



# SERVICE PLAN HANDBOOK

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**Prevent Child Abuse**  
New York™

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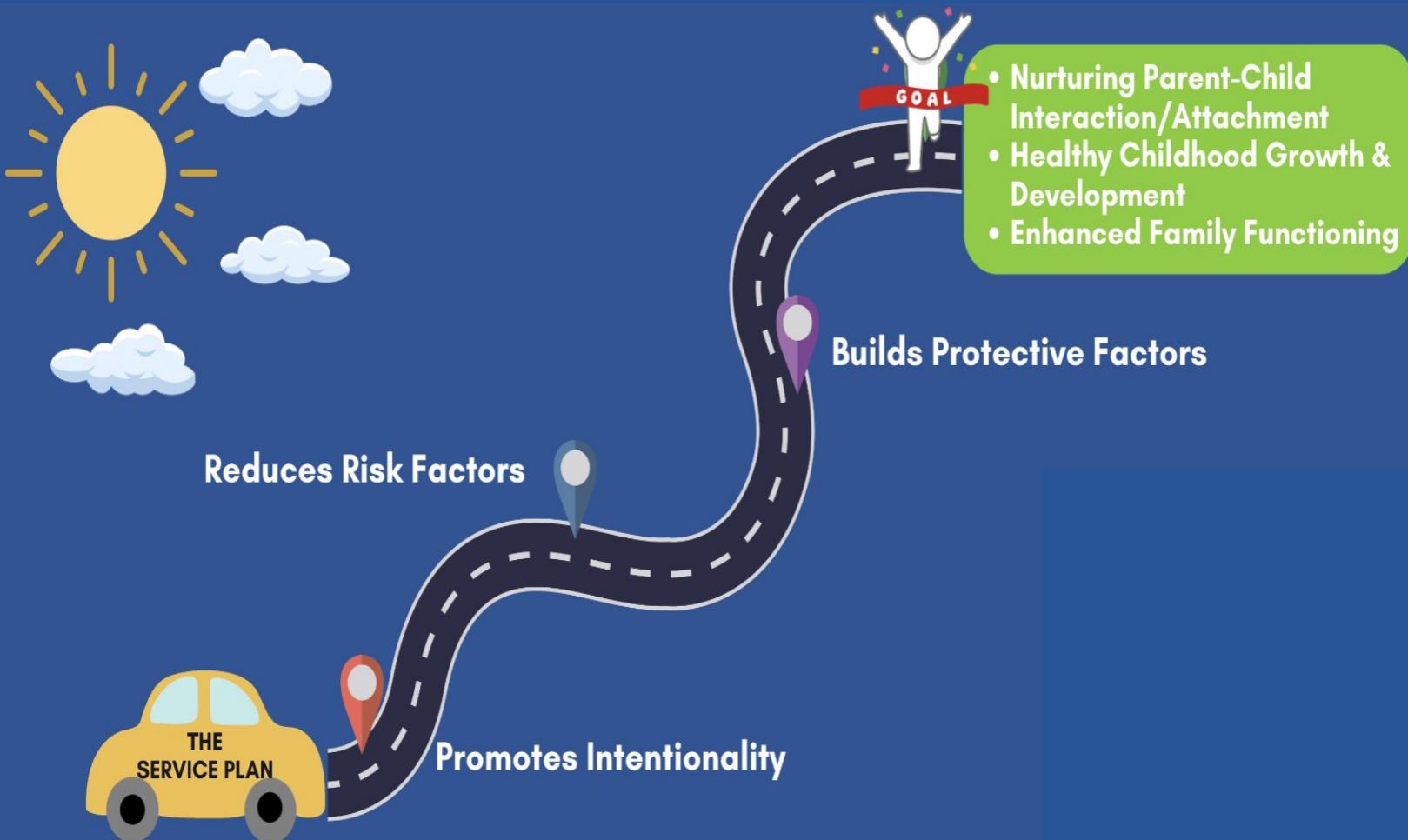
## HOW TO USE THIS HANDBOOK

The Service Plan Handbook supports the initial development and ongoing use of the Service Plan by consolidating all Service Plan related guidance into one resource. Whether you are a new or seasoned home visitor, supervisor or program manager, we recommend that you take the time to read through the content of the handbook applicable to your role, then use the individual resources as needed for your professional development. After doing so, discuss any questions you may have with your direct supervisor. Your program’s FSS QA Specialist at PCANY can also offer support if needed. **Please note:** This handbook includes original PCANY materials, as well as items adapted from Healthy Families America and other sources. Please do not replicate without attribution.

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# THE WHAT & WHY OF THE SERVICE PLAN



## SERVICE PLANS PROVIDE ROADMAPS!

The Service Plan supports supervisors and home visitors in reducing risk factors and promoting Protective Factors identified in the FROG Scale and subsequent home visits. Once in place, it is the **ROAD MAP** that guides Family Support Specialists in accomplishing the goal of promoting healthy parent-child relationships, supporting child development and promoting healthy family functioning. The Service Plan can be a useful tool to help with planning for home visits and keep track of things the home visitor is working on with the family, including new areas for support that arise throughout the family's time in the program. It helps staff be intentional about their work with families.

When starting the service planning process, the first step will be to review the FROG Scale and identify family strengths and areas for support. This gives a starting place for exploration. Supervisors and Family Support Specialists can then develop the Service Plan collaboratively based on the factors identified in the FROG and support the threads that flow from the FROG throughout the work with families.



# SERVICE PLAN POLICIES

See a quick summary below of key policies related to the Service Plan. Please review the HFA Best Practice Standards and HFNY Policies #6 for more information



# SERVICE PLAN vs. FAMILY GOALS

## Service Plans are not related to Family Goals

### Service Plans are for staff to:

- Be intentional about reducing risk while building protective factors
- Identify ways to promote nurturing and sensitive parent-child interactions
- Support healthy child development and family functioning



### Family Goals are for parents to:

- Practice critical thinking and problem solving on something they truly want to accomplish
- Experience safe, predictable, comfortable, and fun support from their FSS that engages their cortexes
- Feel successful and competent

**Family Goals do not include site or funder goals**

The Service Plan includes the program or staff goals designed to reduce risk and build protective factors. These are addressed through “in the moment” interventions by using reflective strategies to build on parental competencies and offering information through teachable moments.

Family goals come from the parent. They are meaningful to the family and should be small enough to assure a parent’s success and sense of accomplishment. Experiencing success with self-identified goals gives parents hope that they can change their circumstances, confidence that they can set a goal and achieve it, and the pleasure of accomplishment. Although some goals chosen by the family may happen to align with staff’s goals on the Service Plan, this outcome is never driven by staff.



# SERVICE PLAN DOCUMENTATION GUIDELINES

Service Plan documentation should be factual and not include the Home Visitor's feelings or interpretations. For the initial Service Plan, you can either copy/paste or summarize from the FROG. In addition, issues that arise post-FROG are added to the "Additional Source" section, not the initial Service Plan section. See some key things below you should know about documenting each section of the Service Plan:

## AREAS FOR SUPPORT

- Each domain where the family scored above a '0' on the FROG should be added to the Service Plan
- It is recommended that 'Unknowns' be added but this is not required per HNFY policy
- **New areas for support that arise post-FROG are added to the "Additional Source" section of the Service Plan. See pg. 7 for more details.**

## STRENGTHS

- Strengths in each domain where the family scored above a '0' on the FROG should be added to the Service Plan
- It is recommended that strengths be added for domains where the family scored a '0' but this is not required per HNFY policy
- **Strengths related to new areas for support that arise post-FROG are added to the "Additional Source" section of the Service Plan.**

## PLAN

- A plan is required for every domain where the family scored above a '0' on the FROG
- It is required that 1 or more domains be prioritized for intervention (by checking the 'priority' box in the MIS)
- **A plan is also required for any new areas for support that arise post-FROG and are added to the "Additional Source" section of the Service Plan**

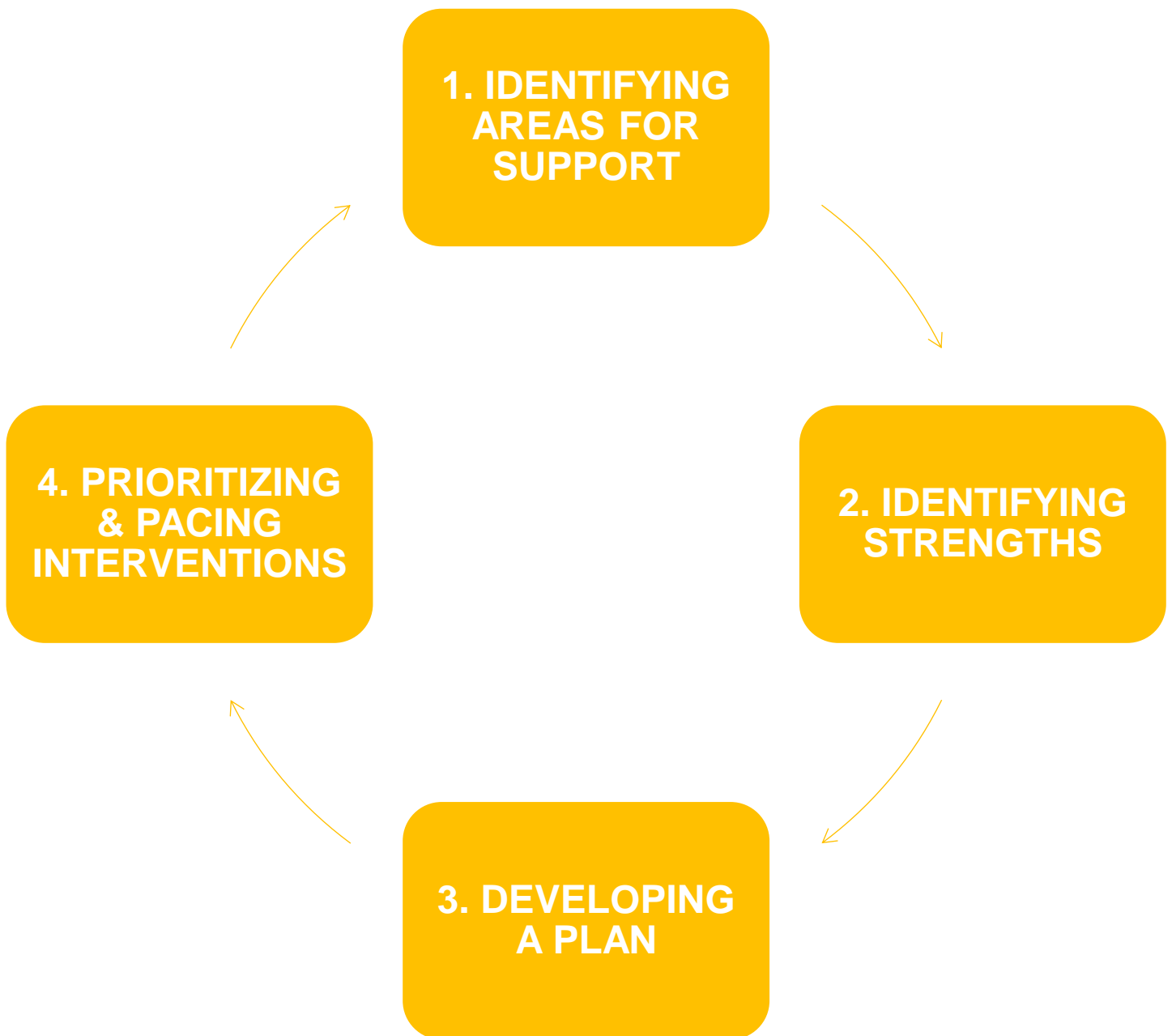
## PLAN IMPLEMENTED

- Service Plans should be updated periodically when plans are implemented, providing a quick overview of what was implemented and the date of the Home Visit Log where further information can be found
- **Updates are also required regarding any plans that were developed post-FROG and are added to the "Additional Source" section of the Service Plan**



# SERVICE PLAN TASK CYCLE

There are 4 tasks that need to be completed during the Service Planning Process: 1) Identifying areas for support, 2) Identifying strengths, 3) Developing a plan and 4) Prioritizing/Pacing interventions over time. This task cycle is done initially using the FROG. **However, over the course of services, as new areas for support arise post-FROG, these new areas for support are added to the “Additional Source” section of the Service Plan and addressed using the same task cycle below.**



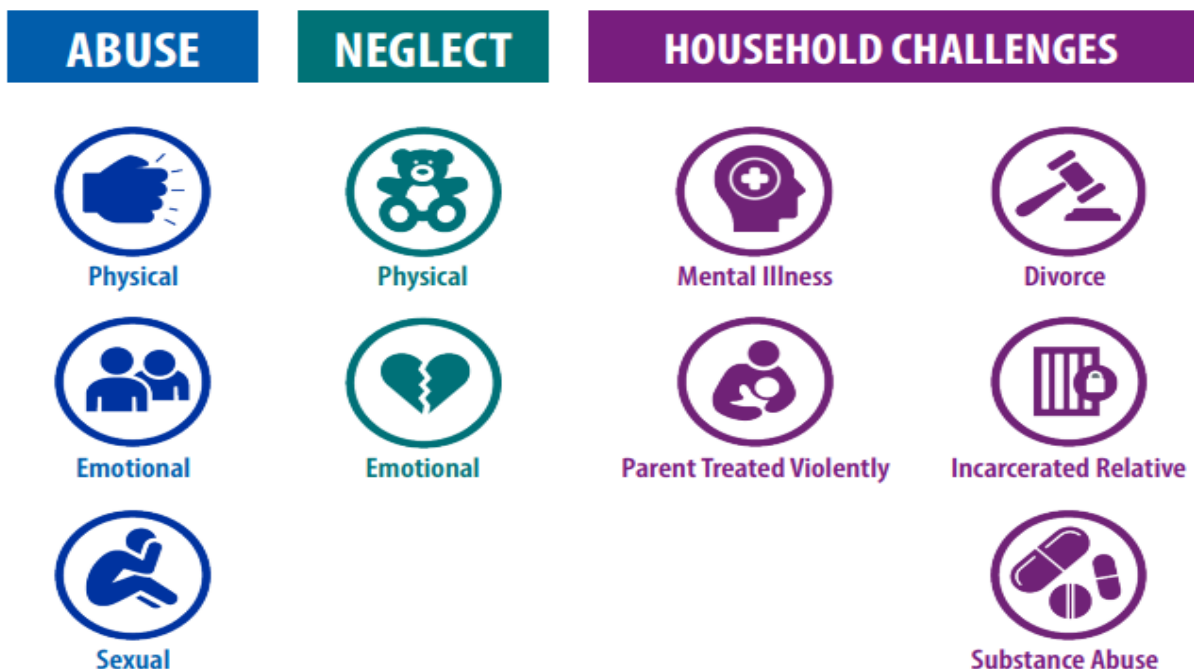
# 1. IDENTIFYING AREAS FOR SUPPORT

Risk factors and areas for support identified in the FROG Scale are added the Service Plan. You can identify areas for support by considering: 1) *Known risk factors for child maltreatment & ACES*, 2) *Scoring guidelines on the FROG Scoring Guide*, 3) *Anything that may be a barrier to PCI, Childhood Growth & Development and Family Functioning* and 4) *Any other area you think the family might benefit from support*.

## SOME KNOWN RISK FACTORS FOR CHILD MALTREATMENT

Individual Factors	Family Factors	Community Factors
<ul style="list-style-type: none"> <li>• Caregivers with drug or alcohol issues</li> <li>• Caregivers with mental health issues including depression</li> <li>• Caregivers who don't understand children's needs or development</li> <li>• Caregivers who were abused or neglected as children</li> <li>• Caregivers who are young or single parents or parents with many children</li> <li>• Caregivers with low education or income</li> <li>• Caregivers experiencing high levels of parenting stress or economic stress</li> <li>• Caregivers who use spanking and other forms of corporal punishment for discipline</li> <li>• Caregivers in the home who are not a biological parent</li> <li>• Caregivers with attitudes accepting of or justifying violence or aggression</li> </ul>	<ul style="list-style-type: none"> <li>• Families that have household members in jail or prison</li> <li>• Families that are isolated from and not connected to other people</li> <li>• Families experiencing other types of violence, including relationship violence</li> <li>• Families with high conflict and negative communication styles</li> </ul>	<ul style="list-style-type: none"> <li>• Communities with high rates of violence and crime</li> <li>• Communities with high rates of poverty and limited educational and economic opportunities</li> <li>• Communities with high unemployment rates</li> <li>• Communities with easy access to drugs and alcohol</li> <li>• Communities where neighbors don't know or look out for each other</li> <li>• Communities where there is low community involvement among residents</li> <li>• Communities with few community activities for young people</li> <li>• Communities with unstable housing and where residents move frequently</li> <li>• Communities where families frequently experience food insecurity</li> </ul>

## ADVERSE CHILDHOOD EXPERIENCES





## 2. IDENTIFYING STRENGTHS

Protective Factors & strengths identified in the FROG Scale are added to the Service Plan. **In addition, strengths that are related to areas for support that emerge post-FROG are also added to the “Additional Source” section of the Service Plan.** You can identify strengths both at the FROG and post-FROG by considering: 1) *The Protective Factors framework*, 2) *Anything that may benefit PCI, Childhood Growth & Development and Family Functioning.*

### THE PROTECTIVE FACTORS FRAMEWORK





## CORE MEANINGS OF THE STRENGTHENING FAMILIES PROTECTIVE FACTORS

Protective Factor	Core Meaning
<b>Parental Resilience:</b> Managing stress and functioning well when faced with challenges, adversity and trauma.	<u>Resilience Related to General Life Stressors</u> <ul style="list-style-type: none"><li>a. managing the stressors of daily life</li><li>b. calling forth the inner strength to proactively meet personal challenges, manage adversities and heal the effects of one's own traumas</li><li>c. having self-confidence</li><li>d. believing that one can make and achieve goals</li><li>e. having faith; feeling hopeful</li><li>f. solving general life problems</li><li>g. having a positive attitude about life in general</li><li>h. managing anger, anxiety, sadness, feelings of loneliness and other negative feelings</li><li>i. seeking help for self when needed</li></ul> <u>Resilience Related to Parenting Stressors</u> <ul style="list-style-type: none"><li>a. calling forth the inner strength to proactively meet challenges related to one's child</li><li>b. not allowing stressors to keep one from providing nurturing attention to one's child</li><li>c. solving parenting problems</li><li>d. having a positive attitude about one's parenting role and responsibilities</li><li>e. seeking help for one's child when needed</li></ul>
<b>Social Connections:</b> Positive relationships that provide emotional, informational, instrumental and spiritual support.	<ul style="list-style-type: none"><li>a. Building trusting relationships; feeling respected and appreciated</li><li>b. Having friends, family members, neighbors and others who:<ul style="list-style-type: none"><li>• provide emotional support (e.g., affirming parenting skills)</li><li>• provide instrumental support/concrete assistance (e.g., providing transportation)</li><li>• provide informational support/serve as a resource for parenting information</li><li>• provide spiritual support (e.g., providing hope and encouragement)</li><li>• provide an opportunity to engage with others in a positive manner</li><li>• help solve problems</li><li>• help buffer parents from stressors</li><li>• reduce feelings of isolation</li><li>• promote meaningful interactions in a context of mutual trust and respect</li></ul></li><li>c. Having a sense of connectedness that enables parents to feel secure, confident and empowered to "give back" to others</li></ul>





## CORE MEANINGS OF THE STRENGTHENING FAMILIES PROTECTIVE FACTORS

Protective Factor	Core Meaning
<b>Knowledge of Parenting and Child Development:</b> Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.	Seeking, acquiring and using accurate and age/stage-related information about: <ol style="list-style-type: none"> <li>parental behaviors that lead to early secure attachments</li> <li>the importance of               <ul style="list-style-type: none"> <li>being attuned and emotionally available to one's child</li> <li>being nurturing, responsive and reliable</li> <li>regular, predictable and consistent routines</li> <li>interactive language experiences</li> <li>providing a physically and emotionally safe environment for one's child</li> <li>providing opportunities for one's child to explore and to learn by doing</li> </ul> </li> <li>appropriate developmental expectations</li> <li>positive discipline techniques</li> <li>recognizing and attending to the special needs of a child</li> </ol>
<b>Concrete Support in Times of Need:</b> Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.	<ol style="list-style-type: none"> <li>being resourceful</li> <li>being able to identify, find and receive the basic necessities everyone deserves in order to grow (e.g., healthy food, a safe environment), as well as specialized medical, mental health, social, educational or legal services</li> <li>understanding one's rights in accessing eligible services</li> <li>gaining knowledge of relevant services</li> <li>navigating through service systems</li> <li>seeking help when needed</li> <li>having financial security to cover basic needs and unexpected costs</li> </ol>
<b>Social and Emotional Competence of Children:</b> Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.	<p><u>Regarding the parent:</u></p> <ol style="list-style-type: none"> <li>having a positive parental mood</li> <li>having positive perceptions of and responsiveness to one's child</li> <li>responding warmly and consistently to a child's needs</li> <li>being satisfied in one's parental role</li> <li>fostering a strong and secure parent-child relationship</li> <li>creating an environment in which children feel safe to express their emotions</li> <li>being emotionally responsive to children and modeling empathy</li> <li>talking with one's child to promote vocabulary development and language learning</li> <li>setting clear expectations and limits</li> <li>separating emotions from actions</li> <li>encouraging and reinforcing social skills such as greeting others and taking turns</li> <li>creating opportunities for children to solve problems</li> </ol> <p><u>Regarding the child:</u></p> <ol style="list-style-type: none"> <li>developing and engaging in self-regulating behaviors</li> <li>interacting positively with others</li> <li>using words and language skills</li> <li>communicating emotions effectively</li> </ol>

# 3. DEVELOPING A PLAN

The Supervisor and Family Support Specialist work collaboratively to develop the Service Plan with activities to address all areas for support over time and to build protective factors. **This takes place for areas for support identified at the FROG as well as those that arise post-FROG. Anything that arises post-FROG is documented under the “Additional Source” section of the Service Plan.** See below for some ideas regarding the kinds of activities that can be listed in the “plan” section of the Service Plan.

## 1. Reflective Strategies & Strength Based Communication Tools

- Use **Reflective Strategies** to promote strengths and address concerns (ATP/SATP/Explore & Wonder/Feel, Name, Tame/Normalizing/Solution Focused Talk)
- Incorporate **Motivational Interviewing** techniques (i.e. Use Scaling Tool & OARS to help parents consider and move towards change)

## 2. Curriculum & Information

- Use primary curriculum (GGK, PAT, FSU) and supplemental materials (DVDs, videos, approved secondary curriculum, evidence informed websites etc.) to share information around parenting, child development and health and safety

## 3. Activities Incorporated into Home Visits

- Incorporate activities into home visits that encourage PCI and create teachable moments (puzzles, books, crafts, music, toys, games)
- Help families develop **goals** that are meaningful to them
- Use values cards to explore values related to areas where family needs support

## 4. Community Resources & Referrals

- **Basic Needs:** SNAP, WIC, TANF, food pantries, diaper banks, shelters & housing programs etc
- **Developmental & Parenting Support:** Early Intervention, Circle of Security, Child Parent Psychotherapy etc
- **Health & Wellness Support:** Mental health, domestic violence, and substance abuse counseling, health fairs, lactation support, medical home/PCP
- **Employment & Back to School Supports:** GED programs, job training, job fairs etc.
- **Social Support:** Support groups, play or socialization groups (in the community, at the public library etc.), program activities (holiday parties, summer trips, fatherhood groups, family potlucks etc.)

## 5. Screening & Assessment Tools

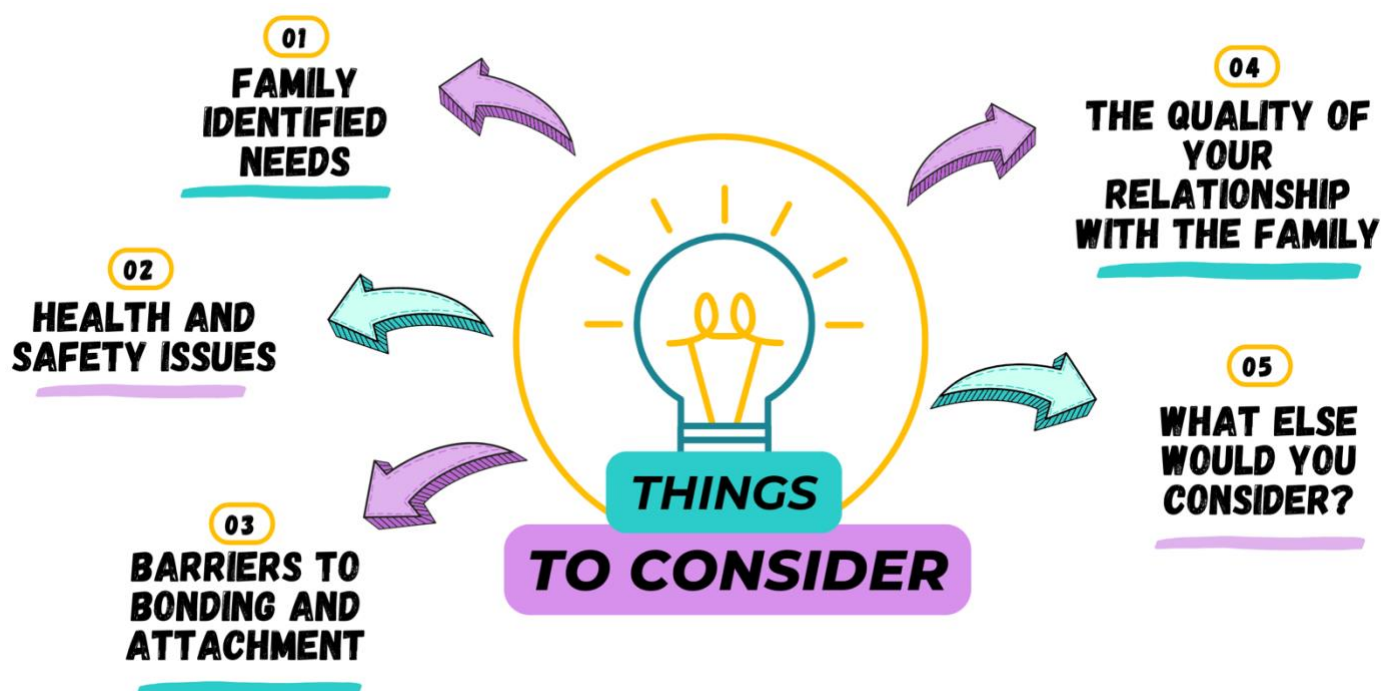
- ASQ/ASQ-SE (Child Development Screenings)
- CHEERS & CHEERS Check In (CCI)
- PHQ-9 (Depression Screen)
- AUDIT-C (Alcohol Screen)
- HITS (DV Screen)
- GAD-7 (Anxiety Screen)





# 4a. PRIORITIZING & PACING INTERVENTIONS

The HFA Best Practice Standards require staff to ensure prioritization and pacing of interventions over time. It is important to remember that the primary purpose of early home visits is to be invited back into the home. You do not need to address all of the issues or even a majority at one time. It is expected that there will be time to do so if the initial focus is on successfully engaging the family in services. Determining strategies that begin small and can be expanded over the course of service delivery makes the best sense. The guidelines below can be used to determine what areas for support to prioritize. **Keep in mind that as new areas for support arise post-FROG, priorities may change so priorities should be reviewed and reconsidered when new issues arise post-FROG or as previous areas for support are resolved.**



# 4b. DOCUMENTING PRIORITIZATION & PACING

Evidence of prioritization and pacing needs to be indicated on the Service Plan using **both** methods below:



See sample & details below

	Protective Factors & Strengths	Risk Factors & Areas for Support	Plan	Plan Implementation <small>(include date activities implemented)</small>
<b>1: Family Environment</b> Score: PC1: 2 PC2: 2	<input checked="" type="checkbox"/> Priority <input type="checkbox"/> Needs Review  <i>Parents noted that they have some baby supplies already</i>	<i>Parents noted that they plan to do bed sharing until the baby turns 1 yr. old</i>	<i>Home visitor will share curriculum around safer sleep with the family</i>	<i>Home visitor shared curriculum around safer sleep on 2/12/24. See 2/12/24 home visit log for more details</i>
<b>2: Perception of the Child</b> Score: PC1: 0 PC2: 0				
<b>3: Infant &amp; Child Development</b> Score: PC1: 0 PC2: 2				

## ADDITIONAL QUESTIONS

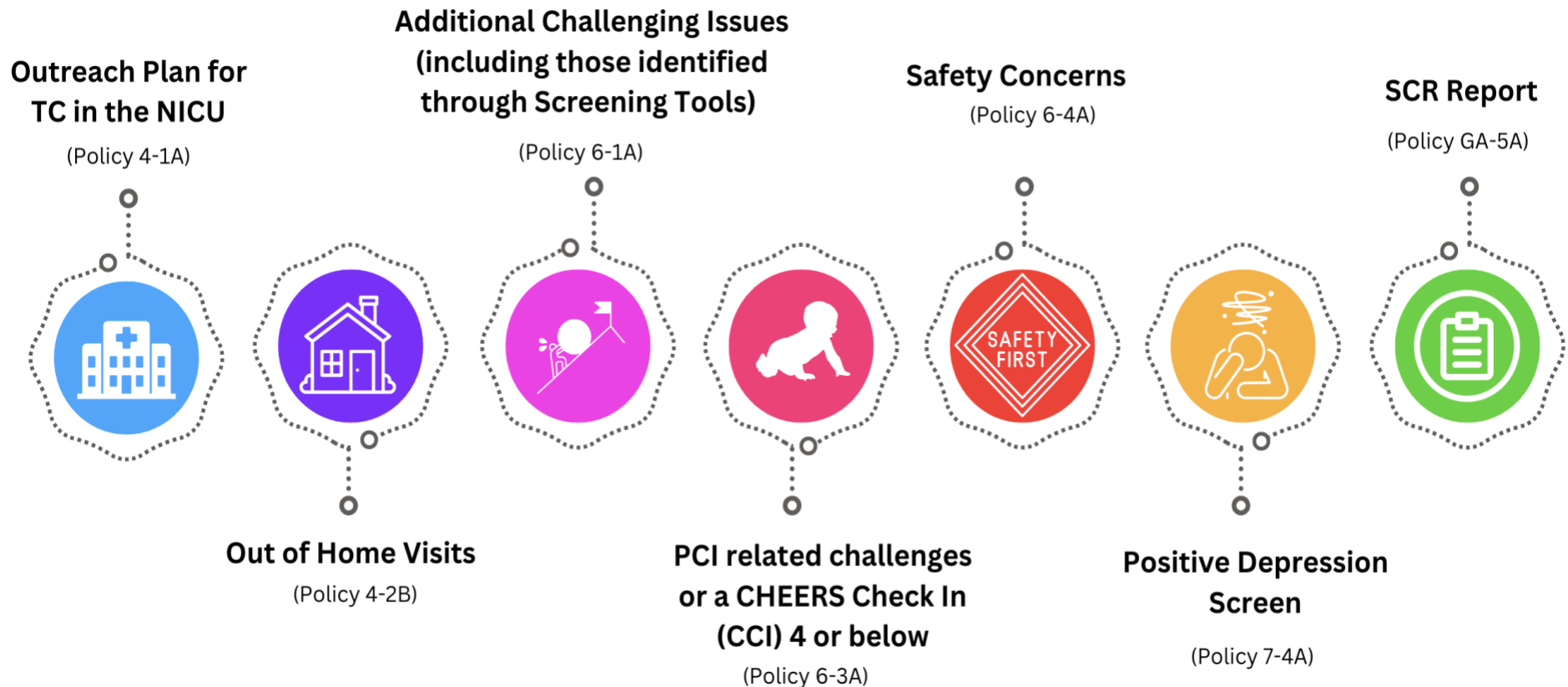
✍ Do I still need to document conversations about prioritization and pacing in the supervision note? Yes

✍ What about issues that arise post-FROG? Be sure that challenging issues that come up after the administration of the FROG Scale are documented in the "Additional Source" section of the Service Plan.



# 5. IDENTIFYING NEW AREAS FOR SUPPORT (THE “ADDITIONAL SOURCE” SECTION)

After the initial Service Plan is developed using the FROG, throughout the course of service as new areas for support arise, they are added to the Service Plan using the same Service Plan task cycle as in the development of the initial Service Plan (see *page 6*). These new areas for support are added to the Service Plan as an "Additional Source". Per our HFNY policy, see areas below that must be added to the Service Plan when they arise during the course of services:



# **INFORMATION & TOOLS FOR SUPERVISORS**



# WHAT DOES SUPERVISOR SUPPORT OF THE SERVICE PLAN LOOK LIKE?

It is required that the initial Service Plan be initiated within two weeks of the FROG Scale being approved by the supervisor. Either the FRS, the FSS or the supervisor (or a combination) can transfer areas of support and strengths from the FROG Scale to the Service Plan. Assigning this task is at the program's discretion. However, it is essential that the person assigned has the ability to determine which information is important to include. Regardless of who initiates, the Service Plan is contributed to collaboratively by the supervisor and the FSS.

## IT IS THE SUPERVISOR'S RESPONSIBILITY TO ENSURE THAT:

The Service Plan is comprehensive and complete including accurate carry over of areas for support and strengths from the FROG per HFNY guidelines & policies

Collaboration takes place between the Supervisor and Home Visitor to create the plan

Collaboration takes place in supervision to discuss what areas for support are priority and how to pace interventions. Supervisors should also support the FSS to reflect on priorities periodically as family circumstances change and re-prioritize accordingly

Periodic check-ins take place regarding plan implementation with coaching and reflection provided as needed *(at least once per quarter but can be more often based on family's needs. See more information below)*

New areas for support that arise (and related strengths) are added to the Service Plan (under "Additional Source") and new plans are developed and re-prioritized as needed

The Home Visitor is consistently updating the "Plan Implemented" section when they complete activities with families

Supervisors are documenting their Service Plan discussions with Home Visitors in supervision notes to demonstrate their support of practice

The Service Plan is a dynamic document and should be frequently referenced during supervision sessions. The frequency should be based on the needs of each family, including the volume of need, the complexity of need and the family's urgency combined with readiness for change. **While the frequency of Service Plan discussions are at the discretion of the supervisor and the FSS, there is a HFNY Performance Indicator requiring that the Service Plan is reviewed at a minimum of at least once per quarter.** HFA and our HFNY policy **recommend** that the Service Plan be reviewed once monthly for families on Level 1, 1P or SS, every other month for families on Level 2, and quarterly for families on Level 3 or 4.



# GUIDING QUESTIONS FOR SERVICE PLAN DISCUSSION IN SUPERVISION

- What did the parent's engagement look like? How did they participate in the conversation?
- What was the parent's level of openness or receptivity to the conversation? How did they show that?
- What ideas did the parents share in this conversation?
- What next steps did you and the parent outline?
- Who else was involved in the conversation? How do you see their involvement impacting the intervention?
- What new strengths were identified? What new challenges were identified?
- What support does the family have available to them?
- What are the next steps? What support/tools/practice do you need to implement?
- How do you think the conversation/activity went? Did it go as you expected?
- How might the family's culture have impacted the outcome of the strategy?
- What do you think caused the parent to respond that way?
- What do you think this behavior means?
- What do you think made that approach work/not work?
- What would you do differently next time?
- What did you do to help make that happen/facilitate the change?
- How are you feeling about the outcome/how the strategy is going?
- What did you do when another family was having a similar challenge?
- How will you know when this strategy was successful? How will you know when it's time to try something new?
- What are some other ways of looking at this? What else might be going on?
- How did this progress increase the family's protective factors?

**We have recorded some videos of a supervisor supporting the home visitor in the development of the initial Service Plan and the ongoing use of the Service Plan using the [Service Plan Sample](#) in this handbook. These are available on the playlist below:**

[Video Playlist](#)



# COMMUNICATION SKILLS TO SUPPORT THE SERVICE PLAN

These communication skills can be used by supervisors to support the Service Plan by:

- Using them directly with home visitors for their own professional development and skill building
- Building the home visitor's capacity to use them in their direct work with families on issues related to their Service Plan

SKILL	WHEN to USE
<b>Accentuating the Positive (ATP)</b>	<ul style="list-style-type: none"> <li>• To reinforce positive behaviors and/or successes</li> <li>• To build skills and capacity</li> <li>• To build self-esteem and self-confidence</li> </ul>
<b>Strategic Accentuating the Positive (SATP)</b>	<ul style="list-style-type: none"> <li>• To increase a behavior or skill you want to see more of</li> <li>• To build abilities and capacity</li> </ul>
<b>Explore and Wonder</b>	<ul style="list-style-type: none"> <li>• To increase empathy and ability to read and interpret parental cues/behaviors</li> <li>• To maintain curiosity about how trauma may be impacting behavior</li> <li>• To address chronic situations</li> <li>• To build self-awareness and self-observation skills</li> </ul>
<b>Feel: Name &amp; Tame</b>	<ul style="list-style-type: none"> <li>• Whenever a person states a strong feeling or exhibits feelings through the body (energy shifts, facial and body language, etc.)</li> </ul>
<b>Normalizing</b>	<ul style="list-style-type: none"> <li>• When an opinion or belief about parenting or child development is expressed that is not supported by research or experience</li> <li>• When you want to share new information or research</li> </ul>
<b>Solution-Focused Talk</b>	<ul style="list-style-type: none"> <li>• To assist in clarifying a problem</li> <li>• To encourage exploration of all aspects of a problem before offering suggestions</li> <li>• To expand one's thinking</li> <li>• To assist in moving from a defensive or survival mindset (brainstem) to a positive limbic (emotional) experience and into the cortex (thinking and reflecting)</li> </ul>
<b>Open Questions</b>	<ul style="list-style-type: none"> <li>• To invite self-reflection and critical thinking</li> <li>• To encourage more in-depth sharing</li> <li>• To show respect for someone's autonomy, and allow them to showcase their expertise and knowledge</li> </ul>
<b>Affirmation</b>	<ul style="list-style-type: none"> <li>• To support and praise one's actions and accomplishments</li> <li>• To reinforce positive behaviors</li> <li>• To build self-esteem and self-confidence</li> </ul>
<b>Reflection</b>	<ul style="list-style-type: none"> <li>• To show you are listening and understanding by stating back the essence of what a person said</li> <li>• To check whether you understand the person's meaning</li> <li>• To draw out the underlying feeling in the person's statement</li> </ul>
<b>Summary</b>	<ul style="list-style-type: none"> <li>• To show understanding, move the conversation forward, and prepare the</li> </ul>

	person to take action by linking together what has been discussed
<b>Supporting Autonomy</b>	<ul style="list-style-type: none"> <li>• To support a person in thinking for themselves, being creative, and taking the initiative in their own lives/ work</li> <li>• To show your respect for a person's self-knowledge and knowledge of families they serve or their own family</li> </ul>





# REFLECTIVE STRATEGIES TO SUPPORT THE SERVICE PLAN

<p><b>Accentuate the Positives - ATP</b>  <i>To build self-esteem and parental resiliency</i></p> <ol style="list-style-type: none"> <li>1) Observe</li> <li>2) Affirm</li> <li>3) Share the impact</li> </ol>	<p><b>Strategic Accentuate the Positive - S-ATP</b>  <i>To increase a behavior you want to see more of</i></p> <ol style="list-style-type: none"> <li>1) Identify a behavior you want to see more of</li> <li>2) Observe</li> <li>3) Affirm</li> <li>4) Share the impact</li> </ol>
<p><b>Feel: Name &amp; Tame</b>  <i>When staff states or exhibits strong feelings</i></p> <ol style="list-style-type: none"> <li>1) Observe for body language, wording, energy shifts and/or tone of voice that may indicate emotional content</li> <li>2) Ask what they are feeling or experiencing in the moment</li> <li>3) Reflect back to what you think they may be feeling</li> <li>4) Validate their feelings</li> </ol>	<p><b>Explore &amp; Wonder</b>  <i>To address missed cues or build empathy</i></p> <ol style="list-style-type: none"> <li>1) State the behavior you are concerned about</li> <li>2) Be curious...ask staff what this behavior means</li> <li>3) Share what you think the behavior might mean</li> <li>4) Ask what they think</li> <li>5) Ask if they would be willing to try it</li> </ol>
<p><b>Normalizing</b>  <i>To address an erroneous, commonly held belief and share accurate information</i></p> <ol style="list-style-type: none"> <li>1) Make a mental note of the opinion or interaction that is of concern to you</li> <li>2) Tell the person their opinion is a commonly held belief...It is 'normal'</li> <li>3) Provide information</li> <li>4) Explore what the person thinks</li> </ol>	<p><b>Solution Focused Talk</b>  <i>To gather information about a problem that staff or families "hands you," or a problem needing to be addressed</i></p> <p>Ask open questions that begin with:</p> <p>Who...?  What...?  When...?  Where...?  How...?</p>
<p><b>Mindful Self-Regulation</b>  <i>To regulate yourself when stressed, allowing you to return your attention to staff</i></p> <ol style="list-style-type: none"> <li>1) Observe your internal physical/emotional responses to your interaction with staff</li> <li>2) Implement regulatory responses that are calming for you such as deep breathing</li> <li>3) Return your full attention to the person once you're regulated</li> </ol>	



# REFLECTIVE STRATEGIES TO SUPPORT THE SERVICE PLAN: EXAMPLES

STRATEGY	HOW TO USE (EXAMPLES)
<b>ATP</b>	<p><i>Ex: The home visitor reviewed curriculum around discipline with a mom who noted she would use spanking as a disciplinary technique</i></p> <ol style="list-style-type: none"> <li><b>1. Observe:</b> <i>The home visitor mentions in supervision that they reviewed curriculum around discipline with a parent who noted she would use spanking as a disciplinary technique</i></li> <li><b>2. Affirm:</b> <i>"Wow, I see that you had a conversation with Mom about her plans for discipline and brought some curriculum to help her learn more effective disciplinary techniques!"</i></li> <li><b>3. Impact:</b> <i>"That may help Mom use other disciplinary methods instead of spanking ."</i></li> </ol>
<b>SATP</b>	<p><i>Ex: The home visitor previously noted he was uncomfortable discussing Mom's cigarette smoking during her pregnancy, but mentions in a recent supervision that he discussed this topic with Mom in their last home visit</i></p> <ol style="list-style-type: none"> <li><b>1. Behavior you want to see more of:</b> <i>Home visitor addressing risk factors that are uncomfortable for him to address with families</i></li> <li><b>2. Observe:</b> <i>The home visitor discussed with Mom the negative impact of smoking on pregnancy</i></li> <li><b>3. Affirm:</b> <i>"I see that you had a conversation with Mom about the ways in which smoking might impact her pregnancy and Mom expressed that she never knew smoking could impact an unborn baby"</i></li> <li><b>4. Impact:</b> <i>"Having that discussion might help Mom move towards contemplating smoking cessation in the future."</i></li> </ol>
<b>EXPLORE &amp; WONDER</b>	<p><i>Ex: The home visitor noted that Dad got up and left the room at the last home visit when the home visitor followed up on the couples counseling she referred the family to due to Mom and Dad's high level of relational conflict. Home visitor noted that she continued the visit and that Dad seemed "fine" but Mom stated "we haven't started it yet."</i></p> <ol style="list-style-type: none"> <li><b>1. State missed cue:</b> <i>"You mentioned that Dad left the room when you asked about whether they started couples counseling"</i></li> <li><b>2. Ask what home visitor think behavior means:</b> <i>"What do you think might have been going on for Dad?"</i></li> <li><b>3. Share what you think behavior means:</b> <i>"I wonder if Dad is having some negative feelings about the relationship or the idea of counseling?"</i></li> <li><b>4. Ask what home visitor thinks:</b> <i>"What do you think?"</i></li> </ol>

	<p><b>5. Ask if home visitor would be willing to try another response:</b> “I’m wondering if it might help to reach out to dad individually to inquire about how he felt when you raised this topic at the last home visit”</p>
<b>FEEL, NAME, TAME</b>	<p><i>Ex: The home visitor said, while frowning and folding arms, “I have told this mom several times about how her yelling scares John (her two-year old) and every time I come to the home visit I see her yelling at him!”</i></p> <p><b>1. Observe:</b> you noticed the home visitor’s frown and folded arms</p> <p><b>2. Explore:</b> “I noticed you frowned and folded your arms when you mentioned that Mom yells at John during every home visit. How does that make you feel?” <b>(PAUSE so home visitor can reflect and respond)</b></p> <p><b>3. Share your thoughts:</b> (If home visitor couldn’t name a feeling) “I’m wondering if you’re feeling frustrated with Mom?”</p> <p><b>4. Validate:</b> “That must have been hard to watch.”</p>
<b>SOLUTION FOCUSED TALK</b>	<p><i>Ex: The home visitor notes that she has given Mom several referrals to Domestic Violence counseling and support and each time she comes to the home visit mom still hasn’t followed up yet</i></p> <p><b>Ask open questions (who, what, when, where, how):</b> “What are some reasons you think Mom hasn’t followed up on the referral?”, “What information have you presented to Mom about intimate partner violence and what was her response?” and “What might be going on in Mom’s life right now that might make it hard for her to follow up on these referrals?”</p>
<b>NORMALIZING</b>	<p><i>Ex: The home visitor mentioned that she doesn’t think Dad’s marijuana use needs to be addressed because he only smokes in the house when the kids are at school</i></p> <p><b>1. Identify the concerning belief:</b> Home visitor believes that the children will not be affected by second hand smoke</p> <p><b>2. Normalize:</b> “A lot of people think if a parent smokes when the child isn’t around the smoke won’t impact others in the household”</p> <p><b>3. Share research:</b> “Research shows that second and third hand smoke can linger in carpets, walls, clothing and other porous surfaces.”</p> <p><b>4. Check in:</b> “What do you think?”</p>
<b>MINDFUL SELF REGULATION</b>	<p><i>Ex: The supervisor feels frustrated with a home visitor who consistently doesn’t address serious risk factors with families</i></p> <p><b>1. Observe your internal responses:</b> Your face feels flushed when home visitor mentions the risk factor from the Service Plan she did not address. You notice you are feeling frustrated.</p> <p><b>2. Implement a self-care response:</b> You take 2 deep breaths and sip some water.</p> <p><b>3. Return attention to home visitor:</b> You return your attention to supervision and address the concern.</p>



# SERVICE PLANNING THROUGH THE LENS OF THE STAGES OF CHANGE

This grid uses the Stages of Change framework to demonstrate where you might integrate Motivational Interviewing approaches and tools in your Service Plan work. Change doesn't always follow a straight line; it is typically non-linear and may move back and forth through these identifiable stages. Reflecting on where families are at in the Stages will help the Home Visitor respond accurately to families, elicit change talk, maintain neutrality, and preserve the relationship with the family.

Stages of Change	Your Intention	Approaches and Tools for Home Visitor to Use with Family
<p><b>Pre-Contemplation</b></p> <p>The person does not think change is necessary or they have lost hope that change is possible.</p>	<p><b>Help the home visitor plan to assist the family to consider the possibility that change might be necessary or beneficial. They might ask the family:</b></p> <p>“How do you see the situation?”</p> <p>“What would have to happen for you to know you want to make a change?”</p>	<ul style="list-style-type: none"> <li>• Clarify that they have choice in the matter</li> <li>• Encourage self-exploration, not action</li> <li>• Use <a href="#">OARS</a> skills</li> <li>• Build a relationship</li> <li>• Stay in the stage where the person is</li> <li>• Avoid labels</li> <li>• Address safety concerns and concrete needs</li> <li>• Show empathy and caring</li> <li>• Affirm strengths</li> </ul>
<p><b>Contemplation</b></p> <p>The person is now thinking about change but still hasn't made up their mind yet. They may be feeling ambivalent about change.</p>	<p><b>Help the home visitor plan to help the family strengthen <u>their own</u> internal motivation to change. They might ask the family:</b></p> <p>“What are some reasons to make the change? What are some reasons to not make the change?”</p> <p>“What barriers keep you from making the change?”</p> <p>“What has helped you with challenges like this in the past?” (people, programs, behaviors)</p> <p>“What would help you at this time?”</p>	<ul style="list-style-type: none"> <li>• Validate their lack of readiness</li> <li>• Reflect back and normalize ambivalence</li> <li>• Clarify that they have choice in the matter</li> <li>• Encourage them to evaluate the pros and cons of making a change, use the <a href="#">decisional balance sheet</a></li> <li>• Use <a href="#">scaling tools</a> to gauge importance, confidence and readiness</li> <li>• Identify and promote expectations of a positive outcome</li> <li>• Use <a href="#">OARS</a> skills</li> <li>• Listen for examples of “Change Talk” and “Sustain Talk”</li> </ul>



<b>Contemplation</b> - continued	Describe the ambivalence: “On the one hand, you think that addressing this issue could help, on other, you’re concerned that it could make the situation worse.”	
<b>Preparation</b>  The person has made a commitment to change and is preparing for action.	<b>Assist the home visitor with discussing how they will help the family develop a plan for change that includes resources and supports as well as anticipating and planning for potential barriers to change. They might ask the family:</b>  “How do you want things to turn out?”  “Tell me about your plan.”	<ul style="list-style-type: none"> <li>• Support the person with identifying how they can make the change</li> <li>• Identify possible obstacles to change and assist with problem-solving and skill building</li> <li>• Help identify resources and supports</li> <li>• Use ATPs to build confidence</li> </ul>
<b>Action</b>  The person is following through with change.	<b>Help the home visitor plan how they will offer support and affirmation while the family implements the change plan. They might share with the family:</b>  “You weren’t sure what it would be like to talk to him about counseling, and you did it. Would you be open to telling me what that was like for you?”  “You accomplished the first step in your plan. How does that feel?”	<ul style="list-style-type: none"> <li>• Build on their confidence that they can deal with obstacles to change</li> <li>• Make room for feelings of loss related to the old behavior, and revisit the motivations for change that they identified previously</li> </ul>
<b>Maintenance</b>  The person has been maintaining change for at least 6 months.	<b>Help the home visitor plan to offer support and affirmation while the person maintains change. This may include assisting with updating the plan, if needed, to address new barriers or needs. They might say to the family:</b>  “It seems like you’re getting comfortable with saying no to your friends who want you to go out drinking with them.”	<ul style="list-style-type: none"> <li>• Use Affirmation, ATPs and S-ATPs</li> <li>• Help the person make a plan for ongoing support</li> <li>• Reinforce the benefits of the change</li> <li>• Discuss coping with detour</li> </ul>
<b>Detour</b>	<b>Assist the home visitor with how they can provide support as they help the</b>	<ul style="list-style-type: none"> <li>• Help the person stay positive and solution-focused.</li> <li>• Help the person evaluate what</li> </ul>

<p>The person has a set back and re-engages in the previous behavior.</p>	<p><b><i>person reflect on what caused the detour and determine next steps. They might share with the family:</i></b></p> <p>“Having setbacks is a part of the process of change.”</p> <p>“It’s normal to be upset when we go back to the old behaviors.”</p>	<p>triggered the detour and what they can learn from that</p> <ul style="list-style-type: none"> <li>• Reassess motivation and barriers. Revisit previous stages and motivation for change</li> <li>• Help the person identify new, more effective coping strategies</li> </ul>
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# USING OPEN QUESTIONS WITH THE HOME VISITOR TO SUPPORT THE SERVICE PLAN

STAGE	OPEN QUESTIONS
<b>PRE-CONTEMPLATION</b>	<p><i>What did the parent say or do to tell you that they are not currently considering making a change?</i></p> <p><i>What is your sense of how Mom sees this aspect of her parenting?</i></p> <p><i>What kinds of things do you think would need to happen for him to consider doing something different in this situation?</i></p>
<b>CONTEMPLATION</b>	<p><i>What did you hear from Mom that tells you she is feeling ambivalent about continuing this approach to raising her child?</i></p> <p><i>How might you help them think through the benefits and challenges of this behavior for their family's well-being?</i></p>
<b>PREPARATION</b>	<p><i>What did Dad share about his plan and supports available to him that let you know he is ready to make this change?</i></p> <p><i>What kinds of barriers do you think could get in the way of her taking action and how do you think you can assist?</i></p> <p><i>What possible resources do you want to have on hand at your next visit to support them in this stage?</i></p> <p><i>What ATPs might you use to increase their confidence about the next steps they've said they want to take?</i></p>
<b>ACTION</b>	<p><i>How did you offer support and encouragement to Mom in making this change?</i></p> <p><i>What reflective strategies do you think could build confidence at this time?</i></p>

**MAINTENANCE**

*What kind of ongoing support can you provide to Dad to reinforce the benefits of this change?*

*How would you want to raise the conversation about obstacles she thinks might get in the way of maintaining the change?*

**DETOUR**

*What support did you provide and can you continue to provide to reflect on Mom's experience?*

*How might you explore her readiness to develop a new plan?*

*What ideas do you have for helping Dad stay positive?*



# MOTIVATIONAL INTERVIEWING TOOLS TO SUPPORT SERVICE PLAN DISCUSSIONS

Don't forget about these three additional Motivational Interviewing tools. During supervision, you can plan how the home visitor can use them in their work with families to support the Service Plan. Contact your PCANY FSS QA Specialist for more support with incorporating Motivational Interviewing into your work supporting the Service Plan.

## OARS

- **Open Questions:** Encourages longer, more detailed discussions, and reinforces the message that you have confidence in the family finding their own answers and reinforces the family's sense of autonomy.
- **Affirmations:** Recognizes effort and builds family's confidence in their abilities
- **Reflection:** Reflective listening is the core of Motivational Interviewing. Help the home visitor see how they can give back to the family what they heard to let them know they were truly listening
- **Summary:** After a longer interval, the home visitor can link together what has been discussed, thus showing understanding

## SCALING TOOLS

To help the home visitor open a conversation where their goal is to learn about the family's readiness to change. Scaling tools allow the home visitor to structure a neutral conversation where they can learn about the family's perception of their strengths for making a change and the barriers they perceive exist.

## DECISIONAL BALANCE

This approach is implemented using a grid where the person seeking the change is guided to fill in all the good things and all the less good things they can think about related to the change they are considering. In balanced and non-judgmental fashion, they are supported to see the fully array of costs and benefits to changing and the full array of costs and benefits to not changing. The grid looks like this:

	CHANGING	NOT CHANGING
BENEFITS		
DRAWBACKS		



# SUPERVISION DOCUMENTATION

While the Service Plan form is where you will note plans and interventions that you and the Home Visitor develop, the Supervision Form is the place you will document how you support the Home Visitor to develop and implement the Service Plan. This includes reviewing the FROG Scale and reflecting on areas for support and strengths, reflecting on family/staff readiness, and planning next steps. You would also document conversations you have regarding new or on-going areas for support that are revealed or identified using tools such as the PHQ-9, CHEERS Check-In and other tools. Don't do double work by re-writing the Service Plan here.

## HFNY Supervision Form - Case List/Selection - Assessment (FROG Scale)

### Service Plan

While it is not a requirement that the Service Plan is developed with the FRS, this is the place to document discussions about the FROG Scale through the lens of Service Plan development.

SUPERVISOR SAYS	Here in section 10, I see Mom shared she is barely sleeping at all, that even when the baby is sleeping, she has a hard time settling down herself.
SUPERVISOR WRITES	Reviewed the FROG with Sara and completed initial Service Plan. There are immediate concerns about Mom's lack of sleep and the impact on her stress level. Sara plans to highlight this in the upcoming meeting when we assign family to FSS.

## HFNY Supervision Form - Case List/Selection - Home Visits

### Service Plan

Discussions about the development and on-going progress and process of the Service Plan to address risk and build protective factors

SUPERVISOR SAYS	I can tell from the change in our tone of voice that their refusing this referral to Early Intervention is troubling you. Would you want to talk more about what this is feeling like for you?
SUPERVISOR WRITES	Discussed family readiness for referral to Early Intervention program. Used Stages of Change concepts to help Jordan reflect on what might be happening for the parents that they said "not yet" to this referral. Processed his own challenges maintaining neutrality with families where there is ambivalence about child development issues.

**To access the Supervision Note Guidelines, click below.**

**Supervision Note Guidelines**





# SERVICE PLAN SELF ASSESSMENT

This tool can be used to reflect with the home visitor on their confidence in their ability, and your confidence in your ability to support the Service Plan process.

**How confident do you feel in your ability to:**

Less Confident					HOME VISITORS					More Confident				
1	2	3	4	5	Contribute to the development of the Service Plan using the FROG Scale	6	7	8	9	10				
1	2	3	4	5	Use the Service Plan in your work as a home visitor	6	7	8	9	10				
1	2	3	4	5	Reflect on the Service Plan in supervision regularly in partnership with supervisor	6	7	8	9	10				
1	2	3	4	5	Reflect on strategies to increase protective factors and decrease risk factors	6	7	8	9	10				
1	2	3	4	5	Use different conversation strategies with families to increase protective factors & decrease risk factors	6	7	8	9	10				
1	2	3	4	5	Contribute to the Service Plan over the course of service, adding "Additional Sources" as needed	6	7	8	9	10				
1	2	3	4	5	Document the Service Plan in the MIS	6	7	8	9	10				

Less Confident					SUPERVISORS					More Confident				
1	2	3	4	5	Contribute to the development of the Service Plan using the FROG Scale	6	7	8	9	10				
1	2	3	4	5	Use the Service Plan in your support of the work of the home visitor	6	7	8	9	10				
1	2	3	4	5	Reflect on the Service Plan in supervision regularly in partnership with the home visitor	6	7	8	9	10				
1	2	3	4	5	Reflect on strategies to build protective factors and decrease risk factors in families	6	7	8	9	10				
1	2	3	4	5	Use different conversation strategies with home visitors to develop strategies to increase protective factors and decrease risk factors in families	6	7	8	9	10				
1	2	3	4	5	Contribute to the Service Plan over the course of service, adding "Additional Sources" as needed	6	7	8	9	10				
1	2	3	4	5	Document both the Service Plan & supervision discussions about in the MIS	6	7	8	9	10				



# **SAMPLE SERVICE PLANS**

(Including Additional Source)

# SAMPLE (INITIAL) SERVICE PLAN

**Note:** This initial Service Plan was developed using the sample FROG Narrative in the **HFNY FROG Toolkit**

FROG Scale Domain	Protective Factors & Strengths	Risk Factors & Areas for Support	Plan	Plan Implemented
<b>#1 Family Environment</b>  <b>Score:</b> PC1: 1 PC2: U  <input checked="" type="checkbox"/> <b>Priority</b>	MOM: Happy about pregnancy  Family support for childcare while at college/work	MOM: Parenting another child under 2. Concerned about time management.	Provide educational support for mom around balancing her time (i.e. having a calendar, alarm, etc.)	Explored and shared resources on time management. See 5/6/22 HVL
<b>#2 Perception of Child</b>  <b>Score:</b> PC1: 1 PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: Feels baby is 'laid back' already	MOM: Concerned baby may cry more than sibling and be more difficult to handle.	1. Explore with Mom different strategies for soothing babies using solution focused talk 2. Use Explore & Wonder to help mom identify and respond to cues	
<b>#3 Infant &amp; Child Development</b>  <b>Score:</b> PC1: 0 PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: Plans to soothe crying baby and can list strategies to soothe. Knowledgeable about milestones.	No risk factors at the time.		
<b>#4 Plans for Discipline</b>  <b>Score:</b> PC1: 0 PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: No plans to use physical punishment or spanking, shared positive discipline strategies	Mom is not sure of what to do if positive forms of discipline don't work even though she knows that she does not want to use any physical punishment or spanking.	Share curriculum on positive discipline and development/age-appropriate expectations	
<b>#5 Child Protective Services</b>	MOM: No involvement with CPS	No risk factors at this time		

<b>Score:</b> PC1: 0 PC2: U  <input type="checkbox"/> <b>Priority</b>				
<b>#6 Positive Childhood Experiences</b>  <b>Score:</b> PC1: 0 PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: Close relationship with Mgm, extended family	No risk factors at this time		
<b>#7 Stressful Childhood Experiences</b>  <b>Score:</b> PC1: 4 PC2: U  <input checked="" type="checkbox"/> <b>Priority</b>	No strengths identified	MOM: Experienced physical punishment as a child with implements, marks left. Mom thought there might have been CPS involvement	1. Observe for attachment using CHEERS observation and CCI 2. Share curriculum about developmental stages 3. Explore with Mom's thoughts about her own discipline, childhood experiences 4. Explore Mom's strengths related to her negative childhood experiences	1. CHEERS observation at every HV and completed CCI. See 10/13/22 HVL  2. Shared curriculum on first year development. See 5/3/23 HVL  3 & 4 – Explored childhood, Mom's strengths, plans for discipline. See 3/20/23 HVL
<b>#8 Behavioral Health</b>  <b>Score:</b> PC1: 3 PC2: U  <input checked="" type="checkbox"/> <b>Priority</b>	MOM: Sought help for self when needed, shoplifting experience 'scared her straight,' quit using cigarettes and pot during both pregnancies, although 'rift' with her and her mom appears to have been a supportive relationship	MOM: Smokes several times month or weekly when not pregnant	1. SATPs mom when she doesn't smoke 2. Ask open questions to explore Mom's strengths /quitting, health benefits; use OARS & Scaling Tools to strengthen motivation for change	1-3. – SATPd Mom, reflected on Mom's strengths in quitting, shared curriculum. See 12/1/22 HVL

			3. Curriculum on health benefits of being smoke-free	
<b>#9 Mental Health</b>  <b>Score:</b> PC1: 0 PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: Shared no concerns with MH PHQ2 negative	No risk factors at this time		
<b>#10 General Stressors</b>  <b>Score:</b> PC1: 4 PC2: U  <input checked="" type="checkbox"/> <b>Priority</b>	MOM: Shared healthy coping for when stressed (watching tv, laughter)	MOM: Stress level of 9 due to concerns of losing job due to sickness with pregnancy, stressful relationship with Dad, and Dad's illegal activities	1. Offer ATP's for healthy coping 2. Share curriculum on stress and pregnancy/ Parenting and healthy coping strategies	1-2. ATP'd Mom for healthy coping, shared curriculum on stress management. See 2/28/22 HVL
<b>#11 Social Connections</b>  <b>Score:</b> PC1: 1 PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: Shared several lifelines she will use, connections with other mothers for support	MOM: Past physical altercations in HS.	1. Use Feel, Name, Tame to help mom label and regulate strong feelings 2. Offer ATPs when mom manages conflict in healthy ways	
<b>#12 Intimate Partner Support</b>  <b>Score:</b> PC1: U PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: Shared things her and Dad like to do together	N/A	Further explore dad's perception of this domain	
<b>#13 Intimate Partner Conflict Management</b>  <b>Score:</b> PC1: 4 PC2: U  <input checked="" type="checkbox"/> <b>Priority</b>	MOM: Shared no 'physical' violence in last two years by Dad	MOM and DAD: Mom and Dad argue frequently, yell, hit and throw things, Mom has pushed and shoved Dad in past, Dad pushed Mom once	1. Use Solution Focused Talk to learn more about parents' conflict 2. Share resources tailored to needs (healthy relationships, communication)	1-2. – Explored relationship dynamics, shared resources to support healthy relationships. See 2/19/22 HVL

			skills, conflict management, ACEs), safety	
<b>#14 Concrete Support Services</b>  <b>Score:</b> PC1: 1 PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: Has car, phone, High School diploma, in college, own apartment, financial support from Dad, employed, regular prenatal care	MOM: Financial concerns, housing concern due to Dad not being on lease to move in	Explore referral sources with mom regarding financial assistance and other assistance that the family may need.	

## ADDITIONAL SOURCE SECTION

Name of tool or other source: ASQ

☒ **Priority**

Protective Factors & Strengths	Risk Factors & Areas for Support	Plan Developed / Strategies ( <i>Reflective Strategies, screenings, referrals, HV activities, parent-child observation, family goals, curriculum, etc.</i> )	Plan Implemented / Progress ( <i>include date activities implemented</i> )
Positive PCI at home visits. Mom and Dad ask questions about development, engage in play with TC during visits	TC scored below the cut off on the 12-month ASQ (communication & gross motor)	Share ASQ activities to enhance communication and gross motor skills  Re-screen at 14 months	Shared ASQ activities to enhance communication and gross motor. Mom and Dad did some of the activities during HV. See 4/4/23 HVL  Completed 14-month ASQ. TC scored above cut-off in all areas. ATPd Mom and Dad. See 6/12/23 HVL



# SAMPLE (UPDATED) SERVICE PLAN

**Note:** This updated Service Plan provides a sample of what it **may** look like when a family has been in the program for a few years

FROG Scale Domain	Protective Factors & Strengths	Risk Factors & Areas for Support	Plan	Plan Implemented
<b>#1 Family Environment</b>  <b>Score:</b> PC1: 1 PC2: U  <input checked="" type="checkbox"/> <b>Priority</b>	MOM: Happy about pregnancy  Family support for childcare while at college/work	MOM: Parenting another child under 2. Concerned about time management.	Provide educational support for mom around balancing her time (i.e. having a calendar, alarm, etc.)	Explored and shared resources on time management. See 5/6/22 HVL
<b>#2 Perception of Child</b>  <b>Score:</b> PC1: 1 PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: Feels baby is 'laid back' already	MOM: Concerned baby may cry more than sibling and be more difficult to handle.	1. Explore with Mom different strategies for soothing babies using solution focused talk 2. Use Explore & Wonder to help mom identify and respond to cues	1.Used solution focused talk & discussed strategies for soothing TC. See 5/6/22 & 5/15/22 HVL  2.Used Explore and Wonder around identifying and responding to cues. See 7/4/22, 8/10/22 & 9/2/22, 1/20/23, 5/15/23 HVL
<b>#3 Infant &amp; Child Development</b>  <b>Score:</b> PC1: 0 PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: Plans to soothe crying baby and can list strategies to soothe. Knowledgeable about milestones.	No risk factors at the time.		
<b>#4 Plans for Discipline</b>  <b>Score:</b> PC1: 0 PC2: U	MOM: No plans to use physical punishment or spanking, shared positive discipline strategies	Mom is not sure of what to do if positive forms of discipline don't work even though she knows that she does not want	Share curriculum on positive discipline and development/age-appropriate expectations	Provided FSU "Watch Me Grow"  Provided positive discipline curriculum See 4/15/23 HVL

<input type="checkbox"/> <b>Priority</b>		to use any physical punishment or spanking.		2. Provided child development/milestone handout See 7/10/24 & 1/5/25 HVL
<b>#5 Child Protective Services</b>  <b>Score:</b> PC1: 0 PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: No involvement with CPS	No risk factors at this time		
<b>#6 Positive Childhood Experiences</b>  <b>Score:</b> PC1: 0 PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: Close relationship with Mgm, extended family	No risk factors at this time		
<b>#7 Stressful Childhood Experiences</b>  <b>Score:</b> PC1: 4 PC2: U  <input checked="" type="checkbox"/> <b>Priority</b>	No strengths identified	MOM: Experienced physical punishment as a child with implements, marks left. Mom thought there might have been CPS involvement	1. Observe for attachment using CHEERS observation and CCI 2. Share curriculum about developmental stages 3. Explore with Mom's thoughts about her own discipline, childhood experiences 4. Explore Mom's strengths related to her negative childhood experiences  5. Provide "How You Were Raised" FSU handout	1. CHEERS observation/exploration done at every HV  3 & 4. Explored childhood, Mom's strengths, plans for discipline. See 3/20/23 HVL  2 & 5. Shared curriculum on first year development. Provided "How You Were Raised" FSU handout. See 5/3/23 HVL  1. Completed 32–34-month CCI. See 1/3/25 HVL
<b>#8 Behavioral Health</b>  <b>Score:</b>	MOM: Sought help for self when needed, shoplifting	MOM: Smokes several times month or weekly	1. SATPs mom when she doesn't smoke 2. Ask open questions to explore Mom's	1-3. – SATPd Mom, reflected on Mom's strengths in quitting, shared curriculum.

PC1: 3 PC2: U  <input checked="" type="checkbox"/> <b>Priority</b>	experience 'scared her straight,' quit using cigarettes and pot during both pregnancies, although 'rift' with her and her mom appears to have been a supportive relationship	when not pregnant	strengths /quitting, health benefits; use OARS & Scaling Tools to strengthen motivation for change 3. Curriculum on health benefits of being smoke-free	See 12/1/22 HVL
<b>#9 Mental Health</b>  <b>Score:</b> PC1: 0 PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: Shared no concerns with MH PHQ2 negative	No risk factors at this time		
<b>#10 General Stressors</b>  <b>Score:</b> PC1: 4 PC2: U  <input checked="" type="checkbox"/> <b>Priority</b>	MOM: Shared healthy coping for when stressed (watching tv, laughter)	MOM: Stress level of 9 due to concerns of losing job due to sickness with pregnancy, stressful relationship with Dad, and Dad's illegal activities	1. Offer ATP's for healthy coping 2. Share curriculum on stress and pregnancy/ Parenting and healthy coping strategies  3. Refer Mom to mental health provider  4. Provide referral to local agency to help Mom w resume building and job search	1-2. ATP'd Mom for healthy coping, shared curriculum on stress management. See 2/28/22 HVL  3. Referred Mom to mental health provider See 10/6/23 HVL  4.Referred Mom to resume building and job search agency See 4/5/24 HVL
<b>#11 Social Connections</b>  <b>Score:</b> PC1: 1 PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: Shared several lifelines she will use, connections with other mothers for support	MOM: Past physical altercations in HS.	1. Use Feel, Name, Tame to help mom label and regulate strong feelings 2. Offer ATPs when mom manages conflict in healthy ways	1.Used Feel: Name and Tame to help Mom label and regulate strong feelings. See 8/8/23, 8/30/23, & 2/14/24 HVL  2. Provided ATPs on how Mom handled recent conflict with Dad See 1/10/24 & 2/14/24 HVL

<b>#12 Intimate Partner Support</b>  <b>Score:</b> PC1: U PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: Shared things her and Dad like to do together	N/A	Further explore dad's perception of this domain *  <i>*(Plans are not required in domains with no risk factors. Programs can still choose to develop a plan in domains with no risk factors or that contain Unknowns)</i>	Conducted HV with both Mom and Dad and explored dad's perception of the relationship. See 6/12/23 HVL
<b>#13 Intimate Partner Conflict Management</b>  <b>Score:</b> PC1: 4 PC2: U  <input checked="" type="checkbox"/> <b>Priority</b>	MOM: Shared no 'physical' violence in last two years by Dad	MOM and DAD: Mom and Dad argue frequently, yell, hit and throw things, Mom has pushed and shoved Dad in past, Dad pushed Mom once	1. Use Solution Focused Talk to learn more about parents' conflict 2. Share resources tailored to needs (healthy relationships, communication skills, conflict management, ACEs), safety  3. Create a safety plan with Mom  4. Discuss social & emotional child development  5. Refer Mom to DV Hotline	1-2. – Explored relationship dynamics, shared resources to support healthy relationships. See 2/19/22 HVL  2. Discussed healthy relationships and safety See 8/8/23 HVL  3-4. Created safety plan with Mom. Provided age appropriate social and emotional child development curriculum See 8/30/23 HVL  5. Referred Mom to DV Hotline. See 2/14/24 HVL
<b>#14 Concrete Support Services</b>  <b>Score:</b> PC1: 1 PC2: U  <input type="checkbox"/> <b>Priority</b>	MOM: Has car, phone, High School diploma, in college, own apartment, financial support from Dad, employed, regular prenatal care	MOM: Financial concerns, housing concern due to Dad not being on lease to move in	Explore referral sources with mom regarding financial assistance and other assistance that the family may need.	Referred Mom to HEAP. See 2/19/22 HVL  Referred Mom to a local financial assistance program. See 6/20/24 HVL

## ADDITIONAL SOURCE SECTION

Name of tool or other source: ASQ

☒ Priority

Protective Factors & Strengths	Risk Factors & Areas for Support	Plan Developed / Strategies ( <i>Reflective Strategies, screenings, referrals, HV activities, parent-child observation, family goals, curriculum, etc.</i> )	Plan Implemented / Progress ( <i>include date activities implemented</i> )
Positive PCI at home visits. Mom and Dad ask questions about development, engage in play with TC during visits	TC scored below the cut off on the 12-month ASQ (communication & gross motor)	Share ASQ activities to enhance communication and gross motor skills  Re-screen at 14 months	Shared ASQ activities to enhance communication and gross motor. Mom and Dad did some of the activities during HV. See 4/4/23 HV)  Completed 14 month ASQ. TC scored above cut-off in all areas. ATPd Mom and Dad. See 6/12/23 HVL

Name of tool or other source: Pediatrician/Mom

☒ Priority

Protective Factors & Strengths	Risk Factors & Areas for Support	Plan Developed / Strategies ( <i>Reflective Strategies, screenings, referrals, HV activities, parent-child observation, family goals, curriculum, etc.</i> )	Plan Implemented / Progress ( <i>include date activities implemented</i> )
Mom brought TC to routine well-baby visit	TC received positive lead blood test result	1. Connect Mom to Department of Health  2. Use Solution-Focused Talk around possible sources of lead  3. Ensure TC has a follow up appointment with Pediatrician	1-2. Connected Mom to the Department of Health Used Solution-Focused Talk around possible sources of lead. See 4/15/24 HVL  3. Confirmed TC has follow-up appointment scheduled with Pediatrician. See 6/12/24 HVL



Name of tool or other source: Mom

☒ Priority

Protective Factors & Strengths	Risk Factors & Areas for Support	Plan Developed / Strategies ( <i>Reflective Strategies, screenings, referrals, HV activities, parent-child observation, family goals, curriculum, etc.</i> )	Plan Implemented / Progress ( <i>include date activities implemented</i> )
Mom shared with home visitor that her and Dad got into a physical altercation with TC present	Mom and Dad got into a physical altercation with TC present	1.Report incident to CPS hotline 2.Obtain CPS release 3.Re-visit safety plan with Mom 4. Contact CPS worker 5. Discuss the impact of violence in front of TC 6. Collaborate with CPS worker and family to ensure safety for TC 7. Refer Mom to local DV shelter	1. Phone call made to CPS hotline, resulting in a report. See 9/13/24 case note 2-3. Obtained CPS release & discussed safety plan with Mom. See 9/20/24 HVL 4, 6. Made contact with CPS worker. See 9/22/24 case note 5. Discussed the impact of violence in front of TC. See 9/20/24 HVL 6. Discussed expectations and action steps of CPS with Mom. See 9/30/24 HVL 7. Referred Mom to local DV shelter. See 10/7/24 HVL

# **SERVICE PLAN REVIEW TOOL**

## Service Plan Review Tool for Supervisors

This tool is designed to help Supervisors assure quality when reviewing Service Plans. It includes all the items that are required by HFA and HFNY policy to meet standards, and some items that are simply recommended in order to further support effective service planning. *You can put a check next to each column when you see the necessary items or a question mark if something seems to be missing.*

### **What to Look For:**

\_\_\_\_\_ The date of the initial Service Plan is within two weeks of the FROG Scale being approved by the supervisor and the home visitor being assigned to the family.

#### **\_\_\_\_\_ Column 1: FROG Scale Domain**

The score for each domain in this section will be pre-populated. Evidence of prioritization is demonstrated in this column by a checked priority box and (subsequently) having a plan implemented (in the Plan Implementation Column) for the risk factors/areas of concern to be addressed initially. **(required)**

#### **\_\_\_\_\_ Column 2: Strengths/Protective Factors**

Family strengths and protective factors are identified and documented for all domains with a score higher than zero. **(required)**

**\*\*Although not required, it is recommended that domains with a score of 0 also have strengths identified.**

#### **\_\_\_\_\_ Column 3: Risk Factors & Areas for Support**

All risk factors/areas of concern identified (have a score of 1-4) in the FROG are documented. **(required)**

## \_\_\_\_\_ **Column 4: Plan Developed/Strategies**

Plans that were created to address all risk factors/areas of concern from Column 1 and to build protective factors are documented. **(required)**

\*\*Although not required, it is recommended that a plan be created for domains scored with Unknown.

## \_\_\_\_\_ **Column 5: Plan Implementation**

The implementation of plans and activities is documented, including the date of the home visit in which the plan was implemented. **(required)**

\*\* Although not required, it is recommended that brief context of the implemented activities is provided.

*Note: Activities to address issues and build protective factors are created and implemented throughout the course of services and the Service Plan is updated accordingly. This will be impacted by how long a family is enrolled so when reviewing, keep in mind how long the family has been enrolled.*

## \_\_\_\_\_ **Additional Source**

Risk factors/areas of concern identified after the FROG and initial creation of the Service Plan are documented. **(required)**

*These items **are required by HFNY policy** to be included in this section after the FROG and initial creation of the Service Plan:*

- Any additional challenging issues identified (i.e., IPV, substance abuse, mental health, ASQs and other screening tools, safety concerns) (policies 6-1.A, 6-4.A)
- Any CHEERS Check-In score 4 or below (policy 6-3.A)
- Concerns identified in the PHQ2 and 9 (policy 7-4.A)
- Any report of suspected child abuse and neglect made to the Statewide Central Register. (policy GA-5.A)

For the following two areas, look at the policy for guidance to determine if they need to be present in a particular Service Plan:

- Outreach plan for TC in the NICU (policy 4-1.A)
- Out of home visits (policy 4-2.B)

\*\*Although not required, potential barriers to attachment and anything else learned about the family that they want, or need can be included here

