### C:\Users\KStrader\Downloads\HFA Logo 2016 - Grey.jpg HFA Service Plan Guide

*\* The Service Plan is intended to be the road map that guides the Family Support Specialist (FSS) and Supervisor in strategically planning for how the family will be supported. It is a tool for ongoing use by the Supervisor and FSS. As new information is received, the family’s Service Plan is updated.*

*\*There is no required timeframe to address all the risk factors/concerns. The frequency with which the Supervisor and FSS review the Service Plan is determined by the needs of each family. It is recommended that the Service Plan review correspond with in-depth conversations regarding the family.*

*\*As an initial assessment of the strengths and risks of a particular family, it is expected that the Supervisor and FSS will complete the first two columns of the Parent Survey Section before the first home visit.*

*\* Bulleted guidelines apply to the column it is under and refers to both the “Parent Survey Source” section as well as the “Additional Source” section.*

\**The ideas about each column are included in the column they pertain to.*

*\*The information in each column will apply to the section/row it is in as well as all other sections/rows in the Service Plan Guide.*

*For example, if there is a guideline listed in the first row of the Family Concerns, Needs, Risks, & Stressors column (#1 Parent’s Childhood History); this*

 *information also pertains to all other sections/rows.*

*\*This Guide does not represent a typical Service Plan. It simply provides guidelines to completing the Service Plan. For a Sample of a Service Plan, please refer to the “Service Plan SAMPLE” resource provided separately.*

*\*Sample documentation examples are noted in blue.*

*\*Supporting resources will be noted in red.*

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| --- | --- | --- |
| **Parent(s)/Primary Caregiver:** Enter PC1 ID. | **TC Name:**Enter name | **TC DOB:** Enter date. |
| **Date of Parent Survey:** Enter date. | **Date of 1st Home Visit:** Enter date. | **Sup. Initials:**Enter initials. | **FSS Initials:**Enter initials. |

 ***Use this portion of the HFA Service Plan to summarize all concerns discovered through the Parent Survey/ initial assessment.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source:***Parent Survey* | **Family Concerns, Needs, Risks, & Stressors** | **Strengths/Protective Factors/P-C-I***(e.g. strengths, change talk, protective factors, etc.)* | **Plan Developed / Strategies***(e.g. f/u screening, referrals, HV activities, reflective strategies, observations, family goals, curriculum, or other materials, etc.)* | **Plan Implemented****Progress***(include* ***date*** *activities implemented and parent response)* |
| #1 Parent’s Childhood History☐ *Priority* | \*Summarize the concerns identified in the Parent Survey next to each related topic area.*Mom: Harsh physical discipline methods administered by MGM, left marks and bruising. (10a)* | \*Identify and document the family’s strengths and Protective Factors.*PF: Parental Resilience:**Mom: despite challenges in childhood, was able to identify positive memories.* | \*Document the approach, strategies and/or tools that will be implemented to focus on the related risk factors, strengths, and Protective Factors in each topic area.*Discuss differences/similarities of how parents were raised and how they plan to raise their children.* | \*Document the date and progress made with the related plan. *5/15/19- Mom shared cultural practices she enjoyed during childhood and would like to continue with TC and Dad.*  |
| #2 Lifestyle Behaviors☐ *Priority* | Click or tap here to enter text. |  |  | \*As new information is received it can be added below the last entry in this column and topic area/row. |
| #3 Parenting Experience☐ *Priority* | Click or tap here to enter text. | *\*See “Protective Factors Definitions”*  | \*Please note that even though all Parent Survey topic areas are reviewed initially, most will be addressed over time. \*Prioritize the issues that will be addressed first (short-term) from the Parent Survey. | *\*See “Guiding Questions for Service Plan Progress Discussions.”* |
| #4 Coping Skills & Supports☐ *Priority* | Click or tap here to enter text. | Click or tap here to enter text. | \*See “Global Interventions” for a list of possible interventions. | \*Discussions may also include reasons why progress is not occurring or how strategies could be more effective.\*Readjustments to the strategies can be made at any time based on these discussions.  |
| #5 Current Stresses☐ *Priority* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| #6 Anger Mgmt☐ *Priority* | \*When a “U” ( Unknown) score is included in ANY of the topic areas of the Parent Survey, reference that in this column \*This will ensure that there will be a plan for obtaining the missing information, over a period of time, to determine if in fact there is a level of risk present. *Dad: Mom did not share information about Dad’s anger management.* | Click or tap here to enter text. | \* A plan to gather more information is included when a “U” score is listed for ANY topic area of the Parent Survey.*Explore missing information regarding Dad’s anger management by using OEQ with Mom and/or Dad.*  | \*Once the information is gathered for a “U” score, the Supervisor and FSS will discuss whether there is a risk factor.\* If a risk factor exists, a plan will be made to determine the most effective strategy/intervention. \* If a risk factor does not exist, it is documented and this “Plan implemented” will be completed).*5/15/19 Dad reported he takes walks when he is upset. (plan completed)**5/15/19 Dad said he throws things at the wall when he is upset. (New Plan will be made to address risk factor).*  |
| #7 Expectations -Developmental Milestones☐ *Priority* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| #8 Plans for Discipline☐ *Priority* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| #9 Perception of Infant☐ *Priority* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| #10 Bonding & Attachment☐ *Priority* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

*\*See “HFNY: Service Plan SAMPLE” for more examples.*

***Use this portion of the HFA Service Plan to summarize all concerns discovered through any additional tools such as a depression or IPV screen, or other concerns that emerge through conversation or observation during the course of services.***

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| **Additional Source***(name of tool or other source &* ***date****)* | **Family Concerns, Needs, Risks, & Stressors** | **Strengths/Protective Factors/P-C-I***(e.g. strengths, change talk, protective factors, etc.)* | **Plan Developed / Strategies***(e.g. f/u screening, referrals, HV activities, reflective strategies, observation, family goals, curriculum, or other materials, etc.)* | **Plan Implemented****Progress***(include* ***date*** *activities implemented and parent response)* |
| \*Enter Source of information and date.*CHEERS Check-In**5/29/19* | \*Identify and document the risks or needs related to the information received from the family or tool identified.*C1: Responding promptly to cues* | \*Identify and document the family’s strengths and Protective factors.\* Include Parent-Child Interaction strengths.*HT1, HT2: Touch is somewhat gentle, some physical contact initiated.*  | \*Document the approach, strategies and/or tools that will be implemented to focus on the related risk factors, strengths, and Protective Factors in each topic area.*ATP and SATP when parent responds to cues.*  | Click or tap here to enter text.6/5/19- *Mom responds well to ATP and SATP, will continue to reinforce what she does well.*  |
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