

UMATILLA MORROW HEAD START, INC.
FAMILY PARTNERSHIP PLAN

POLICY: Staff will engage with families in a collaborative process to establish a mutual relationship for developing an individually tailored Family Partnership Plan. Through this assessment process, families will have opportunities to identify family strengths, capabilities and needs. The strengths, capabilities, and needs will be used to develop family goals and determining how support will be provided to the family.

PROCEDURE:

- A. During the initial home visit, families will be informed of the program's emphasis on developing partnerships with families and our Family Partnership Plan process of collaboratively working with them to identify their family's strengths, capabilities and needs to support them in pursuing their goals.
- B. The family partnership plan must be initiated as early as possible and must take into consideration each family's readiness to participate in the process. Contact each family to establish a time for developing the Family Partnership Plan. Make the family aware of the purpose for the home visit, how much time it will take (this will vary based upon individual families), what information is needed and how information will be used. The Family Partnership Plan will take from 45 minutes to one hour and a half, depending on the individual family. The Plan can be done in two interviews, if necessary; however, the time between the two interviews needs to be as short as possible. (maximum, one week in between the two interviews).
- C. Prior to the initial Family Partnership Plan home visit, review the areas the plan will assess as well as all family information you have in the child-family file to identify areas you will want to gather more information or ask more questions.
- D. In completing the general information section of the Family Partnership Plan, there is an opportunity for you to determine if there is a pre-existing family plan in place. Families can sign for approval to contact the other agency at this time for goal planning. In partnership with the family, determine how other agencies will be contacted and for what purpose.
- E. The family partnership plan is designed to be done in an interview process. It is designed to assess strengths, capabilities and needs in ten basic needs areas. Each assessment area provides questions and discussion points for the family to respond to. Document the family's response to each question accurately for each area. This assessment should reflect information obtained from the family, staff observations and knowledge and/or existing plans. It should be individually tailored by information that pertains to the uniqueness of this family.
- F. Each assessed area has a rating scale from 1 to 5 with half steps giving you a 9 point scale for rating the family's current status in each area: 1 represents a strength and 5 represents an extreme need or crisis. There is scoring guidance bulleted next to the scoring to assist in translating the family's answers and discussion into a score ranging from the 1 to 5. Families do not have to meet all of the bulleted points in a given category to receive that particular score. Based on knowledge of the family and information received, a score is determined that best fits the family.
- G. Attached to the assessment form is a Family Partnership Plan and goal sheet, which has a column for initial score for each assessed area. Enter the individual area scores and with the family determine which area the family wants to address at this time. In most cases, it is recommended to develop one

goal at a time. This will give the family an opportunity to be potentially successful in one area as well as an opportunity to develop skills in problem solving and resource development.

- H. The Family Goal Statement will be completed with adequate steps to assist in completing goal, resources needed and a date for completion of the goal. Staff and family will use the information to determine a plan for contact and home visits to ensure resources and support is available for the family. When staff and family have completed the goal statement, the original will go into the child/family file, one copy to the family and one to the data processing staff.
- I. The total assessment scoring is completed by adding all of the scores of the individual assessment areas. The total assessment score will assist in determining the service level and defining the family's risk level. The family and staff will determine together the family's need for support and services of staff. If a family scores at a service level four or five, staff is required to complete a minimum of six (6) social services home visits with monthly contacts. At each home visit or monthly contact, staff will review the progress and continued needs or resources.
- J. If a family chooses to not complete the family assessment or write a goal, staff will work with the family for the first 90 days, reviewing their situation and their need for resources or services. After this time, staff will introduce the document of refusal, explaining the purpose and the continued monthly contact to review the family situation. If at any time, the family wants to proceed with the assessment or goal writing, staff will develop a plan with the family to complete.
- K. Scoring on the Family Partnership Plan is done when the assessment and goal has been developed. Scoring for area goal is completed at mid-year and end of the year, showing what achievement has been done. Staff and family will review the each assessment area and re-score. The total from the end of the year assessment data will be totaled again to determine end of the year service level. The data will give staff and family a visual for progress made during this year. Scores shall be recorded in the assessment area of Child+ under FPP Assessment.
- L. Document revisions as a result of revisiting and reviewing the partnership over time in the progress notes.
- M. Emergency and crisis needs that arise during the family partnership agreement process will be addressed immediately using the Emergency and Crisis Intervention Policy. If any referrals for service are made for the family, a copy of the referral will be filed in the child/family file in the social service area. Document in progress notes the referral and follow up with the family on the timeliness and productiveness of the referral.
- N. When a pregnant teen is enrolled in the EHS program, staff will immediately assist the pregnant teen in accessing the need for comprehensive prenatal and postpartum care. Services will be provided through referrals to WIC, Health Department, local mental health agency, DHS and other agencies as needed. Staff will meet with the pregnant teen and/or referral sources on a regular basis to ensure services are being provided. After the birth of the baby, staff will arrange with the family to have agency health staff and/or County Health Department staff to visit within the first two weeks to ensure the well-being of both mother and child.

Healthy Start program utilizing the Kempe:

- A. Initial training will be given on site and will include self-study utilizing the QuickStart manual, FAI training manual, practical experience by shadowing experience staff performing the interview and discussions with FSW supervisor. The FSW supervisor will also observe the FSW during a home visit utilizing the Kempe. Follow up on the observation will be discussed during weekly supervision meetings. All training will be documented in training records.
- B. Core FAI Training offered by the OCCF will be completed within 180 days of hire
- C. FSWs will obtain Certification in the FAI within 180 days of completing Core FAI Training, following the FAI Certification Protocol.