

**SANDOVAL COUNTY FAMILY SUPPORT PROGRAM
PROJECT EVALUATION FY 2006**

Project Overview	2
FSP Services Provided FY 2006	4
Facilitations/Co-Facilitations	8
FSP Classes	9
Medicaid Applications.....	10
Fit Families.....	10
Inter-Agency Treatment Planning/FSP Wrap-Up	11
New FSP Services Under Development in FY 2006	12
Dental services/Oral Health Literacy	12
Behavioral health	12
Prenatal	12
Telemedicine.....	13
Extranet Client Scheduling.....	13
Trainings	14
On-line Family Support Program Member Activity Tracker.....	14
Appendix A FAMILY SUPPORT PROGRAM PATIENT TRACKING SYSTEM.....	15

Project Overview

The Sandoval County **Family Support Program**, located at the Sandoval Health Commons, is a family-based, public/private partnership. The innovative FSP team includes the staff of all of the public and private agencies located at the Commons. The FSP multilingual/multicultural team has provided unified intake, screening, assessments, and direct services for over 500 Public Health/WIC clients. FSP staff, trained in motivational interviewing, motivate patients to adopt healthy behaviors, assess clients' "readiness to make behavioral changes", and make appropriate referrals to improve health outcomes.

The Commons currently houses six public and private partner agencies:

- The New Mexico Department of Health, providing, WIC, Family Planning, Immunizations and Children's Medical Services
- County of Sandoval Community Health Program
- Abrazos Family Support Services & PB&J Family Services, providing child development and parenting Services
- Haven House Domestic Violence Services
- La Buena Vida Behavioral Health Services,
- Sandoval County and Abrazos Community Health Workers

The County has received a \$250,000 congressional appropriation to equip the Common's three-chair dental facility. The planning process for implementing dental services at the Health Commons in fiscal year 2007 is underway.

Many families served by the FSP are uninsured, under-insured and/or "at-risk". By working as an integrated team, the FSP is bringing critical services directly to County residents who need them most, and leveraging resources invested in public health services.

The New Mexico Department of Health (DOH) is evaluating the viability of replicating the Sandoval County Family Support Program model that includes the southern Sandoval County Public Health Offices in the DOH's 110 Public Health/WIC offices.

The FSP method:

- Assesses individuals and family needs in a comprehensive manner, including health, social, educational, and economic factors which affect Family Support;
- Assists individuals and families to develop personal care plans and skills to manage their own care and access to services;
- Connects individuals and families to safety net services, primary care providers, and work support services at one location, during one session;

Sandoval County Community Health Alliance Family Support Program

- Includes team consultation at the point of service; allowing immediate personal connections among the team, individuals, and families;
- Provides partner agencies with shared client files;
- Shares provider expertise on-site, while providers serve as liaisons to their respective agencies.
- Assures collaborative reengineering by team partners;
- Is designed to identify undiagnosed or untreated conditions such as diabetes, asthma, mental illness, domestic violence, substance abuse, development delays, oral health problems, obesity, and malnourishment.
- Is designed to identify risk factors such as lack of insurance and/or a primary care provider, poverty, and inadequate housing.
- Recognizes that an individual's health care needs must be met in a family-centered environment that is flexible, accessible, and comprehensive.
- Leads to systems changes such as providing services available to low-income residents at locations they currently frequent (e.g. Public Health clinics), reducing duplicative procedures and expense of disparate enrollment, planning, management, referral and follow-up processes.
- Results in policy changes to increase access to services and stream-line service delivery.

FSP Services Provided FY 2006

The Health Commons opened its door for services in November 2004, and FSP contractors began providing services in the first quarter of 2005. The services have been modified as we have gained a better understanding of the needs, interests, and motivations of Commons' clients, and the capacity of the FSP team to meet client needs. Everyone that walks through the doors of the Health Commons seeking any type of service is considered an FSP client. Most clients come to the clinic for one of many FSP Public Health services which are offered, such as WIC, family planning, immunizations, and Children's Medical Services.

Through the FSP, the number of "wrap-around" services available to individuals seeking public health services has been greatly expanded. Table 1 summarizes the wrap-around services currently offered at the Commons. The FSP defines a wrap-around service as any service that is not a traditional public health service, such as WIC, Family Planning, and immunizations. Wrap-around services are provided by all FSP staff, including State public health staff, County Community Health Workers, and four private, non-profit providers:

1. Abrazos, Family Support Services
2. Peanut Butter and Jelly Family Services, Inc.
3. La Buena Vida Behavioral Health Services
4. Haven House Domestic Violence Services

The private providers are under contracts to the County which are funded through the County's Medical Assistance Program (MAP, the County's Indigent Fund). In FY 2006, the private providers billed the County for services for 673 FSP clients (Table 2). It's important to note that while a provider billed the County for a specific individual, the FSP approach to service delivery considers the individual's family and therefore has affected many more lives. Of the clients that received services which were reimbursed through the MAP, 47% received one or more services from Abrazos, 44% from PB&J, 20% from Haven House, and 5% from La Buena Vida. La Buena Vida did not have a provider available on a regular basis throughout the fiscal year. However, as of April 2006 a Spanish speaking counselor has been a regular participant in the FSP, and has had many client contacts.

Due to MAP application and residency requirements, the providers were not reimbursed for all of the services they provided. 20% of the Commons' WIC clients live in Albuquerque, and are therefore not eligible for funding through the Sandoval County MAP. In addition, residency verification for County residence has proved to be a challenge under the current County MAP Ordinance and Regulations. A number of revisions to the Ordinance and Regulations are currently in final review to address these issues.

Sandoval County Community Health Alliance Family Support Program

As noted above, the FSP is designed to provide integrated, holistic health services. Clients benefit when they receive inter-disciplinary services from an integrated team of providers. In FY 2006 673 clients received services from three or more organizations, including the Public Health Division, the County Community Health Program's Community Health Workers, and one or more of the private, non-profit providers. Twelve percent of the clients received services from four or more organizations.

The narrative below describes the current services in more detail, as well as additional services and programs which the Health Alliance has worked on in FY 2006 to expand the wrap-around services available at the Health Commons and other parts of the County.

Sandoval County Community Health Alliance Family Support Program

Table 1. FSP WRAP-AROUND SERVICES FY 2006

(Services provided by County Community Health Workers and Community Providers)

SERVICES	DESCRIPTION	COMMENT
Facilitations	An FSP provider (County CHW or Community Provider) meets with a client to assess family needs.	
Co-Facilitations	A nutritionist and one other FSP provider (County CHW or an community service provider) meet with a client to assess family needs.	This service began in May 2006.
Family Treatment/Action Plans	Family action plans include strategies to reach goals which have been developed by FSP clients with the help of FSP staff.	Each family chart includes an action plan.
Behavioral Health Consults	A counselor from La Buena Vida provides consultation services.	A Spanish speaking counselor joined the team in May 2006
Domestic Violence Consult	A counselor from Haven House provides counseling services.	
Child Development Consult	A child development specialist from PB&J or Abrazos Family Services provides a consult.	
Child Development Screenings	A child development specialist from PB&J or Abrazos Family Services conducts a child development screening.	
Inter-agency treatment plan for high-risk families	The entire FSP team (Public Health, County, and community service providers) meet to develop a treatment plan for high-risk families.	Inter-agency treatment plans are developed during bi-weekly wrap-up sessions. There were 177 inter-agency treatment plans in FY 06.
FSP Classes	Hour long classes designed to promote health family relationships, good parenting, and healthy eating/cooking.	FSP classes began in April 2006.
PEMOSSA and MOSSA applications.	An FSP provider works with a client to complete a PEMOSSA and/or MOSSA.	
Medical Assistance Program (the County's Indigent Fund) Eligibility screening	The MAP coordinator, CHW, or another FSP provider completes MAP application.	All WIC clients which meet residency requirements are eligible for MAP.
Home visitation	An FSP team members conducts a home-visit.	
Client follow-up	An FSP team member conducts a client follow-up service to help client with action plan.	

Sandoval County Community Health Alliance Family Support Program

Table 2. FAMILY SUPPORT PROGRAM COMMUNITY AGENCY UNDUPLICATED CLIENTS FY 2006*

Community Agency	Service Provided	Individual Clients Billed for services	% of All FSP FY 06 Clients	Agency Team Participation During FY 2006
Abrazos	Child development and parenting	318	47%	1 nurse and one CHW
Haven House	Domestic Violence	132	20%	1 domestic violence counselor
La Buena Vida	Behavioral Health	35	5%	1 behavioral health counselor participated from 7/05 to 10/05 and 1 counselor participated from 4/06 to 6/06
PB&J	Child development and parenting	298	44%	1 child development specialist
		783		

* 86 FSP Clients saw two or more community providers

TABLE 3. CLIENTS RECEIVING SERVICES FROM THREE OR MORE FSP AGENCIES

# of Agencies	# of Clients	% of All clients
three	587	87%
Four	64	9%
Five	20	3%
Six	2	0%
	673	100%

NOTE: The new FSP electronic patient record system will tabulate the number of services received by each family. Virtually all clients receiving FSP services from a community provider in 2006 came to the Commons for a State Public Health service, and also received a service from a County Community Health Worker.

TABLE 4 – UNITS OF SERVICE PROVIDED				
SERVICE TYPE	Units of Service Provided (15 minutes per unit)		# of Unduplicated Clients Receiving Service Type	
	#	% of total units	#	% of all clients**
WIC*	NA	NA	606	90%
Other Public Health*			67	10%
Screening/Assessment	2374	38%	416	62%
Case Management	1102	18%	187	28%
Home Visit	850	14%	56	8%
Treatment Planning	791	13%	175	26%
Counseling	759	12%	112	17%
Follow-up	347	6%	69	10%
Group Counseling	67	1%	14	2%
TOTAL	6290	100%		

Facilitations/Co-Facilitations

The Health Commons has offered facilitations since it opened its doors in November 2004. The facilitation process is an initial client interview designed to assess family’s health needs in a variety of issue areas. The interviewer uses open-ended questions, motivation interviewing techniques, and reflective, relationship-based methods to complete the initial screening. The interview begins with a series of open-ended questions that globally assess how families feel about their overall health. The family’s response leads the interviewer to ask additional questions in a variety of issue areas. Typical health issues include: child-caregiver relationships, child development, feeding relationships and nutrition, family violence, and post partum depression and other behavioral health issues. Interviewers also assess whether families need assistance accessing other social and medical systems of care including: prenatal care, primary care, dental care, Medicaid enrollment, housing, and financial assistance.

Once the interview is complete, the family and the interviewer create a follow-up plan based on the family’s needs and readiness to make changes in the areas described above. In addition, rather than making a referral to other community FSP providers, the interviewer will typically invite additional providers to consult with the family during the initial interview. This unique consultation reduces access barriers for families that may not be able to come back for repeat visits and on the spot consultations increase the seamless and holistic approach of health care for FSP families.

Since May 2006, the FSP began offering co-facilitations in which a WIC nutritionist and an community provider or CHW meet with families together for the initial interview. The purpose of the co-facilitation is two-fold. First, they increase the

Sandoval County Community Health Alliance Family Support Program

number of WC families receiving wrap-around care at the Health Commons because they reduce cold referrals to community providers. And second, co-facilitations have increased our capacity to provide seamless care to families.

FSP Classes.

In March 2006 the FSP began a program of classes designed to promote health family relationships, good parenting, and healthy eating. The hour-long classes are being taught by WIC nutritionists, CHWs, and the FSP private, non-profit providers. A few classes are offered in Spanish each week. WIC clients participate in these classes when they pick up their WIC monthly or bi-monthly checks, and are encouraged to also access classes between check pick-ups.

The class topics were selected through focus groups with over 200 WIC clients, conducted by FSP CHWs. The WIC parents were enthusiastic about the groups, and in particular expressed an interest in meeting with other parents to talk about issues they face in common.

A major goal of the groups is to help decrease social isolation by enabling WIC families to form relationships with their peers and FSP staff. In addition, motivational interviewing techniques are used both in the groups and in one-on-one interviews to increase families' readiness to make behavioral changes in a variety of issue areas.

In a response to the focus group discussions, families are being encouraged to form peer support groups that meet on a regular basis with a pre-assigned FSP team member. A group of Spanish speaking WIC mothers formed a group which met once a week for eight weeks, and became a support group. The group decided on a variety of topics for discussion. Due to lack of childcare and limited FSP staff resources the group had to stop meeting; it was very time-consuming to prepare for each of the topics and there aren't enough CHWs at this point to support this type of time-intensive activity. When the group ended, each of the participants "graduated" in a festive ceremony. The women in the group hope that the group can begin again and worked together to come up with childcare options.

In March through June 2006 there were a total of 195 classes with 618 adult participants students and 681 children (Table 5). Class content varies to encourage repeat participation and have included such topics as quality family time, exercise/stretching, mealtime and table manners, reflection for inner peace, transition to dreams, and relaxation. Regardless of the topic, classes promote maternal mental health, parent/infant bonding, and help parents meet the social and emotional needs of their children. Class time offers FSP staff an opportunity to observe individual behavior and family relationships, schedule future FSP services, and make referrals to outside providers on an as needed basis. The FSP team, trained in nutrition, child development, domestic violence, parenting,

Sandoval County Community Health Alliance Family Support Program

other behavioral health issues and motivational interviewing, is uniquely qualified to identify behavioral health issues, which can have a significant impact during critical early development years.

Table 5 - ADULTS IN CLASS BY TIME OF DAY

Class Time	Cooking Group	Playgroups	Resource Group	TOTAL	
9am - 9:59am		78	32	110	18%
10am - 10:59am		75	41	116	19%
11am - 11:59am		4	18	22	4%
1 pm - 1:59pm	50	57	58	165	27%
2 pm - 2:59pm			27	27	4%
3 pm - 3:59pm	22	9	65	96	16%
4 pm - 4:59pm	42		13	55	9%
5 pm - 5:59pm			16	16	3%
Grand Total	114	223	270	607	100%
Children in Class	117	295	269	681	
Adults in Class	117	223	278	618	
TOTAL	234	518	547	1299	

Medicaid Applications

FSP team members assist clients with PEMOSSA and MOSSA applications. There were approximately 173 completed applications in March- June 2006 — 89 PEMOSSAs and 84 MOSSA application. The Sandoval County FSP has been selected by the Primary Care Association as a Medicaid enrollment site for the Covering Kids Initiative. This contract will provide a 50% match to enroll children and adults in Medicaid.

Fit Families

The Fit Families program is a series of six classes which is offered to families who are identified by FSP staff as being ready to make nutritional and fitness changes. The program is being funded through a USDA grant which the County is administering for the State. The class curriculum was developed by WIC staff, in cooperation with other FSP staff at the Sandoval Health Commons. A WIC nutritionist, a behavioral health counselor, and a fitness instructor co-facilitate the class. The first class began in May 2006 was completed in the last week of June. Seven families started the class and four will complete the entire six week session. A new Spanish Fit Families series is beginning in August; ten families have signed up.

Each session has one major objective, described below:

Session 1 - Nutrition: Given the opportunity to discuss ideas with several group members, participants will demonstrate an increase in understanding of the links between past and present eating experiences as demonstrated by the information reported in their journals regarding what influences their eating and their feelings related to eating.

Session 2– Family Dynamics: Recognizing infant states and matching the parent’s response to the infants needs.

Session 3 – Environment: Through a discussion on providing a positive home environment for children, participants will be able to understand the impact of environment on the growth and development of their children.

Session 4 - Introducing new foods: Parents will gain understanding of the process of introduction and acceptance of new foods by children as measured by increases in knowledge in the Child Feeding Questionnaire

Session 5 – Babies’ Growth: Participants will learn about how babies grow and growth that is optimal for health.

Session 6 – Healthy Food Purchases: Participant’s will learn information and skills to increase their confidence in making healthy food purchases at the grocery store.

Inter-Agency Treatment Planning/FSP Wrap-Up

On Tuesday and Thursday mornings from 8am to 9am the FSP team (Public Health/WIC, County, and community service providers) meet to develop treatment plans for high-risk families. A family is referred to the FSP “Wrap-Up” sessions by a provider who has met with the family in the previous week. The CHW coordinator facilitates the meeting, which is structured to allow 15 minutes per family. The treatment planning time is extended for more complicated cases, and also to use the session for training purposes.

In FY 2006 there were approximately 100 FSP Wrap-Up sessions, and 177 inter-agency treatment plans were prepared for high-risk families.

New FSP Services Under Development in FY 2006

Dental services/Oral Health Literacy

During this fiscal year Sandoval County was awarded a \$250,000 grant for equipment and construction at the Health Commons. The funds will be used to equip the three-chair Health Commons dental facility in FY 2007. An FSP Dental Clinic Action Group was formed June 2006 to advise the County on the target population, services, equipment needs, provider, insurance billing (including Medicaid), and other potential funding sources. The Action Group is conducting a dental care gap analysis to identify highest priority unmet needs that can be provided at the Commons. As with all Commons' activities, there will be a strong focus on prevention and early intervention. WIC clients are currently being surveyed in a preliminary assessment of oral health literacy. The FSP is working with the UNM School of Medicine, Health Evaluation and Research Office, on an NIH Oral Health Literacy Grant for WIC Families.

Behavioral health

FSP staff have attended a number of behavioral health trainings this past years which have focused on promoting infant mental health and relationship based interventions. The University of Washington Encast program will provide an in-service in fall 2006 on maternal mental health and postpartum depression. The Family Support Program has submitted two proposals to Value Options to enhance behavioral health services at the Commons which focus on prevention and early intervention. However, Value Options' focus has been on treatment. We are continuing to pursue other funding options, including discussions with Value Options for future projects.

Prenatal

The FSP has been working with the UNM Obstetrics teams to identify funding to bring prenatal care to the Commons. The UNM team would provide care throughout a pregnancy, through delivery of the baby at University Hospital, and care for the baby newborn baby and postpartum mother through the first two month after the baby is born. After this period the mother and child will receive well child and primary health care services through local primary care health clinics. FSP Community Health Workers would work with prenatal patients to help them link to primary care providers for ongoing family health care, as well to the other FSP services.

Telemedicine

The County of Sandoval Broadband Initiative is an ambitious project to bring broadband infrastructure over the entire 3700 square miles of the County's urban and rural areas. MIT, Intel, Sandia National Laboratories, Lido Group, Dandin Group, National Indian Telecommunications Institute and others participated in the project feasibility study. These internationally renowned organizations were eager to participate in the study because of the unique challenges which the sparsely populated, topographically rugged, and culturally diverse population presents for broadband. As part of this effort Sandoval County will emphasize and encourage education, public safety, and telehealth broadband applications throughout the County, including development of a mobile telehealth clinic which will take advantage of broadband's reach into very remote areas of the County.

Through telemedicine and telehealth patients will be diagnosed and treated while still in their homes or neighborhoods. Project applications under discussion include monitoring and diagnosis technology for diabetic and cardiac care, and behavioral health services, which can substantially impact a patient's health outcomes. By summer 2006, the Sandoval County broadband technology will be available in Cuba, Jemez, and Zia. Rio Rancho currently has the capacity to hook-up to the County's broadband system. Within five years the broadband system can be made available in all areas of the County.

The Family Support Program is working on applications for the broadband initiative to increase access to health and social services for households served at the Commons as well as in other parts of the County. Through telemedicine FSP services can be broadcast to other community sites, including the Public Health Office and other interested sites, such as school-based health centers, and private and tribal primary care clinics. In addition, more services and education classes can be provided at the Health Commons through teleconferencing. The focus of the FSP is to bring a community-based approach to the broadband need assessment and implementation process.

Extranet Client Scheduling

In March 2006 the Sandoval County Family Support Program became a partner of the UNM Community Access Program (CAP). Through this partnership the FSP partners have been authorized to use the UNM Extranet System. The system allows inter-agency scheduling and will allow FSP staff to schedule FSP clients directly into partner agencies. Partner agencies will also be able to schedule their patients/clients directly into FSP services. During the next fiscal year CAP will train the FSP team to use the system, and the Health Alliance will focus on recruiting additional FSP partner agencies, such as primary care and dental clinics, to join the extranet system.

Trainings

FSP trainings over the last fiscal year have focused on increasing service quality, and developing a more holistic integrated approach to service delivery through cross-training. Completed trainings include: observational techniques, child development, CHWs and providers have been trained to complete ages and stages developmental screenings, two-day motivational interviewing training, introduction to crisis intervention, harm reduction, child temperament, case management and advocacy. In FY 2006 the FSP was selected as a pilot site for the UNM Family Development Training Program – “Mind in the Making.” The program is premised on the latest research which includes classic and recent studies on how children learn and how parents can encourage learning through supporting the emotional and social development of their children. The training will be offered once a month for four hours over the next year.

On-line Family Support Program Member Activity Tracker

The On-line Family Support Program Member Activity Tracker is an access-based application for tracking clients enrolled in the Sandoval County Health Alliance Family Support Program. The system captures client eligibility for a variety of programs, records services received at the Commons, and Action Plans designed to address needs identified by families. In addition, the application provides tracking and reporting of intervention strategies.

In FY 2006 the County received a \$10,000 supplemental award to modify the access-based system to a HIPPA compliant, web-based system to allow partner agencies to access FSP information remotely. Appendix A presents 6 data entry screens developed for the access-based system. The web-based system screens will have the same look and functionality. The programming to transition the system from access to web-based is currently underway, as well as a list of enhancements that will expand the system’s use to include the County’s DWI and Medical Assistance Program record-keeping. The programming will be completed in the first quarter of FY 2007. Delays in the project are due to technology issues which have delayed full implementation of the access-based system. The access-based system will be used to test the usability of the data-entry and patient tracking components of the system to assure that the web-based system meets the program needs.

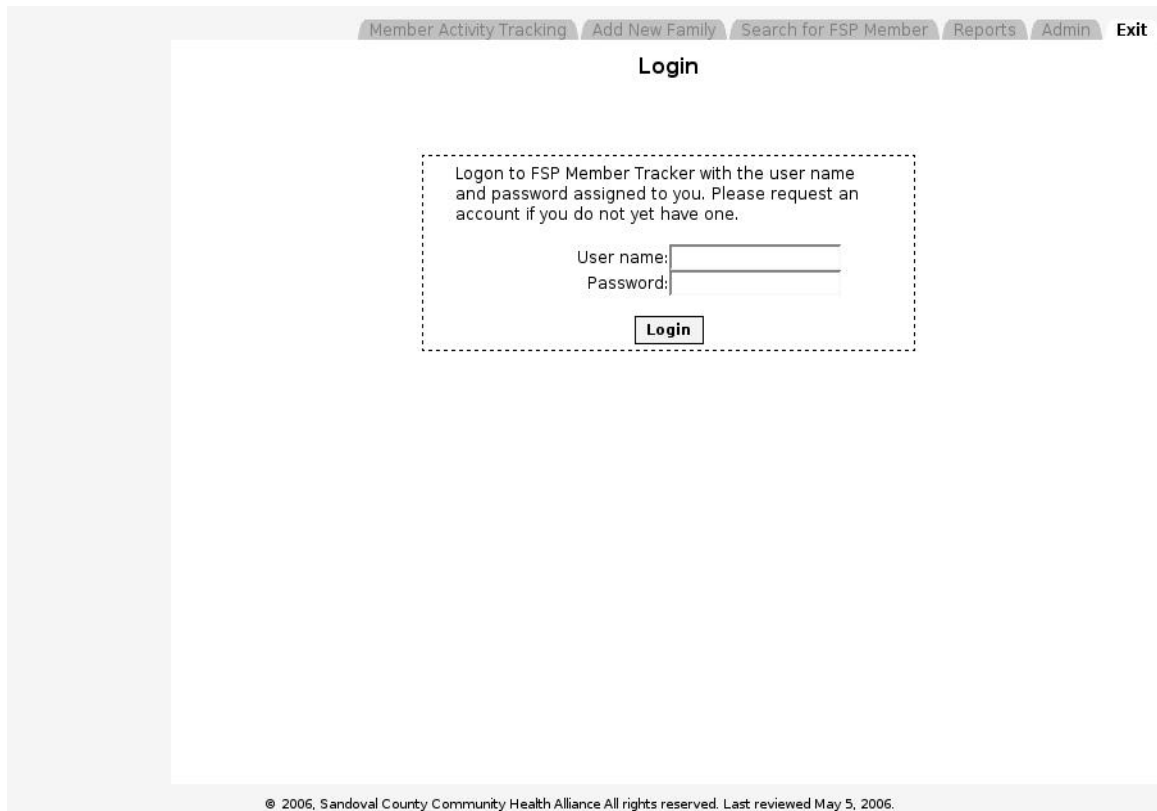
Appendix A Family Support Program Patient Tracking System

Database

The database server is a MySQL server provided by the web hosting company used by the Sandoval County Health Alliance. The web hosting company provides all database administration and backup services. All data is backed up nightly. The backup sets are retained for 10 days and are available for download through a secured administration console.

Logon Screen

The Online FSP Tracker application will be accessible through any widely used internet browser. Upon linking to the application via the browser the user is presented with a logon screen. After successful logon authentication credentials are stored as remote session data and are expired after 10 minutes of application inactivity as required by HIPPA. Each individual who requires access to the application will be given a separate login and password. Each login will be assigned a security level that controls what areas of the application the users has access to.



Member Activity Tracking Add New Family Search for FSP Member Reports Admin Exit

Login

Logon to FSP Member Tracker with the user name and password assigned to you. Please request an account if you do not yet have one.

User name:

Password:

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Search Screen

Users may start a tracking session by finding the FSP member via a simple search interface. Upon successful retrieval of member chart the user is taken to the member overview.

Member Activity Tracking Add New Family **Search for FSP Member** Reports Admin Exit

FSP Member Search

Enter search criteria then click 'Search' button. Any part of the search criteria field will be searched by default (e.g. if you type 'A' in a field then the search will return all records that have 'A' anywhere in that field).

Last Name: First Name:
Date of Birth: Phone #:
Street:
City:
State: Zip Code:

Last Name	First Name	DOB	Home Phone	Mailing Address

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Member Overview Screen

Provides access to all areas of the member chart.

Member Activity Tracking [Add New Family](#) [Search for FSP Member](#) [Reports](#) [Admin](#) [Exit](#)

Member Overview

Family Overview

Encounters

Group Sessions

Action Plan

Health Priorities

Member Overview	
FSP ID: 2006-100-100	Member Name: Jimmy Tester
WIC ID: <input type="checkbox"/> MAP Approved	Head of Household: Head Tester
Add Encounter Add Priority	
Service units used by Jimmy Tester:	13 units
	Billable Accrued: \$193.88
Service units used by Head Tester:	4.5 units
	Billable Accrued: \$64.93
Total service units (encounters + group) used by family:	17.5 units
	Total Billable Accrued: \$258.81

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Sandoval County Community Health Alliance Family Support Program

Intake Screen

Member Activity Tracking
Add New Family
Search for FSP Member
Reports
Admin
Exit

Family Intake

Head of Household: Head Tester

Referred by: Abrazos ▼

Household Size:

Mailing Address

Street:

City:

State: Zip:

WIC Family ID:

Home Phone:

Physical Address

Street:

City:

State: Zip:

Family Members

Add Family Member

Last Name	First Name	Date of Birth
Tester	Jimmy	01/01/1987
Tester	Head	01/01/1973

MAP Applications

New MAP Application

Application Date	Date MAP Elig. Expires	Income Verification	MAP Approved	Reason for Denial
1/27/2006		Bank Statements	No	Income above guidelines

Submit
Cancel

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Sandoval County Community Health Alliance Family Support Program

Family Overview Screen

[Member Activity Tracking](#)
[Add New Family](#)
[Search for FSP Member](#)
[Reports](#)
[Admin](#)
[Exit](#)

Member Overview

Family Overview

Encounters

Group Sessions

Action Plan

Health Priorities

Family Overview

Head of Household: Head Tester

Referred by:

Household Size:

Mailing Address

Street:

City:

State: Zip:

WIC Family ID:

Home Phone:

Physical Address

Street:

City:

State: Zip:

Family Members

[Add Family Member](#)

Last Name	First Name	Date of Birth
Tester	Jimmy	01/01/1987
Tester	Head	01/01/1973

MAP Applications

[New MAP Application](#)

Application Date	Date MAP Elig. Expires	Income Verification	MAP Approved	Reason for Denial
1/27/2006		Bank Statements	No	Income above guidelines

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Encounters Screen

Action Plan Screen

Health Priorities Screen

Strategies Screen

Reports Screen

Group Encounters Screen