Life Skills Progression: An Assessment Instrument for CC4C Care Managers
[Enhanced LSP Training – Online; On Demand]

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Reference:

CC4C Care Management Services

- CC4C care management services will offer the opportunity to develop relationships with families & medical homes, thus building trust & supporting goals related to:
  - Appropriate utilization of health care services
  - Identification of family needs
  - Referral to community resources
  - Monitoring improvements in family functioning and self-reliance

What is the LSP?

The LSP serves as a tool to assure that (1) important aspects of family functioning are discussed and that (2) progress is monitored routinely. (LSP pg. x)

- The LSP measures a parent’s life skills (the abilities, behaviors or attitudes that help a family achieve a healthy and self-sufficient level of functioning). (LSP pg. x)
- When completed sequentially in 6-month increments and at deferral, the LSP makes progress visible and measurable. (LSP pg. xiv)
History of LSP Development & Field Testing for Reliability & Validity

- The LSP instrument was developed to address the need to show evidence of effectiveness of services for public and private funders. [LSP: pg. xii]
- The "ideal solution" was to use "measures that are helpful in the delivery of program services as well as in program evaluation." [LSP: pg. xii].
- Original pilot study conducted in California (one county/28 sites). One site used as a part of the Nurse Family Partnership Model developed by David Olds & colleagues at the University of Colorado). The LSP has now been used by a variety of programs in many states. [LSP: 35-36]
- The version of the LSP instrument that resulted can be used successfully and reliably, and the refinement of wording contributes to content validity. [LSP: pgs. 56-57].
- "Two human factors can influence the accuracy of the information reflected in a scored LSP: whether a parent shares accurate information with the visitor, and the interview and observation experience of the visitor. The first is a trust and relationship issue between the visitor and the parent, and the second is a training and experience issue." [LSP: pg. 41]

Parent LSP Life Skills Scales

[Pages 1 - 4 of the LSP Form].

This section describes the parent’s primary support system, the parent’s relationship/parenting skills with his or her child or children, and the parent’s relationship with and ability to use the care manager’s information & resources.

- Relationships with Family & Friends
  1. Family / Extended Family; 2. Boyfriend / Father of Baby / or Spouse; 3. Friends / Peers
- Relationship(s) with Child(ren):
- Relationships with Supportive Resources
  9. Relationship with Home Visitor; 10. Use of Information; 11. Use of Resources

Parent LSP Life Skills Scales (con’t)

- Education and Employment
  12. Language (for non-English speaking only); 13. <12th Grade Education; 14. Education; 15. Employment; 16. Immigration
- Health and Medical Care
- Mental Health & Substance Use/Abuse
- Basic Essentials
  30. Housing; 31. Food/Nutrition; 32. Transportation; 33. Medical/Health Insurance; 34. Income; 35. Child Care
Infant/Toddler LSP Development Scales

These scales focus on the developmental and psychosocial characteristics of an infant or toddler. It is not a developmental screening tool, but rather a succinct summary of developmental screening results. When delays are present, the tool captures whether referral to early intervention services are needed.

- Based on Developmental Screening or Assessment
- Regulation [42]
- Breastfeeding [43]

CC4C will begin by using the Parent LSP Life Skills Scales only [1-35] until we determine how best to access the developmental screening results from the child’s medical home.

Using the LSP [LSP: pgs. 57-58]

- The LSP is not designed to be used as an interview form with a list of questions for parents to answer.
- A paper form is generally completed in the office or car after the visit. Once the electronic Case Management Information System (CMIS) is developed for CC4C, the results will be entered electronically which will allow evaluation over time.
- Each scale is scored separately.
- A trained and experienced CM should be able to complete the LSP form in about 5 minutes.
- The LSP will be done every 6 months and at the time of deferral during a face to face visit.
Using the LSP Form

The LSP Instrument "Header" Information will be adapted to suit the purposes of the CC4C Program and will include:

- Client (Parent) Name: Last Name, First Name
- Client DOB: mm/dd/yyyy
- Male/Female checkboxes
- Race/Ethnicity checkboxes – Menu to Match Medicaid Race/Ethnicity Options
- Date of Initial LSP: mm/dd/yyyy
- Ongoing LSP: Date & Number (e.g. 2nd; 3rd; etc.)
- Deferral LSP: Date & Number as above. (Deferral = Patient moving to inactive CM status).
- Next LSP Due Date: mm/dd/yyyy
- Months of Service: Total # of completed months of service to parent.
- # of Attempted Visits: Visits scheduled but parent was not home or no show; if cancelled & rescheduled does not start as a no-show.
- # of Completed Face to Face Visits
- CC4C Care Manager: Last Name, First Name
- Enter Agency/Program Name: Agency Name / CC4C Program

Scoring the LSP [LSP: page 61-62]

- Each scale stands alone and is scored individually across a range of 0-5 points, sometimes using 0.5-point increments, as indicated by the number values across the top of the columns.

- Behaviors or skills described in the columns that apply to an individual are circled and the numbers are entered into the score column. Either whole numbers or decimals are entered as scores. If some of the parent's characteristics are circled in more than one column, a split score is the result - meaning that two or more columns have circled information in them. These split scores are averaged, using the column numbers and decimal points (e.g. 1.5, 2.5) that appear at the top of the table on each page.

- Circled characteristics show strengths and needs at a glance and are useful for reflective supervision. Numerical scores are useful for data purposes.

Scoring the LSP [LSP: pg 61-62 - con't]

- Scores range on a continuum from Inadequate (1) to Competent (5), reflecting the characteristics, development and/or learning curve of the parent.

- Zero (0=NA) is used for scales with "No Answer", that were "Not Asked" or are "Not Applicable". A zero score is preferred if the CM is uncertain of an answer; the score can be changed on subsequent LSPs as information becomes available. Frequent use of "0's" may reflect a training or supervision need.

- The LSP is specific to an individual parent or child (use one form per parent and child). There is no "family" score and there is no cumulative score for all scales, because each of the scales contains very different characteristics and the scores are used for both clinical purposes and data analysis.

- However, the CC4C Program is planning to use overall score as one indicator of the resiliency and self-sufficiency of the family. Knowing this score may be helpful to CC4C staff in deciding on the intensity and duration of service required. This will be discussed later in the presentation.
Scoring the LSP [LSP: pg 61-62 con't]

- Although the LSP was designed primarily for work with mothers, all of the LSP scales can be scored for fathers with the exception of Prenatal Care.
- Scores should apply only to skills, behaviors or attitudes occurring currently or over the last 6 months. This interval captures changes and keeps the profile of parent skills and child development current.
- Some scales are only used under specific circumstances:
  - Scale 4: Attitudes to Pregnancy - Scored only during pregnancy and up to 1 month after delivery.
  - Scale 12: Language - Only scored for parents for whom English is a second language.
  - Scale 15: Employment - Not scored for teens unless they are employed.
  - Scale 16: Immigration - Scored only for parents who are not U.S. citizens by birth.
  - Scale 17: Prenatal Care - Not scored for father or for mothers for whom this has not been an issue within the past 6 months.
  - Scale 22: Child Dental Care - Scored only after an infant had teeth.

In Summary:
Specific Steps for Scoring the LSP

1. Scores should apply only to skills, behaviors or attitudes occurring currently or over the last 6 months.
   - By focusing on a 6 month interval, the tool is able to capture changes that keep the profile of the parent’s skills current.
2. Only the specific skills, behaviors or attitudes in the columns that apply to that individual are circled. Characteristics may be circled in more than one column.
3. The number that corresponds with the column(s) in which the characteristics have been circled contributes to the score for that scale.
   - When two or more columns have circled information in them, then a split score is the result. Average the scores for each column involved to get the final score. (Example: If items have been circled in both column 1 and 2, then the score for that dimension is 1.5).
4. Enter the score for each life skill under the “Score” column.

Scoring the LSP – Special Considerations

- Use of the Parent LSP Scale with Fathers, Grandmothers, Foster Parents, or other Family Members/Guardians:
  - Although the LSP was designed primarily for work with mothers, the parent LSP scale can be scored for the “primary caregiver”. If the biological mother is not the primary caregiver, then some of the scales would be scored a 0 and not used in the analysis.
- For Violent Behaviors and Reportable Conditions Such as Child Abuse or Domestic Violence:
  - A score of 1 should always be assigned, under applicable scales, for violent behaviors and reportable conditions (such as child abuse or domestic violence) that have occurred within the last 6 months.
- Multiple Relationships:
  - Some LSP Scales are more likely than others to have split scores due to multiple relationships (e.g. Scale 1, Family/Extended Family; Scale 2, Boyfriend, Father of Baby, or Spouse; and Scale 5-7, Nurturing, Discipline, and Support of Development). This allows the scores to reflect more than one relationship, such as parenting differences with different children or multiple relationships on Scales 1 and 2. However, any scale can have a split score.
### Relationships with Family and Friends: Scale 1: Family/Extended Family [LSP: pg. 43, 65-66]

The quality of support available to parents varies greatly & has serious implications for parental success/identity.

- This scale can be used to summarize relationships with either immediate family or extended family (including in-laws).
- Circle which relationship(s) is/are being described (e.g. "Family" and/or "Extended Family" in Column 3).
- Scale 1 describes the quality of family relationships while Scale 30 describes housing circumstances like who the parent is living with.

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
<th>Column 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physically violent and abusive family with overt hostility.</td>
<td>Loss of contact or physical separation from family so that useful support is not available when needed. (Includes emotional estrangement or loss of contact due to immigration).</td>
<td>Verbal conflict/frequent arguments but some (reluctant) tangible support.</td>
<td>Families that offer conditional or inconsistent support. Includes situations where parent has physical support but does not feel close to or cared for by family.</td>
<td>A loving, supportive family.</td>
</tr>
</tbody>
</table>

### Relationships with Family and Friends: Scale 2: Boyfriend, Father of Baby, Spouse [LSP: pg. 43, 66]

Describes the quality of the primary male (or female) relationship(s).

- Circle the relationship(s) that apply (boyfriend/FOB/spouse). Circle more than one if more than one of these relationships has existed in the last 6 months. This may result in a split score.
- Relationship definitions:
  - Boyfriend: An intimate relationship with someone who is not the FOB.
  - FOB: Specific to the child or the pregnancy.
  - Spouse: Applies to legal marriage or long-term common law marriage.
- The scale can be used for fathers. Interpret boyfriend as girlfriend; father of baby as mother of baby.
**Relationships with Family and Friends:**
**Scale 2: Boyfriend, Father of Baby, Spouse**

What would a score of 1, 2, 3, 4, or 5 for Boyfriend/FOB/Spouse look like?

- **Column 1:** Physically violent, abusive, hostile relationships with partners, women with multiple sexual partners, or when a mother is uncertain of child’s paternity.
- **Column 2:** Relationship with significant other has ended and contact is lost. Includes couples separated due to immigration issues or a partner not present to support pregnancy or parenting or to create a family life.
- **Column 3:** Frequent verbal fights, but relationship continues. Some reluctant support for mother and baby.
- **Column 4:** Relationship may be stable with one partner but lacks the quality of a truly loving and supportive commitment. FOB may have other sexual relationships or parents may not live together. Support is inconsistent or conditional.
- **Column 5:** Loving, committed and mutually supportive couple. May be unmarried, married or common-law relationship in which caring and support are present.

**Relationships with Family and Friends:**
**Scale 3: Friends and Peers**

Describes parent’s peer support network or social isolation.

- Although most parents seem to give answers that fall in one column for this dimension, split scores are possible.
  - [Example: Parent leaves gang or drug-using friends and returns to school]
- Social isolation due to immigration, rural circumstances or chaotic lifestyles is common for low income parents. As parents develop their goals, support networks and parenting skills, isolation scores may also show positive change.
  - [Example: Parent returns to school or work or takes parenting classes].

**Relationships with Family and Friends:**
**Scale 3: Friends and Peers**

What would a score of 1, 2, 3, 4, or 5 for Friends and Peers look like?

- **Column 1:** Gang-linked relationships in which drugs, sexual initiations, or violence is characteristic. Score this column if the FOB is a gang member and is still involved with the mother.
- **Column 2:** Social isolation regardless of the cause.
- **Column 3:** Brief and casual friendships that lack depth and permanence or involve frequent verbal fights; parent feels lonely, unsure of support or that he/she is without close friends.
- **Column 4:** Parent can name a few close friends who are available to talk with and offer support.
- **Column 5:** Parent has an identified group of close or long-term friends with whom to share life and have as a support network; parent feels supported by friends.
**Relationships with Children:**

**Scale 4: Attitudes to Pregnancy [LSP: pg. 43, 67-68]**

Scale identifies a risk spectrum that reflects whether a child is wanted during pregnancy:

- Score only during pregnancy or up to 1 month post-delivery.
- Can be scored for either mother or father.
- Low scores indicate that mother may need extra support to establish reciprocal attachment and nurturing after the baby is born.
- Low scores are common for some substance-abusing mothers, young teens, denied pregnancy situations, rape-linked pregnancies or parents with developmental delays or mental illness.
- Check “0” column and score 0 to reflect “NA” if the parent or couple is not currently pregnant or up to 1 month post delivery.

**Relationships with Children:**

**Scale 4: Attitudes to Pregnancy [LSP: pg. 43, 67-68]**

What would a score of 1, 2, 3, 4, or 5 for Attitudes to Pregnancy look like?

- Column 1: Unwanted pregnancy; therapeutic abortion or adoption wanted or planned; parent’s attitude is primarily hostile or indifferent to the baby.
- Column 2: Unplanned pregnancy; parent ambivalent or fearful; pregnancy may be kept in response to expectations from self, family, FOB or peers.
- Column 3: Indicates that although pregnancy is unplanned, it is accepted.
- Column 4: Indicates that pregnancy was planned and accepted, but the parent feels unprepared.
- Column 5: Pregnancy planned and wanted; parent is prepared for the baby.

**Relationships with Children:**

**Scale 5: Nurturing [LSP: pg. 43, 68]**

Describes the bonding/attachment quality of the parent-child relationship:

- For parents with both an infant and other children, differences in nurturing abilities may result in split scores. (Example: A woman in recovery who has several children currently in placement for abuse/neglect may show very different behavior with a new baby due to changes in her drug use).
- The split score average would reflect that her nurturing ability is changing or that there are differences in how she cares for different children.
Relationships with Children: Scale 5: Nurturing [LSP: pg. 43, 68]

What would a score of 1, 2, 3, 4, or 5 for Nurturing look like?
- Column 1: Describes the rare parent who appears unable to nurture or love; these parents often fail to notice or respond to infant cues and avoid holding & caressing. Empathy is lacking. Parent may meet DSM-IV-TR diagnostic criteria for personality disorders or mental illness.
- Column 2: Nurturing affected by mother’s own flatness, apathy, seeming indifference; these behaviors often seen with depression or developmental delay. Further screening for depression/developmental delay may be needed.
- Column 3: Parent who confuses nurturing and responsiveness with “spoil ing” or who lacks information about appropriate and necessary nurturing, but responds to information with positive changes.
- Column 4: Parent-infant relationship shows visible evidence of reciprocal attachment/bonding, but parent’s responsiveness to child are inconsistent and influenced by immaturity, stress, and coping ability.
- Column 5: Parent shows living, nurturing responses even to subtle cues; reciprocal connectedness evident; parent touches, responds to, holds, comforts & delights in child.

Relationships with Children: Scale 6: Discipline [LSP: pg. 43, 69]

Describes parent’s ability to teach child appropriate behavior.
- “NA” or “0” may be scored & appropriate for young infants who are not mobile, unless inappropriate discipline is observed or reported. Note: Most child abuse impacts infants < 1 year old.
- Split scores are needed if a spectrum of discipline is noted or if discipline varies inappropriately across children of different ages.
- Physical punishment for this scale is defined as “the use of hitting, spanking, slapping, pinching, or shaking.”
- Physical abuse should be defined by current legal definitions and may be indicated by bruises or other physical damage.
- Scoring should reflect scale criteria & not be influenced by cultural components. Appropriate intervention would include culturally sensitive parent education.
- Special circumstances:
  - If there has been a known child abuse report on either parent filed by anyone in last 6 months, circle items that apply but enter a score of “1”. If abuse is not present, score as indicated for scale.
  - If children are or have been in foster placement within last 6 months, score a “1”.
  - If children are permanently placed without reunification options, or have been adopted, scores should only reflect the status within the past 6 months.
  - If serving an adopted child, then the adoptive parent’s ability is scored on the LSP.
**Relationships with Children:**

**Scale 7: Support of Child Development** [LSP: pg. 43, 69-70]

Parent’s ability to encourage & optimize child’s physical and cognitive development.
- Reflects the parent’s receptiveness to learning & incorporating new information about development.
- Split scores may be necessary with children of different ages & developmental needs.
- Parental activities that support development are scored independently from child’s actual developmental progress.
- A combination of low child development scores AND low parental developmental support scores is strongly suggestive of environmental causes in the absence of other conditions.

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**What would score of 1, 2, 3, 4, or 5 for Support of Child Development look like?**

- **Column 1:** Parent has markedly inappropriate or unrealistic expectations of child +/or fails to provide for or has a limited knowledge of developmental needs. Parent lacks information & incorporates little from sources. For parent, it may indicate presence of underlying mental illness or substance use/abuse.
- **Column 2:** Parent shows limited knowledge of the child’s need for developmental support & fails to provide a developmentally supportive environment. Parenting has passive, unresponsive, and language-poor characteristics. Prevalent with poor, overcrowded families with limited education.
- **Column 3:** Parent lacks developmental information but responds to information by using some of the new ideas. Parent provides a few age-appropriate toys & is open to new resources/info.
- **Column 4:** Parent actively seeks information on development & applies information provided. Parent notices & comments on child’s development & new abilities/interests.
- **Column 5:** Parent is informed about current and future developmental stages. Incorporates information & anticipates developmental needs. Parent uses resources like libraries, toy exchanges, parent education/support groups. Parent enjoys and takes time to play with & read to the infant/toddler.

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**Relationships with Children:**

**Scale 8: Safety** [LSP: pg. 43, 70-71]

Focuses on protection skills & provision of safe environment.
- Important area of assessment because unintentional injury may result in permanent damage to a child & is one of the most costly categories of health care costs for low income families.
- Special circumstances:
  - If an infant or child has sustained permanent damage or required hospitalization due to an unintentional injury or ingestion in the past 6 months, circle items in Column 1 & regardless of other items circled, score the item as “1.”
  - A Sudden Infant Death Syndrome (SIDS) death or near-SIDS after which recommended precautions such as “Back to Sleep” have not been used would also be scored as a “1.”
**Relationships with Children: Scale 8: Safety**  
[LSP: pg. 43, 70-71]

What would a score of 1, 2, 3, 4, or 5 in Safety look like?

- **Column 1:** Child hospitalized for treatment of +/or has sustained permanent damage from an unintentional injury within last 6 months.
- **Column 2:** Child had outpatient or emergency treatment for an unintentional injury in last 6 months but sustained no permanent damage.
- **Column 3:** Child with no recent history of unintentional injury but whose home +/or car is not safe or child-proofed.
- **Column 4:** No recent hx. of unintentional injury but home is only partially safe or child-proofed. Family has & uses car seat & accepts safety information.
- **Column 5:** Home +/or car is safe & child is protected. Parent adapts environment for safety as child's age changes. Parent talks with child about safety. Uses safety info.

**Relationships with Supportive Resources: Scale 9: Relationship with Home Visitor**  
[LSP: pg. 44, 71]

Describes ability to establish trust with a visitor.

- Often progress is seen in the relationship with a home visitor (care manager) as trust develops.
- Important scale - if parents are unable to trust & use the home visitor, it is unlikely that the visitor will be able to help the family progress/use resources in relation to other life skills.
- Split scores may be used if in a 6 month period leaps forward or backward in trust are noted.  
  [Example: Setbacks can happen if a child abuse report is filed].
- Parent’s ability to accept & effectively use outside resources is basic life skill.

**Relationships with Supportive Resources: Scale 9: Relationship with Home Visitor**  
[LSP: pg. 44, 71]

What would a score of 1, 2, 3, 4, or 5 for Relationship with Home Visitor look like?

- **Column 1:** Parent is hostile, defensive, & avoids or refuses services.
- **Column 2:** Parent is guarded/not trusting; frequently breaks appts.
- **Column 3:** Parent passively accepts information & visits but shows little active participation. Parent keeps most appts. for visits but does not call or ask for assistance.
- **Column 4:** Parent seeks & uses information/home visitor to meet needs. Parent calls with questions & requests help and calls to cancel/reschedule appointments.
- **Column 5:** Parent is open to & keeps appointments for visits and is welcoming and trusting. Uses/enjoys visits.
Relationships with Supportive Resources: Scale 10: Use of Information [LSP: pg. 44, 71-72]

Describes ability of parent to incorporate new information.

- Ability to use outside resources/new information is one of the best indicators of success & an important life skill. It can be used as an indicator of family resiliency/self-sufficiency & may indicate that the family may do well on their own with minimal support from the care manager.
- Parental ability to use resources may be complicated by distrust +/or limited education or literacy.
- Some parents rely heavily on family & friends for information that may sometimes be incorrect and may disregard information provided by health / educational resources – particularly when it is not culturally compatible.
- Ability to seek out / use new information may be one of the most important characteristics that can help free families from poverty.

What would a score of 1, 2, 3, 4, or 5 on Use of Information look like?

- Column 1: Parent refuses information from the care manager or health care resources, such as physicians or clinic staff, nutritionists, and others.
- Column 2: Parent relies on inaccurate information from informal sources, rather than seeking accurate information from reliable sources.
- Column 3: Parent passively accepts some information from care manager or health care resources.
- Column 4: Parent accepts/uses most information provided by care manager or health care resources.
- Column 5: Parent actively seeks/uses information from care manager and health care resources.

Relationships with Supportive Resources: Scale 11: Use of Resources [LSP: pg. 44, 72]

Describes the ability to identify needs & use resources.

- Parental ability to locate & access outside resources and new information is one of the best indicators for success. It is a crucial skill that can be learned with experience, support and positive reinforcement.
- The ability to use a calendar, phone or transportation may be a skill that must be taught in order for the parent to access resources effectively.
- Parental ability to use resources may be complicated by language / immigration issues.
Relationships with Supportive Resources: Scale 11: Use of Resources [LSP: pg. 44, 72]

What would a score of 1, 2, 3, 4, or 5 for Use of Resources look like?

- Column 1: Parent does not recognize their resource needs or is hostile, distrustful, or fearful of using resources; generally refuses resource referrals.
- Column 2: Parent does not recognize their resource needs. They may passively accept referrals but then misses most appointments or shows limited follow through.
- Column 3: Parent will use resources if access is facilitated or may only keep appointments sometimes. Ability to access resources independently is not yet established and may be complicated by lack of other resources such as transportation.
- Column 4: Parent can identify needs with assistance; accepts referrals to meet the need; keeps most appointments.
- Column 5: Parent who can identify needs independently; seeks out and uses resources; and keeps or reschedules appointments.

Education and Employment: Scale 12: Language [LSP: pg. 44, 72-73]

[For parent whose primary language is not English].

Indicates ability of parents whose primary language is not English to show progress toward becoming fully bilingual.

- Important scale because the establishment of English language skills is often the first step toward socioeconomic self-sufficiency for immigrant families planning to stay in the U.S.
- Support of the ability of immigrant parents to speak and read English may also be one of the primary ingredients needed for successful school readiness for their children.
- Use a "0" & check NA if the parent’s primary language is not English and he or she is not bilingual in any combination of English and another language.

What would a score of 1, 2, 3, 4, or 5 for Language look like?

- Column 1: Parent does not speak English & has no or low literacy in any language. Parent may need interpreters or same-language staff for care manager/provider visits.
- Column 2: Parent who is fluent & literate in his or her primary language. Parent may have some verbal English skills but may need translators or same-language staff for care manager/provider visits.
- Column 3: Parent sees the need for learning English & is taking ESL classes. Parent has some usable verbal skills in English that would allow for entry-level employment. Parent manages some conversations, bills, & applications without translation or assistance in English.
- Column 4: Parent who continues ESL classes and/or has some useful written English capability. Parent can manage most bills, applications, and written instructions in English.
- Column 5: Parent who has become fully bilingual or speaks multiple languages including English.
Education and Employment:

**Scale 13: < 12th Grade Education** [LSP: pg. 44, 73]

[For adolescents < 19 years and some adults].

Indicates the ability of teens to show progress toward high school graduation.

- Used for teens, who because of age, should still be enrolled in school although it can be used for some adults who are working toward a GED.

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**Education and Employment:**

**Scale 13: < 12th Grade Education** [LSP: pg. 44, 73]

[For adolescents < 19 years and some adults].

What would a score of 1, 2, 3, 4, or 5 for Less than 12th Grade Education look like?

- Column 1: Student parents who are not enrolled in school/have dropped out.
- Column 2: Student parents who are enrolled, but have limited attendance & are not at grade level for their age.
- Column 3: Student parents who are enrolled & attending any program regularly but are not at expected grade level; includes those who had previously dropped out but returned to school.
- Column 4: Student parents who are enrolled in independent study or adult schools, attend regularly as required & are at grade level; goal is to graduate with a GED diploma.
- Column 5: Student parents enrolled in and regularly attending high school (regular or alternative) who are at grade level; goal is to graduate with high school diploma.

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**Education and Employment:**

**Scale 14: Education** [LSP: pg. 44, 73-74]

Ability of adults to achieve high school graduation & higher education or training.

- Scoring is based on actual educational accomplishments.
- High school graduation is necessary for employment in most jobs that are not agricultural or manual labor & improves the potential for job growth and stability.
**Education and Employment:  
Scale 14: Education [LSP: pg. 44, 73-74]**

What would a score of 1, 2, 3, 4 or 5 for Education look like?
- Column 1: Parent has completed less than 12th grade in any country.
- Column 2: Parent has graduated from high school or has a GED diploma.
- Column 3: Parent is enrolled or has obtained job training.
- Column 4: Parent attends or has graduated with a 2-year degree from a community college.
- Column 5: Parent attends or has graduated from a 4-year college program and/or is studying for an advanced degree.

**Education and Employment:  
Scale 15: Employment [LSP: pg. 44, 74]**

Scale indicates employment status.
- Checking “NA” and scoring “0” would be appropriate for younger parents for whom employment is not a goal; however, scoring is appropriate for teen parents who are working.
- “0” would not be used for a parent who has chosen not to work in order to stay home with a young / sick infant.
- Written comments may add perspective:
  - Examples: “by choice,” “cultural issue,” or “on Workers Comp”

**Education and Employment:  
Scale 15: Employment [LSP: pg. 44, 74]**

What would a score of 1, 2, 3, 4, or 5 for Employment look like?
- Column 1: Parent with no work experience or job skills or who is unemployed. (Column 1 is scored even if unemployment is by choice to parent an infant or because of cultural values (e.g., women not working outside the home)).
- Column 2: Parent who has occasional entry-level jobs or seasonal employment.
- Column 3: Parent who has stable employment in multiple and/or low-income jobs.
- Column 4: Parent who is regularly employed in a job with adequate salary & benefits.
- Column 5: Parent who is working in his or her career of choice with a good salary & benefits and options for promotion; individuals on maternity or paternity leave are scored here.
**Education and Employment: Scale 16: Immigration** [LSP: pg. 44, 74-75]

Indicates immigration progress for non-U.S. citizens.
- Applies to parents who are immigrants & not U.S. citizens by birth.
- Score "0" for a parent who is a U.S. citizen by birth.
- Circle "migrant", when appropriate, in the column that matches the parent’s immigration status. The frequency of moves of migrant families adds a layer of complexity & disruption of education & services.
- For two-parent families, score only the primary parent who is the focus of this LSP; usually it is the mother.

**What would a score of 1, 2, 3, 4, or 5 for Immigration look like?**
- **Column 1:** Undocumented, migrant parent, without a work permit or card. Moving often disrupts the continuity of the child’s health & medical care and educational opportunities.
- **Column 2:** Parent who is legally here with a valid work permit or card. Parent may be migrant or in the U.S. less than 5 years. He or she plans to return back to the country of origin to live.
- **Column 3:** Parent who is legally here with a valid work permit or card. Parent may be migrant or in the U.S. less than 5 years. He or she plans to live in the U.S.
- **Column 4:** Parent has a work permit or card or who is "documented" with a temporary visa. He or she is applying for citizenship and/or plans to live permanently in the U.S.
- **Column 5:** Parent has U.S. citizen status.

**Health and Medical Care: Scale 17: Prenatal Care** [LSP: pg. 46, 75]

Scale describes the amount of prenatal care received.
Describes when the woman started prenatal care & whether she kept all of her appointments.
- Use a score of “0” if the parent being scored is the father. This is the only scale that is not appropriate for use with males.
- Prenatal care means medical care; prenatal dental care would be a secondary referral by the medical care provider & is not included for scoring.
- Use of prenatal care reflects attitudes, information, ability to access services, organizational skills, support network, transportation, phones and culture.
Health and Medical Care: Scale 17: Prenatal Care [LSP: pg. 46, 75]

What would score of 1, 2, 3, 4, or 5 for Maternal Prenatal Care look like?

- Column 1: Mother who had no prenatal care for this pregnancy. The reason care was not received should be indicated (e.g., drugs, denial, access barriers).
- Column 2: Used if prenatal care started late, in the 2nd or 3rd trimester, and for mothers who only kept some of the appointments.
- Column 3: Used when prenatal care was started late, in the 2nd or 3rd trimester, but most of the appointments were kept.
- Column 4: Mothers who started prenatal care early, in the 1st trimester, and kept most of the appointments.
- Column 5: Mothers who completed the pregnancy within the last 6 months, had early prenatal care (score 4), and who also kept the postpartum appointment.

Health and Medical Care: Scale 18: Parent Sick Care [LSP: pg. 46, 76]

Captures how health care system is used for illness.

- It targets knowledge & behaviors that lead to appropriate care & treatment as opposed to the inappropriate use of care such as using emergency rooms for routine care.
- Use of medical care involves multiple external and personal variables, including access skills and payment resources (see Scale 33, Medical/Health Insurance).

What would a score of 1, 2, 3, 4, or 5 for Parent Sick Care look like?

- Column 1: Parent has an acute or chronic medical condition that was without diagnosis & treatment in the past 6 months.
- Column 2: Parent, for whatever combination of reasons, seeks medical care late and who has become very ill before seeking care. The source of care is not a "medical home"; the family may use the emergency room for care of non-emergent conditions.
- Column 3: Parent seeks care in a timely way inconsistently and fails to follow through with the treatment recommended, such as not taking medication as prescribed. Family uses multiple providers or medical home.
- Column 4: Parent seeks care appropriately, follows treatment as prescribed, and has a stable medical home. However, a healthy, preventive lifestyle has not yet been established & chronic conditions may be present.
- Column 5: Parent seeks care appropriately to cure or control medical conditions & makes lifestyle changes to maintain a healthy lifestyle. He or she has a stable medical home.
Health and Medical Care: 
Scale 19: Family Planning [LSP: pg. 46, 76-77]

Focuses on current family planning use in last 6 months.
- Scale is used to track family planning method understanding, utilization, and access by either parent.
- The scale does not track whether a specific method or safe-sex precautions were used.
- If the woman is pregnant score “0”.
- Written comments such as “method failure,” “HIV risk” or “history of 4 abortions” are useful to target needs for intervention.
- Use of a “morning after” pill would be scored in Column 3.

What would a score of 1, 2, 3, 4, or 5 for Family Planning look like?
- Column 1: Parent has not used a family planning method and is not trying to get pregnant. The parent may lack information needed to use an effective method or may lack life skills to prevent unplanned pregnancies.
- Column 2: Use of a family planning method, such as a condom, has only happened on rare occasions.
- Column 3: Parent inconsistently and intermittently uses a family planning method.
- Column 4: Parent who regularly uses a family planning method to prevent pregnancy.
- Column 5: Parents who voluntarily plan to space their children and regularly use a family planning method & STD protection. Parents who are planning a pregnancy and are trying to get pregnant are scored here, as are those who have chosen a permanent birth control method at the end of intentional childbearing.

Health and Medical Care: 
Scale 20: Child Well Care [LSP: pg. 46-47, 77]

Describes the extent to which parents have obtained preventive well-child care according to the recommended periodicity schedule.
- Split scores may be needed if there are multiple children in the home and the use of well-child health care is different for each child.
Health and Medical Care: Scale 20: Child Well Care [LSP: pg. 46-47, 77]

What would a score of 1, 2, 3, 4, or 5 for Child Well Care look like?

- **Column 1**: Children who have never had well-child or preventive health care and have no medical home. Frequently seen in new immigrants.
- **Column 2**: Children who have seldom had well-child care or for whom well-child care stopped after early infancy visits. Typically have no medical home.
- **Column 3**: Children who still have an occasional well-child visit but who do not meet periodicity recommendations. Unstable medical home.
- **Column 4**: Children have planned annual well-child visits; have a stable medical home. Scores of 4 and 5 are both good scores. An annual examination takes less parental effort than the multiple examinations needed by younger infants.
- **Column 5**: Children who have regular, planned periodic visits for well-child purposes; have a stable medical home; have not yet reached the age for annual examinations.

Health and Medical Care: Scale 21: Child Sick Care [LSP: pg. 46-47, 77-78]

Identifies whether a parent seeks care for a sick child appropriately and follows treatment recommendations.

- Scale applies to the care needed for common minor illnesses of childhood or those children with severe acute or chronic conditions.
- "Medical Neglect" should be circled and the scale scored as a "1" if a child abuse report has been filed for neglect in the past 6 months or if there has been failure to thrive diagnosis for non-organic causes & neglect is the conclusion of the physicians.
- Low scores will need further clarification and sometimes a psychological diagnosis to determine which factors contribute to a parent's inability to obtain proper care (e.g. depression, mental illness, or cognitive delays).
- Scores in Columns 4 & 5 are both good scores. Column 5 is intended to describe difference between the level of effort for significant or chronic illnesses.

Health and Medical Care: Scale 21: Child Sick Care [LSP: pg. 46-47, 77-78]

What would a score of 1, 2, 3, 4, or 5 for Child Sick Care look like?

- **Column 1**: Medical neglect and situations in which a child has received no diagnosis or treatment for acute or chronic medical conditions.
- **Column 2**: A child who receives diagnosis and treatment only when very ill or for whom the emergency room is the usual source of care.
- **Column 3**: Child receives timely care for illness but has inconsistent follow-up on treatment or return appointments.
- **Column 4**: Child receives both timely treatment for minor illnesses and recommended follow-up.
- **Column 5**: Child with a significant acute or chronic medical condition, for whom either control of the condition is maintained or cure achieved. A child receiving hospice care for impending death is scored here as well.
Health and Medical Care: Scale 22: Child Dental Care [LSP: pg. 47-48, 78]

- Scale describes preventive dental care and treatment.
  - It is scored only after a child has begun teething, usually at about age 6 months.
  - Score “0” if the child is an only child and has no teeth.
  - If there are several children with varying dental care needs, split scores will be required.

Health and Medical Care: Scale 22: Child Dental Care [LSP: pg. 47-48, 78]

- What would a score of 1, 2, 3, 4, or 5 for Child Dental Care look like?
  - Column 1: Toddler with serious early childhood caries (ECC), who has poor dental hygiene and no dental or preventive care.
  - Column 2: Children who have some ECC, inadequate dental hygiene, and no dental care.
  - Column 3: Late treatment of ECC, but there is an established dental home and some dental hygiene.
  - Column 4: Timely treatment of caries and some preventive care by a dentist and parents. Use column 4 if an infant’s age is less than the customary start of preventive dental care, about 2 years, and if the parent brushes the child’s teeth daily.
  - Column 5: Regular preventive care, daily oral hygiene by parent and timely treatment of early disease.

Health and Medical Care: Scale 23: Child Immunizations [LSP: pg. 48, 78-79]

- Describes whether a child has completed the recommended immunizations for his or her age.
  - It does not list the date or specific immunizations, but it is expected that care managers will use the child’s immunization record & compare it with the tables of recommended immunizations in order to score the scale.
  - Split scores may apply for multiple children, because younger children are more likely to have complete immunizations than those older than age 2.
Health and Medical Care: Scale 23: Child Immunizations [LSP: pg. 48, 78-79]

What would a score of 1, 2, 3, 4, or 5 for Child Immunizations look like?

- Column 1: Child has no immunizations, including a child whose parents refuse them because of alternative health or religious beliefs.
- Column 2: For families who have lost the records or for children whose immunization history is uncertain, such as immunizations given in another country without adequate documentation of the type of vaccine used.
- Column 3: Immunizations were begun but are not complete for age. No return appointment scheduled.
- Column 4: Immunizations are planned or scheduled, but are overdue.
- Column 5: Immunizations that are complete and current for a child's age.

Mental Health & Substance Use/Abuse: Scale 24: Substance Use/Abuse [LSP: pg. 48-49, 79-80]

Describes extent of use/abuse of alcohol and/or drugs during pregnancy & early parenting within last 6 months.

- Provides a means to quantify a spectrum of a recent drug use ranging from chronic multi-drug abuse with addiction, to binge use without apparent addiction, to rare or experimental use, etc.
- Does not name the substances or distinguish between the use of drugs or alcohol.
- For clients who have no history & none of the criteria listed under Column 1 apply, circle "no use" in column 5 and do not use a score of "0." This allows for repeated regression and recovery to be documented.
- If client has history of drug use/abuse, depression and self-esteem may be important to assess, as is history of rape, incest, or sexual abuse.

What would a score of 1, 2, 3, 4, or 5 for Substance Use/Abuse look like?

- Column 1: Parent who has a chronic and continuing history of drug addiction and/or alcohol abuse. Use the following criteria:
  - Behavior/behavioral reasons for suspicion of use (e.g., slurred speech, disorientation or aggression, unruly gait, alcoholic breath)
  - Client self-report
  - Known history of arrest, incarceration, or treatment for drugs or alcohol
  - Positive toxicology or tests during pregnancy or birth
  - Suspected or diagnosed fetal alcohol syndrome (FAS) or fetal alcohol effects (FAE)
  - Infant withdrawal symptoms and self-regulation problems
- Column 2: Intermittent or episodic heavy use or bingeing but without apparent addiction.
- Column 3: Occasional or experimental use of illegal substances, or those who are "clean" and participating in a recovery program (e.g. methadone treatment, Narcotics Anonymous, Alcoholics Anonymous). Someone in treatment who tests positive for other drugs would score in Column 1
- Column 4: Client describes a recent history (within the last 6 months) of light "social" use of legal substances (e.g. alcohol). This includes women who stopped any use during a current pregnancy.
- Column 5: Parent with no reported or observed use/abuse of drugs or alcohol within last 6 months.
Mental Health & Substance Use/Abuse: Scale 25: Tobacco Use [LSP: pg. 49, 80]

Describes extent of tobacco use or second-hand smoke exposure.

- "Smoking" includes the use of any tobacco products.
- Use of marijuana or other drug-laced cigarettes would be scored on Scale 24.
- Smoking is a major cause of premature births.

What would a score of 1, 2, 3, 4, or 5 for Tobacco Use look like?

- Column 1: Chain-smoking or equivalent nicotine exposure from smokeless tobacco products or second-hand exposure, more than two packs per day.
- Column 2: Those who smoke less than two packs per day or who have some second-hand tobacco smoke exposure at home or at work.
- Column 3: Parent continues smoking while pregnant, but decreases the number of cigarettes or second-hand exposure. Also, refers to parents who, after delivery, protect the child from smoke exposure.
- Column 4: Parent who stops completely while pregnant or for whom there is no close second-hand exposure.
- Column 5: Parent who has never smoked or been closely exposed to second-hand smoke.

Mental Health & Substance Use/Abuse: Scale 26: Depression/Suicide [LSP: pg. 49-50, 80-81]

Describes the degree of depression and its impact on functionality.

- Scale is meant to capture both incidence and progress to recovery including adequacy of a parent's coping skills & utilization of community resources, which, when combined make recovery possible.
- Scale is not meant for screening or diagnosing depression.
- Incidence of depression in perinatal clients is estimated at between 10% and 40%, with the higher percentages more common in studies of poverty-level women.
- Activities of daily living are often affected by depression and mental illness.
- Intervention with clients who are depressed should always include assessment for suicide risk and referral for treatment when needed.
- The LSP depression scale includes clients with postpartum depression, chronic depression with or without history of PTSD, and situational or environmental depression.
- A diagnosis of bipolar & related mood disorders should be scored under Scale 27, Mental Illness.
- If the parent has been so severely depressed that he or she was hospitalized within the last 6 months, or if there is a dual mental health diagnosis, the severity of illness would also show in scores on Scale 27.
**Mental Health & Substance Use/Abuse:**

*Scale 26: Depression/Suicide*  
[LSP: pg. 49-50, 80-81]

What would a score of 1, 2, 3, 4, or 5 for Depression/Suicide look like?

- **Column 1:** Parent has a history of reoccurring or chronic depression with suicide attempts. Severe difficulty carrying out ordinary ADL and parenting and they lack perception into the extent of their illness or its effects on their child or family life.
- **Column 2:** Parent who reports recurrent or chronic depression but denies having suicidal thoughts or attempts. Moderate problems with ADL and parenting, but they have some perspective & awareness of it being a problem for them and their family.
- **Column 3:** Parent with recent postpartum depression or current situational depression (e.g. unhappy about life or relationships). ADL, parenting, and awareness are only somewhat affected. Parents may or may not have had treatment.
- **Column 4:** Parent who manages or controls depression, including those who use mental health or counseling services and/or medication and have gained good control, so that ADL, parenting, and insight are adequate.
- **Column 5:** Parent who is not depressed or who has successfully recovered before the past 6 months. This includes a happy, content, or optimistic parent who has not been depressed.

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**Mental Health & Substance Use/Abuse:**

*Scale 27: Mental Illness*  
[LSP: pg. 50-51, 81]

Describes the incidence & functional impact of mental illness. Describes whether parent is in effective treatment & parent’s ability to carry out activities of daily living.

- LSP does not name or diagnose a condition.
- It excludes depression, but does include those hospitalized for depression and those with more complex conditions that have depression as one component, such as bipolar disorder.

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**Mental Health & Substance Use/Abuse:**

*Scale 27: Mental Illness*  
[LSP: pg. 50-51, 81]

What would a score of 1, 2, 3, 4, or 5 for Mental Illness look like?

- **Column 1:** Parent with severe symptoms of psychosis or other types of mental illness, with or without diagnosis, treatment, or medication. These parents have severe difficulty managing ADL & parenting, and insight into the extent or effects of their illness is not evident.
- **Column 2:** Clients with symptoms of mental illness, who have been diagnosed but treatment is inconsistent or ineffective. They have moderate problems with ability to carry out ADL, to parent, or to demonstrate insight into the extent or effects of their illness.
- **Column 3:** Symptoms of mental illness are under control, and diagnosis and treatment are established. These parents are under enough control that ADL, parenting, and insight are only somewhat affected.
- **Column 4:** Mental illness due to situational causes. Illness tends to be short-term & treatment is effective. ADL, parenting, and insight are adequate.
- **Column 5:** Parents with no history or symptoms of mental illness.
Mental Health & Substance Use/Abuse: Scale 28: Self-Esteem [LSP: pg. 51, 81-82]

Looks at a spectrum of behaviors indicating self-esteem.

- A strengths-based intervention model supports parental self-esteem.
- Self-esteem is one of the pivotal “magical” ingredients for successful parenting and life skills development.
- There appears to be a relationship, yet unproved, between the growth of parenting knowledge & skill and the parent’s sense of success, and their ability to believe they can change other areas of their lives.

What does a score of 1, 2, 3, 4, or 5 for Self-Esteem look like?

- Column 1: Parent shows poor self-esteem by being self-critical & expecting criticism from others. He/she has difficulty initiating action, particularly in new situations. This parent usually appears or reports being depressed.
- Column 2: Parent is not openly self-critical & is able to cope, but lacks confidence. He/she may have a flat affect or fearfulness and may have limited initiative for learning new skills.
- Column 3: Parent shows poor self-esteem by living shrouded in defensiveness and irritability. The blame is directed outward toward others or as excuses for him or herself in a way that seems on the surface to be protection from self-criticism. May start using new skills, but gives up easily.
- Column 4: Parent is gaining confidence & skills, and is beginning to actively initiate new skills. Parent may be shy when praised but can recognize his or her own competence, and emerging self-confidence is visible.
- Column 5: Parent expresses confidence in his or her skills & ability to learn. Expresses pride in achievements and successes.

Mental Health & Substance Use/Abuse: Scale 29: Cognitive Ability [LSP: pg. 51, 82-83]

Describes the incidence and functional impact of developmental delays or learning disabilities.

- Scale was designed to identify parents with special developmental or educational needs and to track the amount of support needed & received in order to maximize functionality and successful parenting.
- It does not test for cognitive delays, intelligence, or learning disability.
Mental Health & Substance Use/Abuse:
Scale 29: Cognitive Ability  [LSP: pg. 51, 82-83]

What would a score of 1, 2, 3, 4, or 5 for Cognitive Ability look like?

- Column 1: Used when a developmental delay (DD) (Mild to Moderate with IQ <70) is suspected but when there has been no known diagnosis or support services are not in place. The ability to carry out normal ADL, parenting, and judgment are significantly impaired.
- Column 2: Parent has been diagnosed with a DD but has adequate educational or special services support. The degree to which ADL, parenting, and judgment are impaired is moderate, but is mitigated by the support available.
- Column 3: Parents with more functional levels of DD or LD, who have some problems with ADL, parenting, and judgment, but are able to cope with some support from a spouse or family.
- Column 4: Cognitive ability to carry out ADL, parenting, and judgment is adequate without support. The parent has received special education or learning services. Markers such as ability to work, drive, shop, and pay bills independently are present.
- Column 5: Parent who, because of the abilities observed, such as reading or high school graduation, demonstrates average or above average cognitive abilities. He or she is competent with ADL.

Basic Essentials:
Scale 30: Housing  [LSP: pg. 52, 83-84]

Describes a parent’s housing circumstances in a range from homelessness, shelters, and dangerously substandard conditions to independent renting or owning of a family apartment or home.

- Frequent moves, chaotic lives, overcrowding, squalor, and homelessness mean that little time or energy is available to be directed to other needs and often to children’s needs.
- As the economy worsens, care managers frequently encounter overcrowded, multi-family housing.
- Poor housing can be a strong motivation for improving life skills.

Basic Essentials:
Scale 30: Housing  [LSP: pg. 52, 83-84]

What would a score of 1, 2, 3, 4, or 5 for Housing look like?

- Column 1: Homeless families; home environments that are so substandard that some basic utilities are missing or so poor as to be dangerous and require reporting to environmental health services. Homes that are so dirty that the children are endangered are scored here.
- Column 2: Parent with unstable/inadequate housing; moves frequently (e.g. family moved more than once in the last 6 months).
- Column 3: Low-income families that share rental space with strangers or friends; teen in a foster home. If there are also frequent moves, split scores with Column 2 may be needed.
- Column 4: Parents able to live with families/extended family or in-laws. Shares expenses.
- Column 5: Family rents or owns their own apartment or home.
Basic Essentials:
Scale 31: Food/Nutrition [LSP: pg. 52, 84]

Describes adequacy & type of nutritional needs/resources used.

- Records whether a family is connected to services, and whether resources are needed or adequate.
- Scale does not measure the quality of the nutrition of the individual parent or child and does not address food-related conditions such as diabetes, obesity, or anorexia.
- Many factors, including culture and immigration issues or information may influence a parent’s eligibility for services & ability to provide food adequately.

Basic Essentials:
Scale 31: Food/Nutrition [LSP: pg. 52, 84]

What would a score of 1, 2, 3, 4, or 5 for Food/Nutrition look like?

- Column 1: Families who run out of food & must rely on charity or food banks for emergency food.
- Column 2: Family has inadequate food resources but has food; the concern is about the amount or quality.
- Column 3: Families that use nutritional resources for low-income families such as WIC, food stamps, or other similar services.
- Column 4: Family income allows for adequate amount and quality of food. This is frequently seen in extended families that share housing & resources.
- Column 5: Family income provides for optimal food and nutrition.

Basic Essentials:
Scale 32: Transportation [LSP: pg. 52, 84]

Scale indicates the primary type of transportation utilized.

- Life skill that influences success in several other scales such as access to health care, education, employment.
- It also affects the parent’s ability to access other needed services.
- It does not measure whether public transportation is adequately available for use, nor does it measure political issues involved such as the impact of immigration law on a parent’s ability to obtain a driver’s license or insurance.
Basic Essentials: Scale 32: Transportation [LSP: pg. 52, 84]

What would a score of 1, 2, 3, 4, or 5 for Transportation look like?
- Column 1: Families who have no or inadequate transportation resources.
- Column 2: Families who use public transportation.
- Column 3: Parent has access to a car or can ride with others, including a spouse. Parent may have no license.
- Column 4: Family has a car and the parent (not just the spouse) has a license.
- Column 5: Parent has his/her own car and drives with a license & insurance.

Basic Essentials: Scale 33: Medical/Health Insurance [LSP: pg. 52-53, 84-85]

Scale captures the range of health insurance coverage that pertains to the parent.
- The target range suggested for this scale is any score from 2 to 5, meaning that a parent has some form of coverage paid by a third party, whether it is Medicaid or private insurance.
- There is no scale to capture the child’s health insurance coverage because public health insurance coverage is typically available for low income children.

Basic Essentials: Scale 33: Medical/Health Insurance [LSP: pg. 52-53, 84-85]

What would a score of 1, 2, 3, 4, or 5 for Medical/Health Insurance look like?
- Column 1: Parent has no health care coverage & is unable to afford care.
- Column 2: Parent has government-funded coverage for pregnancy or emergency only & does not have coverage for routine health care.
- Column 3: Low-income family who is eligible for and has full scope Medicaid coverage with or without a monthly share-of-cost.
- Column 4: Parent has a state-subsidized insurance program, with or without a partial pay plan or copayment.
- Column 5: Parent has private insurance (privately or job-linked) with or without copayments.
Basic Essentials: Scale 34: Income [LSP: pg. 53, 85]

Scale refers to the adequacy of a parent's income.
- It refers to the income of the parent being scored, not the family.
- It does not list the actual income level for the parent-child dyad.
- For clients who are pregnant teens living at home or unemployed, dependent women, the score would be based on the parent's or the supporting FOB's income, until they have TANF (Temporary Assistance for Needy Families), child support, or income from employment.
- "Low income" refers to parents whose income qualifies for the 200% of Federal Poverty Level, a scale that is adjusted annually and means the family may qualify for social services, child health insurance programs, WIC.
- "None" is usually an infrequent temporary crisis but should be used if that has been the case in the last 6 months.
- Because these conditions change quickly, a split score may be needed.
- Income from illegal activities is not counted.

Basic Essentials: Scale 34: Income [LSP: pg. 53, 85]

What would a score of 1, 2, 3, 4, or 5 for Income look like?
- Column 1: Parent has no source of income.
- Column 2: Parent receiving TANF, state disability insurance, or child support.
- Column 3: Low-income, employed parent. It can reflect seasonal employment and includes families who meet 200% FPL criteria (e.g., family is eligible for the WIC or Child Health Insurance Programs)
- Column 4: Parents are employed with a moderate income & are able to meet expenses most of the time.
- Column 5: Parent is receiving an adequate salary for the area’s cost of living.

Basic Essentials: Scale 35: Child Care [LSP: pg. 53, 85-86]

Describes the type and frequency of child care used.
- Many extended family environments that are secure & nurturing lack adequate stimulation for good brain development.
- The quality in other child care resources varies greatly.
- Providing information on how to select good child care and local resources can help young families make good choices.
Basic Essentials: Scale 35: Child Care [LSP: pg. 53, 85-86]

What would a score of 1, 2, 3, 4, or 5 for Child Care look like?

- Column 1: Parents with no child care or who have not yet used it.
- Column 2: Multiple people or places are used for occasional child care with unsafe or poorly supervised environments that create unstable caretaking relationships for the child.
- Column 3: Parents use a caring friend or relative where the environment is stable & safe but offers limited developmental support.
- Column 4: Child care environments, both homes and centers, that are used regularly & provide both love & stimulation needed by young children.
- Column 5: High-quality child care center that intentionally provides the best in child care. These centers have low staff-to-child ratios, have nurturing and well-trained staff, and provide toys & activities for cognitive, physical, and social development.

Evaluating the LSP

- There is a version of the LSP Instrument and LSP Cumulative Score Sheet with "target scores" gray-shaded. The target scores vary with each dimension of family life skills being assessed.
- For example, on some dimensions the target scores are 4-5; on others the target scores range from 2-5 or 3-5.
- The related CC4C outcome measure is to:
  - "Improve scores on the LSP assessment based on a reassessment every 6 months and "upon deferral."

LSP Cumulative Score Sheet
Plan to Field Test a Life Skills Progression Resiliency/Self-Sufficiency Score

- Conceptually, there should be some correlation between families at the higher end of the LSP Scale (who have more resiliency and self-sufficiency), being able to manage the care of their child with less intensity of service from the care manager.
- CCFC Care Managers will be asked to field test a LSP Resiliency / Self-Sufficiency Score & let us know if the total LSP Score does help predict the intensity of service required from the care manager.

LSP Resiliency/Self-Sufficiency Score (con’t):

A Resiliency/Self-Sufficiency Score is being considered based on the total Parent LSP Score (scales 1-35) only. Here is how it was mathematically derived:

- Minimum LSP Score = 29 (Assuming all scales are scored except the 6 scales that are only answered under certain circumstances).
- Target Range Scores = 120 – 175 (Based on the minimum and maximum scores if all scores are in the target range).
- Then assuming that 3 levels of service intensity would be defined for stratification purposes (heavy, medium and light), we determined:
  - Low target range score (120) - minimum score (29) = 91 / 3 levels of intensity = 30.3 or 30 (rounded to nearest whole #)
- Stratification levels for intensity of service:
  - Heavy: LSP Score of <=29-59
  - Medium: LSP Score of 60-90
  - Light: LSP Score of 91-120

Next Steps:

- The order form for the LSP Book (“Life Skills Progression: An Outcome and Intervention Planning Instrument for Use with Families at Risk” by Linda Wolleson and Karen Peifer) has been posted as one of your handouts.
- Enhanced LSP training will continue to be offered online, on-demand via webinar for use by newly hired staff or for current staff who want to review as a “refresher”. The PPT serves as guidance.
- A “LSP Resiliency/Self-Sufficiency Score” will be field-tested to see if it contributes to decisions about stratifying the intensity of service offered.
- An online evaluation of this enhanced LSP training has been posted. A comments block on the form will provide an opportunity to submit questions. Completion of the evaluation form will be required to earn continuing education credit.
The Good News

- For the first time, the impact that your services have on improved family functioning and self-sufficiency will be measurable - contributing to achievement of outcome measures and public/private support for the program.