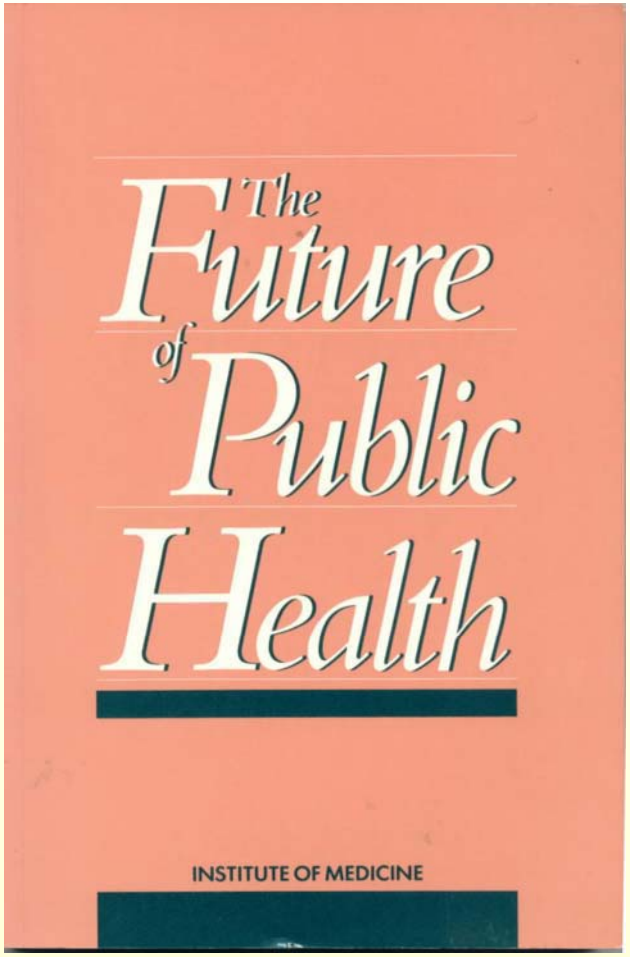
Community Needs Assessment Training

Preparation for the

Tri-Community Assessment & Intervention

Friday, September 8 and Saturday, September 9, 2006

THE MISSION OF PUBLIC HEALTH



Mission of Public Health

Fulfill society's interest in assuring conditions in which people can be healthy

Houston Department of Health and Human Services

MISSION

To work in partnership with the community to promote and protect the health and social well-being of Houstonians

How do we assure conditions in which people can be healthy?

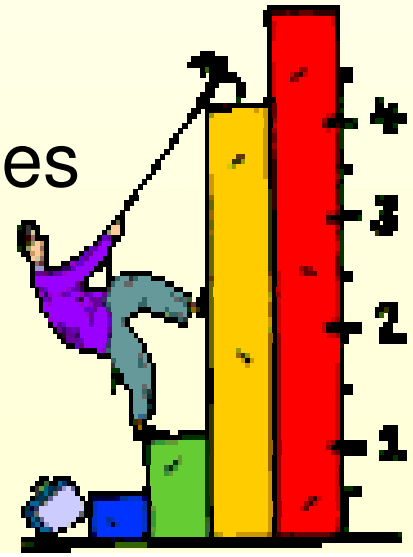
THE CORE FUNCTIONS OF PUBLIC HEALTH:

- Assessment
- Policy Development
- Assurance

Tri-Community

Goals of the Tri-Community Needs Assessment

- Assess “access to care” issues
- Assess environmental (air, water, and land) issues
- Connect the community to services
- Mobilize the Community



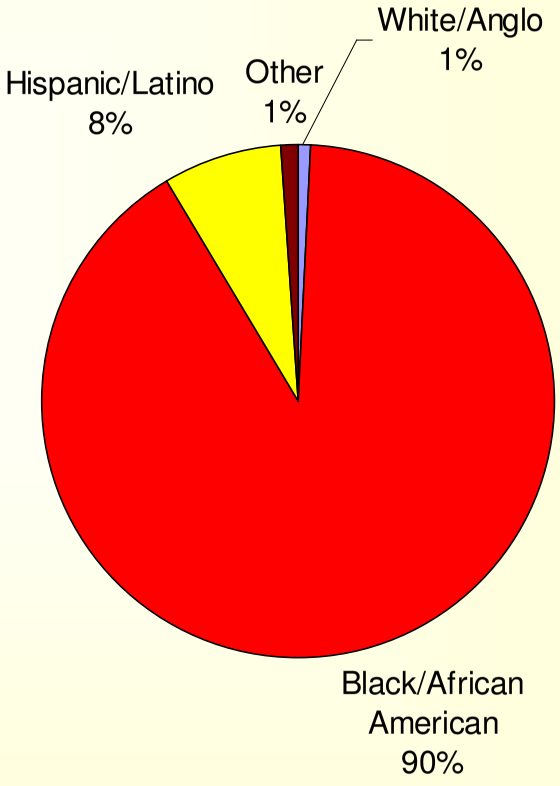
Community Profile

- Residential neighborhood located on the far eastern ridge of the Houston city limits, which lies adjacent to the Port of Houston
- 3 sections: Clinton Park, Fidelity Manor and Clinton View
- 900 homes; 2500 families
- It encompasses 2.75 square miles and takes up a portion of zip code 77029

COMMUNITY DEMOGRAPHICS

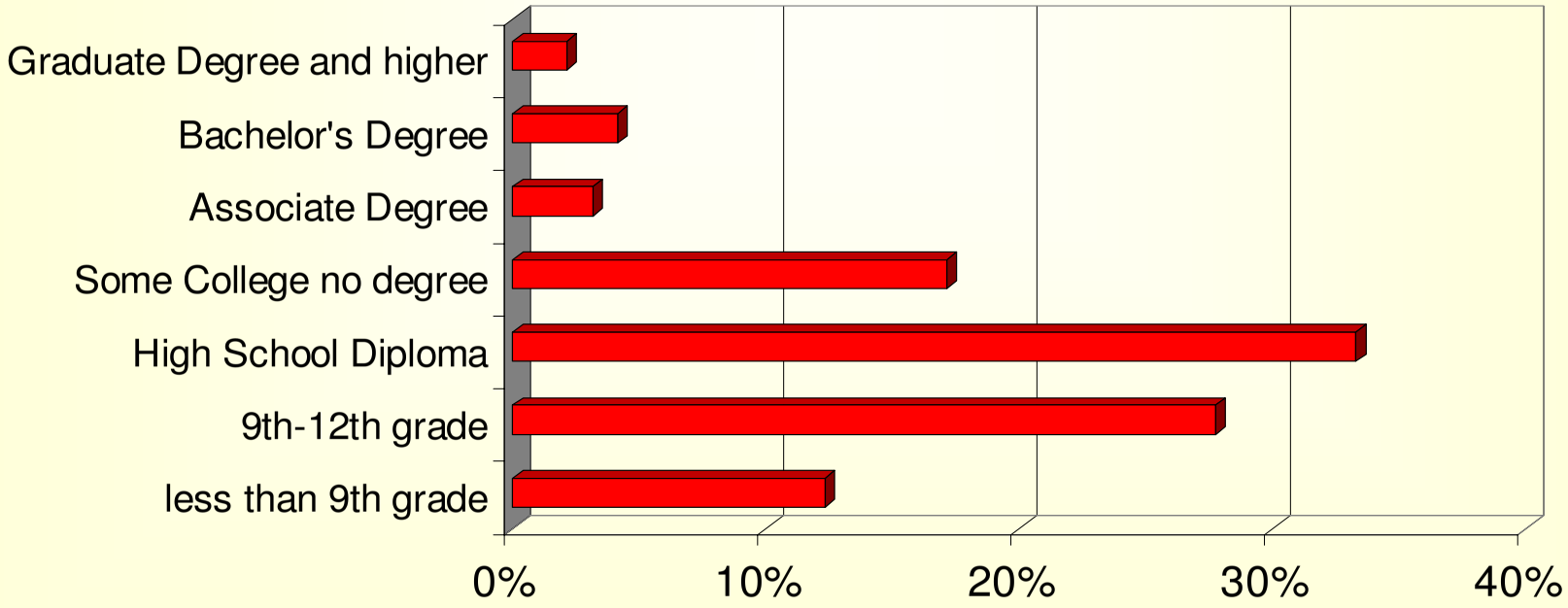
Race and National Origin:

- Most residents are African-American.
- 86% are native Houstonians,
- 72% were born in Texas,
- 5% are foreign born



COMMUNITY DEMOGRAPHICS

Education: Forty percent of the residents aged 25 and above do not have a high school diploma



COMMUNITY DEMOGRAPHICS

- *Age*: One out of every five residents are aged 65 years or older.

- *Employment*:
  - Less than half of the residents aged 16 years and older are not part of the workforce.
  - The average per Capita Income is in the lowest 25 percentile when ranked with other super neighborhoods

COMMAND STRUCTURE

COMMAND:
Clinton Park Elementary,
158 Mississippi

COMMAND ROLES

Incident Command: Algia Hickenbotham

Project Coordinator: Vanessa Brown

- Time Keepers (4)
- P-Card Holders (2)
- Data Entry Lead (1)
- Data Entry Operators (11)

COMMAND ROLES

- Tier 1 Coordinator
- Tier 2 Coordinator – connection with community agencies
- Site Coordinators (8)
- Logistics
- Maps
- Case Liaisons (will be coupled with team leaders)

POD STRUCTURE

COMMAND CENTER

POD 1

POD 2

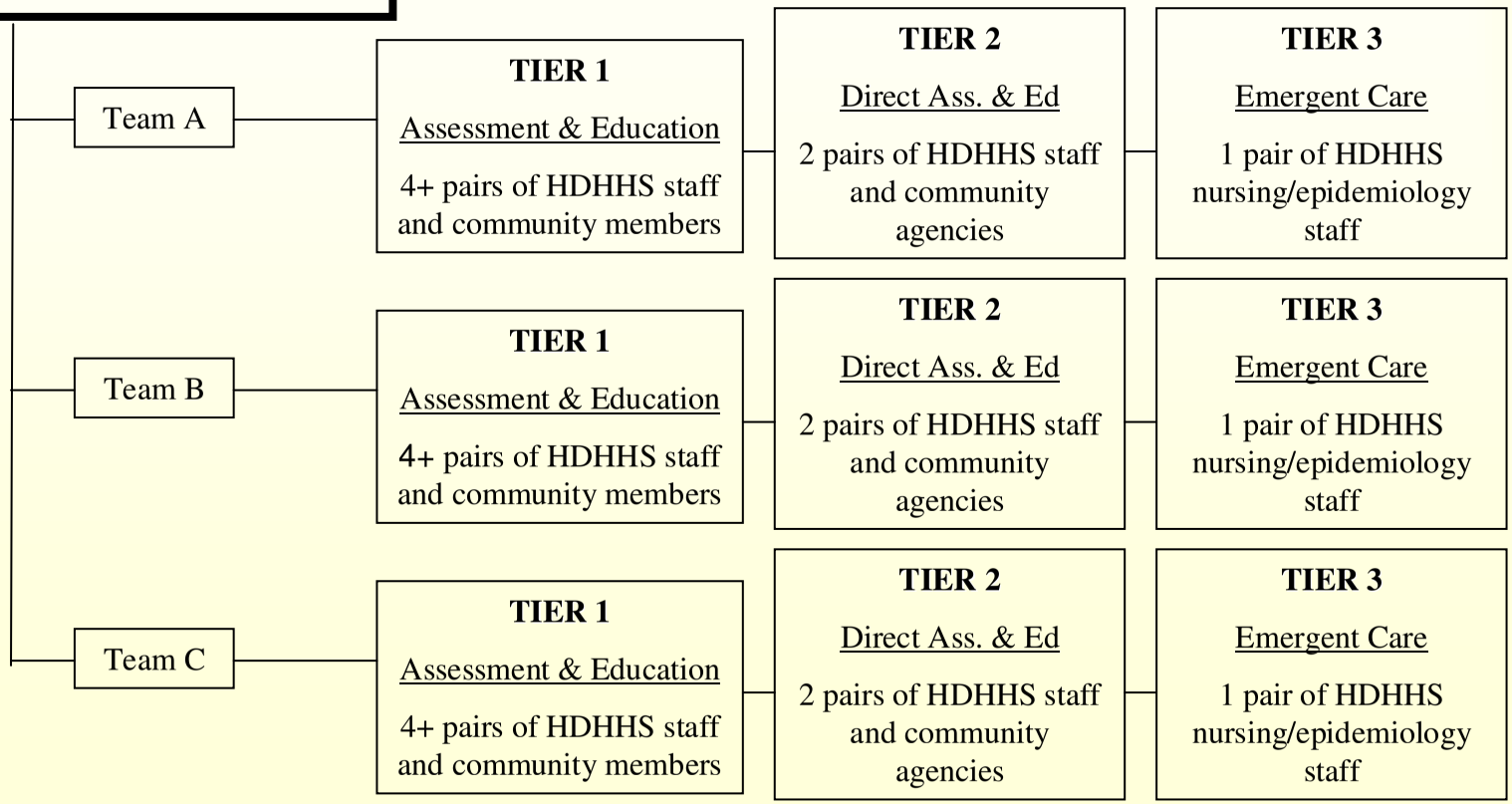
POD 3

POD 4

POD STRUCTURE

1. (2) Site Coordinator
2. (3) Data Entry Operators
3. 3 Teams *(based on RAT structure)*

EACH POD WILL HAVE



TIER TRAINING

TIER ONE
Assessment & Education
in every home

- Assessment
- Basic informational flier (community resources, environ. risk, health education messages)
- Tier Two Referral Form if necessary
- *Staffing*: HDHHS staff and community agencies & members

QUESTIONNAIRE AND FORMS

TIER 1: If yes to Question # 27 Complete Referral Form

1) Mark the date of referral by circling

2) Fill in ID & Section And Address

3) Put Name of person asking for assistance And Phone #

4) Review Assessment and mark an X by Needs that the household would like assistance with

5) Obtain their consent with signature. You will witness with your signature.

Give a copy to the citizen.

6) Turn Assessment with other parts of Referral Form to your Team Leader.

If you are a Tier 2 Team Member, with the appropriate information, provide it at that household.

ASSESSMENT DATE: 9/8 9/9	LIAISON	COMMUNITY ASSESSMENT & INTERVENTION TIER 2 REFERRAL & RESPONSE FORM
HOUSEHOLD ID #	SECTION #	RESIDENT'S NAME
HOUSEHOLD ADDRESS		PHONE #

I, _____ WOULD LIKE MORE INFORMATION OR ASSISTANCE WITH THE FOLLOWING SUPPORTS AND GIVE PERMISSION FOR THE CITY OF HOUSTON DEPARTMENT OF HEALTH & HUMAN SERVICES AND/OR ITS AGENTS TO CONTACT ME REGARDING THE FOLLOWING:

Consent by signature _____ Date _____

Witness by signature _____ Date _____

?	Need	Referral X	R-Grp	Referred To Program/Agency	Initial Follow-Up Date/Name of Staff	Assistance Provided Location / Type	Status Open / Compl
	Medical Supports Equipment Prescriptions	X	Eligibility				
26	Environmental Air / Water Land / Lead		Environ.				
26	Counseling/MH		MH				
26	Child Care/After School		Info / CRS				
26	Family Recreation		Info / CRS				
26	Basic Needs Food / Clothing Housing / Utility		Info / CRS				
26	Nutrition Information		Info / CRS				
26	Educ / Job Training		Info / CRS				

TIER 2

Responsible for delivering more specific and in-depth information and needed referrals to persons who request them.

TIER 2

TIER 2: Direct Assistance & Education

- Triggered by assessment questions
  - ✓ Does your household have a regular family doctor or clinic to go to when some is sick?
  - ✓ In the past year has your household had problems obtaining needed medical services?
- Information and referral
- Targeted Education based on self-identified need
- Follow-up by HDHHS staff and community agencies
- *Staffing*: HDHHS staff (CRSs, Medical Social Workers, etc) and community agencies

Tier Two Protocol

Tier Two is structured to meet the informational needs of people who request more specific information or referrals.

1. Tier One Surveyors will give completed assessments and original Referral Forms, along with one copy/duplicate to their Team Leader.
2. The Team Leader and Case Liaison will review assessments and Referral Form, sort, and assign as appropriate
3. Assigned Tier 2 staff will be indicated in “Referred To” column on form.
4. Assigned Tier 2 staff (HHS program and/or agency partner staff) will meet with identified family and complete In-Home Intake Form.
5. A description of “Assistance Provided” will be coded into the system. It will note home, phone or office contact and the type of support (information, enrollment, eligibility screen, etc.)
6. Status will be noted as open or closed
7. Completed form will be given to Team Lead.
8. Completed Referral Forms will be assigned to a DEO.
9. For families needing further intervention, the Case Liaison will review need, link to appropriate service provider, and provide follow-up, as appropriate.
10. The Case Management Coordination Team will provide on-going review of follow-up to any referrals made based on the C A & I. This team will engage representatives from Medical Case Management, Aging, Project Milestone, Lead, Environmental, TB, FIMR, and HIV/STD.

TIER 2: When you have been given a Referral Form

Your name has been placed here by the Case Liaison

Programs or agencies may have been specified by Case Liaison

1) Review list of needs; pull program/resource information as needed from the vehicle.

2) Visit with family. Provide needed information, support, and further referrals as necessary.

3) After the visit, place your name and date of the follow-up.

4) List the service/support provided and location (i.e. phone, if visit is not made during Assessment period)

5) Note whether each need is open or closed in status column.

6) Referral Form to your Team Leader if all items are closed. If any needs are pending, turn in Referrals form to Case Liaison

9/8 9/9	LIAISON	COMMUNITY ASSESSMENT & INTERVENTION TIER 2 REFERRAL & RESPONSE FORM

HOUSEHOLD ID #	SECTION #	RESIDENT'S NAME

HOUSEHOLD ADDRESS	PHONE #

I, _____ WOULD LIKE MORE INFORMATION OR ASSISTANCE WITH THE FOLLOWING SUPPORTS AND GIVE PERMISSION FOR THE CITY OF HOUSTON DEPARTMENT OF HEALTH & HUMAN SERVICES AND/OR ITS AGENTS TO CONTACT ME REGARDING THE FOLLOWING:

Consent by signature _____ Date _____

Witness signature _____ Date _____

?	Need	Referral X	R-Grp	Referred To Program/Agency	Initial Follow-Up Date/Name of Staff	Assistance Provided Location / Type	Status Open / Compl
	al Home						
		X	Eligibility	AAA	9906 S. Savannah	Home Eligibility form	Open
	ptions						
26	Environmental Air / Water Land / Lead		Environ.				
26	Counseling/MH	X	MH	HouCouncil		Referral	Open
26	Child Care/After School		Info / CRS				
26	Family Recreation	X	Info / CRS	Parks Dept	9906 S. Savannah	Information	Closed
26	Basic Needs Food / Clothing Housing / Utility		Info / CRS				
26	Nutrition Information		Info / CRS				
26	Educ / Job Training		RS				

TIER 3

- Clinical assistance and referrals to home in the case of an emergency.
- Separate training for clinical staff will occur prior to the event.

METHODS / GUIDELINES

Methods / Guidelines

- The Tri-Community area will be broken up into four sections. These sections will be broken down further into blocks. Within each block, one pair will conduct surveys on one side of the block, while another pair will conduct surveys on the opposite side of the same block.

- Talking Points
  - Sections
  - Routes
  - PODs
  - Communications

**** It is very important that each pair stay within their section and block assignment to avoid duplication of surveyed homes that may consume valuable time***

Section 1

Section 1 is enclosed by the following streets:

North: Tite

South: Borden

West: Sol

East: Teal

- Each pair will start south and move north.

Section 2

Section 2 is enclosed by the following streets:

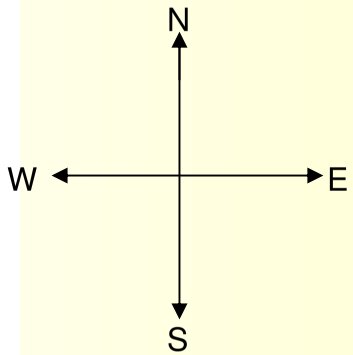
North: Lanewell

South: Yuma

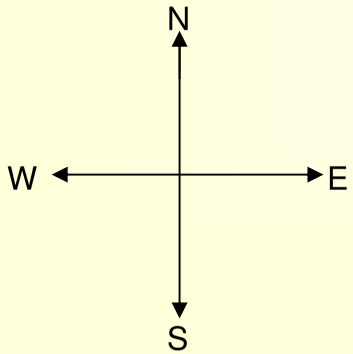
West: Dead end

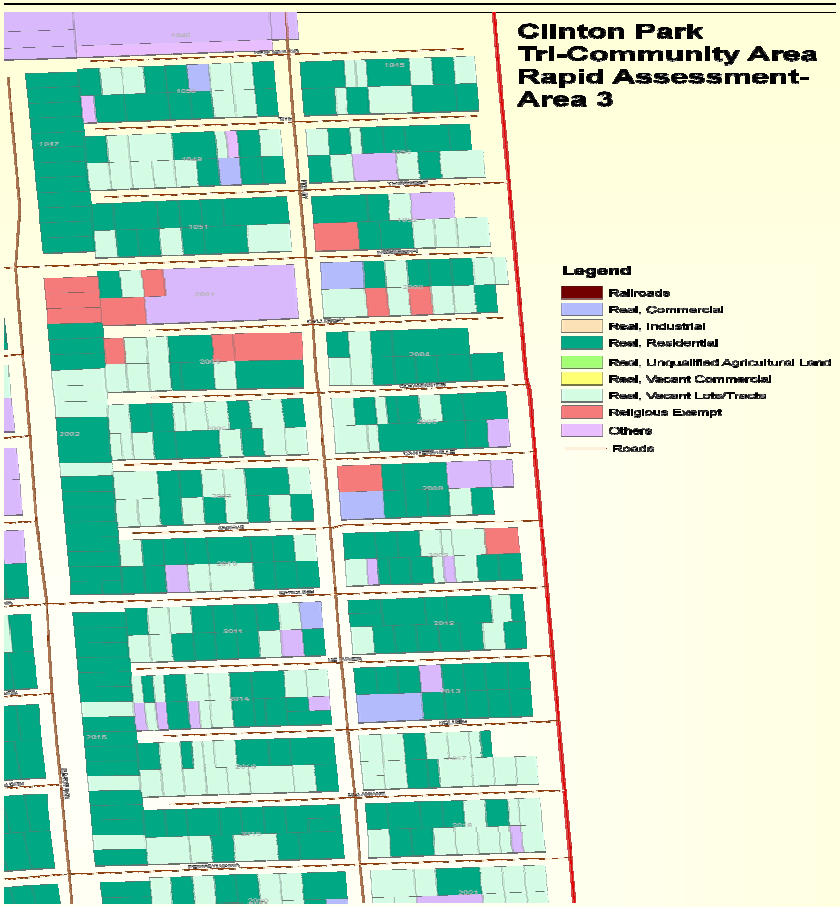
East: Dead end

- This section will be divided into groups that will contain four streets each. Pairs will start in the north on designated blocks. Because the number of houses differ from block to block in this section, pairs complete their block and then assist each other to complete this group of streets. Once the group of streets is complete, pairs will proceed together to the next group of streets in that section.



Example in section 2




Clinton Park
Tri-Community Area
Rapid Assessment-
Area 3
Legend
Railroads
Real, Commercial
Real, Industrial
Real, Residential
Real, Unqualified Agricultural Land
Real, Vacant Commercial
Real, Vacant Lots/Tracts
Religious Exempt
Others
Roads