CASA: Medical Advocacy Training Program

FACILITATION GUIDE
WHAT IS THE CASA MEDICAL ADVOCACY INITIATIVE?

The CASA Medical Advocacy Initiative is a CASA volunteer training program which seeks to:

- Provide CASA volunteers with the tools, knowledge, and ability to take an active role in ensuring that the healthcare needs of children in placement are met and that all children in care receive mandated healthcare services.
- Enable CASA volunteers to identify problem areas and potential areas of risk for child health, and to know where to find appropriate professional support when needed.
- Ensure that CASA volunteers understand the importance of well-child care, immunizations, and environmental issues for children in placement.

Once this training is provided to the CASA volunteer, the CASA volunteers can begin monitoring their assigned child’s medical status and advocating for the fulfillment of the child’s healthcare needs. Both the child’s healthcare status and these advocacy efforts can then be tracked in CASA Manager.

WHY IS THE MEDICAL ADVOCACY INITIATIVE IMPORTANT?

Medical advocacy is particularly important for children in placement because:

- Many of these children enter care having not had the benefit of consistent attention paid to their medical and healthcare needs
- Once they are in care, changes in placement may result in lost records, instability in the medical home, or inconsistencies in both well-care and medical care

As a result of these factors, opportunities may have been missed to identify and/or address important issues such as delayed development, special medical conditions (e.g., asthma, diabetes, etc...), proper immunization and well-child care, lab values (such as abnormal or elevated lead levels), and behavioral issues, among others. Additionally, statistics show that a majority of children in out of home care have chronic health problems, developmental issues, and mental health disturbances.

Thus, it is very important for CASA to work with DYFS, the Courts, and medical and behavioral health professionals to ensure that health issues are addressed adequately and early on during the child’s time in placement.
WHAT WILL IT DO?

As a result of the training, participants will be able to...

- Articulate their role as a medical advocate
- Complete court reporting on medical advocacy
- Identify the different types of exams or assessments that children in placement should receive, and how to ensure follow-up
- Understand the interrelationship between Child Health Units and DYFS
- Access and identify basic child health records
- Understand the required immunizations and well-care for children in placement
- Identify some common childhood medical diagnoses and medications prescribed for them
- Ask questions to ensure that children in placement receive the medical and healthcare services they need
- Identify insurance coverage concerns and direct questions to the proper resource
HOW DO I PREPARE?

Preferred Room Set-Up: For a class of 9 - 18 participants, a training space large enough to accommodate round tables or clustered seating for 3 table groups of 3-6 participants and separate space for the learning stations activity.

Modified Room Set-Up: For smaller training rooms a modified room set-up will be needed. In these situations, it is acceptable to use the table groups or cluster seating as the learning stations if a separate space is not feasible. Stack the learning station materials (flipchart, questions, handouts, case study, and envelope) in the center of the table and instruct participants that these will not be needed until later in the session.

Materials List:
- Facilitation Guide - 1 per facilitator
- Computer with PPT slides downloaded
- Computer projector and screen
- Volunteer Manuals - 1 per person, placed at each table spot prior to starting the session
- Pens - 1 per person
- Learning Station Materials - materials listed are per station
  - 1 flipchart
  - 1-2 flipchart markers (a different color for each station)
  - 1 Posted Questions Sheet
  - 2 Answer Sheets
  - 1 envelope
  - 1 Alicia & Brandon Case Study
  - Tape to set up learning stations
# TRAINING OVERVIEW

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**Total Session Time: 3 Hours**
1. Welcome & Introduction

Activity Minutes: 20

- Opening remarks; Brief introductions
- Training objectives, and agenda
- Explanation of the importance of Medical Advocacy
- Introduction to the Role of CASA in Medical Advocacy

Equipment:

- Laptop with PPT Slides
- Projector
- Screen

Materials:

- PPT Slides
- Participant Manual

ACTIVITY DETAILS

PREP: Be sure that the room set-up and materials have been prepared prior to the start of the session. See the “How Do I Prepare” section on page 3 for more information.

Welcome participants to the training program.

DO: After participants have arrived, conduct BRIEF introductions and ask participants (if necessary) to re-seat so that there are three table groups, each of approximately the same number of people.
ASK: Are you ready to begin?

SAY: Today’s training Agenda will include an Introduction and Medical Advocacy Overview, some activities designed to help you learn about how the child welfare system seeks to meet the medical needs of children in placement, well-care, immunizations and insurance coverage for children in placement, and common diagnoses and treatment of children in placement. Then we will have another exercise around information gathering and report writing.

If any participant asks a question that requires more than a brief, high-level answer (or if the answer will start to address the topics that will be explored in the Stations or Court Report activities, politely but clearly defer until later. Possible ways to do this:

SAY: Thank you for the question. It is an important one. We will be getting into those details shortly, during activities. Please hold that question for now. Toward the end of the session, if it has not been addressed, please ask it again.

OR

SAY: Thanks for that question. That level of detail is EXACTLY what we will be getting into soon. With your permission, I’d like to ask you to hold that question. If it’s not answered toward the end of the session, please remind me.
GOAL OF MEDICAL ADVOCACY INITIATIVE

To ensure that the child receives regular well-care, dental care, and immunizations as well as any other necessary healthcare services while they are in out-of-home placement.

ASK: So, why do you think that Medical Advocacy is important for a CASA volunteer to learn about?

SAY OR PARAPHRASE: The primary goal of CASA Medical Advocacy is to ensure that the child receives regular well-care, dental care, and immunizations as well as any other necessary healthcare services while they are in out-of-home placement. From the time of CASA appointment until permanency is achieved, the role of the CASA is to ensure that the appropriate care (whether routine or not) is provided in a timely, effective, and culturally sensitive manner.

IF ANY PARTICIPANT ASKS A QUESTION THAT REQUIRES MORE THAN A BRIEF, HIGH-LEVEL ANSWER (OR IF THE ANSWER WILL START TO ADDRESS THE TOPICS THAT WILL BE EXPLORED IN THE STATIONS OR COURT REPORT ACTIVITIES) POLITELY BUT CLEARLY DEFER UNTIL LATER.
ASK: So if the overall goal is to ensure that a child’s healthcare needs are being met, what are some of the things a CASA volunteer could do?

SAY OR PARAPHRASE: In seeking to ensure that their assigned child’s healthcare needs are being met, the CASA volunteer, with the support of the CASA Case Supervisor (or other designated CASA program staff), will use their investigative and advocacy skills to:

• Gather information regarding the child’s health status, immunizations, and the assessments and care provided to the child. This may include not only gathering information but also filling in information gaps.

• Help to ensure that any/all specific healthcare needs of the child are being met (including provision of regular well-care, dental care, and immunizations, as well as specialized care if needed).

• Provide the Court with timely, objective, and unbiased information based upon the information gathered; this will allow the Court to make well-informed decisions on the child’s behalf.

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ASK: It is NOT the goal of this training to turn CASA volunteers into experts in the medical and healthcare needs of children because CASA volunteers should not be diagnosing children. So, what might be the goals of this Medical Advocacy Initiative?

SAY OR PARAPHRASE: The goals of this Initiative are:

- To provide you with the tools, knowledge, and ability to take a proactive role in ensuring that the healthcare needs of children in placement are met and that all children in care receive mandated healthcare services.

- To ensure that you understand the importance of well-child care, immunizations, and environmental issues for children in placement.

- To enable you to identify problem areas and potential areas of risk for child health, and to know where to find appropriate professional support when needed.

Each chapter of the manual is designed to provide you with information about the subject area covered, to highlight important points of advocacy in each subject area, and to provide specific forms that you will see or tools you can use in the process of advocating for the healthcare needed by your assigned child. Understand, however, that forms may change over time, and additional forms may be added. As such, no manual can truly be all-inclusive.

In order to fully understand the manual and its contents, you can reference the list of commonly used acronyms and abbreviations at Appendix A – Glossary of Terms and Abbreviations.
ASK: Why IS Medical Advocacy important?

SAY OR PARAPHRASE: There are several reasons why it is important for CASA to provide Medical or Healthcare Advocacy for children in placement to whom they are assigned.

- Many of these children enter care not having had the benefit of consistent attention paid to their medical and healthcare needs.

- Then, once they are in care, changes in placement may result in lost records, instability in the Medical Home, or inconsistencies in both well-care and medical care.

IF ANY PARTICIPANT ASKS A QUESTION THAT REQUIRES MORE THAN A BRIEF, HIGH-LEVEL ANSWER (OR IF THE ANSWER WILL START TO ADDRESS THE TOPICS THAT WILL BE EXPLORED IN THE STATIONS OR COURT REPORT ACTIVITIES) POLITELY BUT CLEARLY DEFER UNTIL LATER.

1 While there are numerous technical definitions of “Medical Home,” the term is used here to refer to a consistent primary care physician/pediatrician for the child who will provide for the child’s basic health care needs while helping the child’s family access, coordinate, and understand specialty care and arrange for such specialty care if necessary, usually via referral. Ideally, the Medical Home provides primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.
Why is MEDICAL ADVOCACY Important?

As a result, opportunities may have been missed to address important issues:

• Delayed development
• Specific medical conditions, such as asthma, diabetes, and so on
• Proper immunization and well-child care
• Lab values (such as abnormal or elevated lead levels)
• Behavioral issues and underlying reasons
• Trauma endured as a result of life circumstances

SAY OR PARAPHRASE: As a result of these factors, opportunities may have been missed to identify and/or address important issues such as:

• Delayed development
• Specific medical conditions (e.g., asthma, diabetes, etc... )
• Proper immunization and well-child care
• Lab values (such as abnormal or elevated lead levels)
• Behavioral issues and underlying reasons
• Trauma endured as a result of life circumstances

IF ANY PARTICIPANT ASKS A QUESTION THAT REQUIRES MORE THAN A BRIEF, HIGH-LEVEL ANSWER (OR IF THE ANSWER WILL START TO ADDRESS THE TOPICS THAT WILL BE EXPLORED IN THE STATIONS OR COURT REPORT ACTIVITIES) POLITELY BUT CLEARLY DEFER UNTIL LATER.
SAY OR PARAPHRASE: Statewide statistics show that:

- 40% - 80% of children in placement have chronic health problems
- 20% - 60% of children in placement have developmental issues
- 35% - 85% of children in placement have mental health disturbances

ASK: What do these statistics suggest to you?

SAY OR PARAPHRASE: What it says to me is that it is very important for CASA to work with DYFS, the Court, and medical and behavioral health professionals to ensure that health issues are addressed early on and consistently during the child’s time in placement.
STATE AGAIN: I cannot stress enough, though, that it is NOT the goal of this training to turn CASA volunteers into experts in the medical and healthcare needs of children. CASA volunteers are advocates and should not be diagnosing children.

SAY OR PARAPHRASE: Rather, the role of the CASA volunteer is to:

- monitor the child’s medical and healthcare needs
- spot potential issues
- know where to go to alert the correct individuals or professionals as to the potential issues, and
- help to ensure that the child is receiving timely and appropriate healthcare services

An individual CASA volunteer’s role can be compared to that of a conscientious care-taker – someone who could not necessarily diagnose the child but who is diligent in ensuring that medical/health issues are addressed in a timely and appropriate manner, and in the best interest of the child.

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SAY OR PARAPHRASE: In order to ensure that the child is receiving timely and appropriate healthcare services, CASA volunteers should:

- Communicate and collaborate with other child welfare system stakeholders and healthcare professionals
- Gather baseline medical information
- Ensure provision of routine well-child care and immunizations
- Monitor the child’s health condition
- Be mindful and vigilant regarding potential areas of unmet health needs
- Follow up on recommended services
- Confirm that there is a plan in place for the child’s healthcare

IF ANY PARTICIPANT ASKS A QUESTION THAT REQUIRES MORE THAN A BRIEF, HIGH-LEVEL ANSWER (OR IF THE ANSWER WILL START TO ADDRESS THE TOPICS THAT WILL BE EXPLORED IN THE STATIONS OR COURT REPORT ACTIVITIES) POLITELY BUT CLEARLY DEFER UNTIL LATER.
ASK: So, even if a child is not ill, do we care if there is a healthcare plan?

SAY OR PARAPHRASE: Yes, it is important to ensure that a Healthcare Plan is in place for the child, whether that child is sick or not and whether the child has special medical needs or not.

• For children with special medical needs, the Healthcare Plan should outline those needs and address how they will be met, as well as the routine healthcare services that should continue to be provided

• For children without special medical needs, the Healthcare Plan should simply outline routine healthcare services that are to be provided (such as regular well-care, dental and vision care).

IF ANY PARTICIPANT ASKS A QUESTION THAT REQUIRES MORE THAN A BRIEF, HIGH-LEVEL ANSWER (OR IF THE ANSWER WILL START TO ADDRESS THE TOPICS THAT WILL BE EXPLORED IN THE STATIONS OR COURT REPORT ACTIVITIES) POLITELY BUT CLEARLY DEFER UNTIL LATER.
2. Learning Stations Activity

**Activity Minutes: 120**

- Activity Instructions & Set-up (10 min)
- Learning Stations Round 1 (20 min)
  Round 2 (20 min)
  Round 3 (20 min)
- BREAK (10 min)
- Debrief (40 min)

**Materials:**

- PPT Slides
- Learning Stations
- Participant Manual
- Alicia & Brandon Case Study

**ACTIVITY DETAILS**

**Facilitator Set-up Instructions:**

- Ensure learning stations are set-up around the room.
- Each learning station should include:
  - 1 flipchart with stand (or a self-supporting flip-chart)
  - Learning Station questions posted on the flipchart
  - A large envelope also posted to the flipchart
  - Alicia & Brandon Case Study
  - 2 Learning Station Answer Sheets
  - A pen

**NOTE:** Participants will complete the learning stations activity with their table groups of 3-6 people. Groups will remain the same for all rounds of the learning stations activity.
SAY: Today we are using something called discovery learning, which is about engaging the head, heart, and hands.

ASK: What is the value in engaging learners on these three levels rather than just having them sit and be told something?

SAY OR PARAPHRASE: Researchers have studied how people learn and compared various learning styles; what they have found is that the people remember things longer and information is more readily recalled later when they have engaged on these three levels -- head, heart, and hands -- to learn it.
**Why Discovery Learning?**

- When both the emotional mind and rational mind are engaged, learning has more impact and lasts longer.
- When learners discover concepts and insights for themselves, as opposed to "being taught", they are more motivated to learn and more likely to apply what they have learned.
- Effective training programs allow learners to go deeper in fewer areas, rather than shallower in more.

**SAY:** So, we will be using discovery learning - where you are discovering things and making sense of the materials yourself.

**ASK:** How long do you think people remember things they have learned via lecture?

**SAY OR PARAPHRASE:** A few days at best -- maybe a few weeks if the lecturer tells great stories.

**ASK:** What do you think that research has told us about retention if you work with the materials, and make sense of them for yourself?

**SAY OR PARAPHRASE:** The material will stay with you much longer. In fact, we remember material MOST when we teach it to others. As you'll see, we have a version of that today -- you'll be working in small groups that will allow you to learn from each other and teach each other. We know that everyone is starting from different levels of knowledge and experience about medical advocacy. And we know from experience that this method helps keep everybody engaged by teaching and learning from each other.

**SAY:** And finally, we want to acknowledge that this method of discovery learning is probably different from what you have experienced in the past. With your permission, I am asking you to be willing to try something new and be fully engaged in this experience in order to get the most out of it.

**ASK:** Are you willing to do that today?
Participant Manual Orientation

Overview of Your Manual

Chapter 1: Introduction & Medical Advocacy Overview
Chapter 2: Overview of Department of Children and Families System of Coordinated Healthcare Management
Chapter 3: Well-Care for Children in Placement, including growth charts and immunizations
Chapter 4: Insurance Coverage and Medicaid
Chapter 5: Common Medical and Mental Health Issues for Children in Placement
Chapter 6: Gathering Health Information & Report Writing

SAY: We are going to go through activities that require you to become familiar with the manual. We want you to walk away with a good understanding of the manual’s contents and how it can help you. Today we will only go to a certain depth so that you are introduced to the materials.

Before we launch into those activities, let me give you a quick orientation to the manual you each received.

The manual is divided into 6 chapters each has a different tabbed section. Chapter 1 was covered in our introduction. Chapters 2-5 will be covered in the upcoming “learning stations” activity. Chapter 6 will be covered in our final activity of today’s session. In this way, we will cover all 6 chapters at an introductory level. Appendix A provides you with a Glossary of Terms and Abbreviation, and Appendix B contains a Case Study that we will be using today.

Each chapter starts with information about the content area. These pages are printed on yellow paper and you may have reviewed them even before today.

If you look toward the end of each of these sections of colored pages, I’d like to draw your attention to the points of advocacy. These are the most important points for you as a CASA volunteer to remember as you walk away from this training today and as you advocate for your assigned child.
The pages in each chapter that follow the yellow content area pages are sample forms, reference documents, etc. Some chapters have more information and some have less depending on the content area.

We expect that today you will not be looking too much at the actual forms but you will have to get a sense of what is there for future reference.

SAY: There are four basic components to this training:

1. Overview of Department of Children and Families System of Coordinated Healthcare Management
2. Well-Care for Children in Placement (including growth charts and immunizations)
3. Insurance Coverage and Medicaid
4. Common Medical and Mental Health Issues for Children in Placement

SAY: Take a few minutes now to look through the manual and ask any questions you might have.

ASK: So, I just gave you a high level overview of what is in the manual, what questions do you have about the layout or structure of the manual?
In Preparation For Next Activity

- Individually, read the case study provided:
  - For three minutes, it will be like a library in here
- As a group, briefly discuss for five minutes:
  - For a volunteer, specifically what medical issues in this case deserve attention?
- Be ready to take these insights into the next activity

**SAY:** Now, the first thing you will do is read the Case Study in Appendix B of the manual – we will have total silence for three minutes while you read, and then you will have about 5 minutes to discuss, as a group, what medical issues in this case you feel deserve attention. The purpose of you reading individually, then discussing the case as a group is to help you see the possible issues that may be involved. In the next activity, you’ll be answering questions that include specifics of this case -- as well as some questions about medical advocacy in general. It is important to remember, though, that in working your own CASA cases, no one will be giving you a summary like this – this is the kind of information that you will be piecing together from your information gathering efforts.

**DO:** Tell everyone to begin reading individually and then call time after 3 minutes. Then instruct everyone to discuss this for 5 minutes in their groups. Call time after 5 minutes.

**IF ANY PARTICIPANT ASKS A QUESTION THAT REQUIRES MORE THAN A BRIEF, HIGH-LEVEL ANSWER (OR IF THE ANSWER WILL START TO ADDRESS THE TOPICS THAT WILL BE ExploRED IN THE STATIONS OR COURT REPORT ACTIVITIES, POLITELY BUT CLEARLY DEFER UNTIL LATER.**
Learning Station Instructions

**ASK:** Who would like to have a good-humored competition as part of our learning?

**SAY OR PARAPHRASE:** We have 3 stations A, B, & C – you will see that the stations look very similar.

In a little while you’ll be asked to move with your table group to a learning station, but first let me tell you what you will find at each station. At each, you will find 4 questions that, as a team, you will discover an answer to. As a team, you will review the manual and the case study materials and you will answer the questions. Be sure to take your manual with you to the stations.

At each station, you will be concerned with a particular chapter. We have questions about Chapter 2 at Station A, Chapters 3 and 4 at Station B, and Chapter 5 at Station C.

The questions are posted at the station and they are also repeated on an answer sheet – you will write your final group answer on the answer sheet provided. After you write your answer on the sheet provided, you will place it in the envelope. You should pick a group name and be sure to write your group’s name at the top of the answer sheet before placing it in the envelope at the station.

This is a competition – we will have 3 rounds – you will be at 1 station per round. When you get to your first station, read the note on the top of the answer sheet and we will explain the scoring later as it arises – for now, get the most accurate answer possible. You will answer
questions as a team and then at the end you will assess each other’s answers and give each other a score.

So, to re-cap: rotating stations, 4 questions at each, and you are trying to get the most accurate answer possible to get the highest score.

We will spend about 20 min at each station, so I want to be sure that you understand the mechanics.

**ASK:** Any questions regarding logistics?

**SAY:** OK, move with your table groups now.

**DO:** Assign groups to their first station rotation and begin timing for round 1. Call time after 20 minutes, giving everyone a 5 minute warning. When you call time, ask the groups to place answer sheets in the envelope at their station and move clockwise to the next station and begin round 2.

**NOTE:** Learning Station Questions appear in the Learning Station Debrief section of this facilitation guide beginning on page 28.
ROUND 2 Learning Station Instructions

DO: Ensure groups have settled into their new stations for Round 2. Remind them that instructions are the same as in Round 1.

SAY: The case study is the same but you will be looking at a different chapter of your manual for information.

DO: Begin timing for Round 2. Call time after 20 minutes, giving everyone a 5 minute warning.

Round 3 Learning Stations: Scoring Instructions

NOTE: BEFORE moving groups to their 3rd and final station, first share with them instructions for Round 3 and scoring.

SAY: Before we move to the final station (Round 3) let me first explain how the 3rd round will work as it is very different from Round 1 & 2.

In a moment when I tell you, you will rotate to your final station and remove the answer sheets from the envelope.

ASK: How many answer sheets should be in the envelope? (Answer: 2)

SAY: Take both answer sheets from the envelope and place them side-by-side. You will be comparing the answers question by question and assessing which of the two answers provided is more accurate. In order to do this, you will need to go through your manual and into the Chapter referenced at your station.
**HINT:** Even though now you are assessing prior answers and not responding to the questions, by the act of reviewing your manual to assess the accuracy of the responses, you are learning the information.

**SCORING DETAILS**

**SAY:** Once you read the two answers to each question, you will assign 5 points total – these points should be divided between the two answers. There are only 3 ways to divide the 5 points per question. 3-2, 4-1, 5-0.

You can NOT divide the points evenly (2.5 points apiece) even if you find that, in your assessment, both answers seem to be completely accurate. You MUST find something to differentiate the answers so that one group is getting 3 points and one group is getting 2 points.

So, across the 4 questions you will be assigning 20 points. There will be about 15 minutes for this next round. At the end of the scoring round, you will hand back the answer sheets to the respective groups and each group will total their points and we will see who is the winner.

**ASK:** Before we start, what questions do you have about the process you’ll follow as a group to make an assessment about relative accuracy across the two sets of answers?

**DO:** Ask participants to move with their groups to the final station now. Begin timing 15 minutes.

**DO:** Call time at 15 minutes.
SAY: We’ve just finished round 3 where each team has compared answers side-by-side and given those answers a score. Please have one person return the answer sheets back to their group.

Now, as a group, add up your total score on your two sheets. And be ready to share your score to determine the winning team.

SAY: We are about to announce the scores. Can we get a drumroll please?

DO: As groups announce their scores, give a round of applause for each group.

SAY: We are about to take a 10 minute break and when we come back we will debrief some of the questions and responses.

BREAK

DO: During the break, look at the answer sheets to identify questions that were awarded scores of 4 or 5. These are the questions to focus on during the debrief. Make note of which questions and how many questions to be debrief so that you can divide the debrief time accordingly.
Learning Station Debrief

LEARNING STATION QUESTIONS DEBRIEF

- We will debrief those questions where any team scored a 4 or 5.
- These are the questions with differing opinions, and we want to ensure we have a common understanding.
- As we discuss a question, please open your manual to appropriate chapter.

SAY: Now, we are going to debrief some, but not all of the questions. During the break, I looked at the answer sheets to see where there were scores of 4 or 5 awarded, indicating the widest variance in responses.

Have your manual open to the appropriate chapter so you can make notes as we debrief now.

NOTE: Use the next section of this facilitation guide to debrief the selected questions. The de-brief should consist of a discussion of the questions that received scores of 4 or 5, specifically working in the Ideal Responses and the information contained in the Facilitator Debrief Notes below as this information is the most important and comes directly from the Manual chapters and the Points of Advocacy.
LEARNING STATION A:

Questions Relating to Chapter 2 - DFC Coordinated Health Care:

1. What is a Child Health Unit and why are they important for CASA volunteers to know about?

   **Ideal Response:** CHUs are special units within each local DYFS office that provide coordinated health care case management for children in placement. They help to ensure the delivery of coordinated health care for children in out-of-home placement and provide support for the child’s medical home provider. CHUs are staffed by Child Health Nurses and administrative support staff whose collective responsibilities include all those listed on the first page of Chapter 2 in the manual. The CHUs also house the child’s Blue Health Care Case Management (HCCM) Records (their medical records).

   **Facilitator Debrief Notes:** In addition to ensuring that the trainees understand all of the information above, you should note that CHUs are contractors with DYFS, so the volunteer will need to communicate with the CHU through the DYFS caseworker (this will include requests for files, questions, and any other communication). The implementation of CHUs in each local office is a positive, proactive approach toward ensuring adequate healthcare for children in placement.

2. In general, to get a complete picture of the medical and mental health of a child to whom you are appointed, what are the first steps you would take and the documents that you would look for? Why is it important to see the child’s PPA and CME reports?

   **Ideal Response:** The first steps are all information gathering – looking at the child’s medical records that you have and requesting what you don’t have. This usually will entail reaching out to the DYFS caseworker and specifically requesting to review the child’s CHU health record – which is known as the Blue HCCM Record. The volunteer should be looking specifically for the PPA, CME, Mental Health Screening or Assessment, and Health Passport. The volunteer should then request copies of these to the extent that they have helpful information.

   The PPA is important to review because it provides important information about the child’s condition upon entering care. It may contain important findings regarding abuse or neglect and any health issues that were present at the time. The CME will also provide important baseline information about immunizations, the child’s medical needs and what, if any, treatment is being provided. It will be the basis from which you initiate advocacy as a CASA volunteer.

   **Facilitator Debrief Notes:** Depending on your individual CASA program’s procedures for file reviews, the ideal response to this question may change. Prior to training, you should tailor the de-briefing section so that it matches your program’s document review process. However, at a minimum, the CASA volunteer should be sure that they are reviewing the child’s medical files.
from DCF (this is the Blue HCCM Record outlined in MD2-4S on), seeking any additional medical information from the child’s medical home and school, and reviewing the PPA, CME (or CHEC), Mental Health Screen or Assessment, and Health Passport.

CASA volunteers should be sure to review the child’s PPA as it is the first medical assessment done when a child is taken into care and, as such, it provides a snapshot of the child’s condition upon entering care. The PPA may contain important findings regarding abuse or neglect, information establishing the child’s status or condition at the time of placement, and information regarding any health issues that require immediate attention. The CME/CHEC report is a critical item to review because it will provide the volunteer with information about the child’s immunization and well-care status, medical home, condition as of the time it was done, any diagnoses, and treatment recommendations.

**Important:** If the child has been in out-of-home placement for a while, then the PPA and CME may not be current; in order to get an accurate picture of the child’s current health status, the CASA volunteer should then look to the child’s Health Passport as well as documentation regarding the child’s most recent well-child visit. The CASA volunteer should discern or ascertain whether the caregiver was made aware of any issues found as a result of the PPA and CME, and whether any follow-up was done on those issues.

Note, also, that a CHEC exam may be done by an RDTC in place of the CME. While the approved CME and CHEC form is in the manual and ideally is filled out completely, the CASA volunteer may find the form in varying levels of completion. Depending on the child’s health needs, it may be necessary to follow up with the child’s healthcare provider(s) regarding the information contained in the CME report.

3. Brandon’s caretaker has told you that he is exhibiting behaviors that she believes indicate a mental health issue – what can you do as a CASA volunteer to determine whether potential mental health issues have been addressed and to then ensure that they are addressed?

**Ideal Response:** Look in the files to see if Brandon had a Mental Health Screening. If a Mental Health Screening was done and a problem identified, ascertain whether he was referred for a Mental Health Assessment (and, if not, find out why). If a Mental Health Assessment was completed, obtain a copy of the results of the Assessment, review it, and make sure that any recommended follow-up treatment is being provided.

However, if no Mental Health Screening was done, and no Mental Health Assessment was done, recommend that a Mental Health Assessment be completed. As always, the CASA volunteer should consult with their Case Supervisor and reach out to DYFS and the relevant professionals to ensure that the child’s mental health needs are being addressed.
**Facilitator Debrief Notes:** Ensure that the volunteer understands that all children should get a Mental Health screening within 30 days of placement. Furthermore, because CASA is usually appointed to more difficult cases, our children should probably all be receiving a Mental Health Assessment. If a Mental Health Assessment has not been done, the volunteer should request it. If it has been done, then the volunteer should seek to ensure that any mental health issues are being addressed. NOTE: Behavioral problems do not always indicate a mental health issue – other factors at play could include neurological issues, environmental issues, or other medical problems. The CASA’s role is NOT to diagnose what is wrong but to speak with their Case Supervisor and to ensure that DYFS and the medical and/or mental health professionals are alerted to a potential issue and are taking steps to address it.

4. Brandon and Alicia are changing placements and need to switch medical homes. You want to be sure that the new caregiver and new medical home have all the information they need so you facilitate the transfer of records as well as the child’s Health Passport. However, Alicia’s Health Passport shows that the last dental exam was 18 months ago. What action do you take?

**Ideal Response:** You should bring this fact to the attention of the DYFS caseworker and ensure that the child gets a dental appointment. Once the appointment takes place, be sure that the DYFS caseworker updates the Health Passport.

**Facilitator Debrief Notes:** The volunteers should understand that the Health Passport is a living document that is constantly being updated AND that it should follow the child from placement to placement and provider to provider. If the child ages out of the system, they should be given their Health Passport as well as an explanation of how to use it. This questions also points out the fact that children should be receiving dental screenings and preventive care every 6 months, and additional dental care as needed.

**LEARNING STATION B:**

**Questions relating to Chapter 3 - Immunizations & Well-Care and Chapter 4 - Health Insurance:**

1. Why is it important for Brandon to receive an EPSDT as soon as possible? What steps should you take as the CASA volunteer now?

**Ideal Response:** Because in reviewing Brandon’s Health Passport and other medical records, you see that he was due for an EPSDT visit six (6) months ago and the child is 5½ years old so should have been seen when he was 5 years old. In addition, it appears that the child did not receive his vaccine for DTap, Polio, MMR, and Varicella. You should bring this to the attention of the DYFS caseworker and ensure that the child gets a 5 year EPSDT and is put on a vaccine catch-up schedule.
**Facilitator Debrief Notes:** The volunteers should understand that the EPSDTs and Vaccines should be taking place on a regular schedule and should be able to look at the Health Passport and other documents to determine what is missing in terms of both. They should know that they need to reach out to DYFS in order to ensure that a child is caught up on vaccines and gets the well-care they are entitled to.

2. How might a CASA volunteer gather immunization records and determine if those immunizations are up to date for Alicia and Brandon? Which child’s immunization history is a cause of concern and why?

**Ideal Response:** You should request the child’s DYFS record, then possibly request and review the Blue HCCM Record, where you can find the child’s Health Passport and any and all other immunization records. If these are not in the DYFS files or the Blue HCCM Record, contact the child’s PCP or school to review. Brandon’s immunizations are of concern because he missed 1 EPSDT when vaccinations should have occurred.

**Facilitator Debrief Notes:** In addition to all of the above, it is important that the volunteer understand that they need to get all information on vaccines before advocating for catch-up vaccinations. This is because they do NOT want the child to be over-vaccinated – the records may just be missing and so the school record or PCP record may tell the volunteer more about the immunizations that the child has had. NOTE also that, if a child’s DYFS file is incomplete, the next step is the Blue HCCM Record which is usually more complete. If, however, items are still missing, the next place to look would be with the child’s PCP and/or school nurse.

3. Assuming that you have found Alicia’s growth charts in the Blue HCCM file you received from DYFS, and reviewed them, is there cause for concern about what you find on her growth charts? If so, why and what action would you take next?

**Ideal Response:** Alicia’s chart shows a sudden, sharp rise in her weight to above the 95th percentile. This is a red flag and the CASA should consult with DYFS to have the child referred for further evaluation and treatment if necessary.

**Facilitator Debrief Notes:** The volunteers should understand that any time a child’s height or weight is above 95% or below 5%, this is a red flag and the child needs to be further evaluated (unless that has already been done). Note for the CASA volunteers that most children in care do not have complete growth charts and so the volunteer will not likely see growth plotted from birth but will need to review records piecemeal. Additionally, while the volunteer should look in the Case History to consider factors that could cause a sudden change in weight, it is not up to the CASA volunteer to diagnose the issue. They are there to help identify potential issues and bring them to the attention of those professionals who can help. It is important for CASA
volunteers to remember that there are a variety of factors that can affect both medical and mental health of children and youth.

4. Alicia has a primary care physician (medical home) as she should, but has been referred to a Pulmonary Specialist for her asthma. According to the resource parent, the physician to whom the child was referred does not accept Medicaid. What steps can the CASA volunteer take to ensure that the child receives the needed testing?

**Ideal Response:** The volunteer, in consultation with their case supervisor, should reach out to the DYFS caseworker and alert them to the child’s need and the Medicaid issue. Ideally, the caseworker would contact the Medicaid HMO to facilitate the needed testing. If that does not occur, the volunteer (in consultation with their case supervisor) should reach out to the Health Benefits Coordinator.

**Facilitator Debrief Notes:** The volunteers should clearly understand that payment should be never be an obstacle to accessing healthcare. While Medicaid may not cover the specific provider or device desired, it should be sufficient to provide treatment and care that is designed to address the child’s medical and behavioral health needs. The volunteer should also ensure that the child has a PCP or Medical Home, and a Medicaid number (and should be sure that the caregivers have that number).

**LEARNING STATION C:**

**Questions Relating to Chapter 5 - Common Diagnoses & Treatment:**

1. Why is it important as a CASA volunteer to know about the chronic health problems, developmental issues, and mental health disturbances faced by children in out of home placement?

**Ideal Response:** Because it is the volunteer’s role to ensure that the child is receiving the treatment, follow-up care, and medications required to adequately address those issues. It is also critical for CASA volunteers to facilitate communication both between professionals but also as children and youth make transitions in placements. Additionally, having some understanding of them may allow the volunteer to recognize a red flag and ask appropriate questions of the DYFS caseworker, PCP, and any other specialists providing services to the child.

**Facilitator Debrief Notes:** In addition to making sure that the volunteers understand their role as articulated above, they should clearly understand that their role is NOT to diagnose those issues. In addition, the CASA volunteers should be reminded that, while they have an important role in facilitating communication, they must ensure that they adhere to the rules regarding
confidentiality – they should gather information to impart to DYFS and ensure that DYFS is sharing that information as needed with both professionals and caregivers (whether temporary or permanent).

2. Knowing that Alicia has been diagnosed with asthma, and based on your review of the Chart of Common Diagnoses and Treatment, what should you as a CASA volunteer be doing to safeguard her well-being?

**Ideal Response:** The volunteer should look for an Asthma Action Plan in Alicia’s medical files. Once they ascertain that the Asthma Action Plan is current and applicable, they should then ensure that copies of the Asthma Action Plan are provided to the caregivers and the schools (by DYFS). They should assist the caregivers and the child himself in understanding the content of the plan and then ensure that the plan is followed by everyone.

**Facilitator Debrief Notes:** It is critical that a child with asthma have a current Asthma Action Plan and that the plan is understood and is being followed.

3. Alicia has been diagnosed with bi-polar disorder and is currently taking a psychotropic medication. What would you as a CASA volunteer want or need to know about the diagnosis? About the medication? If you are unfamiliar with this medication and what it is prescribed for, where would you turn for more information?

**Ideal Response:** The CASA should first ascertain whether the diagnosis is current (still applicable), and if there has been any change in treatment or if any re-evaluation or re-testing is needed. The CASA should also become aware of any and all medications that Alicia is taking. Then, the CASA should ensure that Alicia is taking the medications as directed (right dosage at right times with appropriate consistency). If the CASA has any concerns about the medication, s/he should discuss those concerns first with their Case Supervisor, and then with the child’s Primary Care Physician.

Since Alicia also has a growth chart that indicates a sharp rise in weight to greater than the 95th percentile for children in Alicia’s age group, the CASA volunteer would want to consult with the prescribing physician to determine whether the medication being taken has a side-effect of weight gain. The volunteer should also ensure that caregivers are aware of the correct medication guidelines as well as any side-effects. Since this medication is for a mental health/behavioral health issue, there should be a psychotropic medication treatment plan as per the DCF Psychotropic Medications Policy.

**Facilitator Debrief Notes:** In addition to ensuring that the key points above are made (ensuring ongoing treatment and appropriate use of medications), this question presents the opportunity to further discuss the CASA’s role. One way to explain the volunteer’s role in Medical Advocacy is to ask the volunteers to see themselves in the role of an informed caregiver – the typical
A BIG HAND FOR THE WINNERS!

...and the winners are...

the children

ASK: Now that we have debriefed these questions, do you feel that you have gained new insights that you will carry into your future work?
3. Putting it Together - Application Activity

ACTIVITY DETAILS

**SAY:** We have just spent time debriefing questions from our learning stations activity, and had a short discussion about the insights we have gained that we can use in the future as CASA volunteers. The activity we just completed covered chapters 2-5 in your manual, which leaves chapter 6 to cover. That chapter provides an overview of the information gathering and Court Report writing process. It also includes helpful tools to use as you work your cases, and discusses the critical role that CASA can play if the child needs non-routine medical interventions such as surgery.

**ASK:** Are you up for another discovery learning activity?

**SAY:** Okay, so this activity will help you pull everything you have learned together. You will be working in the same small groups and developing group answers. Take a couple minutes to read the instructions on this slide now.

You will continue to work in your small groups, and each group will have a slightly different task.

**NOTE:** Facilitator assigns each table group to be either group 1, 2, or 3 and Says:

<table>
<thead>
<tr>
<th>Activity Minutes: 40</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Court Report Activity (15 min)</td>
</tr>
<tr>
<td>• Debrief (20 min)</td>
</tr>
<tr>
<td>• Summary (5 min)</td>
</tr>
</tbody>
</table>

**Materials:**
- PPT Slide
- Activity Question Sheet
- Flipchart
- Markers
- Participant Manual

**Draft a Court Report Section**
- Work in groups, each with a unique marker color.
- Use Chapter 6 of your manual.
- Assign a scribe to write on your flipchart:
  - Group 1: outline the steps to take to gather healthcare information about Alicia and Brandon (or any child for that matter)
  - Group 2: draft a short section of a CASA Court Report for Alicia, include both a summary of her medical status and any recommendations
  - Group 3: draft a short section of a CASA Court Report for Brandon, include both a summary of his medical status and any recommendations
- Timing: 15 minutes
• **Group 1:** You will be referring to chapter 6 in your manual and, as a group, you will describe on a flipchart the steps you will follow to gather healthcare information about Alicia and Brandon, or about any child for that matter. If there are additional steps for a particular child based on the information in the case study, please note that.

**ASK:** **Group 1, do you have any questions about your task?**

• **Group 2:** You will be focusing on Alicia. Every CASA court report has a section entitled “medical” or “healthcare.” Your task is to draft that section of the court report. In the back of Chapter 6 you will see some samples of completed reports. You will see from the provided samples that the format, level of detail and what’s included is NOT prescribed, so it’s up to you to decide what you include in the report for Alicia. That being said, it is important that you report both a summary of medical status as well as any recommendations you might make. Again, you will need to refer to chapter 6 in your manual as well as the Case Study.

**ASK:** **Group 2, do you have any questions about your task?**

• **Group 3:** Your task is exactly the same as Group 2 except you will be focusing on Brandon.

**ASK:** **Group 3, do you have any questions about your task?**

**DO:** Send the groups off to begin this activity. Watch the time so you allow 15 minutes for this activity. Leave the instructions slide up while the groups do their work.
Court Report – Part 2

- Working as a group, review the flipchart of another group
- As a group agree, “What is the ONE important question we still have about this information?”
- Rotate to the next flipchart
- Again, “What is the ONE important question we still have about this information?”

DO: Call time at 15 minutes and ask participants to pause and listen for instructions for Part 2.

SAY: Now as a group you will move to the other group’s flipchart and review the work they have done. Given the work done by each of the other groups, your group must discuss and agree, “What one important question do you still have about this information?”

Write this question on the flipchart of that group with YOUR groups’ assigned colored marker. You will do this for each of the other group’s flipcharts.

ASK: Are there any questions on what you are supposed to be doing next?

SAY: Please move clockwise from your flipchart and begin!

DO: Once they have moved to the next flipchart, give groups about 5 minutes at this flipchart to discuss and write their question. Call time at 5 minutes. Have the groups move to the next flip chart and do the same. Call time at 5 minutes.

NOTE: Participants may want you to display the previous slide to see the task of each group during this part 2.
Court Report Debrief

• For each group flipchart in turn:
  – The group that wrote the flipchart information initially will answer the questions posed by the other two groups
  – Short group discussion regarding these questions

SAY: Now that each group has been to the other two flipcharts we are going to move to each flipchart in turn and have the group that prepared the chart share their assignment and then read and attempt to answer the two posted questions from the other groups.

NOTE: Use the debrief below to highlight specific information regarding each task and ideal response. Be sure that the main points in the ideal responses are covered.

Facilitator Debrief Chapter 6 – Advocacy and Pulling It All Together

1. As a group, outline the steps that you would take as a CASA volunteer to gather healthcare information for a child whose case has been assigned to you.

   Ideal Response:

   • First, meet with Case Supervisor – if she has the file, review it; if not, request review of DYFS Case file and Blue HCCM Records
   • Review DYFS Case file and Blue HCCM Records, being extra sure to look for PPA, CME/CHEC, Mental Health Screening, Immunizations, Health Passport, and EPSDT/Well-child exams.
   • Complete the Advocate Questionnaire for Medical Information
   • If the DYFS file and Blue HCCM Record do not contain the complete record (or all of the healthcare information that you feel is needed), then should utilize the steps outlined in the CASA Health Information Gathering Guide to get information from the sources outlined on the Healthcare Information Sources page.
   • Complete and keep a running record of medical information on the CASA Checklist for Health Information.

Facilitator Debrief Notes: In addition to the above, you can also note that, for Alicia, the school nurse might be able to provide a significant amount of information.
2. On the flip-chart at your station, prepare a short section of a Court Report for Alicia, including both a summary of her medical status and any recommendations.

**Ideal Report for Alicia:** The Court Report for Alicia should address the following issues:

- PPA and CME completed within 30 days
- Alicia’s immunizations are up to date
- Alicia has been diagnosed with Asthma and the CASA volunteer is taking steps to ensure that there is an Asthma Action Plan and that the youth, her caregivers, and her school all have a copy and understand the contents
- Alicia’s growth charts show a recent spike in weight – CASA would recommend that this be looked into as it could have something to do with her psychotropic medications or not. If not, then we would recommend she see a physician to check on possible causes (and to make any necessary referrals) before her weight becomes a serious health issue
- Alicia is currently taking Abilify for her diagnosis of bi-polar disorder. The CASA volunteer is checking with physicians on whether this medication could be associated with the spike in weight as well as whether she is on the correct dosage and is taking her medication as directed.
- Alicia has missed dental screenings so the CASA volunteer has worked with DYFS to ensure they are scheduled
- Finally, since Alicia is changing placement to a different part of the state, we will work with DYFS to ensure that all medical records transition with her to her new Medical Home. We recognize that this is especially important in light of her Asthma and Psychotropic Medications.

3. On the flip-chart at your station, prepare a short section of a Court Report for Brandon, including both a summary of his medical status and any recommendations.

**Ideal Report for Brandon:** The Court Report for Brandon should address the following issues:

- PPA Report cannot be located; however, CME completed within 63 days
- Brandon missed his last well-child visit and so his immunizations for DTap, Polio, MMR, and Varicella are not up to date. He will need catch-up vaccinations.
- Of note is the fact that Brandon has a life-threatening allergy to Penicillin. Accordingly, the CASA is working with DYFS to ensure that he has a MedicAlert bracelet, that all caregivers and doctors are aware of the allergy, and that he is provided an EpiPen if the doctors feel he needs one. This is especially important in light of his chronic Otitis Media (or ear infections) as antibiotics are a fairly common method of treatment.
- The CASA is also following up on the caretaker’s concerns about possible developmental delays and will ask the medical professionals to consider whether there could be a link between these delays and the chronic Otitis Media.
- With regard to the Otitis Media, CASA intends to follow up with Brandon’s PCP regarding the potential for surgery. If that surgery is needed, CASA will help facilitate communications so that all necessary forms and consents are completed and that
surgery can proceed without delay. The CASA volunteer will make every effort to be present as a support on the day of surgery.

Facilitator Note:  It is important to use this opportunity to remind the participants one last time of the appropriate role of CASA and how to address issues regarding a child’s healthcare.

- CASA volunteers should NOT be diagnosing children or rendering medical opinions
- CASA should be gathering information and ensuring both routine and special medical care are being provided
- If the CASA has concerns about a particular issue, they should first discuss these with their Case Supervisor and then bring the issue to the attention of DYFS. If the issue is still not being addressed despite advocacy with DYFS and being taken up the chain of command at DYFS, then the volunteer should include that fact in their Court Report and seek assistance from the medical and other healthcare professionals in the child’s life.
Summary for CASA Volunteers

**SAY OR PARAPHRASE:** As we discussed at the start of our session, the primary goal of CASA Medical Advocacy is to ensure that the child receives regular well-care, dental care, and immunizations as well as any other needed healthcare services while they are in out-of-home placement. It is NOT the role of CASA to diagnose a child or recommend specific treatments. Rather, as the CASA volunteer, you should work closely with the child’s DYFS caseworker to ensure that timely and appropriate healthcare is provided and that the child’s medical and mental health needs are met.

With the support of your CASA Case Supervisor (or other designated staff), you -- the CASA volunteer -- should be:

- Gathering information on the child’s health status, immunizations, and the assessments and care provided to the child. This may include not only gathering information but also filling in information gaps.

- Helping to ensure that any/all specific healthcare needs of the child are being met (including provision of regular well-care, dental care, and immunizations).

- Providing the Court with timely, objective, and unbiased information that will assist the Court in making well-informed decisions on the child’s behalf.
Your Manual provides you with many templates and forms that you will see during the process of gathering and understanding a child’s medical information. In Chapter 6, you’ll find tools which can be used as you work your cases to help you gather, compile, and keep track of your assigned child’s healthcare information.

Remember, you can play a critical role in facilitating communication and ensuring that a child’s healthcare needs are met!