encouraged to keep agendas as evidence of content of these meetings to demonstrate implementation of procedures listed above.

11-4. Program managers are held accountable for the quality of their work and are provided with skill development and professional support.

Intent: *Program managers are provided with skill development, professional support and are held accountable for their work. This can happen through accountability with quarterly reports, annual performance reviews, regularly scheduled meetings with the Program Manager Supervisor or chair of the advisory/governing board, attendance at conferences or other training.*

11-4		RATING INDICATORS
3	-	The program's policy and procedures assure that program managers are held accountable for the quality of their work, receive skill development and professional support, and evidence indicates the policy is being implemented.
2	-	Past instances were found when the program did not assure program managers were held accountable for the quality of their work, received skill development and professional support based on the program's policy and procedures; however recent practice now indicates this is occurring.
1	-	Any of the following: the program has no policy and procedures; the program's supervisory policy and procedures do not assure that program managers are held accountable for the quality of their work, receive skill development and/or professional support; or there is insufficient evidence to indicate that supervision of program managers ensures quality work, skill development and professional support.

☺ Tip: Program managers are encouraged to keep documentation of meetings with their supervisor and agendas as appropriate.

END SECTION ON CRITICAL ELEMENTS

Service providers should receive ongoing, effective supervision so that they are able to develop realistic and effective plans to empower families to meet their objectives; to understand why a family may not be making progress and how to work with the family more effectively; and to express their concerns and frustrations so that they can see that they are making a difference and in order to avoid stress-related burnout.			
Standard	**Policy and Procedures**	**Additional Pre-Site Evidence**	**On Site Activities**
11-1.A Policy & Procedures Frequency & Duration	Regarding: supervision of all direct service staff that specifies frequency and duration.	No additional pre-site evidence required	Interview: • program manager, • supervisors, • assessment staff, & • home visitors. Review: • supervisor logs, & • other documentation, as necessary. • staff surveys
11-1.B Implementation of Policy & Procedures	No evidence required	Please submit a report that indicates the frequency and duration of the supervisory sessions for the most recent quarter. Please note: programs may submit the 11-1.B HFA worksheet or equivalent database report.	
11-1.C Ration of Supervisors to staff	No evidence required	Please submit a list of each supervisor, their full time equivalency (FTE), percentage of time spent in the role, and the staff he/she supervises (with FTE for each position).	
11-2.A Policy, Procedures, & Implementation of skill development to improve quality	Regarding: how staff are provided with the necessary skill development, to continuously improve quality and are held accountable for their work.	No additional pre-site evidence is required.	Interview: • supervisors, • assessment staff, & • home visitors. Review: • supervision logs or documentation illustrating skill development, accountability, & professional support, & • staff surveys
11-2.B Policy, Procedures, & Implementation of professional support	Regarding how staff are provided with the professional support to improve the quality of their work	No additional pre-site evidence is required.	
11-3.A Policy & Procedures of supervisor supervision	Regarding: frequency of supervision of supervisory staff and how supervisors are held accountable for the quality of their work, receive skill development and professional support	No additional pre-site evidence is required.	Interview: • supervisor of supervisory staff, & • supervisory staff. Review: • supervision of supervisor documentation, & • staff surveys
11-3.B Implementation of supervisor supervision	No evidence required	No additional pre-site evidence is required.	
11-4 Policy, Procedures, & Implementation of program manager accountability	Regarding: accountability, skill development and professional support processes for program managers	Please submit any documentation that would illustrate implementation of the program's policy (i.e., annual performance review, supervisory notes, training and development certificates, etc.).	Interview: • program manager, & • supervisor of program manager. • Review: • supervision of program manager documentation.

GOVERNANCE AND ADMINISTRATION

The program is governed and administered in accordance with principles of effective management and of ethical practice.
Please note GA is not a Critical Element, but
Best Practice Standards Related to Governing and Administering a Program

Governance and Administration Standards Intent: The overall intent of the standards in this section is to ensure the program has feedback and oversight mechanisms that ensure high quality services to families. These practices include effective advisory group operation, evaluation/review of program quality, handling of family grievances, protection for families related to research conducted, appropriate reporting of child abuse and neglect, and sound fiscal management.

GA-1. The program has a broadly-based, advisory/governing group which serves in an advisory and/or governing capacity in the planning, implementation, and evaluation of program related activities.

Intent: *Advisory/governing groups serve an important function in community-based agencies in that they can be advocates for the program in the community, representing the program and agency in other venues and settings, which can bring more recognition and visibility. Community advisory/governing group members can bring to the program different skills and perspectives than might be present within program staff. Members can share with the program other ideas or strategies, brainstorming ideas that might arise and facilitate growth for programs. Additionally, members often have access to resources to strengthen the program or agency. It is important that the group has the community connections to understand the needs of the participant population. In many cases the program has two groups to report to, and that fulfill the functions outlined in the standard. The host agency governing board may have the actual responsibility in making final program decisions and financial provisions. Much of the time, this larger agency board has many other functions and does not specifically focus on the Healthy Families program in the capacity these standards require. Therefore, programs are also encouraged to have an advisory group, with the primary function of advising in the planning, implementation, and evaluation of program related activities. Ultimately, the host agency governing board will have final say, but the advisory board can provide input to the program manager (or other program representative) that can provide the information to the agency board.*

GA-1.A. The program's advisory/governing group is an effectively organized, active body advising/governing the functions specified in GA-1.

GA-1.A		RATING INDICATORS
3	-	The program's advisory/governing group is an effectively organized, active body, which advises/governs the activities of planning, implementation and assessment of program services.
2	-	The program's advisory/governing group advises/governs the specified functions, but could be more active in one area of functioning.
1	-	The program's advisory/governing group is not active or is ineffective in advising/governing on planning, implementation and assessment.

GA-1.B. The advisory/governing group has a wide range of needed skills and abilities and provides a heterogeneous mix in terms of skills, strengths, community knowledge, professions, and cultural diversity and serves the interests of the community in which it operates either through direct representation by community members/program families or another effective alternative.

GA-1.B.		RATING INDICATORS
3	-	The advisory/governing group has a wide range of skills, abilities, and provides a heterogeneous mix in terms of skills, strengths, community knowledge, professions and cultural characteristics (as determined by the program to represent the diverse needs of program participants).
2	-	The advisory/governing group's membership has some of the representative skills, knowledge, interests and cultural characteristics (as determined by the program to represent the diverse needs of program participants) necessary to represent the community.
1	-	The advisory/governing group's membership does not represent the skills, knowledge, interests and cultural characteristics (as determined by the program to represent the diverse needs of program participants) of the population it serves.

Cultural Characteristics: Distinguishing features and attributes such as the ethnic heritage, race, age, customs, values, language, gender, religion, sexual orientation, social class, and geographic origin among others, that combine to create a unique cultural identity for families, based on both experience and history

☺ Tip: Bylaws can serve as advisory board policies and procedures, when applicable.

☺ Tip: Frequency of meetings may vary depending on the duties assigned to the advisory/governing group, and age/longevity of the program.

☺ Tip: Even seasoned programs can benefit from board involvement, though it is recognized that involvement may be more intense during the start up phase of programs.

GA-1.C. The program manager (or other program representative) and the advisory/governing group work as an effective team with information, coordination, staffing, and assistance provided by the program manager to plan and develop program policy and procedures.

GA-1.C.		RATING INDICATORS
3	-	The program manager (or other program representative) and the advisory/governing group work as an effective team in planning and developing program policy and procedures.
2	-	The program manager (or other program representative) and the advisory/governing group plan and consult with one another, but the organizing group is not fully involved in the decision-making process.
1	-	The program and the advisory/governing group do not work as a team.

GA-2. Programs offer families opportunities to provide feedback to the program, through the use of formal mechanisms.

GA-2.A. The program has mechanisms in place for families (e.g., past or present families) to provide formalized input into the program.

Intent: *It is critical for programs to receive and utilize feedback from families, in their efforts toward continuous quality improvement. When families provide their observations and experiences, it can illuminate areas in which staff would benefit from additional training or support, as well as*

highlight particular areas of strength or staff skill. Families may provide formal input into program operations through the use of satisfaction surveys, service on the advisory/governing group, family advisory committee, focus groups, etc. The information may then be shared with the program staff and full advisory/governing board in a narrative format.

GA-2.A RATING INDICATORS

3 - The program has formal mechanisms for families to provide input into the program. Mechanisms used by the program include at least two of the following: participant satisfaction surveys, participant service on advisory/governing group or a family advisory committee, participant feedback through focus groups, etc.

2 - The program has at least one mechanism for families to provide input to the program.

1 - There are no means for families to have input into the program.

☺ Tip: Parent satisfaction surveys are most helpful when recommendations for program improvement from parents are solicited and an analysis or summary in aggregate format is shared with the advisory/governing board.

☺ Tip: Programs are encouraged to provide training and support to parents and to board members re: board operation to ensure that families are well-received and their skills used effectively (i.e., areas such as curriculum, outreach activities, cultural sensitivity, etc.).

GA-2.B. The program has policy and procedures regarding participant grievances, which include the following: how the participant/families are informed of the policy, the programs process for reviewing any grievances received and the follow-up mechanisms used to address identified areas of improvement.

Intent: *In addition to having policy and procedures, programs should have protocol for informing families of this policy including the procedure for making a grievance. This protocol should specifically outline the method by which the program will inform families of the policy and the steps to take should they want to make a grievance.*

GA-2.B. RATING INDICATORS

3 - The program has a participant grievance policy and procedures, which include the following: how the participant/families are informed of the policy, the programs process for reviewing any grievances received and the follow-up mechanisms used to address identified areas of improvement. In cases where a grievance has occurred the procedures were followed, or a grievance has not occurred

2 - The program has a participant grievance policy and procedures, which include the following: how the participant/families are informed of the policy, the programs process for reviewing any grievances received and the follow-up mechanisms used to address identified areas of improvement. Past instances may have occurred when the policy and procedures were not followed; however recent practice now indicates the policy and procedures are being followed.

1 - Any of the following: the program does not have policy and procedures or in cases where there has been a grievance the policy or procedures has not been followed or program does not have a follow-up mechanism.

GA-3. The program monitors and evaluates quality of services.

Intent: *The program uses a variety of methods to monitor the quality of all of the services offered to families. Monitoring activities include assessment, home visitation, and supervision. The Cultural Sensitivity review (5-4 standards), family engagement/acceptance (1-2 standards) and family retention (3-4 standards) are mechanisms that can be included in evaluation of quality. Other methods include internal quality management strategies and state or program site level formal evaluation reports.*

GA-3.A. The program routinely ***reviews*** the progress towards its program goals and objectives, and has follow-up mechanisms to address identified areas of improvement.

Intent: *The program has clear goals and objectives, and a process for monitoring and evaluating goals and addressing any identified issues. Programs should be using this information for continuous quality improvement. Programs are also encouraged to utilize formal state or site- specific program evaluation to determine adherence to goals and recommendations for improvements.*

GA-3.A.		RATING INDICATORS
3	-	The program conducts a review of program goals and objectives at least bi-annually and a follow-up mechanism to address areas of improvement has been established.
2	-	The program conducts a review of program goals and objectives at least annually and a follow-up mechanism to address areas of improvement has been established.
1	-	Any of the following: the program does not conduct review of program goals and objectives; ~~or~~ it is not conducted on an annual basis; or no follow-up mechanism has been established.

Reviews: the process a program undertakes to examine or study judicially, to go over or examine critically or deliberately an aspect or aspects of the program. The review (as a final product) should be in a narrative format and identify areas for improvement.

☺ Tip: Programs should focus on their follow-up mechanisms and consider how these anchor back to the goals and their achievement. All of these efforts should be integrated into the supervision of direct service staff.

GA-3.B. The program has a formal mechanism for reviewing the quality of all aspects of the program (assessment, home visitation and supervision) and follow-up mechanisms to address identified areas of improvement.

Intent: *Programs will develop a site-specific Quality Assurance plan that will include shadowing (assessment, home visiting, and supervision), satisfaction surveys, file review, etc. These activities help ensure accountability, support and skills development of program staff as outlined in the 11-2 standards. Additionally, programs will have a plan to address areas of improvement and methods of follow-up.*

GA-3.B.		RATING INDICATORS
3	-	The program has a mechanism for reviewing the quality of its program, that is inclusive of all service areas (assessment, home visitation and supervision) and has a follow-up mechanism to address areas of improvement and the mechanism has been implemented.
.		
2	-	The quality reviews were either not completed in the past and/or the quality review was not as comprehensive as it could be; however, recent practice indicates a mechanism for reviewing the quality of its program, that is inclusive of all service areas (assessment, home visitation and supervision) and has a follow-up mechanism, has been established and is being implemented.
1	-	The program either does not have a mechanism for reviewing the quality of its program; the mechanism for review does not include all service components (assessment, home visitation and supervision); or is not comprehensive; or program does not have a follow-up mechanism.

☺ Tip: Additional documents to support these standards can include home visit rate calculations and analysis (4-2.C), as well as acceptance analysis (1-2) and retention rate analysis (3-3).

☺ Tip: Programs are encouraged to document areas of improvement and demonstrate that improvements have been accomplished.

GA-4. The program has policy and procedures for reviewing and recommending approval or denial of research proposals, whether internal or external, which involve past or present families.

Intent: *The programs policies and procedures should ensure that a committee is available to make recommendations regarding the ethics of proposed or existing research, decide whether to approve research proposals, and monitor ongoing research activities. The policy and procedures should include a description of the group or body of people that would conduct this review, as well as, protocols (or steps) for the review and a timeline for completion of the process. For individual program sites, if your protocol has been not to accept any proposals, this may be the basis of your policy statement. In many state systems the responsibility for the review of research proposals resides with the state entity and/or sponsoring organization, however, programs should develop their own policy about handling these types of requests (e.g., bring request to advisory group). If program is using the state policy please describe how the program would proceed upon receiving an individual request.*

GA-4.		RATING INDICATORS
3	-	No "3" rating indicator for standard GA-4
2	-	The program (or the host agency) has policy and procedures for reviewing and recommending approval or denial on any research proposal involving past or present families or family information and the policy and procedures have been followed.
1	-	Any of the following: the program does not have policy and procedures; the policy and procedures are not being followed; or the program (or host agency) responds to proposal requests on a case-by-case basis with few established procedures to guide the process and insure that activities are consistent with (or at least not in conflict with) the agency's mission and mandates family's rights are protected.

GA-5. The program has policy and procedures for informing families of their rights and ensuring confidentiality of information both during the intake process as well as during the course of services.

Intent: *HFA values a family-centered approach to service delivery which requires that practices reflect a profound respect for personal dignity, confidentiality and privacy. While this approach is evident throughout all service standards the standards in this section are devoted to the preserving the rights and dignity of all service recipients. In addition to addressing legally protected client rights, the standards in this section also center on the professional ethics of service delivery and promote privacy, honesty and mutual respect.*

Research Note *(Client Rights: COA 8th Edition 2006): Ethics documents published by the National Association of Social Workers and the American Psychological Association both state that individuals have a right to privacy, confidentiality, and self-determination. Practitioners, while not always required by law, are ethically obligated to protect these rights for all individuals.*

GA-5.A. The program ensures that all parents are notified of family rights and confidentiality at the on-set of services, both verbally and in writing. At a minimum these forms should include the following:

Family Rights

- the right to refuse service (voluntary nature);
- the right to referral, as appropriate, to other service providers; and
- the right to participate in the planning of services to be provided or the write to an individualized service plan (IFSP).

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; and
- the circumstances when information would be shared without consent (i.e., need to report child abuse and neglect).

Intent: *Family rights and confidentiality forms will vary from site to site. Families should be informed of their responsibility to provide relevant information as a basis for receiving services and participating in service decisions.*

GA-5.A. RATING INDICATORS

3 - The policy and procedures state the family (as defined by the program) is informed about their family rights and confidentiality, and the forms include the criteria listed in the standard, before or on the first home visit. There is evidence in family files to indicate that families are informed about their family rights and confidentiality, before or on the first home visit, both verbally and in writing.

2 - The policy and procedure states the family is informed about their family rights and confidentiality, and the forms include the criteria listed in the standard, before or on the first home visit. Past instances were found in family files to indicate families were not being informed about their rights and confidentiality before or on the first home visit; however, recent practice indicates this is now occurring.

1 - Any of the following: the program either does not have policy and procedure that states that the family is informed about their family rights and confidentiality; the forms do not include the criteria listed in the standard; or there is insufficient evidence in family files to indicate that families are being informed about their family rights and confidentiality before or on the first home visit.

Note: This is a sentinel standard

GA-5.B. Parents are informed and sign consent every time information is to be shared with a new external source. The consent includes the following, but is not limited to:

- 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 date the release takes effect;
- the date the release expires;
- the name of person/agency to whom the information is to be released;
- the name of the HFA program providing the confidential information; and
- a statement that the person/family may withdraw their authorization at any time.

Intent: *When a program receives a request for confidential information about a family, or when a release of confidential information is necessary for the provision of services, the program must obtain the family's informed, written consent prior to releasing the information.*

GA-5.B. RATING INDICATORS

3 - The policy and procedures state the family (as defined by the program) is informed and signs written consent every time information is to be shared with a new external source and the consent form includes the criteria listed in the standard. There is evidence in family files to indicate families provide written consent every time information is to be shared with a new external source

2 - The policy and procedure state the family (as defined by the program) is informed and signs written consent every time information is to be shared with a new external source and the consent form includes the criteria listed in the standard. Past instances were found when families did not provide written consent for sharing of information or the consent did not include the criteria list in the standard; however, recent practice indicates this is now occurring.

1 - Any of the following: the program either does not have a written policy and procedure that states the family is informed and signs written consent every time information is to be shared with a new external source, or evidence in the family files indicates information is shared without the family's written consent.

Note: This is a sentinel standard

☺ Tip: Programs should avoid timeframes that indicate the release is valid throughout the course of program services.

GA-5.C. The program has policies or procedures that assure participant privacy and voluntary choice with regard to ***research*** conducted by or in cooperation with the program.

Intent: *A program that participates in or permits research conducted by an outside source involving service recipients establishes the right of individuals to refuse to participate without penalty and guarantees participants' confidentiality. All research involving service recipients must be conducted in accordance with applicable legal requirements. Research includes all forms of internal or external research involving service recipients,* ***EXCEPT*** *internal program evaluation and outcomes research, and educational projects carried out by students and interns as part of their professional training. This exemption also applies to state systems providing internal program evaluation and outcomes research, and educational projects carried out by students and interns as part of their professional training.*

GA-5.C RATING INDICATORS

3 - The program has policies or procedures to carefully protect participant identity and privacy throughout any research project conducted by or with the cooperation of the agency, as well as those that assure voluntary informed consent without pressure to participate. Evidence indicates the program is following its policy and procedures.

2 - The program has policies or procedures to carefully protect participant identity and privacy throughout any research project conducted by or with the cooperation of the agency, as well as those that assure voluntary informed consent without pressure to participate. Past instances may have occurred when the policy and procedures were not followed; however, recent practice indicates this is now occurring

1 - Any of the following: the program does not have policy and procedures; individual researchers follow their own plans, and potential for disclosure of identity or violation of privacy is high; or families are not provided an opportunity to refuse disclosure.

NA - No research is currently being conducted by or in collaboration with the program.

***Research*:** an investigation or experimentation aimed at the discovery and interpretation of facts, revision of accepted theories or laws in the light of new facts, or practical application of such new or revised theories or laws.

GA-6. The program reports suspected cases of child abuse and neglect to the appropriate authorities.

Intent: *Program staff should clearly understand how to identify child abuse and neglect indicators and the State's definitions of child abuse and neglect. This will assist them with knowing how and when to report. Additionally, it is important for staff to know who to contact for support when abuse or neglect is suspected. It is the intent that program leadership be notified in advance of a CPS report being made, however imminent child safety concerns are of higher priority. Therefore, staff should also clearly understand that contacting Child Protective Service prior to immediate notification of the program manager and/or supervisor is appropriate ONLY IF waiting to contact program leadership may cause greater risk to the child(ren). Exceptions should be fully documented. These criteria and reporting procedures should be clearly outlined in the orientation training staff receive prior to their work with families (10-2.C).*

Programs are encouraged to view all direct service staff (including supervisors) as mandated reporters and adapt a mandated reporter philosophy, even if the state does not identify them as mandated reporters. Therefore, it is also important to familiarize staff with mandated reporting laws, which places ultimate responsibility on direct service staff to report a suspicion of child abuse or neglect to Child Protective Service, without risk or jeopardy, even in situations where program leadership may not agree with the need to report.

GA-6.A. The program has policies and procedures to report suspected cases of child abuse and neglect.

Intent: *The program must have policy and procedures that effectively guide staff in situations where abuse or neglect is suspected so that appropriate and timely action can be taken. Programs may choose to reiterate information from the State's Children's Code, agency-wide policy, and/or training materials that indicate child abuse and neglect criteria and reporting requirements. At a minimum, these materials should be referenced in policy such that staff know where to locate them.*

GA-6.A. RATING INDICATORS

3 - No 3 rating indicator for standard GA-6.A.

2 - The program has policy and procedures that are in accordance with all applicable laws and specify the following:
- ***criteria*** used to identify and determine when to report suspected child abuse and neglect (or at a minimum, policy must indicate where these criteria can be found), and
- immediate notification of the program manager and/or supervisor when abuse or neglect is suspected.

1 - Any of the following: The program does not have policy and procedures that specify the criteria (or the location of the criteria) used to identify and report cases of suspected child abuse/neglect and/or, the policy and procedures do not specify immediate notification of the program manager and/or supervisor.

Criteria: standards and/or expectations on which judgments or decisions are based.

Note: **This is a Safety Standard.**

☺ Tip: Supervisors should provide periodic reviews with staff throughout their employment with the program, and any time changes occur to the criteria, definitions, and/or policies.

GA-6.B. The staff uses the policy and procedures in order to report suspected cases of child abuse and neglect.

GA-6.B. RATING INDICATORS

3 - Program staff report suspected cases of child abuse and neglect based on the policy and procedures that specify the criteria used to identify and determine when to report child abuse and neglect and specify immediate notification of program manager and/or supervisor.

2 - Past instances were found when program staff did not report suspected cases of child abuse and neglect consistent with the policy and procedures; however recent practice indicates the policy and procedures are now being followed.

1 - The program does not have written policy and procedures as required in program does not have written policy and procedures as required in 8-2.A or the policy and procedures are not being used.

Note: **This is a Safety Standard.**

GA-7. The program has policy and procedures that specify immediate notification of the program manager and/or supervisor in cases of participant deaths (other appropriate staff/supervisors within the program are notified as needed) and specify staff are offered grief counseling when a participant death occurs.

Intent: *This standard assures both staff and family members are supported through the grief process. A death creates a deep sense of loss both for families as well as staff, including home visitors, supervisors and family assessment staff with whom the family member had a relationship. At a minimum, reporting would occur if there is a death of a participating child or participating parent.*

GA-7.		RATING INDICATORS
3	-	The program's policy and procedures specify immediate notification of the program manager and/or supervisor. Evidence indicates policy and procedures are followed (when applicable). Staff are offered grief counseling when a death occurs.
2	-	The program's policy and procedures specify immediate notification of the program manager and/or supervisor and staff are offered grief counseling when a death occurs. Past instances were found when notification as per policy did not occur or staff were not offered grief counseling; however, recent practice indicates this is now occurring or there have been no recent participant deaths to illustrate implementation and follow-through.
1	-	Any of the following: the program does not have policy and procedures; the program's policy and procedures do not specify immediate notification of program manager and/or supervisor; evidence indicates the policy and procedures are not followed (when applicable) or staff are not offered counseling when a death occurs.

GA-8. The program's Policies and Procedures Manual is used to guide service providers in the delivery of services.

Intent: *It is critical for all staff to know and understand the policies and procedures which guide their work. It is not necessary for staff to have the policy and procedure manual memorized, but they should ,at a minimum, know where to look when they have a policy and procedure question and view it as a common support to practice (especially for new hires). **Please Note:** Orientation to policies and procedures is required before contact with families as per standard 10-2.A.*

GA-8.		RATING INDICATORS
3	-	The program has a Policies and Procedures Manual. There is sufficient evidence to indicate that the program uses the manual as a guide in the provision of services, particularly for newer employees.
2	-	The program has a Policies and Procedures Manual. Past instances were found when the program staff did not use the manual as a guide in the provision of services, but recent practice indicates that the Policies and Procedures Manual is now being utilized by staff.
1	-	Either the program does not have a Policies and Procedures Manual or there is insufficient evidence to indicate that the program uses the manual as a guide in the provision of services. **Please note:** a "1" rating may be illustrated by policy and procedure (practice) standards being rated out of adherence throughout the self assessment tool, indicating the program doe not have well developed policy and procedures based on the best practice standards to guide service providers in the delivery of services.

☺ Tip: The agency in which the home visitation program is housed may also have a Policies and Procedures Manual. Programs are encouraged to develop policies focused on the best practice

standards identified throughout this self-assessment tool. It is helpful to design the Policies and Procedures Manual around the critical elements for both ease of use and for encouraging familiarity with best practice standards.

GA-9. The program has a written budget and monitors expenditures to manage financial resources and support program activities, and the budget is reviewed and approved by a group (other than program manager) prior to the beginning of the fiscal year.

GA-9.		RATING INDICATORS
3	-	No 3 rating indicator for standard GA-9
2	-	The program has a detailed written budget, used to monitor and manage expenditures for program activities during the year and the budget is approved by the designated group prior to beginning of fiscal year.
1	-	Any of the following: the program written budget is weakened by the lack of detail or clarity; there is no written budget; the budget is not monitored in order to manage fiscal resources for program activities during the year; or the budget is not approved by a group prior to the beginning of the year.

GA-10 The program (or program's sponsoring agency) makes available to the community an ***annual report*** or fiscal, statistical, and service data regarding the program.

Intent: *The annual report serves as a mechanism to inform the community of how the program is performing and meeting its goals. This report can include aggregate information about the service population, progress of families being served, anecdotal stories or "case-studies" about a sub-group of families, highlights of achievements and recognition received by the program, as well as financial data on program expenditures and budget management. The program's host agency may have an annual report, which can be used to satisfy this standard; however, the agency's annual report must include fiscal, statistical, and service data regarding the healthy families program. This information can be contained within more than 1 document, as long as each of these documents is disseminated to the community.*

GA-10.		RATING INDICATORS
3	-	No "3" rating indicator for standard GA-10.
2	-	The program or the program's host agency produces an annual report containing fiscal, statistical, and service data regarding the program on an annual basis. And that report is made available to the community.
1	-	Any of the following: the program or the program's host agency does not make available an annual report; the annual report does not include fiscal, statistical, and service data regarding the program; and/or the report is not made available to the community.

Annual report: A comprehensive document that describes and summarizes program activities and services provided and is made available to the community. This document may include, but is not limited to: an overview of the program and services provided during the past year, introduction, summary of highlights, summary of services provided, demographic profile of program participants served, demographic profile of new participants enrolled, total number of families served, total number of families discharged, number of families who successfully completed the program, summary of information about program staff, summary of information about program budget and expenditures, etc.

☺ Tip: If host agency conducts an annual report that does not contain these 3 pieces of information the program should develop their own report.

☺ Tip: Be prepared to describe how the program disseminates this information to the community. Ideally, dissemination is broader than distribution to community agencies and the advisory group.

GA-11. The program (or the program's sponsoring agency) is audited annually by a certified public accountant.

Intent: *Nonprofit (501-c.3) agencies are required to have an external audit completed. For government agencies (e.g., health departments) practice can often be for an internal accountant to fulfill this function.*

GA-11.		RATING INDICATORS
3	-	No "3" rating indicator for standard GA-11.
2	-	The program (or the program's sponsoring agency) is audited annually by an independent certified public accountant.
1	-	The program (or the program's sponsoring agency) is not audited annually by an independent certified public accountant.

END SELF ASSESSMENT TOOL

The program is governed and administered in accordance with principles of effective management and of ethical practice.			
Standard	**Policy and Procedures**	**Additional Pre-Site Evidence**	**On Site Activities**
GA-1.A Organization of Advisory Group	No evidence required; however the program may have policies & procedures or bylaws outlining the Advisory group functioning and operation	Please submit a narrative describing the advisory committee's role in advising programs staff with regards to planning, implementation, and evaluation of program related activities, if not otherwise clearly outlined in policy and procedures or bylaws.	Interview: • Advisory/governing group members, and • program manager. Review: • board meeting minutes from past year, and • advisory group surveys
GA-1.B Wide Range of Skills & Knowledge		Please submit a board roster with affiliation and summary of board skills, strengths, community knowledge, professions, and cultural diversity (as defined by the program).	
GA-1.C Program Manager & Advisory Group work as Team		Please submit a narrative describing how the program manager and advisory/governing group work as an effective team with information, coordination, staffing, and assistance provided by the program manager to plan and develop program policy and procedures.	
GA-2.A Formalized Input from Families	No evidence required	Please submit a narrative describing how the program obtains input regarding program services from families and a summary of results in a narrative format from all mechanisms.	Interview: • program manger, • assessment staff, • home visitors, & • families (if appropriate).
GA-2.B Policy & Procedures Grievances	Regarding: participant grievances.	Please submit a narrative describing the grievance procedure, the mechanism for informing families, and a description of any grievances received during the past year	
GA-3.A Review of Progress Program Goals & Objectives	No evidence required	Please submit a copy of the program's evaluation reports, annual reports, and/or work plan illustrating the program's review of program goals and objectives and a follow-up mechanism to address areas of improvement.	Interview: • program manager, • supervisors, & • direct service staff. Review: • completed QA forms. evidence may include: • shadowing of staff, • family file reviews, • supervision reviews, • review of evaluation results, etc.
GA-3.B Quality Assurance Plan	No evidence required	Please submit a copy of the program's Quality Assurance Plan.	
GA-4 Policy & Procedure Research Proposals	Regarding: reviewing and recommending approval or denial of research proposals, whether internal or external, which involve past or present families.	Please submit a narrative regarding program protocol for handling of research proposals (i.e., group composition, how decision is made, communication protocols with person/group making request, etc.), and brief narrative describing any recent proposal and outcome of request.	Interview: • program manager, & • supervisors, as necessary

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Standard	**Policy and Procedures**	**Additional Pre-Site Evidence**	**On Site Activities**
GA-5.A Family Rights & Confidentiality	Regarding: how families are informed about their right to confidentiality, before or on the first home visit.	Please submit copies of relevant forms related to confidentiality and informing families of their rights.	Interview: • program manager, • supervisors, • assessment staff, • home visitors, & • families (if appropriate). Review: • files to determine adherence to rights and confidentiality, consent, and voluntary choice, policy and procedures
GA-5.B Informed & Signed Consent	Regarding: how families are informed and sign written consent every time information is to be shared with a new external source.	Please submit copies of relevant forms related to informed consent when sharing information with other external sources (e.g., consent forms).	
GA-5.C Participant Privacy & Voluntary Choice	Regarding: how participant identity and privacy are protected throughout any research project & without pressure to participate.	Please submit copies of relevant forms related to protection of participant identity and privacy and the option not to participate.	
GA-6.A Policy regarding Criteria to identify Child Abuse & Neglect and Immediate Notification of Program Manager and/or Supervisor	Regarding: criteria for reporting suspected cases of child abuse and neglect and immediate notification of program manager and/or supervisor when reporting suspected cases of child abuse and neglect.	Please submit a narrative describing the program's process for identifying and reporting child abuse and neglect and describe any reports that have occurred within the past year. Also, be sure to submit a copy of the program's criteria used to identify suspected cases of child abuse and neglect, if not outlined in program policy & procedures.	Interview: • program manger, • supervisor, and • assessment staff, and home visitors, as necessary. Review: • any relevant documentation
GA-6.B Implementation of Child Abuse and Neglect Reporting Policy	No evidence required		
GA-7 Participant Death & Grief Counseling	Regarding: immediate notification of program manager and/or supervisor in the instance of a participant death, and provision of grief counseling.	Please submit a narrative describing the procedure for reporting of participant deaths, and how the program assures staff are offered grief counseling services.	Interview: • program manger, • supervisor, and • assessment staff, and home visitors, as necessary. Review: • any relevant documentation

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Standard	**Policy and Procedures**	**Additional Pre-Site Evidence**	**On Site Activities**
GA-8 Policy & Procedure Manual	No evidence required	No evidence required	Interview: • program manger, • supervisor, and • assessment staff, and • home visitors. Review: • Policy & Procedure Manual
GA-9 Written Budget, Monitoring of Expenditures & Review & Approval	No evidence required	Please submit a brief narrative discussing how the program prepares a written budget, how expenditures are monitored and how the appropriate designated authority (e.g., funding source, advisory/governing group, fiscal manager, program management team) is reviewed and approved.	Interview: • program manger, • any fiscal staff, as necessary Review: • a copy of the budget & • documentation of approval by appropriate designated authority.
GA-10 Annual Report	No evidence required	Please submit a copy of the program's most recent annual report or review the program makes available to the community about its fiscal, statistical, and service information, and a brief explanation about how the report is made available to the public.	Interview: • program manger, and • advisory group members as applicable.
GA-11 Annual Audit	No evidence required	No evidence required	Interview: • program manger, • any fiscal staff, as necessary. Review: • a copy of the most recent audit.