May 22, 2023

San Francisco Family Resource Center Initiative: Family Assessment Form Introductory Training

AGENDA

- **Introductions and Overview** — **30 min**
- **The FAF Administration process** — **60 min**
  - **Intake FAF**
  - **Service Plan**
  - **Reassessment**
- **CMS Data Entry** — **30 min**

Let's Get Started

- Why do families benefit from case management?

- What challenges you about case management?

Scan QR code for Menti link

Three Inter-Related Components of Case Management

Case Management

Provide individuals with concrete resources to strengthen themselves and their families; focus on short and long-term goal setting

Assessment

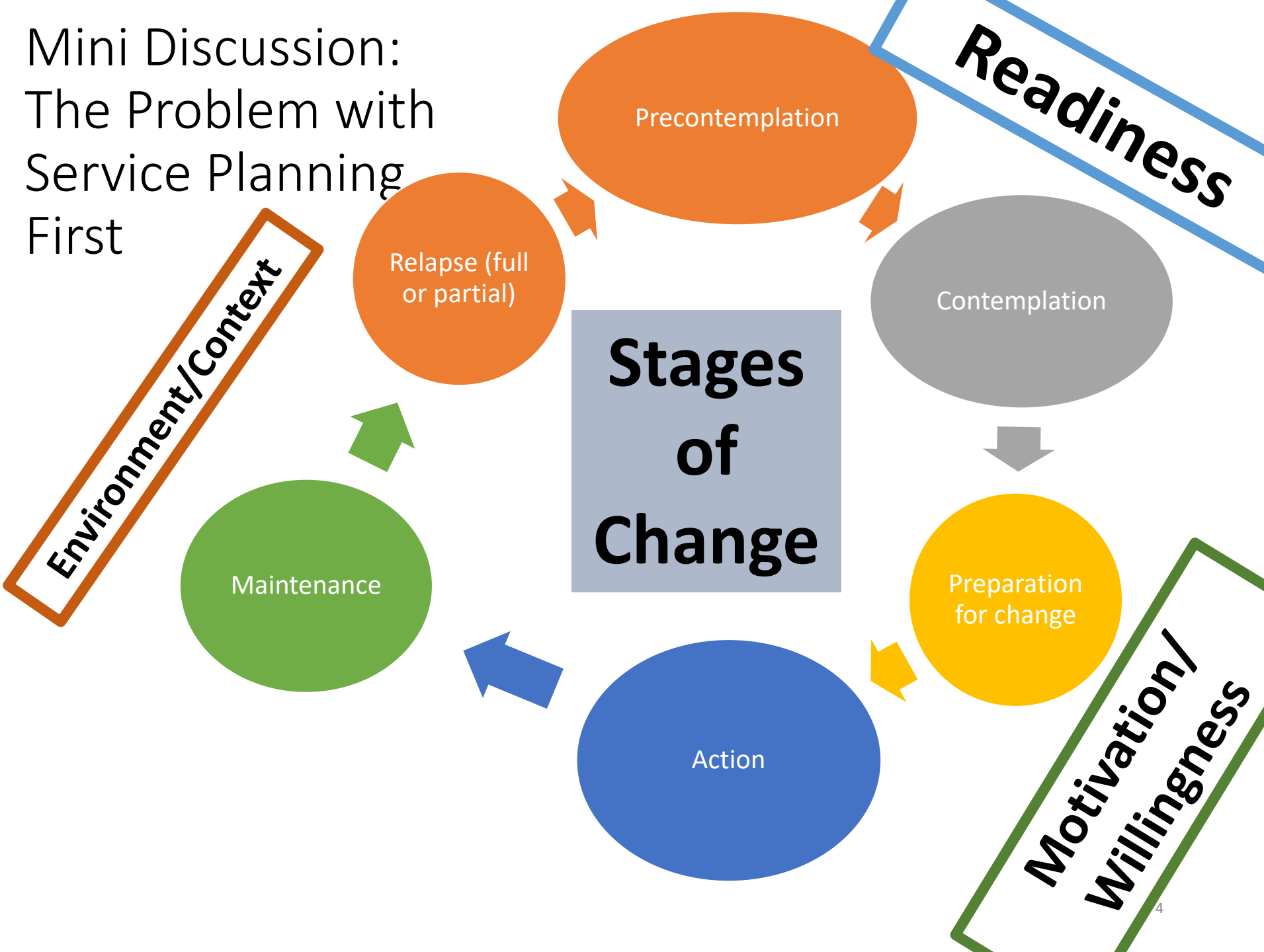
Structured method to develop and document a shared understanding of assets, barriers, goal areas and change over time.

Establishes mutual agreement and scope for what you and the family will be working on.

Motivational Interviewing

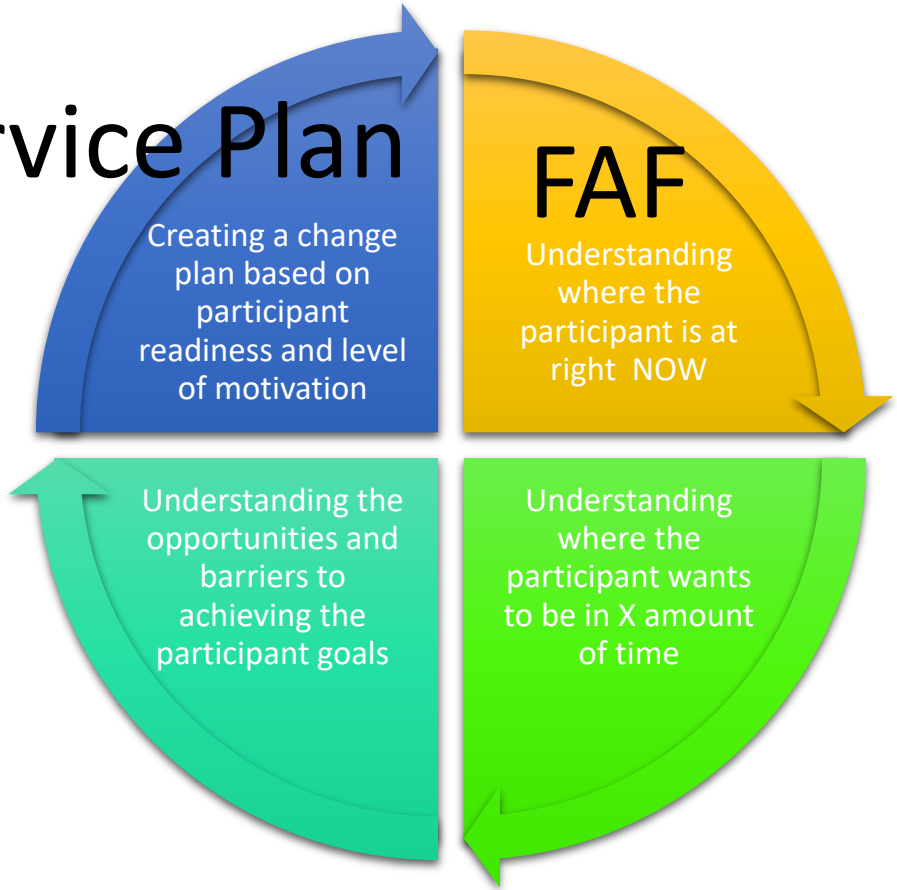
Builds rapport
Decreases resistance
Increases motivation
Enhances engagement

Mini Discussion: The Problem with Service Planning First



Motivational Interviewing

- https://motivationalinterviewing.org/understanding-motivational-interviewing
- https://healthandlearning.org/wp-content/uploads/2021/03/MI-Phases-Spirit-Acronyms-OARS-2021.pdf (**show**)



QR Code to MI Cheat Sheet

How to Administer: Pre-Planning

- Know your forms
- Follow agency protocol for informed consent
- Ensure a respectful, confidential and convenient process for completing within 30 days of first face-to-face visit

Link to FAF and Service Plan Forms

- https://www.dropbox.com/sh/pxw1kke5g2hbapd/AADIeksABncT9ZGYNDXs3Xmza?dl=0

File Table of Contents:

- Current FAF (full) forms
- FAF Guidebook
- Checklist for staff
- Sample FAF
- Service Plan

FRCI Family Assessment Form Overview

The Family Assessment Form incorporates:

- Indicators
- Indicator Status Levels
- Prevention Line
- Goal Area Checklist
- Probing Questions

FRCI Family Assessment Form Overview

- Indicators: 21 indicators of family well-being
- Indicator Status Levels: 5 status levels (except resiliency indicators which have 4) corresponding to descriptors for each indicator that help identify areas of asset and risk
- Prevention Line: Delineates indicators that may be of more immediate concern, focuses goal setting efforts, and provides initial guidance about type of support that may be needed for each indicator area

FRCI Family Assessment Form Status Level Overview

- Status Levels 1 and 2 fall **below** the prevention line and indicate areas of more immediate concern
  - Status level 1 and 2 likely focal areas: time to ask about readiness and motivational levels. Choose the one(s) high in both readiness and motivation.
- Status Levels 3 – 5 are **above** the prevention line and may not be of immediate concern, but should still factor into discussion and case planning
  - Status Level "3" Indicators should be monitored for change and/or can be used to create more easily attainable goals that could give an early sense of success
  - Status Levels 4-5 indicate areas of strength that can be leveraged to develop strategies in other areas and can be positively reinforced to instill a sense of confidence

How to Administer: **When participant is new to staff/program***

1. Review Family Assessment Form Guidebook which provides scripts for introducing the tool to families

2. With new families the form will be completed in an interview-type format:
   - Introduce indicator and ask family to share experience; use probing questions if needed
   - Narrow down to one or two Status Levels and ask either general or specific probing questions to help family finalize a selection
   - If first Status Levels presented are not a fit, continue reading the others and discussing with the family until you are in agreement about the most accurate one

3. If any indicators are unaddressed at end of allotted time you may let families know that you will take initial pass at these based on what you now know and will check back in next meeting to ensure accuracy

How to Administer: **When participant is already known to staff/program***

1. Works best when you already have rapport and are fairly sure families will not be upset that a portion has been done without their input

2. Take initial pass at completing the status levels for indicators you have knowledge of

3. Review these indicators first with family to ensure accuracy; for indicators that you have no knowledge of refer to procedure for new participants on previous slide

4. If any indicators are unaddressed at end of allotted time you may let families know that you will take initial pass at these based on what you now know and will check back in next meeting to ensure accuracy

SF FRCI Family Assessment Form Parent/Caregiver Name _____ Parent/Caregiver DOB __/__/___ Agency Name: _____

Updated 8/3/17 Staff Name: _____ Assessment Date __/__/____ Assessment Type: ☐ Initial ☐ Re-assessment: # ___ ☐ Case Closure

Prevention Line

	Goal Area	1	2	3	4	5	NOTES
Child Well-Being	✓	At least one child displays concerning issues (behavioral, developmental, or health related) AND parent is not aware of it or doesn't accept that there are concerns.	At least one child displays concerning issues (behavioral, developmental or health related) AND parent is aware of it but is not seeking service	At least one child displays concerning issues (behavioral, developmental, or health related). Parent is aware of it AND Seeking services.	Child/children have services in place to address social and emotional development.	Parents can address child's (children's) social and emotional crises as they arise.	
Access to Health Services		No one in family has medical coverage, and no access to medical services.	No one in family has medical coverage but accessing some free or low cost medical services as needed.	Some family members have coverage, with limited access to medical services.	Some family members have coverage with full access to medical services.	All family members have coverage and full access to medical services.	
Mental Health		Serious symptoms (suicidal, homicidal, influenced by delusions or hallucinations, inability to function in daily activities) and is a risk to self or others.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms; not under psychiatric care.	Symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems; seeking therapy and/or medication.	Mild symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns OR no history of mental health issues.	
Physical Health & Disabilities		At least one family member suffers from a health condition or disability that is impacting family stability; Not seeking treatment.	One or more family members suffers from a health condition or disability that impacts the family's stability.	At least one family member suffers from a health condition or disability that is impacting family stability but is being treated.	One or more family members is successfully managing treatment of health condition or disability.	Family is healthy, or family's health issues are being treated/managed.	
Substance Abuse		At least one adult reports or exhibits active drug use, dependence or alcohol abuse. Not engaged in treatment.	At least one adult exhibits dependence or abuse and is aware of its consequences. Not engaged in treatment.	At least one adult exhibits dependence or abuse and is aware and actively undergoing treatment.	Adults show no dependence or abuse or are actively in recovery for at least 1 year.	Adults show no dependence or abuse or are actively in recovery for at least 3 years.	
Relationships/ Domestic Violence		In a relationship that is physically and/or emotionally abusive.	In a relationship that is physically and/or emotionally abusive but acknowledges the problem.	In a relationship free of abuse for 2 months – 2 years, or lives alone.	In a relationship free of abuse for 2 or more years, or lives alone.	No history of DV.	
Support System & Community		No support from family or friends. Feels unsafe in community.	Some support from family and/or friends, but feels unsafe in community.	Some support from family and/or friends. No concerns about safety.	Strong support from family and/or friends. No concerns about safety.	Has healthy and expanding support network. Actively involved in community. No concerns about safety.	
Daily Coping	✓	Unable to do basic tasks when stressed or over-whelmed.	When stressed or over-whelmed, has difficulty doing anything beyond basic tasks.	*Level not applicable for this indicator*	When stressed or over-whelmed, is able to identify strengths and utilize resources to cope.	Most of the time feels everything is under control, identifying and using strengths to stay focused.	
Goal Setting		Cannot think about or plan for the future right now.	Would like to think about the future but does not have specific goals or a plan.	*Level not applicable for this indicator*	Has some goals and is making progress toward them.	Clear about goals and able to adjust plan as needed to achieve ongoing success.	
Parenting Stress	✓	Often feels frustrated or angry and worries that it is having negative impact on child.	Often feels frustrated or angry and has difficulty not letting it interfere with parenting.	*Level not applicable for this indicator*	Has strategies for managing frustration and anger so that it usually does not interfere with parenting.	Can be calm and in control with children in most situations.	

** Adapted with permission from Compass Family Services Case Management Assessment*

Case Study

- Complete the Family Assessment Form using the case study. You can either role play or just complete it as a group

QR Code for Case Study

QR Code for FAF forms

Goal Setting and Service Planning

- Prioritizing and Selecting Indicators, based on:
  - Importance to client: “On as scale of 1-10, how important is this to you/how ready are you/how confident are you?”
  - Readiness for change “What would it take to move you 1-2 points up in the above scale?”
  - Refer to Guidebook for script

- Setting goals and identify supports:
  - Where do you want to be in 3-6 months/timeframe?
  - What will it take to get there? “

- Documentation of Case Plan
  - No set structure; FRC or DEC Sample fine
  - Documentation must include # of goals made /met and # of referrals made/met for CMS data entry

Re-Assessment

- Re-assessment is a part of good case management and case planning
  - Determines change, progress, unmet need
  - Determines whether case plan is still relevant
  - Provides opportunity to re-examine barriers and assets
- Re-assessment builds off initial assessment so will entail review of form and previous status level selections
  - Knowledge of family will be a strong guide
  - Make sure to create a new copy each time
- Case plan process very similar (prioritize indicators, set goals, identify supports, document changes, and celebrate success!)

Case Closure

- Ultimately and ideally your assessments and case planning should help determine case closure

- Two scenarios :
  1. Assessment then closure
  2. Closure then assessment

- Every effort should be made to complete case closure assessment with family. If case closure assessment can not be done with a family:
  - Worker can complete if amount of contact is sufficient
  - Worker can complete for indicators they are certain of, others remain same as last assessment
  - No case closure assessment

CMS and Data Entry Tips

- Why we enter the FAF data in CMS:
  - FRCI aggregates data
  - Understand how well families are faring at intake and over time

- CMS FAF entry review

Thank you!

- This training can be found at:
- In the chat, please tell us one + and one Δ about this training. You may also send your comments to me or to teresa.Garcia@sfgov.org