Building Consultation Skills:
Resource & Referral and the Medical Home
Trainer's Guide
version 1
(Last updated 2/15/2013)

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NOTE TO TRAINER

There are six separate Toolkits associated with the *Building Consultation Skills* Training Module. Each Toolkit includes a Trainer's Guide and a Slide Presentation. There is one Toolkit for each of the following sub-topics:

- Child Care Health Consultation
- Cultural Competence and Communication Skills
- Policy Development
- Advocacy
- Health Education
- Resource & Referral and The Medical Home

The Toolkits are designed to assist NTI Trainers in delivering training sessions on each of the above subtopics. Trainers have the flexibility to design a training using any combination of subtopics. For example, a day-long training may be designed to cover all six subtopics, or a shorter training may cover fewer subtopics as needed. The toolkits have been developed to accommodate this flexibility.

For more information about using the NTI materials, please read "Guidelines for Using the NTI Curriculum Materials," available in the "Curriculum" section of the NTI Resources Website (accessed by entering your NTI username and password at http://sakai.unc.edu).

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PREPARATION CHECKLIST

Curriculum Materials:
Download the following from the "Curriculum" section of the NTI Resources Website:
□ *Building Consultation Skills* Training Module
□ *Building Consultation Skills: Resource & Referral and The Medical Home* Trainer's Guide
□ *Building Consultation Skills: Resource & Referral and The Medical Home* Slide Presentation
□ *Training Checklists*

Preparation:
□ Read the "Introduction", "Caring for Our Children National Standards", "Resource and Referral", and "The Medical Home Model" sections of the *Building Consultation Skills* Training Module.
□ Read the *Resource & Referral and The Medical Home* Trainer's Guide.
□ Review the *Resource & Referral and The Medical Home* Slide Presentation:
  □ Customize slide #2 to include your name, agency, and the date of your training.
  □ Print the slides as overheads or load the slide presentation onto your laptop, USB drive, or a CD. Save or print a back-up copy of the presentation as well.
□ Create a participant's packet (one per participant) per copyright guidelines:
  □ Copy activities, worksheets, and the evaluation form provided in this Trainer's Guide under "Materials for Participant's Packet".
  □ Copy the Slide Presentation as a handout.
□ On a flip chart sheet, write the Overview of Training Session to display in the training room.
□ On a flip chart sheet, write the Training Objectives to display in the training room (you may prefer to leave off the estimated time and training technique).
□ See "Training Implementation and Logistics Checklist" (located in the document titled *Training Checklists*) for set-up tasks to do the day of the training.
□ Design a puzzle for the Introduction/Icebreaker using the Discovery School-Puzzlemaker (http://puzzlemaker.school.discovery.com), as referenced in the *Building Curriculum Development and Training Skills* Training Module.
□ Print and cut out the scenarios associated with the "Referring to Government Resources" activity.
□ Write the following titles (one on each) on five flip chart sheets: "Policy Development", "Advocacy", "Health Education", "Resource and Referral", and "Cultural Competence and Communication Skills".
□ Other: _____

Equipment and Supplies:
□ See "Equipment and Supplies Checklist" (located in the document titled *Training Checklists)* for general supplies
□ Laptop, slide presentation, and LCD projector or overhead projector
□ Pre-designed puzzle for the Introduction/Icebreaker
□ Flip chart sheet for posting Overview of Training Session
□ Flip chart sheet for posting Training Objectives
□ Small hat or basket
□ Preprinted, cut-up scenarios for the "Referring to Government Resources" activity
□ Five preprinted flip chart sheets and markers for the "The Role of the CCHC with the Medical Home" activity

OVERVIEW OF TRAINING SESSION

Below is an overview of the topics covered in this session.

Estimated Time	Topic	Training Technique
10-15 minutes prior to session[1]	**Registration**	-----
Optional[2]	**Introductions/Icebreaker**	individual/large group
2 minutes	**Overview of Training Session and Objectives**	slides/overheads
5 minutes	**Opening:** Resource File Poll	large group
3 minutes	**Presentation:** Accessing and Utilizing Community Resources	slides/overheads
5 minutes	**Presentation:** Referring Children and Families to Government Services	slides/overheads
10 minutes	**Activity:** Referring to Government Resources	case scenario small/large group
10 minutes	**Presentation:** The Relationship Between the Medical Home and Child Care	slides/overheads
12 minutes	**Activity:** The Role of the CCHC with the Medical Home	small/large group
5 minutes	**Closing:** Action Items of the CCHC	slides/overheads
3 minutes	**Learning Assessment**	individual/large group
5 minutes	**Evaluation of Trainer**	individual
Estimated Total Time: Approx. 1 hour[3]		

[1] Not included in total time.

[2] Not included in total time. Develop activity based on participants' training needs.

[3] Add additional time if group guidelines and/or group facilitation methods need to be addressed at the beginning of the session, or if you decide to include any additional activities. For more information, see NTI's *Building Curriculum Development and Training Skills* Training Module.

TRAINER'S OUTLINE

Introductions/Icebreaker

Time	Optional
Training Technique	Individual/large group
Supplies	Pre-designed puzzle
Instructions	• Place the puzzle at each seat before participants arrive for the training session. • Instruct participants to complete the puzzle upon finding a seat. Encourage participants to work with a partner or in a small group. • Once all participants have arrived and have had time to complete the puzzle, ask participants to introduce themselves by name and place of work and to give an answer to the puzzle (starting with number 1). For example, "My name is Jane Doe and I work at the El Paso County Public Health Department. The answer to number 1 is..." • If you create your own activity, remember to base it on the participants' training needs and relate it to the training session's topic.
For More Information	See NTI's *Building Curriculum Development and Training Skills* Training Module for ideas about introductions and icebreaker activities.
Notes	

Overview of Training Session and Objectives

Time	2 minutes
Training Technique	Slides/overheads
Supplies	• Flip chart sheet with Overview of Training Session written on it • Flip chart sheet with Training Objectives written on it
Instructions	• Direct participants' attention to the posted Overview of Training Session. • Show slides 1-4. (Slides 1-2, the title slide and customizable slide, are not printed below.)
Talking Points	**Training Objectives** • Review Overview of Training Session. • Review the Training Objectives.
For More Information	See NTI's *Building Curriculum Development and Training Skills* Training Module to learn more about training objectives.
Notes	

Opening: Resource File Poll

Time	5 minutes
Training Technique	Large group
Instructions	- Show slide 5. - Explain to participants that you will ask a number of questions. Instruct them to raise their hand to acknowledge each question. - Ask the group the following questions: - How many of you currently have a community resource file? - How many of you have a written file? - How many of you have a computer file? - How many of you have a different format? (For those participants who raise their hand to this question, ask them what format they use.) - If there are any participants who do not have a resource file, ask them what format would be most helpful for their environment, and why. - Ask participants to share with the large group how they keep their resource file updated.
Talking Points	**Opening: Resource File Poll** - An important role of the child care health consultant is providing community referrals to child care caregivers/teachers, parents, and guardians. - Therefore, the CCHC should have a system in place to record and update community resources that are appropriate for their clients.
Notes	

Presentation: Accessing and Utilizing Community Resources

Time	3 minutes
Training Technique	Slides/overheads
Instructions	- Show slides 6-7. - Visit www.211.org for the most current information related to slide 7.
Talking Points	***Caring for Our Children*** *Caring for Our Children (CFOC, 3rd edition, 2011)* contains specific standards related to accessing and utilizing community resources. - Standard 1.6.0.1 states that CCHCs should be able to "Provide community resources and referral for health, mental health and social needs, including accessing medical homes, children's health insurance programs (e.g., CHIP), and services for special health care needs." [1.6.0.1] - Standard 10.7.0.1 encourages states to use public and private resources in local communities to develop resources and referral agencies. [10.7.0.1] - Local child care resource and referral agencies should assist child care facilities in formulating and maintaining a local list of community resources. - All child care facilities should have access to a community resource file. - CCHCs should provide children and families with referrals to community services.
For More Information	Refer to Module section, "What the CCHC Should Know: Accessing and Utilizing Community Resources."
Notes	

Talking Points	**Researching Local and State Resources** • Local Child Care Resource & Referral Agencies and Information & Referral, the Internet, and the National 2-1-1 Hotline are three useful tools for maintaining up-to-date information on local resources. • Child Care Resource & Referral Agencies and Information & Referrals are the "local" expert on child care and related services. • The Internet is one of the fastest and easiest ways to get information. • It is always important to make sure that what you find on the internet is safe, pertinent, and accurate. • The National 2-1-1 Hotline was initially developed by the United Way of Metropolitan Atlanta in 1997 to serve as a starting place for locating community services and volunteer opportunities. The hotline operates around the clock and refers callers to a variety of human services. • 2-1-1 currently has active hotlines in all 50 states, as well as Washington, D.C. and Puerto Rico.
For More Information	• Refer to Module section, "What the CCHC Should Know: Accessing and Utilizing Community Resources." • For the most up-to-date information on the 2-1-1 Hotline, visit www.211us.org.
Notes	

Presentation: Referring Children and Families to Government Services

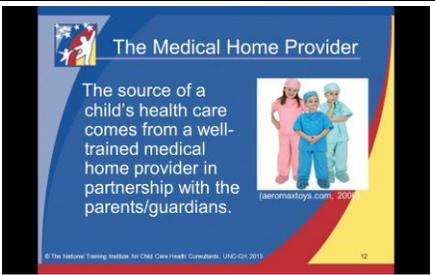|	
Time	5 minutes
Training Technique	Slide/overhead
Instructions	• Show slide 8. • Describe each federal program and give examples of state assistance programs.
Talking Points	**Federal and State Programs** • **Child Care Bureau**: Central federal home for child care programs. Provides block grants to states to provide child care assistance to low-income working families. • **Head Start**: A national program that provides developmental services for low-income preschool age children (3-5 yrs) and social services for families. • **Medicaid**: Provides medical services to individuals and families with low income. • **Nutrition**: The major programs of Nutrition Assistance are: the Food Stamp Program, National School Lunch, School Breakfast, and Special Milk Programs and Team Nutrition, WIC, Child and Adult Care Food Programs, Food Assistance for Disaster Relief, Commodity Supplemental Food Program, and Food Distribution Program on Indian Reservations. • **Social Security**: The five major benefits of social security are retirement, disability, family benefits, survivors, and Medicare. • **Supplemental Security Income**: Makes monthly payments to those who have a low income and few assets. Recipients must at least 65 years of age, or a child or adult who is disabled. • **State Children's Health Insurance Program**: A relatively new insurance program that provides health insurance to low-income children who do not qualify for Medicaid because their family income is too high, but cannot afford private health insurance. • **Temporary Assistance for Needy Families**: Allows states to provide assistance and work opportunities to needy families. Assistance includes cash assistance, medical insurance, food programs, and transportation. • **State Programs**: Other programs, for example Part C of IDEA and SCHIP, the latter of which is a federal-state partnership.
For More Information	Refer to Module section, "What the CCHC Should Know: Referring Children and Families to Government Services."

Notes	

Activity: Referring to Government Resources

Time	10 minutes
Training Technique	• Case scenario • Small/large group
Supplies	• Small hat or basket • Preprinted, cut-up scenarios (See pg. 26 of the Trainer's Guide for these scenarios.)
Instructions	• Show slide 9. • Depending on the size of your group and time allocated to this training session, you may only have time for one or two scenarios. • Instruct participants to get into four small groups. • Explain that a hat/basket will be passed around to each group. In the hat/basket are different case scenarios of children and families in the child care setting. • Each group will pick a scenario out of the hat/basket, read it within their group, and determine which government services would be most appropriate for the situation listed. • Instruct each group to then identify how they would follow up with the child care staff, family, etc. after making the referral to the government service. • Give participants 5 minutes before coming together as a large group. • Invite small groups to read/summarize their scenario and present their conclusions. • After each small group presents, ask the other participants if they would add anything to that's group's solution.
Talking Points	**Activity: Referring to Government Services** • It is important for CCHCs to be aware of the qualifications of federal and state government services. • Being knowledgeable about these services ensures appropriate referrals are made to children and families in need.
Notes	

Presentation: The Relationship Between the Medical Home and Child Care

Time	10 minutes
Training Technique	Slides/overheads
Instructions	- Show slides 10-18. - Slides 10, 11, and 14 are animation slides. For slide 10, prompt the participants to answer the question before revealing the answer. For slide 14, ask participants what they think are the benefits of the medical home model before revealing the answers. - For slide 17, you might ask a participant to read the definition aloud.
Talking Points	**What is a "Medical Home"?** A medical home is not a building, house, or hospital, but rather a partnership approach to providing quality and cost-effective health care services for children.
For More Information	- Refer to Module section, "What the CCHC Should Know: The Relationship Between the Medical Home and Child Care." - For additional introductory remarks, see "The National Center for Medical Home Initiatives for Children with Special Needs." Available online at http://www.medicalhomeinfo.org/.
Notes	

Talking Points	**Seven Components** *(Trainer: Remember that this is an animation slide. You may choose to reveal each component as you describe it to participants.)* • There are seven components that define what a medical home should be. • **Accessible**: Health care should be provided in the child's community and at a facility that accepts all types of insurance, including Medicaid. Also, a well-trained medical home provider should be available to the family when requested. • **Family-centered**: The parents/guardians are the experts on their child and his/her needs. • **Continuous**: Health care should be provided throughout childhood. • **Comprehensive**: All types of health care (i.e. dental health, preventive, primary, tertiary) is available around the clock. Families are provided with other community resources. • **Coordinated**: The child's health plan is developed by the medical home provider, the parents/guardians, and other agencies or services being accessed by the family (e.g., child care facility). • **Compassionate**: The well-being of the child and family is always of top priority. • **Culturally effective**: The family's cultural background is incorporated into the child's health care plan.
For More Information	Refer to Module section, "What the CCHC Should Know: The Relationship Between the Medical Home and Child Care."
Notes	

Talking Points	**The Medical Home Provider**
	• The source of the child's health care comes from a well-trained medical home provider in partnership with the parents/guardians.
	• The medical home provider is involved in providing both the primary care, and the facilitation and management of all aspects of the child's care.
	• These services are provided consistently throughout childhood.
	• Health care can be provided at a variety of facilities (i.e. physician's office, community health care center, hospital, etc.).
	• All of these aspects help children and their families achieve maximum potential.
For More Information	Refer to Module section, "What the CCHC Should Know: The Relationship Between the Medical Home and Child Care."
Notes	

Talking Points	***Caring for Our Children* Recommendations**
	• *CFOC* contains specific standards related to promoting medical home.
	• Child care facilities should request information regarding each child's health and behavioral status, and each child's primary health care provider/dentist during enrollment. [9.2.3.6]
	• Child care facilities should help families locate a medical home provider if they don't already have one.
	• Child care facilities should include a health assessment, signed by the medical home provider, in each child's file.
	• Child care facilities should include a comprehensive health history, completed by each child's parents/guardian, in each child's file.
	• Child care facilities should require that each child have routine health supervision by their medical home provider.
For More Information	Refer to Module section, "What the CCHC Should Know: The Relationship Between the Medical Home and Child Care."
Notes	

Talking Points	**What are the Benefits?** *(Trainer: Remember that this is an animation slide. You may want to ask participants what they think are the benefits of the medical home model before revealing the answers.)* • Having access to medical home benefits not only the child and the parents/guardians, but also child care staff and health care providers. • Specific benefits include: - An increase in patient, family, and provider satisfaction: - An increase in professional satisfaction - Improved coordination of care - Increased wellness as a result of the comprehensive care - Enhanced efficiency for children, youth, and families
For More Information	• Refer to Module section, "What the CCHC Should Know: The Relationship Between the Medical Home and Child Care." • For additional remarks on the benefits of the medical home model, see "The National Center for Medical Home Initiatives for Children with Special Needs." Available online at http://www.medicalhomeinfo.org/.
Notes	

Talking Points	**What are the Benefits?**
	• Additional benefits of the medical home model include a reduction in:
	- The number of hospitalizations
	- The length of stay in the hospital
	- The number of times the emergency department is used for routine health visits
For More Information	• Refer to Module section, "What the CCHC Should Know: The Relationship Between the Medical Home and Child Care."
	• For additional remarks on the benefits of the medical home model, see "The National Center for Medical Home Initiatives for Children with Special Needs." Available online at http://www.medicalhomeinfo.org/.
Notes	

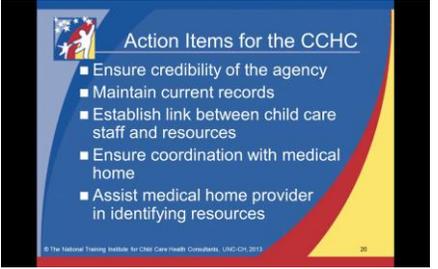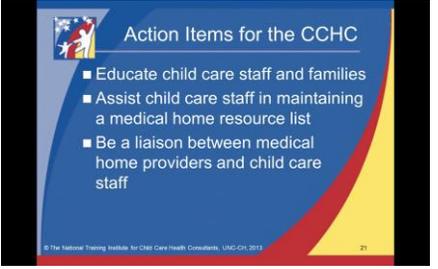| **Talking Points**	**What are the Benefits?** Finally, the medical home model can lead to the establishment of a forum for problem solving and an efficient use of often limited resources.	
For More Information	• Refer to Module section, "What the CCHC Should Know: The Relationship Between the Medical Home and Child Care." • For additional remarks on the benefits of the medical home model, see "The National Center for Medical Home Initiatives for Children with Special Needs." Available online at http://www.medicalhomeinfo.org/.	
Notes		

Talking Points	**Children with Special Health Care Needs**
	(Trainer: Remember that you might want to ask a participant to read the definition aloud.)
	• Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type of amount beyond that required by children generally.
	• Approximately 20% of homes in the US have a child or youth with special health care needs.
	• By providing only routine preventive and acute care services, the current primary pediatric system may not meet the needs of children with special health care needs.
	• It's better designed for children who need a single health care service, or for children who do not have any special health care needs.
	• The primary pediatric health care system does not support a continuum of services, which children with special health needs require.
	• These particular children benefit the most from chronic condition management, which requires the capacity to identify and monitor children with special health care needs, coordinate and systematically plan for their care, collaborate with specialists and community agencies, and advocate for their needs - all in partnership with their family.
	• Families of children with special health care needs may also be in need of services such as respite care and counseling.
	• A medical home is designed to address and provide a variety of coordinated services to meet the needs of these children and their families.
For More Information	• Refer to Module section, "What the CCHC Should Know: The Relationship Between the Medical Home and Child Care."
	• For detailed information about issues related to children with special needs, refer to NTI's, *Caring for Children with Special Needs* Training Module.
Notes	

Talking Points	**Common Barriers** • There are common barriers that exist when trying to collaborate with child care staff in the integration of a medical home model. • There might be a difference in perception of who is responsible for the health care of children. • Child care caregivers/teachers are already burdened with other responsibilities. • Navigating the health care system and financing options can be difficult. • The availability of pediatric health services is slim in some communities.
For More Information	Refer to Module section, "What the CCHC Should Know: The Relationship Between the Medical Home and Child Care."
Notes	

Activity: The Role of the CCHC with the Medical Home

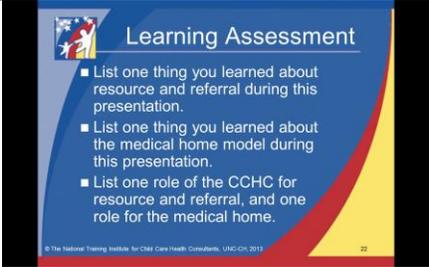|	
Time	12 minutes
Training Technique	Small/large group
Supplies	• Five preprinted flip chart sheets • Markers
Instructions	• Show slide 19. • This activity can be done a variety of ways, depending on which Building Consultation Skills training sessions the participants have received (Policy Development, Advocacy, etc.) • *Option 1:* If participants have received all five training sessions, post all five preprinted flip chart sheet around the room. • *Option 2:* If participants have not received all five training sessions, include only those preprinted sheets for topics on which they have received training. • Divide the group into groups of 2-3. Assign each group to one of the preprinted flip chart sheets. • Ask participants to write down the role of the CCHC as it relates to the medical home within each category. • Explain that each group will rotate to the next topic every 2-3 minutes to review and add to the role(s) of the CCHC. • After reconvening the large group, lead a facilitated discussion about the role of the CCHC regarding medical home.
Talking Points	**Activity: The Role of the CCHC with the Medical Home** We're going to do a quick activity to get us thinking about the role of a child care health consultant as it relates to the medical home. I've prepared a flip chart for each of the topics we've covered so far. Please write down what you think the role of the CCHC is or could be for each of these topics. We'll review your ideas in a few minutes.
Notes	

Closing: Action Items of the CCHC

Time	5 minutes
Training Technique	slides/overheads
Instructions	• Show slides 20-21. • Slide 20 refers to action items for the CCHC related to resource and referral. • Slide 21 refers to action items of the CCHC related to the medical home. • Before discussing the action items for the CCHC, you may want to review the key points of the training session. Consider asking participants what they think are the key points of the training session. • You may want to have participants create their own list of action items or list a few steps to achieve each item on the slide.
Talking Points	**Action Items for the CCHC** **Resource & Referral** • Make sure the agency and services offered are credible and appropriate for the child care population. • Keep current records of contacts, agencies, and organizations in the local community and state by contacting these sources at least once a year. • Establish a link between the child care facility and community/state resources. • Ensure resource and referral options are in coordination with the medical home. • Assist the child care staff in locating appropriate federal/state/local services for the families serviced by the facility. **The Medical Home** • Educate child care staff and parents/guardians about the importance of the medical home. • Assist child care staff in maintaining a current local/state list of medical home providers and related resources. • Serve as the liaison between medical home providers and child care staff to develop child care policies related to the medical home, coordinate advocacy efforts, and connect health services to children and families.
For More Information	Refer to Module section, "Action Items for the CCHC" under "Resource and Referral" and "The Medical Home."

Notes

Learning Assessment

Time	3 minutes
Training Technique	Individual activity/large group
Instructions	• Show slide 22. • Ask participants to write down their responses to these three instructions. • State that their responses will be collected at the end of the session. • If there is enough time, participants could be asked to share their responses with the large group. • Use this as an opportunity to provide resources for further learning.
Talking Points	**Learning Assessment**
Notes	

Evaluation of Trainer

Time	5 minutes
Training Technique	Individual activity
Instructions	• Show slide 23. (Placeholder slide not printed here.) • Ask participants to complete the "Evaluation of Trainer Form" at this time. • Inform participants that the evaluations are anonymous. • Explain that the evaluation results provide you with information about the effectiveness of the training and that information collected from the evaluation will be used to improve the training. • Allow participants 5 minutes to complete the evaluation. • Collect forms.
Notes	

MATERIALS FOR PARTICIPANT'S PACKET

Activities
The following are activities related to resource & referral and the medical home. The first activity, "Referring to Government Resources," is part of the hour-long presentation that has been designed on this topic. The remaining activities ("Contacts for Government Resources" and "Building a Medical Home Community Resource File") may be included in your training if you have additional time. Your audience analysis and training objectives will help you determine which of these activities are most appropriate for your group. Any of the following may be printed and included in a participant's packet or as handouts to be distributed to the group. You may wish to white out the existing page numbers and write in your own, or you may print each activity on different colors of paper for easy reference by your participants.

Evaluation of Trainer
The "Evaluation of Trainer Form" at the end of this material should be printed and distributed to each participant for feedback on various aspects of your training.

Cover Page
The cover page may be printed and used as a cover page for the activities, slide handout, evaluation form and any additional materials you wish to provide as part of a participant's packet. If your participant's packet contains several activities and handouts, you may want to create a table of contents to guide participants through the materials.

ACTIVITY: REFERRING TO GOVERNMENT RESOURCES

Instructions: Read the scenarios below and determine which government services would be most appropriate for the situation listed. Identify how you would follow up with the child care staff, family, etc. after making the referral to the government service.

Background #1:
Angela and Barry Miller are clients of Ms. Watsons' Happy Kidz Day Care Center. They currently have two children in her program, Cherie (age 1 ½) and Timothy (age 4). Recently Barry fell off a ladder while cleaning the gutters of their home. He seriously injured his back and has not been able to return to work. His doctors are unsure of the long-term impact of the fall on his health and job status. Angela is distraught about how she will continue to work and be able to provide for the family. She wants to continue to send Cherie and Timothy to Happy Kidz so she can go to work, but she doesn't know how she will be able to pay for it. Ms. Watson asks for your help in assisting this family. To what services can she refer Angela and Barry's family? How would you follow up on the referral?

Notes:

Background #2:
You have a consultation meeting with Ms. Foster, Director of Sunshine Child Care Center, to follow-up on a recent infectious disease outbreak in her facility. While there, you overhear a parent who is dropping off his child having a conversation with the receptionist about their newborn son. He was diagnosed with spina bifida and the parents are feeling helpless about how to take care of him. How would you respond and handle the situation? How would you follow up?

Notes:

Background #3
You are spending the day catching up on emails and phone calls in your office at the County Health Department. A colleague knocks on your door to ask for advice. She explains that one of her clients has been receiving TANF for the past 14 months. She has been working hard to become self-sufficient, but is having difficulty getting over the last hump of moving into working full-time. For the past several years, she has been working 20 hours a week at a local coffee shop while a neighbor watches her two children. Her first child just started first grade, thus the mother is no longer in need of finding care for her. However, her second child is only 3. She would have the neighbor watch him, but the neighbor is getting older and having some health issues. She feels like she can't possibly wait another 3 years to start working full-time, especially since the coffee shop has been asking her to work full-time for the past three months. She feels incredibly frustrated and is afraid that if she doesn't start working full-time for them soon, they will fill that slot and she will be back at square one with trying to find a new job. Your colleague wants to know how she can help her find care for the 3-year old. How can you help your colleague? How would you follow up?

Notes:

Background #4
You have developed a strong, trusting relationship with A+ Child Care Center over the past seven years. Most of the families know you and often approach you with questions or just to have a casual chat with you when you are visiting the facility. One day Mr. Carolle, a parent of 2 children, Sam (age 1) and Rose (age 4 ½), stops you in the hallway to ask you a question. He tells you that he has noticed Sam acting "funny" the past few months. When you ask him to tell you more, he says that Sam doesn't seem to listen when he or his wife try to direct him to do something. They have also noticed that he has been physically aggressive with Rose when she is trying to play gently with him and it often happens "out of the blue." How would you respond? How would you follow up?

Notes:

ACTIVITY: CONTACTS FOR GOVERNMENT SERVICES

1. Temporary Assistance for Needy Families (TANF)
TANF was created in 1996 by the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193). It went into effect on July 1, 1997, and replaced the Aid to Families with Dependent Children (AFDC) and the Job Opportunities and Basic Skills Training (JOBS) programs. TANF allows states to provide assistance and work opportunities to needy families (U.S. Office of Family Assistance, 1999). TANF also gives states the flexibility to develop their own long-term monetary assistance programs to increase self-sufficiency and personal responsibility. Some examples of assistance might include cash assistance, medical insurance, food programs, and transportation. To find out the requirements of families in your state contact your state administrator of TANF.

Who are your contacts for TANF?

2. Medicaid Program
The Medicaid program became law in 1965. The purpose of the program is to provide medical services to individuals and families with low incomes and resources. Each state, within broad federal guidelines, has the flexibility to establish its own eligibility standards; determine the type, amount, duration, and scope of services; set the rate of payment for services; and administer its own program (U.S. Health Care Financing Administration, 1997). CCHCs should be able to assist families who might qualify for Medicaid services and should contact state or regional representatives to find out eligibility requirements for individuals and families in their state.

Who are your contacts for Medicaid?

3. Social Security
Social Security benefits are managed by the federal government and are calculated on the basis of income and other information recorded under a person's Social Security number. The benefits are a percentage of each person's income, taken out as payroll taxes, averaged over their working lifetime, and then paid to them by the government if they become disabled or retire. The five major categories of benefits paid through Social Security taxes are retirement, disability, family benefits, survivors, and Medicare (U.S. Social Security Administration, 1998). A CCHC should be aware of families who have adults or children with severe physical or mental disabilities since they may be eligible to receive Social Security benefits. For more information about eligibility

requirements contact your state or local regional representative or call the National Social Security Hotline.

Who are your contacts for Social Security?

[ ]

4. Supplemental Security Income (SSI)

Supplemental Security Income under the Social Security Administration makes monthly payments to those who have a low income and few assets. To qualify for SSI, an adult must be 65 years old, or a child or adult must be disabled. Adults or children who qualify for SSI usually also qualify for other public assistance programs (U.S. Social Security Administration, 1999). For more information about eligibility requirements contact your state or local representative or call the National Social Security Hotline.

Who are your contacts for SSI?

[ ]

5. Nutrition Assistance Programs

The Food and Nutrition Service (FNS) administers the Nutrition Assistance Programs of the U.S. Department of Agriculture. FNS works in partnership with local and state agencies. The major programs that are administered by FNS are:

- Food Stamp Program (FSP)
- National School Lunch, School Breakfast, and Special Milk Programs, and Team Nutrition
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Child and Adult Care Food Programs (CACFP)
- Food Assistance for Disaster Relief
- Commodity Supplemental Food Program (CSFP)
- Food Distribution Program on Indian Reservations (FDPIR)

Different state and local agencies are responsible for each Nutrition Assistance Program (USDA, Food and Nutrition Service, 1999). For information on eligibility requirements of any of these programs, please contact your regional representative.

Who are your contacts for your state's Nutrition Assistance Programs?

[ ]

6. State Children's Health Insurance Program (SCHIP)

The Balanced Budget Act of 1997 created the State Children's Health Insurance Program (SCHIP), a new insurance plan that provides health insurance to low-income children who do not qualify for Medicaid because their family incomes are too high but cannot afford private health insurance. SCHIP is a jointly funded Federal-State program. This program allows states to expand their Medicaid Program, create a separate program, or develop a combination of the two. For more information on your state's SCHIP program get in touch with your state contact.

Who are your contacts for SCHIP?

7. Head Start Program

Head Start, a national program created in 1965, provides developmental services for low-income preschool age children (ages 3 to 5) and social services for their families. The four components of Head Start are education, health, parent involvement, and social services. The Head Start Program is administered by the Administration for Children and Families (ACF). Funding for Local Head Start Programs is provided to local public or private non-profit agencies through grants from the 10 ACF Regional Offices and the Head Start Bureau's American Indian and Migrant Programs Branches. Each program establishes its own eligibility requirements for children based on community needs and funding (U.S. ACF, 1999). In 1994 the reauthorization of the Head Start Program created a new program, Early Head Start, to provide child development and family support services for low-income pregnant women and families with infants and toddlers.

Who are your contacts for the Head Start Program?

8. Child Care Bureau

The Child Care Bureau (CCB), created in 1995, provides a central federal home for child care programs. When the Welfare Reform Act passed in 1996, DHHS recognized that "affordable, accessible and quality child care" was crucial to its success (Child Care Bureau, 2003, p.1). The CCB provides block grants to states under the Child Care and Development Block Grant. These monies provide child care assistance to low-income working families. Their vision is to not only to support the parents/guardians or caregiver, but to promote children's learning by improving the quality of early care, education and after-school programs.

Who are your contacts for your state's Child Care Bureau Block Grant?

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9. State Programs for Assisting Families and Children

Additional public service programs may be administered by the state. For example, who are your contacts for your state's Title V Children with Special Health Care Needs and Early Intervention [Part C of IDEA] Program? It is important for the CCHC to research these resources as well.

Who are your contacts for other State Programs?

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Notes:

ACTIVITY: BUILDING A MEDICAL HOME COMMUNITY RESOURCE FILE

Instructions: Access the following website:
American Academy of Pediatrics, The National Center for Medical Home Initiatives for Children with Special Needs. Medical home initiatives and resources by state. Available at: http://www.medicalhomeinfo.org/states/index.html. Click on your state, district, or territory. Complete the table below. Be sure to include full contact information (i.e. name, position, address, phone and fax number, etc.) for each category if available.

Medical Home State Contact

Other Medical Home Contacts/Collaborators

Medical Home Initiative Websites

Contact Information for Related Grant Initiatives

State Partners Contact Information

Other Resources

Notes:

Trainer's Name: _____   **Date:** _____

National Training Institute for Child Care Health Consultants
Evaluation of Trainer Form

Using the rating scale below, please evaluate the Trainer's presentation skills.
1= unsatisfactory   2= below average   3=average   4=above average   5=outstanding   NA=non-applicable

Training Content						
Please rate the Trainer on the quality of the following:	**1**	**2**	**3**	**4**	**5**	**NA**
• Introduction and opening						
• Accuracy of information						
• Usefulness of information						
• Clear presentation of training objectives						
• Fulfillment of training objectives						
• Organization of training content						
• Closing						

Training Techniques: Methods, Media, & Materials						
Please rate the effectiveness of the Trainer's use of the following:	**1**	**2**	**3**	**4**	**5**	**NA**
• Flip chart						
• Handouts						
• Overhead transparencies						
• PowerPoint slides						
• Video						
• Other (specify):						

Training Techniques: Activities						
Please rate the Trainer's use of training activities on the following characteristics:	**1**	**2**	**3**	**4**	**5**	**NA**
• Clear instructions						
• Usefulness						
• Opportunities for interaction among participants						

Delivery of Content						
Please rate the Trainer on the following training dynamics:	**1**	**2**	**3**	**4**	**5**	**NA**
• Enthusiasm						
• Voice projection						
• Clarity and professionalism of voice						
• Word choice						
• Pace of presentation						
• Eye contact						

Facilitation Skills

Please rate the Trainer on the following skills:	1	2	3	4	5	NA
• Time management						
• Manner of answering questions						
• Manner of handling difficult behaviors of participants						
• Ability to engage all participants						

Please take a moment to answer the following questions:

What did you like most about this training?

What can the Trainer do to improve this training?

Was this the most effective way to present this material? Please explain.

Do you have any suggestions for other methods to present the material?

Thank you.

Resource & Referral and The Medical Home

Participant's Packet