Family CARE Portfolio

Provider Toolkit
(formally known as the Plan of Safe Care)

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INTRODUCTION

Family CARE Portfolio

The Family CARE Portfolio (Portfolio) is an organizational and executive functioning support tool to help families with complex social needs. This 7-section binder is designed to help families Coordinate care among multiple providers, Advocate for themselves, Record and store important information, and feel Empowered to take charge of their health and wellbeing. The Portfolio was originally developed as the Plan of Safe Care by the Harris County Plan of Safe Care Steering Committee (Steering Committee), a cross-sector group of organizations from academia, child welfare, healthcare, justice, public safety, and substance use and misuse prevention and substance use disorder (SUD) treatment. It was pilot tested as a tool to help a pregnant or parenting person with substance use disorder organize and communicate all of the steps they are taking to provide a healthy environment and future for themselves and their baby. Throughout the pilot study, however, the tool was identified as a way to support a broad range of families with a pregnant person and/or young children. Given this, the name was changed to the Family CARE Portfolio. The Portfolio is accompanied by a variety of resources, including training modules, exemplar videos, a provider toolkit, and a website. This package of tools and resources is meant to support organizations working with families to implement the Portfolio with their clients/patients.

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TOOLKIT OVERVIEW

The Family CARE Portfolio Provider Toolkit is designed to be a reference for providers implementing the tool. It is intended to provide guidance to providers, programs, and agencies as they start the Family CARE Portfolio implementation process. Sections include: Background, The 4W’s of the Family CARE Portfolio, The Family CARE Portfolio (overview), Training and Exemplar Videos, Supplies and Ordering, Tracking, Implementation, Contact Information, References, and Additional Resources. Providers may read the entire toolkit and/or refer back to specific sections as-needed over time.

BACKGROUND

Plan of Safe Care Legislation

The Child Abuse Prevention and Treatment Act (CAPTA) was created in 1974\(^1\)\(^2\) to bring a federal focus to prevention, identification, and treatment for child abuse and neglect. Through CAPTA, states are provided federal funding and guidance to improve their child welfare systems and conduct prevention activities. CAPTA has been amended multiple times to address the growing concerns over parental substance use.

In 2003, CAPTA added a requirement that each state provide an assurance that the state has policies and procedures to address the needs of substance-exposed infants, including requirements to make appropriate referrals to child welfare and other appropriate services, and a requirement to develop a Plan of Safe Care for the affected infants.  \(^2\)
In 2016, the Comprehensive Addiction and Recovery Act (CARA) was enacted which amended CAPTA and, among other things, specifically required that the Plan of Safe Care address the needs of both infants and their families. The 2016 CARA and CAPTA amendments focused on improving well-being and safety for infants affected by prenatal substance exposure and their families or caregivers by:

- Including both legal and illegal substances in the categories of infants to be identified
- Specifying requirements for notification to child protective services
- Stipulating the development of a Plan of Safe Care that includes the treatment needs of the family/caregiver in the plan (previously more focused on the infant)
- Increasing data collection and monitoring requirements. States now need to report, to the maximum extent possible:
  - The number of infants identified as substance exposed
  - The number of such infants for whom a Plan of Safe Care was developed
  - The number of such infants for whom a referral was made for appropriate services, including services for the affected family or caregiver.

The proposed CAPTA Reauthorization Act of 2021 would create a new title in CAPTA: Title IV – Public Health Response to Infants Affected by Substance Use Disorder. Specifically, this reauthorization “promotes a trauma-informed, public health approach to strengthen families and prevent, reduce, and treat child abuse and neglect.” Further, Plans of Safe Care would be renamed to Family Care Plans. This amendment would focus on primary prevention in its public health approach and requirement to provide a Family Care Plan to families prior to delivery and support states in ensuring there is a continuum of care available to increase protective factors among families to prevent child abuse and neglect.

While Texas has not yet included the Plan of Safe Care within the family code, it is part of the Department of Family and Protective Services Handbook.


The Development of the Plan of Safe Care / Family CARE Portfolio

To date, there is no generic template provided by the federal government to be used by states. Instead, each state is expected to develop their own policies and implementation plan to comply with the legislation. Thus, Plans of Safe Care may look different and be implemented differently across states. In response to a growing desire among service providers in Houston, Texas, to develop and implement a Plan of Safe Care within the community, the Steering Committee was formed and received funding to develop and test the tool and supportive resources from January 2020 through August 2021.

Inititally, the tool was developed to be responsive to the federal legislation requiring Plans of Safe Care for substance exposed infants. Because of the known cognitive functioning issues among those with substance use disorders, the need for immediate recall and documentation required by child welfare and court officials, and the general decrease in cognitive functioning in the peripartum period, emphasis was placed on creating a tool that allowed families to document with their care providers and store important information in one place.
Family CARE Portfolio Provider Toolkit

By the end of the pilot study, however, the tool was seen as a primary prevention tool for any family with a pregnant person and/or young children with complex social needs. To reflect this expanded focus, it was renamed to:

Family CARE Portfolio

The Family Care Portfolio is a supportive organizational tool to help families Coordinate care among multiple providers, Advocate for themselves, Record and store important information, and Empower them to take charge of their family’s health and wellbeing. The 7 sections of the Portfolio are:
1. Family Health and Supports
2. Contacts
3. Consents and Release of Information Forms
4. Resources
5. Appointments and After-Visit Summaries
6. Accomplishments
7. Notes and Additional Information

Pilot Study. We employed the Plan, Do, Study, Act (PDSA)\(^6\) method in our pilot study. Through 4 iterative PDSA cycles, the original 5-page document meant for pregnant and parenting people with SUD evolved to a 7-section binder with pocket tabs for broad use among families with complex social needs.

The initial tool was developed by Steering Committee members from February through May 2020 through in-person and virtual meetings. Four PDSA cycles were carried out from June 2020 through August 2021. In each cycle, the tool was initiated with patients/clients of Steering Committee organizations. Overall, from June 2020-August 2021, 170 Plans of Safe Care were initiated through 5 Steering Committee organizations. Across all cycles, 28 end-users and 27 providers were interviewed to obtain stakeholder feedback and inform the next iteration of the tool.

From January through August 2021, semi-structured interviews were conducted with 10 clients within the first 3 months of receiving their portfolio and 8 clients who had their portfolio for 3 months or more. Clients noted the benefits of several aspects of the portfolio, including the sections to record medical history, referrals and services, contact information, appointment information, and their relapse prevention plan, if needed. The business card holder and pocket dividers were also listed as benefits. In the short-term, clients reported the portfolio helped them to stay organized as they were able to keep all of their information in one place and it was helpful to present their information to the Department of Family and Protective Services (DFPS). Longer term, clients reported the organizational benefits, but also reported increased knowledge about resources available, and increased confidence to “stay on the right path” because they felt they were not alone. Further, they felt the tool was beneficial in demonstrating their engagement in treatment and noted the positive feedback they received from providers was motivating and encouraging for them.

Formal and informal interviews and debriefs were conducted with providers implementing the portfolio throughout the pilot study. They began introducing it as an organizational tool – a place for clients to store everything in one place – which resonated with their clients, particularly those with child welfare involvement. However, some clients were overwhelmed by it and not interested or needed more support to see the benefits
and get started. While provider responses were positive overall, implementation challenges identified included lack of time and the need for clarity in roles when there were multiple providers involved. Providers requested supportive resources such as a script and more formal training.

Based on client and provider feedback, the tool was expanded from a 5-page document to a portfolio – a binder with 7 sections separated by tabs with pocket folders. New features, such as the communication log, expanded medical history section, and Spanish translation all resulted from stakeholder feedback. Additional supportive resources (e.g., provider toolkit, implementation guide, video demonstration) were also created and posted online (www.txsafebabies.org/posc). Through this process there was support for broader use and application of the tool beyond families affected by substance use and so the name was changed accordingly, ultimately resulting in the Family CARE Portfolio.

**Previous Work.** To learn more about the work that led to the development of the Harris County Plan of Safe Care Steering Committee, you may access Supporting Mothers and Infants Impacted by Perinatal Opioid Use: A Cross-Sector Assessment at: https://www.texaschildrens.org/departments/public-health-pediatrics/resources and Community Readiness to Align and Better Support Families with Perinatal Substance Use Issues and the Impacts of the Covid-19 Pandemic on Progress: https://digitalcommons.library.tmc.edu/childrenatrisk/vol11/iss2/6/.

### THE 4 W’s OF THE FAMILY CARE PORTFOLIO

**What is a Family CARE Portfolio?**

A Family CARE Portfolio is a tool that can be used by an individual and or family with their care providers. The documents include information about the primary caregivers, the infant, and their family/support systems to assist with care coordination and increase the ability of families to advocate for their needs and the needs of their child(ren).

The goal of a Family CARE Portfolio is to strengthen the family, help individuals have a healthy pregnancy, and keep child(ren) safely at home. It can also be looked at as:

- A personalized guide to ensure the necessary resources are provided to help families thrive.
- A tool to support care coordination.
- A “recovery resume” that helps communicate all the work and preparations an individual/family is making for themselves and their baby. (For families with a history of substance use)

**Who could benefit from a Family CARE Portfolio?**

Any individual or family with a pregnant person or young children may benefit from the Portfolio, especially families working with multiple care providers and those with prior/current experience with:

- Child
- Domestic
- Incarceratio
- Homelessness
- Court

*When in doubt offer the help*
When should a Family CARE Portfolio be initiated?

Ideally, a Family CARE Portfolio should be developed during pregnancy. This will allow the family and unborn child to get the most benefit from the services. However, if a Family CARE Portfolio is not developed during pregnancy, it should be introduced to the family as soon as the need is identified. This could be post-delivery at the hospital, at the start of a child welfare investigation, or when a caregiver in a family with young children begins to engage in services for SUD.

We do not want to lose the opportunity to connect the mother and family to needed services and resources. If you believe the family could benefit, introduce it!

Who should be involved in creating and updating a Family CARE Portfolio?

A Family CARE Portfolio should include input from all service providers involved in the care of the family. This could include:

- OB / GYN
- Pediatrician
- Parent Coaches
- Substance Use Treatment
- Faith Leaders
- Counselors
- Case Managers/ Social Workers
- Mental Health Providers
- Recovery Coach

There are no “requirements” for who has to be involved. Individuals and families should be encouraged to share it with all of their providers, but it is their portfolio and they need to be comfortable with whom they share it.
The Family CARE Portfolio includes 7 tabs, each of which contains supportive documents to assist the family. There is both an English and bilingual (English/Spanish) version of the portfolio. The bilingual version includes all documents and resources in both Spanish and English. Below is a brief description of the intended purpose of each tab and document. Program- or organization-specific resources or materials may be added to the portfolio (e.g., parenting session materials, pregnancy education, etc.). Families and providers are encouraged to customize the portfolios to meet their needs.

**Portfolio Overview**

The Portfolio Overview (cover page) is a table of contents and reminds families where to store specific documents. Providers can use the Overview to help identify which tabs house information that is most useful for their work with the family.

The table below is a “cheat sheet” with suggestions for which type of provider may be most helpful when updating each section in the Portfolio. Some sections are meant primarily for the family to help keep them organized and to store documents that may be useful at a later date, such as copies of signed consent/release of information forms, appointment summaries, etc. Use this cheat sheet to plan for implementation.

<table>
<thead>
<tr>
<th>Section</th>
<th>Suggested Service Provider to Assist Family with Each Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update Log</td>
<td>All providers who assist the family with updates to the forms</td>
</tr>
<tr>
<td>Family Health &amp; Support</td>
<td></td>
</tr>
<tr>
<td>Parental Demographics</td>
<td>Any Care Provider</td>
</tr>
<tr>
<td>Parental Medical History</td>
<td>Ob/Gyn, Primary Care Provider</td>
</tr>
<tr>
<td>Parental Mental Health History</td>
<td>Mental Health Provider, Primary Care Provider</td>
</tr>
<tr>
<td>Parental Substance Use History</td>
<td>Treatment Case Manager, Recovery Coach</td>
</tr>
<tr>
<td>Parental Services for Substance Use</td>
<td>Medication-Assisted Treatment (MAT) Provider</td>
</tr>
<tr>
<td>Drug Screening Results</td>
<td>Provider Ordering Test, Recovery Coach</td>
</tr>
<tr>
<td>Child Demographics, Medical History, Education History, and Community Linkage</td>
<td>Any Care Provider</td>
</tr>
<tr>
<td>Family Supports &amp; Living Arrangements</td>
<td>Social Worker, Case Manager, Recovery Coach</td>
</tr>
<tr>
<td>Child(ren) Needs</td>
<td>Any Care Provider</td>
</tr>
<tr>
<td>Referrals &amp; Services</td>
<td>Recovery Coach, Social Worker, Case Manager</td>
</tr>
<tr>
<td>Relapse Prevention Plan</td>
<td>Recovery Coach, Social Worker, Case Manager</td>
</tr>
<tr>
<td>Contacts</td>
<td>All Providers Working With The Family</td>
</tr>
<tr>
<td>Consent &amp; Release of Information</td>
<td>Providers Asking For Or Using A Consent Or Release Of Information From Family</td>
</tr>
<tr>
<td>Resources</td>
<td></td>
</tr>
<tr>
<td>Goal Planning</td>
<td>Social Worker, Case Manager, Recovery Coach</td>
</tr>
<tr>
<td>Choosing A Prenatal Care Provider</td>
<td>Social Worker, Case Manager, Recovery Coach</td>
</tr>
<tr>
<td>Choosing A Pediatrician</td>
<td>Social Worker, Case Manager, Recovery Coach</td>
</tr>
</tbody>
</table>
TAB 1: Family Health and Supports

*Update Log:* The Update Log helps the family, their providers, and anyone reviewing the Portfolio (e.g., child welfare, court staff, etc.) know what was updated, when, and by whom. Providers should log each time they update a section of the Family CARE Portfolio on this form.

*Family Health and Supports:* This is the main form in this tool, and will likely be the primary place that providers fill out with the family. A wide range of information is requested on this form, and the intent is to have multiple providers engaged and assist the family with this form. This allows all providers to have a similar understanding of the family’s medical history, goals, support system, services engaged or completed, and needs. There are forms for two caregivers and six children. Providers and families can add forms for additional caregivers and children as needed.

TAB 2: CONTACTS

*Emergency Contact List:* This contact list form is a place for the family to record emergency contact information. This form can be removed from the Portfolio and placed on the family’s refrigerator, in a diaper bag, or any other convenient place so that those caring for the child have easy access to the information in case of an emergency.

*Communication Log:* This document is intended to be a place the family can take notes about important communications regarding their own or their children’s health and safety. For example, a family may take notes after each doctor’s visit, call with child welfare, etc.

*Contact List and Business Card Sleeve:* This form and plastic business card sleeve provide a place for the family to keep contact information for all of the providers and programs/services they are working with. Contact information could be handwritten or in the form of a business card. Providers are encouraged to provide business cards to place in the portfolio. Child welfare and others working with the family may also use this information to contact those engaged with the family.

TAB 3: CONSENTS & RELEASE OF INFORMATION

*Consent Log:* This log is intended to help families keep track of where they have signed a consent or release-of-information form. Providers should give families copies of any signed forms and encourage them to place the copies in this section of their Portfolio.

*Consent and Release-of-Information FAQs:* This resource answers common questions about consent and release-of-information forms, including what they are used for and questions the family may want to ask before signing.

TAB 4: RESOURCES

*How to Introduce Your Family CARE Portfolio to a Provider:* This document provides language for families to use to help them introduce the Family CARE Portfolio to a new provider.

*Goal Planning Tool:* This simple goal planning tool can be used to help families identify goals; outline the steps needed to reach that goal; pinpoint skills, knowledge and people needed; define what success looks like, set a deadline, and record progress. There are four goal planning forms provided. Providers and families can add forms as needed. While some families may be able to complete these forms on their own, others may need assistance.

*Choosing a Prenatal Care Provider:* This interview guide is intended to help families choose a prenatal care provider. Encourage families who are pregnant or plan to become pregnant but do not have a prenatal care provider to use this guide to help them find one who meets their needs.
Choosing a Pediatrician: This interview guide is intended to help families choose a pediatrician that is in sync with their parenting style, values, and needs. Encourage families who do not yet have a pediatrician to use this guide to help them interview and find one who meets their needs.

Choosing the Best Childcare for your Family: This interview guide is intended to help families choose a childcare provider. Encourage families to use this guide as they interview and select a childcare.

TAB 5: APPOINTMENTS & VISIT SUMMARIES

Appointment Log: This log helps families keep track of appointments. Encourage families to write down the date of their next appointment and place their after-visit summaries/appointment documents in this section.

TAB 6: ACCOMPLISHMENTS

Accomplishments Log: This log is intended to help families keep track of all of the certificates and accomplishments they have achieved. Encourage families to list all of the things they are proud of on the log and place program certificates in this section.

TAB 7: NOTES & ADDITIONAL DOCUMENTS

Blank note pages are provided for families to write down questions they have for their providers, take notes during appointments, etc. Families and providers are encouraged to add to this section anything else they think could strengthen the Family CARE Portfolio.

Best Practices

• Introduce the Family CARE Portfolio tool as early as possible.

  It may take a few visits or talks with you to get the family to see the value of and how the tool will help them demonstrate progress and actions that they are taking to provide a safe and secure environment for their family. The Portfolio can be overwhelming at first, so an early introduction from you is best to allow more time for a family who may be hesitant at first to buy-in and actually initiate their own Family CARE Portfolio.

• Review the Family CARE Portfolio regularly.

  It may be helpful to determine when it makes sense for your organization to review the Portfolio (e.g., every 3 months or at each trimester). Work with your team to determine what makes the most sense for your organization or specific program and your patients/clients. It is very important that the Portfolio be updated prior to delivery and is with them at the hospital, particularly for those where child welfare involvement is anticipated.

• Encourage families to share this with all their relevant providers.

  We know that we can provide the best services when we have the entire picture of what a person or family may be experiencing. Help families understand this, but be aware that if they do not trust a care provider, it is OK to hesitate and think about how sharing with this particular provider would be helpful.

• Remember that this is the family’s tool and encourage them to make it their own.

  Families may view their Family CARE Portfolio differently. Some view it as a tool to keep everything organized, others view it as a showcase of their accomplishments and hard work, and others view it as a keepsake they may want to share with their child one day. Families should be encouraged to individualize
and add whatever they see fit to their Portfolio. Some even add their own drawings!

- **Do NOT take the forms to complete later.**

  We know it is a common practice, especially in healthcare, for providers to take forms and complete them later for patients to pick up. Please do not do this with these documents—they may be the only copy the family has and we do not want to risk losing it. Please complete the forms with the family at your visit. If you are unable, ask if you can make a copy or schedule another time to meet.

**TRAINING & EXEMPLAR VIDEOS**

We have created a series of short informational videos and downloadable resources to help you get started. These trainings and videos may be accessed through our website: [https://www.txsafebabies.org/posc/](https://www.txsafebabies.org/posc/).

- **Module 1: Family CARE Portfolio Overview Training**
  
  The objectives of this training are to: (1) explain why the Family CARE Portfolio was created, (2) describe the purpose of the Family CARE Portfolio, and (3) identify who could benefit from the Family CARE Portfolio.

- **Module 2: Portfolio Document Review**
  
  The objectives of this training are to: (1) describe the components of the Family CARE Portfolio, and (2) identify which components you would likely work on with a family.

- **Module 3: Family CARE Portfolio Implementation**
  
  The objective of this training is to list key questions important to consider before implementing the Family CARE Portfolio.

- **Additional videos and supportive materials**
  
  These videos and materials include exemplar videos demonstrating how to introduce and update a Family CARE Portfolio with a patient/client, interviews with providers and families who have used Family CARE Portfolio, an overview of the child welfare investigations process in Texas, and stand-alone tools available for download.
SUPPLIES AND ORDERING

The development team has been fortunate to obtain funds to reproduce and distribute the Family CARE Portfolio in Texas. Please complete the request form at https://redcap.link/posc.request.

If ordering is unavailable or you would like to create your own portfolios, below are the recommended supplies.

- **Pocket Dividers**: We recommend 8-tab plastic dividers with pockets
- **3-Ring Binder**: We recommend 1.5-2 inch flexible binders
- **Business Card Sleeve**

TRACKING

Per the CAPTA legislation, states are required to count and report how many Plans of Safe Care they provide to families. Texas is still working on how best to track this. Currently, we are asking providers to complete a very short online attestation form after introducing a Family CARE Portfolio to a family. The QR code and link to the attestation survey (below) is included on a 3.5” card in a clear pocket on the front of every Portfolio:

**Family CARE Portfolio PROVIDERS:**

1. **Remove** this card from sleeve.
2. **Open** your cell phone camera / tablet or QR reader application on your smartphone/tablet.
3. **Point** your camera at the QR code to scan the QR code.
4. A notification will pop-up on screen.
5. **Click** on the notification to open the website link.
6. **Enter** the Portfolio details *No Protected Health Information (PHI) Collected.*
7. **PROVIDE** the Portfolio to your family or (individual).

SCAN this QR Code **BEFORE** you give the Family CARE Portfolio to your families!

Or use link here: https://redcap.link/posc

Below is a copy of the online attestation survey. This form is intended for **providers** to complete (not families). Please complete this brief online attestation as soon as possible when you initiate a Family CARE Portfolio with
an individual/family. Thank you for helping us document the administration of Family CARE Portfolio!
IMPLEMENTATION

Several tools have been developed to assist providers/program staff to prepare and implement the Family CARE Portfolio. Brief descriptions and copies of each tool are provided below.

Implementation Readiness Checklist
The Implementation Readiness Checklist is a tool to help providers determine if they are ready to implement the Family CARE Portfolio. It provides the recommended steps to prepare to implement the Family CARE Portfolio. It is not meant to be prescriptive, but to serve as a guide.

Provider Scripts
The provider script contains prompts to help providers introduce the Family CARE Portfolio to a family. This tool is meant to be used as a guide and can be adapted to your patient/client population as needed. Scripts were created in both English and Spanish.

Implementation Guide
Planning is critical for successful implementation of any new component to a program. The Implementation Guide leads organizations through key implementation questions to help set the foundation and goals for your organization for successful Family CARE Portfolio implementation. Examples of guides completed during our pilot are included to illustrate different ways the Family CARE Portfolio can be implemented.
Implementation Readiness Checklist

There is no “one right way” to implement the Family CARE Portfolio. Based on our experience with other organizations, we recommend that you and your team take the following steps to prepare for successful implementation. Gather your team to review this checklist and determine if you’re ready to implement the Family CARE Portfolio.

Are you ready?

☐ Providers/staff completed Family CARE Portfolio training modules:
  o Family CARE Portfolio Overview
  o Family CARE Portfolio: Portfolio Document Review
  o Family CARE Portfolio Implementation
  o Exemplar videos (optional)

☐ Providers/staff completed a Family CARE Portfolio Implementation Guide (created initial implementation plan)

☐ Family CARE Portfolios are available for distribution (in stock)

☐ Initial implementation/trial period will be: ____________ to ____________ (example: a short period of time, such as 1 week or 1 month for an initial trial period)

☐ Follow-up meeting to discuss trial period is scheduled for: ________________

☐ Ongoing meetings are scheduled for ongoing review, implementation reflection, and revision of processes, as needed

Notes:
**Provider Script (English)**

When developing a Family CARE Portfolio (Portfolio), it is important that those receiving the Portfolio have an accurate understanding of the purpose and potential benefits. This guide offers example introduction language to use when introducing the Portfolio to families. Feel free to change the language and use your own words to help the family see how the Family CARE Portfolio applies to them and may help them meet their needs.

**Introduction Example**

“Hi [Name], I wanted to introduce you to a tool we have been using with [pregnant persons or families] to help them keep organized, be able to quickly reference information, and demonstrate all that they have been doing to keep themselves, their children, and their family healthy and safe. It is called the Family CARE Portfolio. We have found that it can be helpful for many different families—families that are coordinating a lot of services from different providers or organizations, families who have engaged with child welfare in the past or think they might in the future, families with a history of substance use, and families going to court. The tool helps keep everything together in one place so that it is easier for you to talk to your doctors, social workers, recovery coaches, caseworkers, and court staff—all of your providers—about the things you are doing and the things you still need. You do not HAVE to use it but I thought it might be helpful to you given your history of [put relevant history here]. If it is ok, let me show the tools and resources in this portfolio binder and you can decide if it is something you want to start using.”

Show the family the portfolio binder and walk them through each document and tab. It doesn’t have to be a lengthy showcase, but there are a few things you may want to highlight as you show them the tool.

1. Many people can help the family fill out the forms, especially the main Family CARE Portfolio form that houses a lot of medical information. Encourage the family to share it with her other providers but note that she doesn’t have to share it if she doesn’t want to or doesn’t trust the person.
   - Example language: “There are sections here, like the medical and mental health history sections, where it might be helpful to have someone help you fill it out. It can be really helpful to both you and the people you are working with to show them this—this way they can see what you have already done and it can help both of you identify services or resources you still need. There may be people you don’t want to show it to and that is ok.”

2. There are things that will not apply to the family. Remind the family that they can skip questions or cross them out.
   - Example language: “This is your Family CARE Portfolio. You don’t have to answer any questions on these forms that you don’t want to or that don’t apply to you. It is ok to cross them out or put n/a for not applicable.”

3. This is a living document and was created for families and providers to update as services progress and needs get met or new needs arise. Having an updated Portfolio can be very helpful at the time of delivery and when meeting with new service providers, going to court, meeting with child welfare, etc.
   - Example language: “You will want to keep this updated so I suggest you take it with you to doctors appointments, meetings with your social worker/case manager, etc. You can put any printouts or summaries from your appointments right in the appointments tab. You can also record your next appointment date on the log form so you wont forget it.”

For pregnant women: “It is really important you update your Portfolio before you deliver your baby and remember to take it with you to the hospital. This way you can show the nurses and doctors anything you think will help them take care of you—like your medications list, the doctors you get care from, etc.

For women on medication assisted treatment: “For women on Medication Assisted Treatment (MAT), we highly recommend you take it to the hospital with you and have your MAT provider and prescription information. Because your baby may have withdrawal symptoms from your treatment, it can be helpful to show this to your doctors and the staff at the hospital so they know all that you have done to prepare for your baby and who to contact at your MAT clinic if they need to verify your prescription.”

For families working with child welfare or going to court: “This is a really great tool to help you showcase all that you have done and accomplished to help keep yourself and your child(ren) healthy and safe. Families have really found this tool helpful when they are meeting with their caseworker, lawyer, and when going to court. Be sure to update it before you go to court or see your caseworker.”
Provider Script (Spanish)

Cuando introduciendo el Portafolio de CARE Familiar es importante que las personas comprendan el propósito y los beneficios potenciales. Esta guía ofrece un ejemplo para ayudar a introducir el Portafolio a familias. Puede cambiar el idioma y utilizar sus propias palabras para ayudar a la familia a ver cómo el Portafolio de CARE Familiar se aplica a ellos y puede ayudarles a satisfacer sus necesidades.

Ejemplo de introducción

"Hola, [nombre]. Quería hablarle de una herramienta que hemos estado utilizando con mujeres [embarazadas/con hijos] para ayudarles a mantenerse organizadas, poder consultar rápidamente la información y demostrar todo lo que han estado haciendo para estar seguras y saludables ellas, sus hijos y su familia. Se llama el Portafolio de CARE Familiar. Hemos encontrado que también puede ser útil para varias familias diferentes: familias que coordinan muchos servicios de diferentes proveedores o organizaciones, familias que han tenido relación con el sistema de Protección de Menores (CPS) anteriormente o que creen que podrían involucrarse en el futuro, familias con un historial de consumo de sustancias, y familias yendo a corte. Esta herramienta ayuda a mantener todo en un solo lugar para que sea más fácil hablar con sus médicos, trabajadores sociales, coaches de recuperación, trabajadores del caso y el personal de corte - todos sus proveedores - sobre lo que usted está haciendo y qué necesita todavía. Usted no ESTÁ OBLIGADA a usarlo, pero creo que le podría ser útil, por su historial de [poner aquí el historial relevante]. Si le parece bien, le voy a enseñar las herramientas y los recursos de el Portafolio y podrá decidir si le interesa empezar a utilizarlo".

Muéstrela a la familia el Portafolio y guíela por cada documento y divisor. No tiene que ser una presentación larga, pero se pueden destacar algunas cosas mientras le enseña la herramienta.

1. Muchas personas pueden ayudar a la familia a llenar los formularios, especialmente el formulario principal del Portafolio de CARE Familiar, que contiene mucha información médica. Anima a la familia a que lo comparta con sus otros proveedores, pero ten en cuenta que no está obligada a compartirlo si no quiere o no confía en esa persona.

   Ejemplo de idioma: "Hay secciones aquí, como la del historial médico y salud mental, que puede serle útil que alguien le ayude a cumplimentar. Puede ser muy útil mostrárselas tanto para usted como para las personas con las que trabaja, así pueden ver lo que usted ya ha hecho y puede ayudarle a ambos a identificar los servicios o recursos que todavía necesita. Puede que haya gente a la que no quiera enseñárselo, no pasa nada."

2. Hay cosas que no se aplicarán a la familia. Recuerde a la familia que puede omitir las preguntas que no correspondan o tacharlas.

   Ejemplo de idioma: "Este es su Portafolio de CARE Familiar. No está obligada a responder a ninguna pregunta de estos formularios que no quiera o que no le corresponda. Puede tacharlas o poner “N/A)”, para “no aplicable."

3. Este es un documento “activo”, creado para que las familias y los proveedores lo actualicen a medida que avancen los servicios y se satisfacen las necesidades o aparecen otras nuevas. Tener un Portafolio actualizado puede ser muy útil en el momento del parto y cuando se reúna con nuevos proveedores de servicios, vaya a corte, se reúna con Protección de Menores (CPS), etc.

   Ejemplo de texto: "Le recomendamos que lo mantenga actualizado, por eso le sugiero que lo lleve con usted a las citas médicas, reuniones con su trabajador(a) social o manejante de casos, etc. Puede agregar hojas impresas o resúmenes de sus citas directamente en el divisor de citas. También puede anotar la fecha de su próxima cita en el formulario de registro para no olvidarla".
Para las mujeres embarazadas: "Es muy importante que actualice el Portafolio antes de dar a luz y que recuerde llevarlo al hospital. Así podrá mostrar al personal de enfermería y a los médicos todo lo que crea que puede ayudarles a atenderla, como su lista de medicamentos, los médicos que la atienden, etc.

Para las mujeres en tratamiento asistido con medicamentos: "Para las mujeres que siguen un Tratamiento Asistido con Medicamentos (MAT, Medication Assisted Treatment), recomendamos encarecidamente que lo lleven al hospital y que tengan la información de su proveedor de MAT y de las prescripciones. Como su bebé puede tener síntomas de abstinencia del MAT, puede ser útil mostrar esto a sus médicos y al personal del hospital para que sepan todo lo que usted ha hecho para preparar a su bebé y con quién contactar en su clínica de MAT si necesitan verificar la prescripción".

Para las familias que trabajan con Protección de Menores (CPS) o que van a corte: "Esta es una herramienta estupenda para ayudarla a mostrar todo lo que ha hecho y logrado para mantenerse segura y saludable usted y a su bebé. A las familias les ha parecido muy útil esta herramienta cuando se reúnen con su asistente social, su abogado y cuando van a corte. No olvide actualizarlo antes de ir a corte o de ver a su asistente social."

Recuerde que hay una explicación de cada sección y documento en la hoja de introducción de su portafolio y en la parte superior de cada formulario.
Gather your Family CARE Portfolio implementation team. As a group, review the Key Implementation Questions listed below and discuss how to best implement the Portfolio at your organization. These questions are meant to guide you through the planning process as you get started and for reflection once you’ve had some time to implement the Portfolio. Consider this a living document that should be revisited and updated as often as necessary.

<table>
<thead>
<tr>
<th>Key Implementation Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which patients will receive a Family CARE Portfolio (“the Portfolio”)?</td>
</tr>
<tr>
<td>How will they be identified?</td>
</tr>
<tr>
<td>What specific sections of the document(s) are we responsible for (may need to be provider-specific)?</td>
</tr>
<tr>
<td>Who is responsible for helping patients develop or initiate their Portfolio?</td>
</tr>
<tr>
<td>Who is responsible for helping patients update/review their Portfolio?</td>
</tr>
<tr>
<td>When is the Portfolio started with patients?</td>
</tr>
<tr>
<td>How often and when is the Portfolio updated/reviewed?</td>
</tr>
<tr>
<td>(Example: monthly reviews, preparation for delivery, part of program completion, patient discharge, etc.)</td>
</tr>
<tr>
<td>How should providers document initiation and updates to the Portfolio?</td>
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<tr>
<td>Where are the Portfolios stored?</td>
</tr>
<tr>
<td>Who is responsible for “ordering” more when there are only a few left? Or buying supplies to make more?</td>
</tr>
</tbody>
</table>
## What are some anticipated challenges?
What are potential solutions to address these challenges?

When will you meet as a team to reflect upon implementation? How often will you discuss as a team? Include:
- Date/time of first follow-up meeting
- Any ongoing meetings to discuss (i.e., monthly staff meeting, etc.)

### Workflow Diagram
Sketch out the workflow or timeline for your program.

**EXAMPLE: Timeline for Pregnant Client Entry into Multisession Parenting Support Program**

<table>
<thead>
<tr>
<th>Entry into program</th>
<th>Session: update/review</th>
<th>Session: update/review</th>
<th>Baby born</th>
<th>Sessions: update/review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2-3 weeks prior to delivery: thorough review</td>
<td>1 month postpartum: review</td>
<td>Case close: thorough review</td>
<td></td>
</tr>
</tbody>
</table>

- Session 2-3: introduce Family CARE Portfolio
- Session: update/review
- Session: update/review
- Baby born
- Sessions: update/review

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Gather your Family CARE Portfolio implementation team. As a group, review the Key Implementation Questions listed below and discuss how to best implement the Portfolio at your organization. These questions are meant to guide you through the planning process as you get started and for reflection once you’ve had some time to implement the Portfolio. Consider this a living document that should be revisited and updated as often as necessary.

**Key Implementation Questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which patients will receive a Family CARE Portfolio (“the Portfolio”)?</td>
<td>All pregnant and postpartum clients in parenting program</td>
</tr>
<tr>
<td>How will they be identified?</td>
<td>All participants in the parenting program. No special screening required.</td>
</tr>
</tbody>
</table>
| What specific sections of the document(s) are we responsible for (may need to be provider-specific)? | Parent coach/linkage specialist:  
  - Family and support  
  - Infant information  
  - Referrals and services  
  - Contact information  
  - Resources – including Choosing a Pediatrician  
  - Certificates and accomplishments  
  Recovery coach:  
  - Relapse Prevention Plan |
| Who is responsible for helping patients develop or initiate their Portfolio? | Parent coach |
| Who is responsible for helping patients update/review their Portfolio?    | Parent coach, linkage specialist, recovery coach |
| When is the Portfolio started with patients?                             | For pregnant moms going to high-risk obstetric clinic: program enrollment  
  For community-based clients: 2nd or 3rd session |
| How often and when is the Portfolio updated/reviewed? (Example: monthly reviews, preparation for delivery, part of program completion, patient discharge, etc.) | Each session – review and update, if needed  
  Thorough review 2-3 weeks prior to estimated due date and end of program |
| How should providers document initiation and updates to the Portfolio?   | In the client’s electronic record: Include Portfolio in the service plan, record dates for initiation and updates to the Portfolio in notes section of the client’s record |
| Where are the portfolios stored?                                         | In a box next to program specialist’s desk in program office |
| Who is responsible for “ordering” more when there are only a few left? Or buying supplies to make more? | Program director when there are 5 or fewer Portfolios in the box |
Workflow Diagram

Sketch out the workflow or timeline for your program.

Timeline for Pregnant Client Entry into Program:

- Entry into program
- Session: update/review Portfolio
- Session: update/review Portfolio, Relapse Prevention
- Baby born
- 2-3 weeks prior to delivery:
  - thorough review of Portfolio, especially Referrals
- 1 month postpartum:
  - Child Demos, Appointments, Referrals
- Case close: thorough review of Portfolio

Timeline for Postpartum Client Entry into Program (birth to 12 months):

- Entry into program
- Session: update/review Portfolio, esp. Referrals
- Session: thorough review of Portfolio and Goal Planning Tool
- Case close: thorough review of Portfolio and Goal Planning Tool
Gather your Family CARE Portfolio implementation team. As a group, review the Key Implementation Questions listed below and discuss how to best implement the Portfolio at your organization. These questions are meant to guide you through the planning process as you get started and for reflection once you’ve had some time to implement the Portfolio. Consider this a living document that should be revisited and updated as often as necessary.

**Key Implementation Questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Pilot</th>
<th>Long-term goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which patients will receive a Family CARE Portfolio (“the Portfolio”)?</td>
<td>All Family Reunification Court (substance use specialty court) biological parents</td>
<td>All patients with birth parent engagement in appointments with family reunification as a primary goal, when appropriate (example: may not be appropriate if child is teenager, etc.)</td>
</tr>
<tr>
<td>How will they be identified?</td>
<td>Provider (Dr/NP) reviews chart to identify if the parent(s) meet criteria. Focus is on family reunification court families; provider to decide if good candidate after initial visit.</td>
<td>Embed in new referral intake form</td>
</tr>
<tr>
<td>What specific sections of the Portfolio are we responsible for (may need to be provider-specific)?</td>
<td>All sections Provider – Child demographic and medical history (for each child in family), Relapse Prevention Plan (specifically safe caregivers) Coordinator – Referrals and Resource section; Child Demographics, Medical History, and Education History and Community Linkage (for each child); Relapse Prevention Plan (safe caregivers)</td>
<td></td>
</tr>
<tr>
<td>Who is responsible for helping patients develop or initiate their Portfolio?</td>
<td>Provider and coordinator</td>
<td></td>
</tr>
<tr>
<td>Who is responsible for helping patients update/review their Portfolio?</td>
<td>Provider and coordinator</td>
<td></td>
</tr>
<tr>
<td>When is the Portfolio started with patients?</td>
<td>Portfolio is introduced by provider during the initial visit with parent Appointment made with coordinator to initiate Portfolio</td>
<td></td>
</tr>
<tr>
<td>How often and when is the Portfolio updated/reviewed? (Example: monthly reviews, preparation for delivery, part of program completion, patient discharge, etc.)</td>
<td>During each visit to clinic (with provider and coordinator, depending on section) and separate appointments/calls with coordinator, if needed</td>
<td></td>
</tr>
<tr>
<td>How should providers document initiation and updates to the Portfolio?</td>
<td>Smart phrases to be added to Epic (electronic health record)</td>
<td></td>
</tr>
<tr>
<td>Where are the Portfolios stored?</td>
<td>Pilot: Sit with scheduler Long-term goal: Will be under social worker/coordinator desk</td>
<td></td>
</tr>
<tr>
<td>Who is responsible for “ordering” more when there are only a few left? Or buying supplies to make more?</td>
<td>Pilot: Clinic scheduler will request more when supply is low (5 or fewer)</td>
<td></td>
</tr>
</tbody>
</table>
## Implementation Guide Example: Pediatric Specialty Clinic

<table>
<thead>
<tr>
<th>What are some anticipated challenges?</th>
<th>Volume, staff time, patient interaction due to Covid-19 (more challenging via telephone and telehealth than in person)</th>
</tr>
</thead>
</table>
| What are potential solutions to address these challenges? | Potential solutions:  
• Screen all patients for eligibility – look for biological parent involvement in record along with age appropriateness  
• New coordinator has been hired |

| When will you meet as a team to reflect upon implementation? How often will you discuss as a team? Include:  
• Date/time of first follow-up meeting  
• Any ongoing meetings to discuss (i.e., monthly staff meeting, etc.) | Meetings  
• Next clinic meeting: Tuesday, July 6, at 1 pm  
Clinic meeting occurs every 2 weeks – will be a standing agenda item at these meetings |

### Workflow Diagram

**Sketch out the workflow or timeline for your program.**

1. **Provider/Coordinator will ID eligible patient before visit (based on patient record/referral information)**
   - **Provider discusses Portfolio with biological parent at appointment**
   - **If parent wants Portfolio, Coordinator will give parent binder (in-person) or mail it to parent (telehealth)**
   - **Scheduler will remind parent to bring Portfolio to appointment**
   - **Coordinator schedules visit with parent to initiate Portfolio**
   - **Provider and Coordinator will ask about and update Portfolio at each visit**

   - **Next clinic meeting: Tuesday, July 6, at 1 pm**  
   Clinic meeting occurs every 2 weeks – will be a standing agenda item at these meetings
CONTACT INFORMATION

We are happy to provide consultation and technical assistance.

For questions, comments, to obtain copies documents, or to request training or technical assistance, please complete the request form at https://redcap.link/posc.request.

REFERENCES

   https://www.childwelfare.gov/pubs/factsheets/about/
   https://www.help senate.gov/imo/media/doc/052621%20CAPTA%20117th%20Section-by-Section.pdf
   https://www.congress.gov/bill/117th-congress/senate-bill/1927/text?q=%7B%22search%22%3A%5B%22child+abuse+prevention+and+treatment%22%7D&r=14&s=1
   https://www.ahrq.gov/health-literacy/improve/precautions/tool2b.html

ADDITIONAL RESOURCES


https://www.childwelfare.gov/topics/systemwide/laws-policies/state/


Screening, brief intervention, referral to treatment (SBIRT) resources. https://www.sbirtoregon.org/
