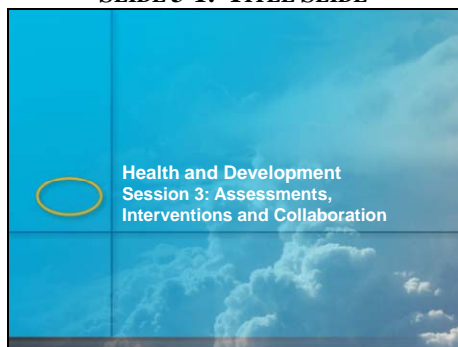


The Integration of Services Training Series

MODULE 1. HEALTH AND DEVELOPMENT

Session 3: Assessments, Interventions, and Collaboration

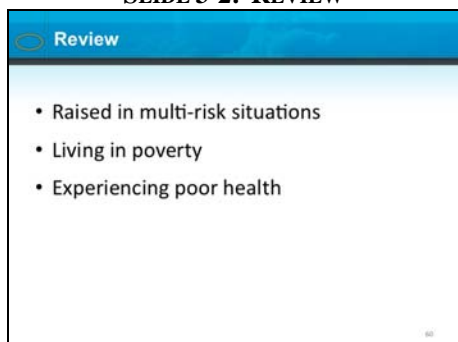
SLIDE 3-1: TITLE SLIDE



Say:

In this session, we'll continue the case flow process begun in the last session. Now, we'll focus on assessments, interventions, and collaboration.

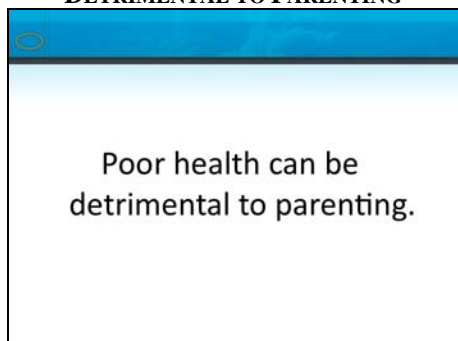
SLIDE 3-2: REVIEW



Summarize that in the previous two sessions we've discussed:

- Although we know that the majority of the parents that we work with don't come from families with substantiated abuse and neglect, many of the parents likely faced a number of adverse childhood conditions. Today we have talked about the elevated risk that many of the parents may have due to their own childhoods or genetic make-up.
- According to the Urban Institute, income level significantly impacts health status for adults. While 8% of adults in higher incomes were in fair or poor health overall, for adults with incomes below 200% of the poverty level, 23% were in poor or fair health (Florida's average for health status in the poverty group is 23% as well).

SLIDE 3-3: POOR HEALTH CAN BE DETRIMENTAL TO PARENTING



Summarize:

- Poor health can be detrimental to parenting. Parents with unattended medical conditions may not have the physical ability necessary to properly care for children.
- Several studies have documented the detrimental impact on the physical health of children living in families where maltreatment occurs.

TRANSITION

Given what we know about the likelihood of health conditions let's discuss assessments, interventions, and collaboration.

Say:

- *We are now going to talk about the importance of good healthcare for the entire family and identify community resources that may be available for children and families.*
- *As investigators and case managers, it is important to know not only the timeframes for completing physical examinations for the children but to also know what type of health examination you need to ask for.*
- *Because of the very high vulnerability for health conditions with the children, it is so important to use the time that you work with the family to help link them to resources for their long-term health care.*

SLIDE 3-4: FCP MODEL



Say:

- *This practice wheel is from the Family Centered Practice Training.*
- *The practice wheel addresses engagement, screening, and assessments.*

Summarize from these points:

- Engagement starts at the very beginning of the case, when the investigator first talks with the family, and continues throughout the life of the case.
- The screening information that is collected begins to form the basis of the initial assessment and helps the family and investigator/case manager identify a team.
- Screening and assessments are also a continual process. Initial screening and assessments are completed to help determine safety and inform service planning. However, the investigator/case manager continually observes the situation, collects additional information, and assesses progress throughout the life of the case.

TRAINER NOTE

Be prepared to facilitate the discussion of the questions posed after viewing the next slide.

Look for comments that are solution-focused; repeat or emphasize those comments.

**Participant Guide
Module 1, p.19**

**SLIDE 3-5: ASSESSMENTS FOR
HEALTH CARE**

Assessments for Health Care

- A comprehensive health assessment
- Parents' involvement assessment
- Parents' understanding of the findings

Refer the participants to their Participant Guide, Module 1, page 19 which includes an overview of the components of a comprehensive health assessment for children. Note that it should include information on medical and developmental history, dental status, social/emotional, and behavioral functioning.

Ask:

- *Do the children's physical exams address these issues?*
- *Does the Comprehensive Behavioral Health Assessment (CBHA) address any of these issues?*
- *Does the physical exam include a developmental screen?*
- *When children are in foster care, are you able to have the parents participate in the assessment?*
- *Do they provide the health history?*

Points to make:

- *CBHAs should include the following medical/development information:*
 - *Previous and current medications including psychotropics*
 - *Last physical exam and know medical conditions*
 - *Direct observation of child in home*
 - *For children 0-5, developmental and medical history status*

SLIDE 3-6: RISK ASSESSMENT

Safety-Risk Assessment

- Signs of Present Danger
- Child Vulnerability
- Protective Capabilities

Say:

The information that you gather as part of the screening and assessment process will help you address specific questions on the Safety Assessment.

For example under Present Signs of Danger:

- *Is the parent or caregiver able to meet the child's medical needs?*
- *Does the parent's physical condition affect their ability to adequately care for the children?*

- *Are there environmental hazards that may place the child at risk of harm?*

For Child Vulnerability:

- *Does the child have a physical or developmental condition that may increase his/her vulnerability?*
- *Is the child five years of age or younger or is the child non-verbal?*

For Protective Capacities:

- *Parent is willing and able to meet the child’s health care and developmental needs.*
- *Parent was not raised in a home where abuse and neglect occurred.*
- *The parent interacts with the child in a developmentally appropriate manner.*

Ask:

What other protective factors may be present?

TRANSITION

We’ve discussed the many facets of a health care assessment for a child and parent . . . and how important it is to have the health information when planning interventions with families.

Still, in most circuits, it’s difficult for parents to navigate the system for their health assessments, let alone those of their children. Our next activity will bring that situation home to us.

Materials:
Bag of plastic cups

ACTIVITY 3-1: Got Your Cups in Hand?

PURPOSE: To demonstrate how overloaded parents may feel and to show how a team can be supportive.

TIME: 30 MINUTES

DIRECTIONS:

1. Bring out the bag of cups.
2. Ask two participants to come to the front of the room. Reassure them that this is not a role play.
3. Assign one person to be the mother and one person to hold the cups (have them in a container) and give them to the mother, as asked.
4. Read from the Scenario below. Read each of the issues identified.

5. Ask the person holding the cups to hand a cup to the mother after reading each issue.
 - The mother has low energy and sometimes feels confused. Hand three cups to the mother.
 - The mother is having a difficult time handling her nephew. Hand 2 cups to the mother.
 - The mother is worried about her daughter and knows that her nephew could be dangerous to the little girl. Hand 3 cups to the mother.
 - The mother has been told that her nephew has Fetal Alcohol Spectrum Disorder and has no idea what that is. Hand 3 cups to the mother.
 - The mother has been told that her daughter may have a developmental delay. The mother was in special education herself and doesn't want that for her daughter but doesn't know what to do and thinks it is her fault. Hand a cup to the mother.
 - The mother has been told that she has to see a doctor right away for a physical, she has to go to a mental health clinic for an evaluation, and they are going to "screen her" for substance abuse. Hand two cups to the mother.
 - The mother has no transportation and is fearful that if she doesn't go to the appointment they will take away her children. Hand a cup to the mother.
6. Proceed with the exercise until the mother can't hold the cups any longer.
7. Now ask for a volunteer to be the case manager, school counselor, behaviorist, brother, and friend. Repeat the exercises but have different members help her with each step. Ensure the mother remains the responsible party. Show how this "team" can support her.

Process Activity:

For the second part of the activity ask:

- ***How did the team support the mother?***
- ***How will the team need to work together with the mother?***
- ***What will the mother need to learn to be successful over time?***

Say:

- *The (name of participant volunteer) did a good job of juggling all the responsibilities.*
- *But after awhile even someone with her strengths wasn't able to balance the load.*
- *We were just getting started weren't we? There are many other things that this mother must accomplish. She has a dirty unsafe house, very limited income, no supports, lacks problem solving skills, and is easily overwhelmed and stressed, etc.*

Discuss responses.

TRANSITION

In the next activity we will identify ways that we can assist her in addressing these overwhelming responsibilities.

Materials:
Participant Guide
Scenario: Phase Three
Flipchart
Markers

**Participant Guide
Module 1, p. 20-23**



ACTIVITY 3-2A: Responding to Needs

OPTIONAL ACTIVITY FOR PARTICIPANTS WHO MAY DESIRE MORE PRACTICE IN THIS AREA.

PURPOSE: To help participants think about how to use a strengths-based approach and natural resources and how to access community services and supports to address family issues.

TIME: 20 MINUTES

DIRECTIONS:

1. Refer the participants to their Participant Guide, Module 1, page 20-23 Tell them to read the three summaries:
 - Understanding Strengths and Protective Factors
 - Helping Families Create Their Family Centered Team
 - Finding and Working with Natural and Generic Supports: The Challenge for Sustainability
2. Ask the following questions with the whole group. Give time to respond between each question. Record the responses on the flipchart.
 - *What do you think are the mother's strengths and the strengths in her social networks?*
 - *At this point in the case, who could possibly be on her family centered team?*
 - *What other kinds of information would you want to know about the mother and the family?*

Materials:
Participant Guide worksheets

Participant Guide
Module 1, p. 24

ACTIVITY 3-2B: Identifying Strengths and Service Needs

PURPOSE: To practice identifying strengths and needs

TIME: 15 MINUTES

DIRECTIONS:

1. Tell the participants they will be working in small groups at their tables.
2. Refer the participants to Scenario–Phase 2 in their Participant Guide, Module 1, page 24.
3. Ask them to read the Scenario individually and then discuss it as a group.
4. Explain that they have been assigned this case. The investigators and attorneys stated that the neglect was founded, but that they recommend in-home services with supports. The investigator is completing the report and the case is being transferred to case management. Tell the group that they are responsible for determining:
 - Family strengths and needs
 - What services must be put in place
 - What assessments/services need to be initiated
5. Ask each group to list this information in their Participant Guide below the Scenario on page 16.
6. Tell them they have 10 minutes to discuss the family’s strengths and needs and to record them in their Participant Guide.
7. Have the groups report on their findings. Discuss their similarities and differences.
8. Tell them that we’ll turn to community resources next.

SLIDE 3-7: HELPING BABIES FROM THE BENCH



Helping Babies from the Bench

Process- Interventions:

Ask:

- *What is your general impression of this video?*
- *What impressed you the most?*
- *What interventions were shown?*
- *What resources do you have in your community?*



**Participant Guide
Module 1, p. 25-27**

TRAINER NOTE

**Participant Guide
Module 1, p. 25 – 27**

ACTIVITY 3-2C: Community Resources

PURPOSE: TO CREATE A LIST OF POSSIBLE HEALTH AND DEVELOPMENT RESOURCES

TIME: 20 MINUTES

DIRECTIONS:

1. Refer the participants to their Participant Guides, Module 1, pages 25-27. This page includes a list of the type of community resources for health care usually available in the community. General eligibility criteria and range of services is included.
2. Explain that each table will be asked to have someone provide a summary of the services that are available in the community and their general experiences in accessing services.

This part of the activity has two components. First the participants will fill out the resource guide with the specific information for their individual community. It is likely that even in the same circuit, counties and cities will have a different set of resources and providers. The second component is designed to help the participants think about how they have collaborated with providers in the past and how they could improve the relationship and improve service delivery.

3. Ask each participant to fill out the resource guide with the specific names of the providers in their area.
4. Ask the participants to discuss their general experience in working with those providers. Have them use the space in their Participant Guide in Module 1, pages 25 – 27 to record examples of assistance that they have received from these providers.
5. Ask the participants to discuss and record the barriers that they have encountered with the providers on that same page in their Participant Guide. The experiences may be very different depending upon what part of the Region the participant works in.



6. If health care providers are in attendance they will be asked to circulate around the room to provide assistance to the groups.
7. Ask each table to have someone provide a summary of their experiences. The summary should include what services are readily available and which ones are not and the assistance and barriers that they have encountered. On a flip chart record the types of services available and the service gaps.

- **Emphasize** Children’s Medical Services, Early Steps, Health Care Centers, Health Departments, and Rural Health Centers, Child-Parent Psychotherapy, Health Start, Head Start, Evidence Based Practice, Parent Training. If some people did not mention these and others did, generate more discussion around those resources including discussing eligibility and other ideas to improve access to care.



8. Distribute blank flipchart paper to the small groups. Tell them that they will discuss accessing community services for the family. They will give a group report at the end of the activity.

9. Tell them to use the community resource guide that they just completed to discuss:

- the type of referrals that should be made for the mother and children
- what kind of facilitation might be required to ensure that the family members follow through with the referrals
- how to develop a medical plan to address these issues

Ask them to put their results on flipchart paper.



10. Then have the small groups discuss:

- what actions they would take to reduce the barriers they have encountered
- how the health care plan for both the mother and the children should be reflected in the case plan, and
- how they would address health care stability when they transition the case.

11. Have the groups give their reports. As they do, reinforce/summarize the key points from the session.

12. Conclude the activity by asking/discussing if the participants think they need to make any changes in how they work with community providers and, if so, how. Record their suggestions on the flip chart.



Summarize the following key points:

- The needs of the families that we serve usually far exceed the resources of child welfare. This requires that we use natural supports and public services to the greatest extent possible.
- Sometimes we may not know what services are available or how to access them. As investigators and case managers, we can try to find out more about the community resources from our colleagues and supervisors.
- There are many “system myths” out there about services, especially about eligibility. For example, many people think that Children’s Medical Services (CMS) is only for children with medically complex or severe needs. As we learned today, CMS has fairly broad eligibility criteria.
- It is very important that we find ways to use non-child welfare resources to support families whenever possible. To sustain the gains that the families have made, they will likely need on-going assistance. It is very important for them to know how to access these services on their own after you close the case.
- This is also the same reason that you want to work with natural supports, if at all possible. Usually family will be around forever. Good or bad they will continue to exert their influences. Engaging the natural supports in the change process as on-going resources is an important strategy.

SESSION/MODULE CONCLUSION

Summarize the health and development module using the module goal and objectives.

Point out that a later module in this training series will go into collaboration in more depth.

Thank the participants for their participation.

TRAINING EVALUATION

Have them complete the After Training Survey and the training evaluation.