

Chapter 8: Healthy Start Services Parenting Education and Support

Introduction

Parenting education and support services are based on a comprehensive curriculum that is culturally sensitive and applicable for the participant receiving the service. When possible, classes should be offered in the participant's native language or an interpreter should be provided. The curriculum content should have a prevention-based and/or an intervention-based focus to reduce factors that are associated with placing children at health, social, or behavioral risk. The adult education-based parenting curriculum should reflect the needs of parents relevant to their recent, current, and near-future parental role responsibilities.

Definition of Service

Parenting education and support is a partnership relationship between a parent, parents, or a caretaker and professionals to support healthy family development. Parenting support and education provides comprehensive information and education related to the care of the newborn, infant, and child. This service includes information on normal growth and development, anticipatory guidance, changes in family dynamics, attachment behaviors, nutrition, resource management, safety, child injury prevention, immunizations, and child abuse prevention.

Standards and Criteria

Standard 8.1 Healthy Start parenting education and support services will be offered to all participants who are determined through the care coordination process to need them.

Criteria:

- 8.1.a** Level of service is based upon local resources, local Healthy Start coalition funding decisions and consideration of Healthy Start as the payer of last resort.
- 8.1.b** Parenting education and support will be provided with consideration to the cultural, language, educational/literacy and accessibility needs of the participant.
- 8.1.c** With the participant's approval, fathers, significant others, and other household members are encouraged to participate in the education process.
- 8.1.d** Parenting education and support includes the following components:
- Assessment,
 - Development of a plan of care,
 - Counseling and education consistent with the plan of care that includes presentation, a demonstration activity, and follow-up and feedback, and,
 - Evaluation of progress.

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- 8.1.e** Parenting education and support follows an established curriculum approved by the Healthy Start Coalition.
- 8.1.f** Providers of parenting education and support assure classes and support services are prevention-based and /or intervention-based, and adaptable to reflect parental needs.
- 8.1.g** The duration of parenting education classes or individual sessions is specified in contracts and/or memoranda of agreement.
- 8.1.h** Parenting education and support includes at least one information session and additional sessions based on identified need.

Standard 8.2 The provider of parenting education and support services will provide follow-up information to the Healthy Start care coordinator.

Criterion:

Written follow-up documenting receipt of referral and plan for initiation of services is provided to the Healthy Start care coordinator within 30 days.

Standard 8.3 Providers of parenting education and support services will offer and initiate services in a timely manner.

Criterion:

Parenting education and support services are initiated within 30 days after receipt of referral or identified need unless the need for more immediate initiation of services is evident.

Standard 8.4 Providers of parenting education and support will respond to any additional identified needs.

Criteria:

- 8.4.a** Additional identified needs are addressed directly by the provider or by notifying the participant's Healthy Start care coordinator.
- 8.4.b** Parenting education and support providers communicate with the care coordinator who develops the family support plan, and will collaborate as a part of the interdisciplinary team as indicated by individual need.

Standard 8.5 Providers of parenting education and support will accurately code service information in a timely manner for Health Management System (HMS) data entry.

Criterion:

Coding complies with the requirements of the Department of Health publication DHP 50-20.

Standard 8.6 Providers of parenting education and support will document services in the participant's existing clinical record or, in the absence of a clinical record, in a format determined by the local coalition and provider.

Criteria:

- 8.6.a** Services are documented in the record of the individual receiving the services. In the event that services are provided to another person on behalf of a Healthy Start program participant, the services are only referenced in the Healthy Start participant's record. The actual detailed documentation occurs in the record of the individual receiving the service. For example, if the mother of a Healthy Start child participant is being provided with parenting education and support, the actual documentation occurs in the mother's record, since she is receiving the service; however, the service is also referenced in the child's record.
- 8.6.b** Documentation occurs in other components of the record such as the problem list or family support plan, as appropriate.

Standard 8.7 Parenting education and support providers will develop and implement an internal quality management (QM) and program improvement (PI) process.

Criterion:

The QM/PI process is developed in concert with the local Healthy Start coalition and includes an assessment of strengths and areas needing improvement and a plan for assuring maintenance of quality and program improvement.

Standard 8.8 Parenting education and support will be provided by qualified and trained providers.

Criteria:

- 8.8.a** Qualifications are met as outlined in this chapter and as specified in rule 64F-3, F.A.C.
- 8.8.b** Competency and up-to-date knowledge related to parenting education and support is maintained.

Guidelines

Parenting support and education can be provided in the clinic or other sites such as the home, school, church, library, or other community center. The content, method, and location for parenting support and education should be tailored to best meet the needs of the individual family. The method of service delivery can be provided in any of the three following ways:

1. One-to-one support using service sites such as the clinic, home, school, or work place
2. Support and information groups that empower parents. Leaders should have parenting knowledge and expertise and promote group sharing of experiences and knowledge. The leader provides education and information based on curricula and the needs of participants. These groups meet on a regular basis, with the frequency and length of time decided by the participants.
3. A formal or educational group format. A formal or educational group format differs from the support and information format in that the group has a more fixed curricula and a set number of sessions.

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Incentives such as transportation, childcare, or certificates may be necessary to encourage consistent participation in classes. A list of resources on parenting offered in the community should be available for all participants. Two statewide resources for information are the Family Health Line at 1-800-451-2229 and the Parent HelpLine at 1-800-FLA-LOVE.

The curriculum content should be designed to provide parents with information to support healthy growth and development of their children and include the following components: presentation, demonstration activity with participant, follow-up, and feedback. Parenting education should include topics such as:

1. Bonding and attachment behavior
2. SIDS risk reduction
3. Comforting and stimulating infants
4. Recognizing a child's distress cues
5. Child growth and development, including brain research findings, play, and learning
6. Appropriate expectations for age and developmental stages
7. Speech and language development
8. Child health including basic nutrition and safety information
9. Building on family strengths and relationships
10. The effects on children of witnessing violence in the home
11. Non-violent discipline techniques (i.e., alternatives to spanking)
12. Day-to-day problem solving techniques
13. Skills for accessing resources in the community
14. Techniques for developing a support network
15. Family dynamics and changing roles such as sibling rivalry
16. Managing stress and anger
17. Positive communication to promote positive behavior
18. Home environmental risk factors including environmental smoke and safety hazards

It is essential that the provider of parenting support and education share information with the Healthy Start care coordinator and other members of the team to support the process of successful parenting. Linkages with other service providers in the community should be maintained to improve the quality of service provision. Communication between service providers should include:

1. Authorization for release of information signed by the participant for any information that is to be shared among payers, providers, or others.
 2. Referrals to outside sources to assist the family in accessing services in the community.
 3. Documentation of unmet family needs to be addressed by the care coordinator, or, if system related, this information should be shared with the Healthy Start coalition.
 4. The sharing of accomplishments and progress on goals identified during the family support plan process with the care coordinator and other interdisciplinary members.
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Provider Qualifications

Parenting support and education are provided by trained and qualified health-related professionals and paraprofessionals using locally-approved protocols, procedures, and a curriculum with learning objectives, as specified in rule 64F-3 F.A.C.

Individuals with, at a minimum, the following credentials, knowledge, and skills are recommended to provide parenting support and education:

1. A high school diploma or equivalent GED
2. Knowledge of local community resources for health, education, and social services
3. Knowledge of infant care and family relationships
4. Knowledge of the basics of a healthy lifestyle
5. Knowledge of basic child development, management, health, and safety
6. Training and experience in using an education-based parenting curriculum

Documentation

The provider should give the Healthy Start care coordinator a copy of the participant's certification of parenting course completion and a written summary of any issues needing follow-up by the Healthy Start care coordinator. Follow-up on referral to parenting support and education services should be documented in the participant's record.

Documentation in the record may include any of the following suggested forms as appropriate or comparable forms for the non-CHD provider:

- Problem List (DH 3115)
- Progress Notes/SOAP format
- Authorization for release of information
- Family Support Plan for Single Agency Care Coordination (DH 3151)

Screening

The "Tell Us About Yourself" psychosocial questionnaire (DH 3131) can be helpful in identifying Healthy Start participants who may benefit from parenting support and education.

HMS Coding

Each Healthy Start component should be coded in accordance with approved protocols and procedures. The following codes should be used when coding Healthy Start activities:

1. Special Group Coding

The SPECIAL GROUP field (#19 on the demographic section of the Healthy Start encounter form) is used to track the provision of services to substance abusing pregnant

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women or to substance exposed infants/children. The information will be aggregated to provide a count of this special needs population that is being reached by each Healthy Start program.

Special Group Rules: Code a “2” in the special group field every time a service is provided to a participant who is:

- EITHER a woman who has abused schedule I or II drugs during pregnancy, as documented by
 - Her own admission,
 - A positive drug screen,
 - A staff member witnessing the use,
 - A report from a reliable source such as a family member or professional.
- OR an infant prenatally exposed to schedule I or II drugs, as documented by the above criteria

(A list of schedule I and II drugs can be found in §893.03, F.S.)

The special group field must be completed when services are provided to a participant meeting the above criteria.

To remove a “2” once it has been entered in the “Special Group” box, check the “Update Demographic Information” box on the Healthy Start encounter form and include a note to the data entry operator to remove the “2” from the participant file. This pertains to the substance abusing pregnant women once the substance use is stopped or the woman is no longer pregnant. The “2” is not removed from an infant prenatally exposed to schedule I or II drugs since that exposure will not “go away”.

***Note:** All providers currently utilizing HMS will document the existence of substance abusing pregnant women or substance exposed infants in the extended demographic field of HMS. For prenatal participants, the Special Group indicator should be removed from the extended demographic field at the end of the pregnancy.

Although family income and size (#20 and #21) are required fields for data entry, Healthy Start does not require this information for participation. The code 9999 may be inserted for family income and 01 for family size.

For providers using the HMS, this substance abusing pregnant women or substance exposed infants information must be entered into the system under the “Extended Demographics” tab.

2. Program Component

Each service delivered to a Healthy Start participant is coded into the HMS with a program component code. The program component coded indicates the funding source. As a provider of Healthy Start services, a prerequisite to coding is determining the funding source for the services provided. Providers receive funding either directly from

the Healthy Start coalition or from an allocation by the Healthy Start coalition to the county health department. Different encounter forms correspond to the different program components depending on who receives funding, as noted below.

HEALTHY START ENCOUNTER FORM (not for use by Department of Health entities)

This encounter form is used with program components 22, 26, and 30 when the funding flows directly from the Healthy Start coalition to a non-county health department provider.

- ◆ Program component code 22 is the Healthy Start interconception program component code used for all Healthy Start care coordination and Healthy Start services provided to a woman between pregnancies (interconception) who is beyond the 8 week post-delivery period included in the prenatal program component or has entered Healthy Start after a pregnancy loss (described in detail below).

The Healthy Start Interconception woman is a non-pregnant woman who has risk factors that may lead to a poor subsequent pregnancy outcome, but has no infant to code services to due to pregnancy loss, miscarriage, fetal death, infant death, or an infant who was adopted or removed from the home. Women are eligible for Healthy Start services during the interconception period up to three years post delivery.

- Program component code 26 is the Healthy Start prenatal program component code used with all non-clinical Healthy Start care coordination and Healthy Start services provided to or on the behalf of prenatal participants and their families.
- Program component 30 is the Healthy Start child program component code used with all non-clinical Healthy Start care coordination and Healthy Start services provided to or on the behalf of child participants and their families.

Note: Healthy Start care coordination services may be provided in the clinical setting using one of the appropriate Healthy Start care coordination program codes 22, 26, or 30 with location code 98.

COUNTY HEALTH DEPARTMENT AND COUNTY HEALTH DEPARTMENT CONTRACT PROVIDER HEALTHY START ENCOUNTER FORM

This encounter form is used with program components 27, 31, and 32 when the funding source is a coalition allocation to the county health department.

- Program component code 27 is the Healthy Start prenatal program component code used with all non-clinical Healthy Start care coordination and services provided to or on behalf of prenatal participants and their families.
- Program component 31 is the Healthy Start infant/child program component code used with all non-clinical Healthy Start care

coordination and services provided to or on the behalf of infant participants and their families.

- Program component code 32 is the Healthy Start interconception program component code used for all Healthy Start care coordination and Healthy Start services provided to a woman between pregnancies (interconception) who is beyond the 8 week post-delivery period included in the prenatal program component or has entered Healthy Start after a pregnancy loss (described in detail below).
- The Healthy Start Interconception woman is a non-pregnant woman who has risk factors that may lead to a poor subsequent pregnancy outcome, but has no infant to code services to due to pregnancy loss, miscarriage, fetal death, infant death or an infant who was adopted or removed from the home. Women are eligible for Healthy Start services during the interconception period up to three years post delivery.

Note: Healthy Start care coordination services may be provided in the clinical setting using one of the appropriate Healthy Start care coordination program codes 27, 31, and 32 with location code 39.

3. Service Codes

Use the Healthy Start participant's individual participant identification number (SSN, etc.) when coding Healthy Start services. **No group coding is allowed.** This is necessary to provide for tracking, analysis, and program evaluation of participant specific data.

- Use HMS code 8004 for parenting support and education.
- Code whenever the service is provided by a qualified provider.
- Code one service for every 15 minutes of time spent providing parenting education and support.

Service codes are identical for services provided to pregnant women, infants, or children participants (or their families). See Chapter 14, Coding, for complete coding information.

4. Service Location Coding

Service location coding (#17, Section B, Healthy Start Encounter Form) provides information on where the Healthy Start service was provided.

Providers determine the location codes for home visits or services delivered in varied sites by the location of the actual activity or attempt, and use one of the following codes on the encounter form depending on the location. A list of service codes can be found in the Personal Health Coding Pamphlet DHP 50-20. Service locations for delivering Healthy Start services are:

Service location	Code
CHD Office	31
CHD Clinic	39
Private premise	84

School	92
Other	98

Quality Management /Performance Improvement Performance Measures

Parenting support and education is designed as a preventive strategy to empower families to reduce risk factors that may affect their child's health and well-being. It is a method of providing information to support families in maintaining a healthy and safe home environment for their children. Evaluation of parenting support and education services should include outcomes that address:

1. Better health and developmental outcomes for children, including factors such as increased immunization rates, progressive developmental growth, decreases in child protection services involvement, and decreases in childhood injury rates.
2. Acquired new skills that enable parents to access community resources and build on their own strengths.
3. Parental ability to apply new parenting and resource management skills in the home environment.

Methods to evaluate process outcomes for effectiveness of parenting support and education include the following:

1. Improvement of original Healthy Start risk factors or their underlying situations
2. Individual participation and satisfaction surveys for parents to evaluate their educational gain from this service
3. Ongoing review of curriculum content and service delivery methodology
4. Review of rates of participation and program completion by families
5. Review of parent satisfaction surveys
6. Random interviews with class participants
7. Ongoing improvements to parenting support and education service delivery
8. Periodic peer review of the parenting support and education service delivery
9. Ongoing supervision of the individual who provides parenting support and education including observation, a review of the curriculum, and a log and progress notes to evaluate for positive health outcomes and decreased risk factors.

References

American Academy of Pediatrics, www.aap.org
Bright Futures in Practice, www.brightfutures.org
Center for Effective Parenting, www.parenting-ed.org

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Family Information Center, www.familyinfoserv.com
I Am Your Child, www.iamyourchild.org
National Center for Early Development and Learning, www.ncedl.org
National Parenting Information Network, www.npin.org
Parents as Teachers National Center, Inc, 866-728-4968 or www.patnc.org
ResponsiveTeaching.org
The Happiest Baby Program, 909-980-8062 or www.thehappiestbaby.org
Step By Step: Parenting Birth to Two, 904-734-7571
Zero to Three, www.zerotothree.org
Partners for a Healthy Baby , www.cpeip.fsu.edu
Keys to Caregiving, www.ncast.org/p-keys.asp
Nurturing Parent Program, www.nurturingparenting.com/
Growing Great Kids, <http://www.greatkidsinc.org/growinggreatkids.htm>
Touchpoints, <http://www.touchpoints.org/clt.html>

NOTES:

Self Study Questions: (Answers to these questions may be found in Appendix H)

1. What is the definition of parenting education and support as it relates to Florida's Healthy Start program?
2. What are the three options available for the method of service delivery for parenting education and support?
3. What components should be present in the curriculum when a formal or educational group format is used?
4. What are some examples of incentives that may be offered to encourage participation in parenting education and support classes?
5. Once a provider receives a referral for parenting education and support services, how quickly should she/he make contact with the client?
6. What are the provider qualifications for parenting education and support services?
7. What outcomes should be assessed through the QM/PI evaluation process of parenting education and support?