CENTER FOR FAMILY INVOLVEMENT

SUPPORTING FAMILIES

DANA YARBROUGH, DIRECTOR CENTER FOR FAMILY INVOLVEMENT

Partnership for People with Disabilities
Linking people. Changing lives.

VCU
VIRGINIA COMMONWEALTH UNIVERSITY

CENTER FOR FAMILY INVOLVEMENT

MISSION

- THE CENTER FOR FAMILY INVOLVEMENT WORKS WITH FAMILIES TO INCREASE THEIR SKILLS AS ADVOCATES, MENTORS, AND LEADERS SO FAMILIES, AND CHILDREN AND YOUNG ADULTS WITH DISABILITIES, CAN LEAD THE LIVES THEY WANT.

VISION

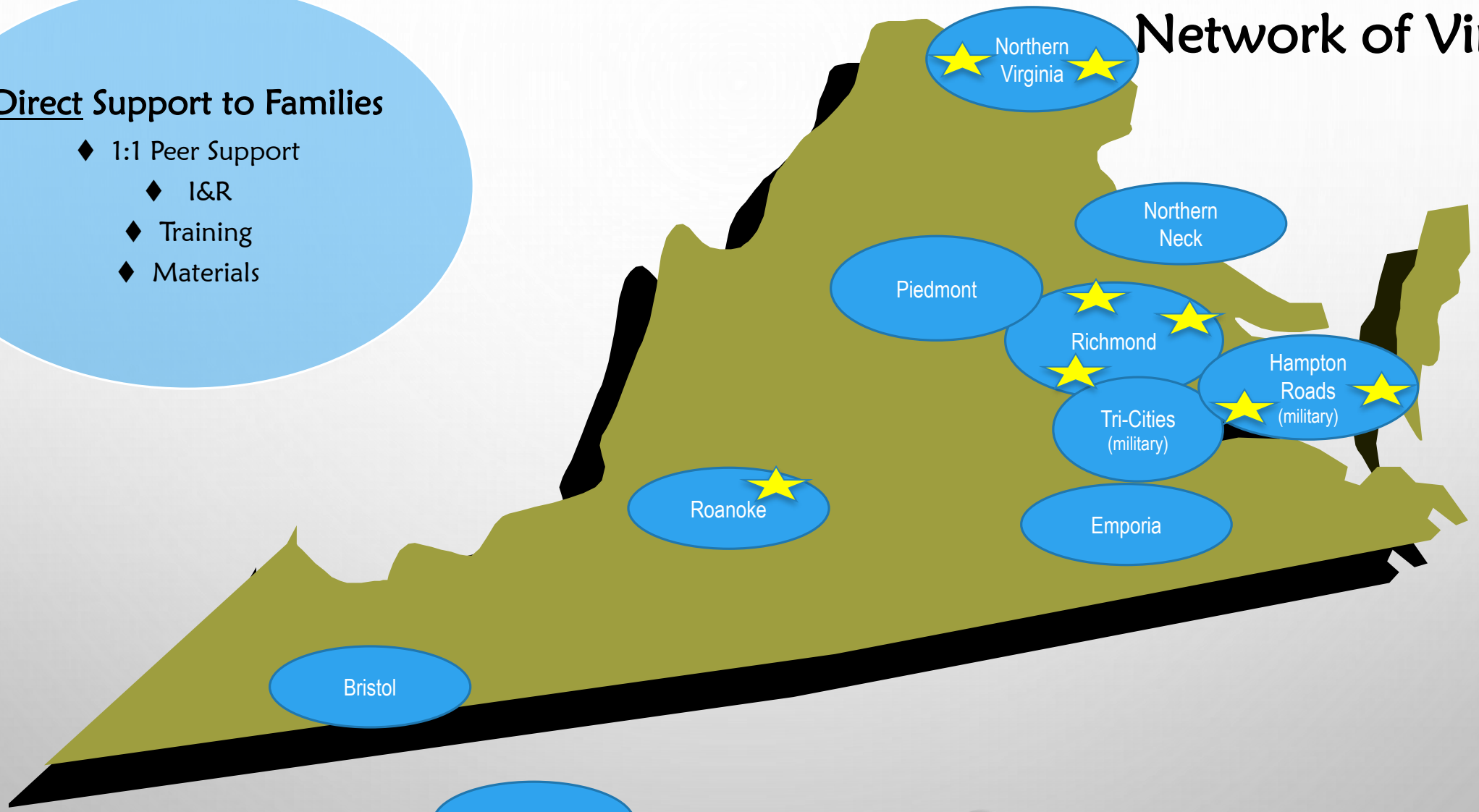
- EVERY FAMILY OF A PERSON WITH A DISABILITY, TOGETHER WITH THE PROFESSIONALS WHO WORK WITH THEM, EMBRACES THE FAMILY'S ROLE IN IMPROVING THE LIVES OF PEOPLE WITH DISABILITIES. FAMILIES BECOME:
  - ADVOCATES WHO SPEAK WITH AND FOR THEIR FAMILY MEMBERS WITH DISABILITIES;
  - MENTORS WHO USE WHAT THEY HAVE LEARNED TO HELP OTHERS; AND,
  - LEADERS WHO MAKE POSSIBLE A BETTER LIFE FOR THOSE WHO FOLLOW.

WWW.CENTERFORFAMILYINVOLVEMENT.ORG

Family to Family Network of Virginia

Direct Support to Families

- 1:1 Peer Support
- I&R
- Training
- Materials

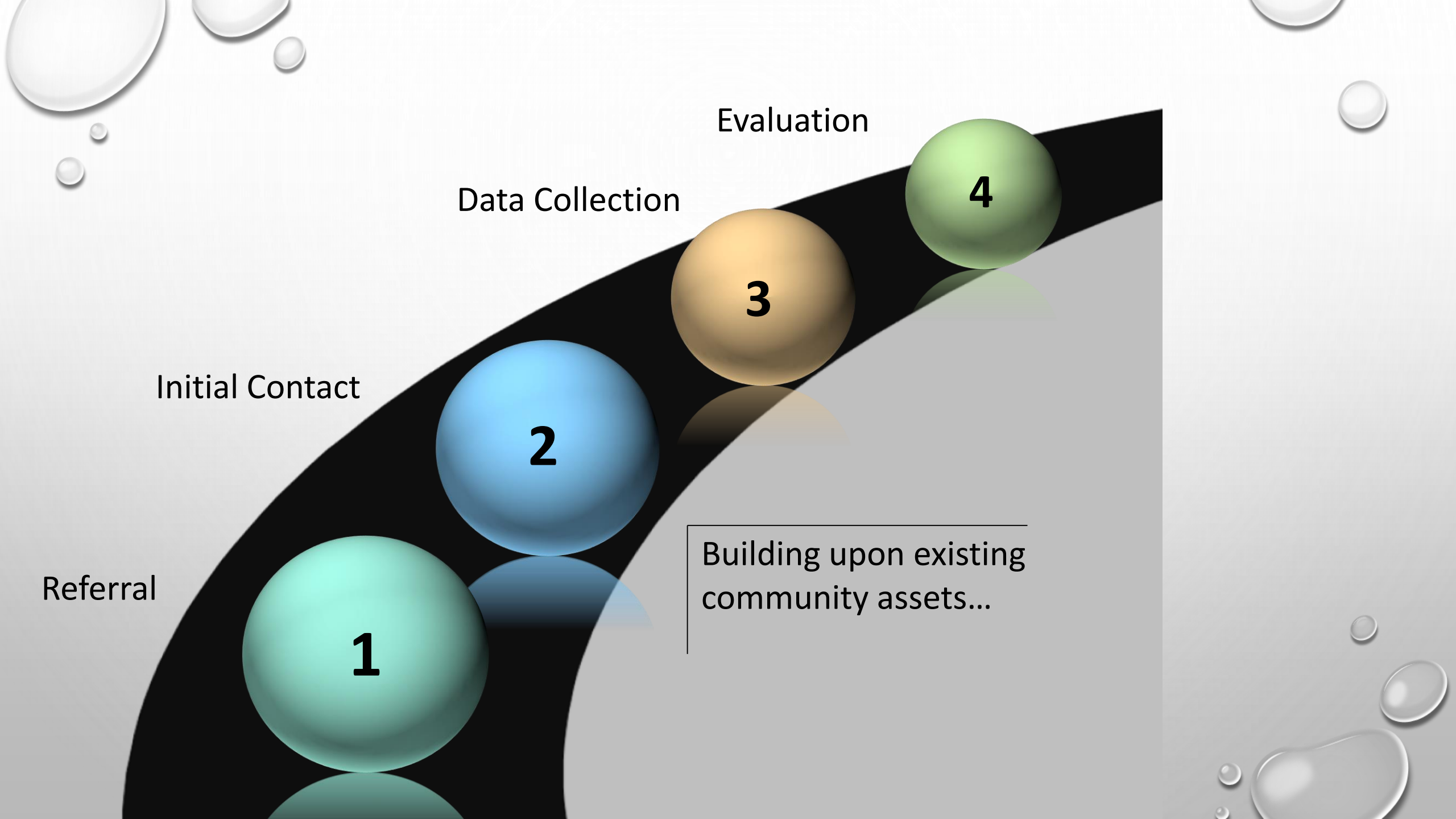


= local F2F office

= cultural broker/liaison

ASD EARLY STEPS REFERRAL PROMISES

- PROVIDE 1:1 EMOTIONAL, INFORMATIONAL AND SYSTEMS NAVIGATIONAL SUPPORT TO FAMILIES USING P2P USA EVIDENCED-BASED PRACTICES
- PROMOTE CULTURAL AGILITY
- PARTNER WITH EXISTING FAMILY-LED ORGANIZATIONS


Evaluation
Data Collection
Initial Contact
Referral
4
3
2
1
Building upon existing community assets…

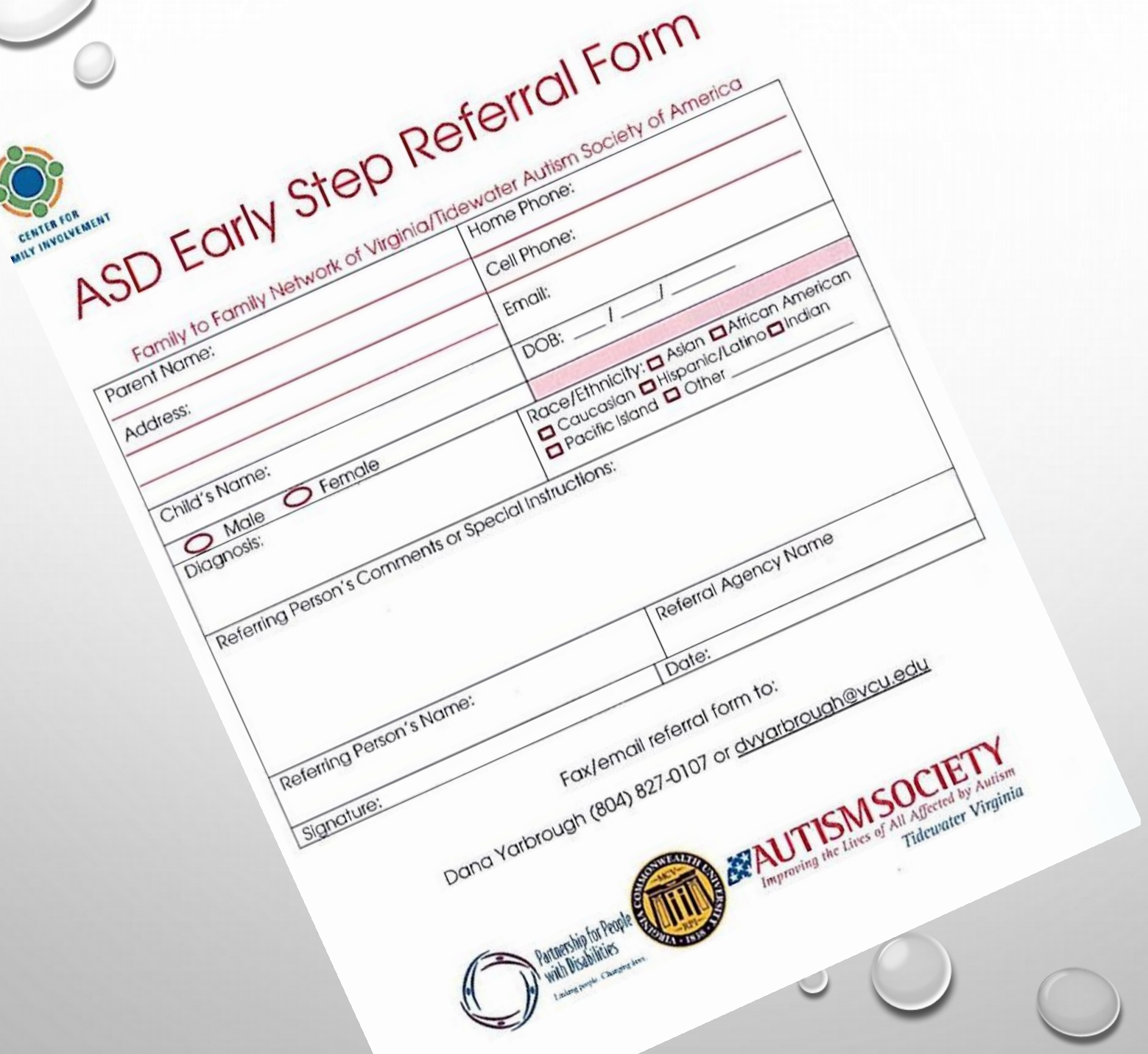
STEP 1: REFERRAL

PROVIDER/PRACTICE:

1. DISCUSSES REFERRAL WITH FAMILY (PROVIDES BROCHURE)

2. COMPLETES REFERRAL FORM (W/PARENT PERMISSION)

3. SENDS FORM TO CFI OFFICE


ASD Early Step Referral Form
Family to Family Network of Virginia/Tidewater Autism Society of America
CENTER FOR
MILY INVOLVEMENT
Parent Name:
Address:
Home Phone:
Cell Phone:
Email:
DOB: ___/___/____
Child's Name:
Male
Female
Diagnosis:
Race/Ethnicity:
Asian
African American
Caucasian
Hispanic/Latino
Indian
Pacific Island
Other
Referring Person's Comments or Special Instructions:
Referring Person's Name:
Referral Agency Name
Signature:
Date:
Fax/email referral form to:
Dana Yarbrough (804) 827-0107 or dvyarbrough@vcu.edu
Partnership for People with Disabilities
AUTISM SOCIETY
Improving the Lives of All Affected by Autism
Tidewater Virginia

STEP 2: INITIAL CONTACT/1:1 SUPPORT

WITHIN 48 HOURS, CFI/F2F STAFF ENTERS INFORMATION INTO DATABASE, CONTACTS FAMILY TO EXPLAIN PROCESS AND FAXES REFERRAL FORM TO LOCAL FAMILY-LED ORGANIZATION IF APPLICABLE

WITHIN 48 HOURS, F2F STAFF MATCHES FAMILY WITH A *FAMILY NAVIGATOR* AND THEY AND FAMILY-LED ORGANIZATION CONTACT FAMILY TO PROVIDE:

1. 1:1 SUPPORT
2. FAMILY-LED ORGANIZATION MATERIALS
3. F2F ROADMAP AND RESOURCE GUIDE

FAMILY NAVIGATOR AND FAMILY-LED ORGANIZATION STAFF ALSO

1. COMPLETE F2F DATA FORM AND FAX TO CFI WITHIN 5 DAYS OF FAMILY SUPPORT

STEP 3: DATA

CFI/F2F STAFF:

1) FOLLOWS UP WITH FAMILY NAVIGATOR AND FAMILY-LED ORGANIZATION STAFF (AND FAMILY AS NEEDED) TO COMPLETE DATA ENTRY OR PROVIDE ADDITIONAL RESOURCES OR 1:1 SUPPORT

2) PRINTS REPORTS FOR EVALUATION TEAM

LNC/CL/Family Navigator: _____
Date: _____
Time Spent: _____

Family to Family Network of Virginia

CENTER FOR FAMILY INVOLVEMENT

Add to Mailing List?
- ☐ Y – Use Home info
- ☐ Y – Use Work info

CONTACT INFORMATION

First Name _____ Last Name _____

HOME

Address Line 1 _____

Address Line 2 _____ County/City _____

City _____ State _____ Zip _____ Phone _____

Email _____ Alt Phone _____

WORK

Agency/Organization/Employer _____

Job Title _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____ Phone _____

Email _____ Fax _____

Additional Family Contacts/Info

Family Role
- ☐ Parent
- ☐ Foster Parent
- ☐ Grandparent
- ☐ Guardian
- ☐ Self
- ☐ Sibling

Race
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Pacific Islander
- ☐ Other_____
- ☐ Unknown

Ethnicity
- ☐ Hispanic
- ☐ Non-Hispanic

Military
- ☐ Military

Underserved
- ☐ Rural
- ☐ Urban
- ☐ Migrant Worker
- ☐ Undocumented
- ☐ Gay/Lesbian
- ☐ Low Income
- ☐ Refugee
- ☐ Immigrant
- ☐ Other_____

Do Not Call
- ☐ Do Not Call

Professional Role
- ☐ Educator
- ☐ Provider
- ☐ Social Worker
- ☐ Other_____

Primary Insurance
- ☐ Private
- ☐ Medicaid
- ☐ Uninsured
- ☐ Other:

Primary Language
- ☐ English
- ☐ Spanish
- ☐ Other_____

Staff:
- ☐ Dana
- ☐ Dawn
- ☐ Diego
- ☐ Irene
- ☐ Katherine
- ☐ Kathy
- ☐ Kerri
- ☐ Joan
- ☐ Maurietta
- ☐ Maurisa
- ☐ Melissa
- ☐ MHP/Vicki H
- ☐ Norma
- ☐ Summer
- ☐ Other_____

IPEEP
- ☐ IPEEP

Navigator
- ☐ Navigator_____
- ☐ TASA (ASD

How did you hear about us? (referral source)
- ☐ Agency Referral
- ☐ Child Care Center
- ☐ Disability Organization
- ☐ Early Intervention Program
- ☐ Facebook
- ☐ Hospital
- ☐ Other
- ☐ Parent (other than self)
- ☐ PEATC
- ☐ Phone Inquiry (not toll free line)
- ☐ Physician
- ☐ School/PRC
- ☐ Self-Referral
- ☐ Title V (Care Connection for Children)
- ☐ Toll Free Line
- ☐ Website

CONTACT DETAIL: 1:1 Assistance Provided

Assistance Provided
- ☐ Appeals/Mediation/Dispute
- ☐ Completing an Application
- ☐ Emotional Support
- ☐ General Information Support
- ☐ IEP Meeting
- ☐ Referral (see "referral to" box below to select referrals)
- ☐ Materials/Products
- ☐ Professional Request to Help Family
- ☐ Service Planning Mtg (NOT IEP)
- ☐ Systems Navigational Support

Referral to
- ☐ Local Network Coordinator _____
- ☐ Cultural Liaison _____
- ☐ Parent to Parent of VA
- ☐ Medical Home Plus
- ☐ ARC
- ☐ CIL
- ☐ Disability Specific Organization _____
- ☐ Local CSB
- ☐ Local FAPT/CSA Office
- ☐ Local DRS
- ☐ Local DSS
- ☐ Local DSS
- ☐ Other_____
- ☐ Early Intervention Program
- ☐ School/Parent Resource Center
- ☐ Exceptional Family Member Program
- ☐ Care Connection for Children
- ☐ Educational Consultant
- ☐ State Agency/Ombudsman
- ☐ Private Povider _____

NOTES summarizing reason for call, assistance provided and referrals made

Name of Household: _____

CHILD INFORMATION

First Name | Last Name | Date of Birth

Diagnosis Category:
- ☐ ADD-ADHD
- ☐ Autism Spectrum
- ☐ Deaf-Blindness
- ☐ Deaf-Hard of Hearing
- ☐ Developmental Delay (before age 5)
- ☐ Emotional, Mental or Behavioral Health
- ☐ Genetic Disorders
- ☐ Intellectual Disability (i.e., down syndrome)
- ☐ Multiple Disabilities
- ☐ Orthopedic (i.e., cerebral palsy)
- ☐ Other Health Impairment (i.e., epilepsy)
- ☐ Specific Learning Disability
- ☐ Speech or Language Impairment
- ☐ Suspected / At Risk
- ☐ Traumatic Brain Injury
- ☐ Visual Impairment including Blindness
- ☐ Other _____

Gender
- ☐ Female
- ☐ Male

Military
- ☐ Military

Relationship of Contact
- ☐ Parent
- ☐ Foster Parent
- ☐ Grandparent
- ☐ Guardian
- ☐ Self
- ☐ Sibling

Insurance:
- ☐ Private / Military
- ☐ Medicaid / FAMIS
- ☐ Uninsured
- ☐ Other _____

Additional Child Information:

Date Screened ___/___/___
Date Diagnosed ___/___/___

In EI? Yes No
In Special Education? Yes No

ID Waiver? Yes No Waitlist
DD Waiver? Yes No Waitlist
EDCD Waiver? Yes No

Topic Areas of Assistance/Information (check all apply)

Outcome - Financing
- ☐ CHIPRA
- ☐ Donations/Grants
- ☐ Health Exchange
- ☐ Medicaid (i.e., EPSDT, waivers)
- ☐ Prescription Assistance
- ☐ Private Insurance
- ☐ Public Assistance (i.e., SSI, TANF, Title V)
- ☐ School-Based (alt. placement, services – NOT eligibility)
- ☐ State Funded Program (i.e., CSA, SCHIP, Ind/Family Support Fund)
- ☐ Tricare/Military Insurance
- ☐ Uninsured
- ☐ Other (_____)

Outcome - Medical Home
- ☐ Assistive Technology
- ☐ Care Coordination
- ☐ Child Development
- ☐ Cultural Competence
- ☐ Durable Medical Equipmen
- ☐ Healthy Weight
- ☐ Immunizations
- ☐ Interpreters/ASL
- ☐ Life Course
- ☐ Medical Tests
- ☐ Medications/Prescriptions
- ☐ Mental/Behavioral Health
- ☐ Nutrition
- ☐ Oral Health
- ☐ Physical Health
- ☐ Primary Care
- ☐ Record Keeping
- ☐ Sexuality
- ☐ Specialty Care
- ☐ Supplies
- ☐ Testing/Assessments
- ☐ Therapy Services
- ☐ Other (_____)

Outcome - Partnering
- ☐ Advocacy
- ☐ Communicating with Child's providers
- ☐ Cultural Competency/Health Equity
- ☐ F2F Collaboration with Professionals
- ☐ Family-Centered Care
- ☐ Family Collaboration with Professionals
- ☐ Learning Opportunities
- ☐ Mentoring
- ☐ Parent Leadership Development (i.e., navigator training, PIP)
- ☐ Systems-level Involvement (i.e., SEAC, TACIDD)
- ☐ Title V Involvement
- ☐ Other (_____)

Outcome - Community-Based Services
- ☐ Basic Needs (i.e., food, clothing, shelter)
- ☐ Bullying/Violence
- ☐ Child Care
- ☐ Community Relationships
- ☐ Cultural Brokering
- ☐ Disability Awareness
- ☐ Disability Specific Info
- ☐ Disaster Planning
- ☐ Family Support (peer-to-peer, support groups, sibling support)
- ☐ Home care / personal care assistance/ nursing
- ☐ Home/Vehicle Modifications
- ☐ Hospitals/Clinics
- ☐ Housing
- ☐ Immigration/Citizenship
- ☐ Legal Services
- ☐ Parenting
- ☐ Pet Therapy/Service Dog
- ☐ Recreation
- ☐ Respite
- ☐ Safety
- ☐ Schools (i.e., **not** eligibility or services)
- ☐ Social Skills
- ☐ Special Needs Planning
- ☐ Substance Abuse
- ☐ Transportation
- ☐ Utilities
- ☐ Other (_____)

Outcome - Screening
- ☐ Autism Screening
- ☐ Diabetes Screening
- ☐ Diagnostic Testing
- ☐ EI/IEP screening/eligibility
- ☐ Genetic testing, counseling
- ☐ Mental Health/Behavioral Screening
- ☐ Neuropsych Evaluation
- ☐ Newborn hearing screening
- ☐ Speech Language Testing
- ☐ Vision Screening
- ☐ Waiver Screening
- ☐ Other (_____)

Outcome - Transition
- ☐ Adult Day Support
- ☐ Community Involvement
- ☐ Driving/Transportation
- ☐ Finding Adult Providers
- ☐ Guardianship/Alternatives
- ☐ Health Skills Training
- ☐ Independent Living/Housing
- ☐ Navigating Adult Services System
- ☐ Person-Centered Planning
- ☐ Relationships/Socialization
- ☐ School Transition
- ☐ Self-Determination/Advocacy
- ☐ Sexuality/Sex Safety
- ☐ Special Needs Trust
- ☐ Suicide Prevention
- ☐ Teen councils/leadership (i.e., YLF)
- ☐ Vocational/Employment
- ☐ Other (_____)

STEP 4: IMPACT/SATISFACTION EVALUATION

8 WEEKS FROM INITIAL REFERRAL, A PROJECT EVALUATOR:

1. CONTACTS FAMILY TO GAUGE SATISFACTION AND IMPACT OF SUPPORT

2. DISCUSSES WITH FAMILY PERMISSION FOR LONG TERM DATA COLLECTION

DATA 2014-2016

	2014 (N=60)	2015 (N=233)	2016 (N=67)
Age	0-3 38% 4-6 29% 7-10 22% 11+ 11%	0-3 43% 4-6 32% 7-10 18% 11+ 7%	0-3 33% 4-6 31% 7-10 24% 11+ 12%
Gender	M 80% F 20%	M 82% F 18%	M 73% F 27%
Race/Ethnicity	W 48% B 43% A 0% O/DK 9%	W 43% B 28% A 4% O/DK 25%	W 56% B 38% A 1% O/DK 5%
Income	$0-24,999 31% 25,000-49,000 41% 50,000 - 99,999 22% $10,000+ 6%	$0-24,999 18% 25,000-49,000 47% 50,000 - 99,999 31% $100,000+ 4%	$0-24,999 25,000-49,000 50,000 - 99,999 $100,000+
Other Disabilities	28.5%	13%	12%