Greene County
Family Resource Coordination (FRC) Guide

Moving Integration Forward

in Greene County Pennsylvania

October 2007

Prepared by

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Family Resource Coordination (FRC) Guide Overview

The Family Resource Coordination (FRC) Guide is intended to serve many purposes in Greene County. First and foremost, it serves as a guide for Greene County integration efforts. It provides an overview of the catalyst for these efforts – the Integrated Children's Services Planning (ICSP) initiative in Pennsylvania. ICSP was launched by the Pennsylvania Department of Public Welfare (DPW) in 2004 to encourage counties in Pennsylvania to identify goals, strategies, and expected outcomes that lead to an integrated service system to meet the needs of vulnerable children and their families. The FRC Guide provides the history and description of Greene County's response to ICSP and its integration activities since 2004. Greene County is focusing on three (3) priority populations to pilot its efforts - (1) youth transitioning into the adult service system; (2) families in the Children and Youth system who have multi-system needs; and (3) juvenile offenders with mental health needs that are identified through the MAYSI-II screening. The ultimate goal is full integration of services for all children and families in Greene County.

The Family Resource Coordination (FRC) model - the guiding framework for integration in Greene County – and the components of the model are described in the Guide. The model components include:

- Integrated or lead case management,
- Multi-disciplinary teams (MDT),
- Central or common assessment, intake, and referral,
- Coordinated service planning,
- Shared confidentiality, and
- Data coordination.

Greene County's implementation of the components of the FRC model, and the next steps to full implementation of the model, are also described in the Guide. Lastly, the Family Resource System Analysis project conducted in Greene is described. This analysis was conducted to provide the ICSP team with an understanding of human service delivery processes and procedures and to provide insight to move forward with full implementation of the FRC model. It focused on the priority integration populations and included current and best practice research and stakeholder input through discussion groups and interviews. The domains, or areas of the analysis, were the FRC model components. The findings from the analysis and recommendations for further implementation of the FRC model components are presented.

The FRC Guide serves as a resource to Greene County providers as they implement remaining FRC model components for the priority integration populations and move forward to implement the full model for all children and families. The Guide is intended to be used to move Greene County further on the continuum to full integration of services.

Acknowledgements

For making this project possible, many thanks to the Greene County Board of Commissioners – Pam Snyder, Dave Coder, and Judy Gardner - for their support of this effort. Additional thanks goes to the Greene County Human Services Department for providing ongoing guidance, insight, and leadership throughout the project. Thank you to the service consumers and service providers in Greene County, as well as the Greene County Student Assistance Program (SAP), who offered their expertise and experiences by participating in discussion groups and interviews. Their input has been essential to understanding the service integration issues that define the Family Resource Coordination model in Greene County and to the shaping of recommendations within this report. Finally, thanks to *Collective Impact, LLC* and their team of consultants for compiling the needed information, researching the issues, and moving the ICSP Team forward throughout the process.

Integrated Children's Services Planning (ICSP) Overview

The Integrated Children's Services Planning (ICSP) initiative was launched by the Pennsylvania Department of Public Welfare (DPW) in 2004 to encourage counties in Pennsylvania to identify goals, strategies, and expected outcomes that lead to an integrated service system to meet the needs of vulnerable children and their families. ICSP is intended to be a comprehensive approach to serving children birth to age 21 that involves all local systems, including child welfare, mental health, mental retardation, early intervention, juvenile justice, drug and alcohol, education, physical health, etc. The vision is for a system that is strengths-based, is child- and family-centered, and engages children and their families as partners.

All counties in Pennsylvania are required to submit ICSP plans along with their Children and Youth needs-based budgets. As part of their ICSP efforts, counties are also required to form local planning teams to coordinate their efforts. The ICSP framework for integration incorporates the following elements for children and adolescents who need public system involvement:

- A continuum of care that provides for the healthy development, safety and well-being of the child.
- A mechanism for all children entering the system to receive a comprehensive review of the child's needs.
- A service plan that accesses resources from all appropriate sources to meet the needs of the child and family.
- A prevention strategy for children that encourages healthy development and stability.
- Focus on children and families who need or receive services from more than one categorical county program.

Since Pennsylvania counties have identified different approaches to integration, DPW has encouraged counties to develop a plan that considers local organization, administrative, and other relevant factors. Starting in 2006, DPW initiated a tiered approach to ICSP, recognizing that counties have made different levels of progress toward integration. Tier One, or "Accelerated Integration Counties," are those that are making substantial progress toward integration of services for children and adolescents with a commitment toward full integration. Tier Two, or "Continued Progress Counties," are those that have achieved some cross-system collaboration but are not yet ready to move to full integration of services.

The vision is for a system that is strengths-based, is child- and family-centered, and engages children and their families as partners.

For the past two (2) years, Greene County has designated itself as a "Tier One" county. The Greene County ICSP Team is committed to full integration of the diverse services and programs available to children birth to age 21 years of age.

Greene County ICSP

Greene County decided early in its integration efforts to merge the ICSP planning process with the work it has been accomplishing through the Greene County Making a Great Impact Collectively (MAGIC) collaborative. MAGIC is a comprehensive planning partnership for service delivery in Greene County. MAGIC was formed in 1992 in response to the Family Center and Family Service System Reform (FSSR) movement initiated by DPW. It serves as the network that connects many initiatives in the community and assures coordination of all family services. MAGIC has established a place for collaboration and service integration in Greene County. It serves as the umbrella for many community initiatives, such as Family Centers, Communities That Care (CTC), State Health Improvement Partnership (SHIP), the Fatherhood Initiative, etc.

Greene County identified that MAGIC is the practical vehicle to coordinate integration efforts in the county and the key to the success of these efforts. The Greene County ICSP Team was formed as an ad hoc committee of MAGIC. The Team is comprised of representatives from the various categorical systems serving children and families, such as children and youth, mental health, mental retardation, early intervention, juvenile justice, drug and alcohol, education, etc. It also includes youth receiving services, parents whose children are involved in the service delivery system, and community-based organizations. *(See Appendix A for a list of the members of the Greene County ICSP Team.)* There are currently four (4) subcommittees of the ICSP Team:

- CODIT (Co-Occurring Disorders in Teens)
- Full Family Focus (F^3)
- Family Engagement
- Prevention Partners

Since submitting its first ICSP plan in August 2004, Greene County has made significant strides in integrating services for children and families. Its efforts have been guided by its vision for integrated services:

An integrated system of quality services for all families in Greene County which includes:

MAGIC has established a place for collaboration and service integration in Greene County.

- A seamless system of care.
- Coordination of resources.
- Unduplicated service delivery.
- Family and youth involvement in the planning, delivery, and evaluation of services.
- A focus on prevention and early intervention, best practice, and evidence-based services that support youth self-sufficiency, family stability, physical health, safe communities, school success, and life enrichment for adults.

The mission of the ICSP initiative in Greene County is to:

- Integrate and coordinate family services.
- Assess the service system to identify existing resources, needs, and gaps.
- Identify and launch new service structures to meet needs and fill gaps.
- Provide education and networking opportunities for resource providers and community residents.
- Monitor outcomes and make changes to our approach as needed.

The Greene County ICSP Team has taken a comprehensive approach to service integration that was initially piloted with two priority integration populations – (1) youth transitioning into the adult service system; and (2) families in the Children and Youth system who have multi-system needs. Youth transitioning into the adult service system were identified as a focus for Greene County's efforts because the service system for this population is in need of integration. There is frustration with identifying and achieving follow-through with services for this population. Service providers recognize the need to be proactive in serving this population, as transitioning youth are at risk for a variety of poor outcomes, including homelessness, poverty, criminal behavior, substance abuse, teen pregnancy, etc. Families in the Children and Youth system who have multi-system needs were identified as a priority integration population because these families are overwhelmed with service providers, and CYS is often the nexus for other services and supports. Also, a focus on this population will help to achieve child welfare goals identified in the CYS needs-based budgeting process.

For several years, Greene County has piloted integration efforts for adults with mental health and substance abuse issues. The Mental Illness – Substance Abuse (MISA) project has been operating for years without funding. A MISA Team Council has regularly worked with adults with mental illness and substance abuse issues to help them access the services they need and become self-sufficient. The Greene County ICSP Team decided to build upon the knowledge that has been gained from this pilot project to implement multi-disciplinary team meetings (MDTs) for the priority integration populations. The Team also reviewed and incorporated principles from Family Group Decision Making (FGDM) and the Child and

Adolescent Service System Program (CASSP) into their MDT approach. MDTs actively engage families and cross-system providers in the service planning process to provide more seamless service delivery for families.

The culture of resource providers in Greene County is beginning to change through participation in cross-system trainings. Providers are recognizing the need and value of serving families in a holistic way.

The Greene County ICSP Team has coordinated cross-system training events for human service agencies to help educate providers about the range of services available in Greene County and the importance of addressing the holistic, multi-system needs of families. The culture of resource providers in Greene County is beginning to change through participation in cross–system trainings. Providers are recognizing the need and value of serving families in a holistic way. This is evident in that resource providers from one system are now routinely inviting providers from other systems to participate in trainings that they are sponsoring.

In early 2007, Greene County launched the Family Engagement and Prevention Partners initiatives. Recognizing that family engagement is key to an integrated service delivery system that is family-driven, the Greene County ICSP team is committed to implementing the Family Engagement Initiative. This initiative is intended to involve more families and consumers in service planning, delivery, and evaluation. An ad-hoc subcommittee comprised of both families and service providers has been convened to launch this initiative. This subcommittee will develop and disseminate a resource guide for families to help them understand what happens at service planning meetings, ways to actively participate, etc. It will also develop a process for continuously obtaining input from families. As part of the Family Engagement Initiative in Greene County, trainings will be held at which local human service agencies that are successful at engaging families will share information about their approaches with other resource providers. In addition, the PA Child Welfare Training Center will share its family engagement resources with Greene County to support the initiative.

Prevention planning is important to Greene County's integration efforts because it represents a focus on the full continuum of care for families. There are various prevention activities occurring throughout the county. These activities are fragmented and guided by various principles and frameworks. The Prevention Partners Initiative is an opportunity to identify all of the prevention activities occurring in Greene County and coordinate these efforts under one guiding framework. An ad-hoc subcommittee comprised of prevention providers in Greene County has been convened to launch this initiative. The work of the subcommittee will focus on incorporating the Strategic Planning Framework State Incentive Grant (SPF SIG) approach into Greene County's prevention efforts. SPF SIG is a comprehensive, outcomes-based approach to prevention that is being adopted in Pennsylvania through a cooperative agreement between the Pennsylvania Department of Health and the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP). Although the focus is on preventing substance abuse and reducing related problems, the framework is applicable to a variety of prevention efforts, with its focus on assessment, capacity, planning, implementation, and evaluation. As part of the Prevention Partners Initiative in Greene County, training will be provided for resource providers on the SPF SIG

framework. The Prevention Partners Subcommittee will also compile an inventory of prevention efforts and activities in Greene County and use this information to develop an integrated prevention plan utilizing the SPF SIG framework.

In 2005, the Greene County ICSP Team adopted the Family Resource Coordination (FRC) model as an appropriate framework to move forward on the continuum toward full integration of services for children and families.

In 2005, the Greene County ICSP Team adopted the Family Resource Coordination (FRC) model as an appropriate framework to move forward on the continuum toward full integration of services for children and families. The FRC model includes six (6) key components. *(See the next section for a description of the FRC model and its components.)* In preparation for implementing all of the components of the FRC model for the priority integration populations, the Greene County ICSP Team participated in a Family Service System Analysis project. This project included a review of current practices within child serving agencies, research on "best practices" related to the six (6) FRC Model components, and direct stakeholder input through discussion groups and telephone interviews *(See the "Family Resource System Analysis" section for more information on the project.)*

Family Resource Coordination (FRC) Model

Greene County is working with Collective Impact, LLC to develop and implement the Family Resource Coordination (FRC) model. Collective Impact has a long history of working with Greene County. One of the firm's Principal Partners has been involved with furthering Greene County's collaborative and integration activities for the past ten (10) years. Collective Impact has worked directly as an organization with Greene County for the past three (3) years on the following:

- Facilitation of the ICSP process.
- County-wide community needs assessment and asset mapping.
- Community outcomes evaluation initiative.
- Collaborative board planning and development.
- Implementation of Internet-based tools for information and referral, information sharing, collaboration, and case management.
- Training of resource providers.
- Strategic planning for various community initiatives.

Collective Impact also works with other counties in Pennsylvania to help facilitate their change efforts.

Collective Impact first introduced the Family Resource Coordination (FRC) model to Greene County in 2005 as it was preparing its 2006-2007 ICSP plan. The Greene County ICSP Team decided to adopt the model as a framework for its integration efforts. The FRC model components include:

- < Integrated or lead case management,
- < Multi-disciplinary teams (MDT),
- < Central or common assessment, intake, and referral,
- < Coordinated service planning,
- < Shared confidentiality, and
- < Data coordination.

The following is a description of each of the components of the FRC model.

Integrated or lead case management

Case management services link the child to needed services through a supportive and helpful relationship with a designated human service professional. Within an integrated or lead case management system, a single helping professional is assigned to coordinate the resources and services necessary to meet the child's needs regardless of who or where services may be provided. The "lead case manager" assures that the following functions are carried out on behalf of the child and family:

- < Assessment,
- < Planning,
- < Service implementation,
- < Coordination of multiple services,
- < Monitoring of services provided,
- < Aftercare, and
- < Ongoing evaluation of service effectiveness.

Integrated or lead case management systems are designed to assure that a single case manager works with the child and family across multiple agencies and programs.

Multi-disciplinary teams (MDT)

Multi-disciplinary teams (MDTs) are convened when expertise from different professional disciplines is required to meet the needs of the child. MDTs actively engage families and cross-system providers in the service planning process to provide more seamless service delivery for families. This approach may include various professional disciplines, such as social work, psychology, education, and healthcare, or representatives of different service systems or agencies, such as mental health, child welfare, and juvenile justice. The composition of a multi-disciplinary team is determined by the needs of the child. MDTs are generally convened on a case-by-case basis when a broad base of expertise is needed to develop and carry out an appropriate plan of services.

Central or common assessment, intake, and referral

Often referred to as a "no wrong door" approach to accessing needed services, a central or common assessment, intake, and referral system operates across multiple agencies and community providers to conduct an initial screening for service needs, collect basic information

about the child and family, and make referrals to appropriate providers for more in-depth assessment, service planning, and implementation of service delivery. A central or common system for initial assessment, intake, and referral would generally make use of standardized protocols and procedures by multiple agencies that allow for sound judgments to be made about where the child or family should be directed to receive appropriate services. Another approach to establishing a central or common assessment, intake and referral service across multiple agencies is to establish intake centers where these initial functions are carried out and necessary child and family information is collected.

Coordinated service planning

Coordinated service planning is a process whereby a single or coordinated service plan is developed for a child with multiple needs, even though the services and programs prescribed through the plan may be carried out by different providers. Coordinated service planning is a function that may require a multi-disciplinary team to be convened for the purpose of developing the single plan. This may also be a function carried out by a "lead or integrated case manager" when that professional is empowered to broker services from various providers on behalf of the child or family.

Shared confidentiality

Shared confidentiality allows information to be shared among different categorical agencies and community providers that may be serving a particular child or family on a need to know basis. Protected information is only shared with informed consent of the child and/or parent in order to better coordinate the services provided and to eliminate duplicative processes whereby different providers collect the same information from the child and family. Central or common assessment, intake, and referral procedures require some level of shared confidentiality, since such procedures are of little utility if information collected is not shared with provider agencies once referral for services is determined.

Data coordination

Data coordination implies some types of common management information systems that can be accessed and utilized by multiple agencies. Such systems may be limited to information about participating agencies and services available through these agencies. Data coordination is generally designed, however, to allow access to information about specific children and families and/or the services being provided to a particular child and family. Other data coordination issues may address billing issues or third party payment systems. Some level of data coordination among multiple child- and family-serving agencies is likely to be necessary if services are to be efficiently integrated across providers or systems.

FRC Model Implementation to Date and Next Steps

Greene County has already begun to implement elements of the FRC model. Since fall of 2006, MDTs have been conducted with two initial priority integration populations – transitioning youth and multi-system CYS families. In 2007-2008, the Greene County ICSP Team is expanding its efforts to focus on a third target population - juvenile offenders with mental health needs that are identified through the MAYSI-II screening. MAYSI-II is used to identify juvenile offenders who may have special mental health needs. The ICSP Team will work to coordinate services for juvenile offenders with mental health needs by conducting MDTs with this population.

Additional elements of the FRC model will be implemented with the priority integration populations in 2007-2008, including integrated or lead case management, coordinated service planning, shared confidentiality, and coordinated data systems. A FRC/Caseworker will be hired to assist in coordinating lead case management and MDTs for the priority integration populations. The PA Child Welfare Training Center provided support to Greene County to help define the job description and specific responsibilities of the FRC/Caseworker.

Coordinated service planning, shared confidentiality, and coordination of data systems will be addressed through the implementation of a family-driven data system. The system will be piloted with the priority integration populations and will facilitate joint service planning activities among resource providers in Greene County. It will be designed with direct input from families and resource providers to ensure that it is most responsive to families' needs for information and to facilitate information sharing among the providers that are working with them. The system will address shared confidentiality and data coordination by providing the ability for families and resource providers to upload release forms and archive family data, including case notes, reports, service plans, etc. This information can be easily accessed, viewed, and disseminated to families and the resource providers working with them.

Coordinated service planning, shared confidentiality, and coordination of data systems will be addressed through the implementation of a family-driven data system.

Rather than creating one data system in which all providers will be required to report, the family-driven data system will provide a mechanism for resource providers to share and coordinate the various types of data that they already collect on families and to provide families with access to that data. The system will be family-driven in that families will determine the information that they would like included in the system, as well as those providers that can access their information. It will include pass code protection, data encryption, and connection security features to ensure the confidentiality of family data.

In 2008-2009, Greene County will further expand its use of technology for its integration efforts by implementing an Internet-based data system for intake, assessment, and referral. The system will be designed to coordinate with the family-driven data system that will be implemented in 2007-2008, as well as existing Internet-based resources in Greene County that facilitate information and referral, such as the Greene Find–Out online resource directory. It

will be piloted with those resource providers serving the priority integration populations in 2008-2009 and expanded to include all children and families in 2009-2010.

The intake, assessment, and referral data system will facilitate the collection of common intake information that all agencies can collect and share with one another. This will include basic demographic and financial information for eligibility purposes and to make payment decisions. The information can be easily accessed by all agencies to which a family is referred, so the family does not need to provide this information multiple times. The system will also include a mechanism for screening and referral of families. This will include broad initial assessment of the needs of families to understand where families should be directed for services. The system will also allow for more in-depth assessment of families wherever they are referred for services. This will help providers determine the issues families are encountering and identify the specific services within and across agencies to address those issues.

Family Resource System Analysis

Overview of Process

An analysis of the child and family services system was conducted in Greene County from January 2007 through September 2007. This analysis was designed to collect information from primary stakeholder groups that would inform the ICSP planning process. *(See Appendix B for a list of organizations that participated in the analysis.)* The analysis included practice research and stakeholder input. It focused on information that would assist the Greene County ICSP Team in implementing the Family Resource Coordination (FRC) model with the priority integration populations:

- Youth transitioning into the adult services system,
- Families in the Children and Youth system who have multi-system needs, and
- Juvenile offenders with mental health needs that are identified through the MAYSI-II screening.

Practice research included:

- A review of current practices within child serving agencies in Greene County.
- Research on “best practices” related to the six FRC Model components in Greene County and other geographic areas.

Fourteen (14) human service agencies serving the priority integration populations participated in practice research. Current practice research included a review of basic forms and procedures relevant to the priority populations, as well as agency documents (intake and assessment forms, case planning documents, etc.) in Greene County. Best practice research included a review of practices that are occurring in Greene County or other geographic locations that are evidence-based, promising practices, or pilot demonstration projects.

Stakeholder input included:

- Discussion groups.
- Telephone interviews.

These qualitative analysis methods were utilized in order to engage three (3) stakeholder groups in the ICSP process. These stakeholder groups are:

- Administrators/supervisors of child serving agencies,
- Staff of these agencies providing direct services on a day to day basis, and
- Parents and youth receiving services in Greene County (consumers).

Discussion groups were held with administrators/supervisors and direct service staff from participating agencies, stakeholders from the Greene County Student Assistance Program (SAP), and consumers. Discussion groups are a way to bring together individuals and/or organizational representatives in participant-facilitated discussion around specific topics. Discussions were held in small groups to elicit information and provide an opportunity for all participants to offer their views and opinions. A total of 66 persons participated in the discussion groups in Greene County – 22 administrators/supervisors; 29 direct service staff; 7 Greene County SAP stakeholders; and 8 consumers.

Telephone interviews were conducted with the three stakeholder groups to obtain information about their views and opinions on issues related to the family service system in Greene County. Interviews allowed the ICSP Team to obtain in-depth information about what works well and what can be improved in the family service system through one-on-one, telephone conversations with stakeholders. Agency administrators/supervisors and direct service staff interviewed were asked about how their respective agencies currently address consumer needs and their opinions about issues related to the six domains being examined. Consumer interviews were more focused on consumers' experiences with current services and the types of changes they would like to see. Interview protocols were used to assure that issues explored with the three groups were consistent from one interviewee to the next.

A total of 35 interviews were conducted. Fifteen (15) agencies participated in the interviews, including 14 provider agencies and one managed care entity. An administrator or supervisor was interviewed from each of these agencies. One direct service staff was interviewed from fourteen (14) of these agencies, and one consumer was interviewed from six (6) of them.

The practice research, discussion groups, and interviews were specifically designed to provide useful information to the Greene County ICSP Team about the six components of the FRC model being implemented. Thus, the six components of the model defined the issues addressed in the practice research and stakeholder input activities. These six components have been previously defined and briefly discussed in the "Family Resource Coordination (FRC) Model" section.

Due to the large volume of information collected and examined through the Family Resource System Analysis, the data presented in the following section represents only a portion of the

total data collected. Project reports containing more in-depth information from the practice research and stakeholder input can be found online at www.greenecountymagic.org and www.greenefindout.org.

General Findings from the Family Resource System Analysis

An important finding of the Family Resource System Analysis is that the design and implementation of the FRC model requires that all six domains influencing service integration are viewed systemically and developed holistically. The specific priority populations identified by the Greene County ICSP Team require such an approach. These priority integration populations are:

- Youth transitioning into the adult services system,
- Families in the Children and Youth system who have multi-system needs, and
- Juvenile offenders with mental health needs that are identified through the MAYSI-II screening.

All three of these priority populations require services from multiple providers. Effective coordination of service planning for multi-need children and families requires some type of multi-disciplinary team approach and some level of coordination of service delivery across categorically-defined agency boundaries. Common protocols and procedures for intake, assessment, and referral and case management across the different providers serving a particular child and family must be supported by an efficient system to share information among the different agencies working with that particular child and family. Sharing information about children and families and the services they receive requires that confidentiality concerns be addressed. Thus, the six components of the FRC model must to at least some degree be put in place together.

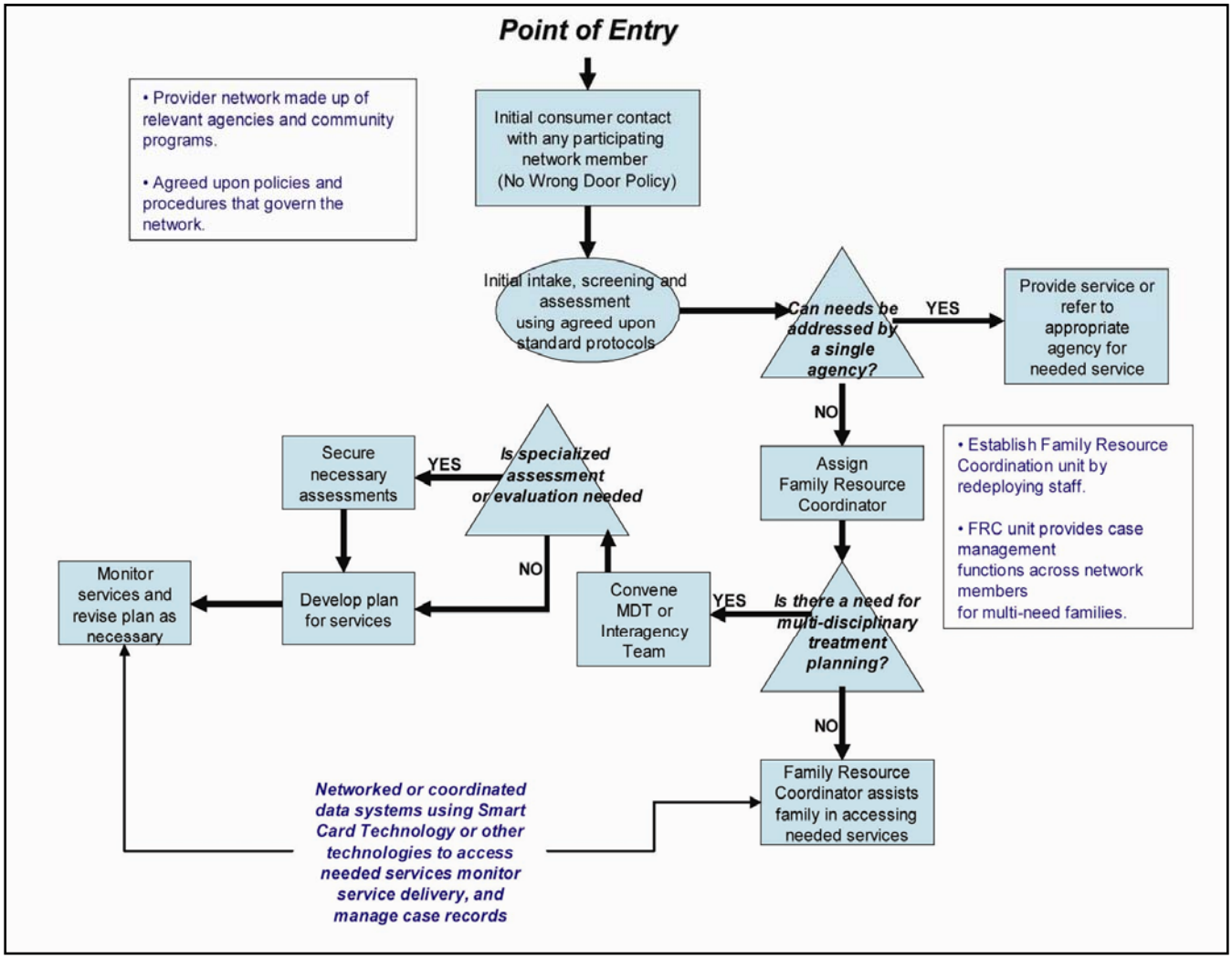
Design and implementation of the Family Resource Coordination (FRC) model requires that all six domains are viewed systemically and developed holistically.

Review of the literature related to systemic change also leads to a second general finding. If changes in practice are to become the rule and not the exception, some structure must be in place and supported to sustain the changes and promote cross-agency planning. Greene County MAGIC (Making a Great Impact Collectively) provides such a structure for collaborative planning and development around a range of issues. The foundation that has been built through MAGIC over the years can be drawn upon to take the next steps toward more integrated systems of care within the county.

If changes in practice are to become the rule and not the exception, some new structure must be supported to sustain the changes and promote cross-agency planning.

A third general finding from the analysis recognizes critical decision points in providing an integrated approach through the FRC model. The diagram that follows addresses some of the key elements that might define a fully integrated service system based on the FRC model.

The diagram identifies key decision points in determining which children and families should be served through a fully integrated system of care. It can be applied to the priority integration populations to understand the key steps in service delivery in an integrated system.



Specific Findings by FRC Model Component

The following are specific findings from the Family Resource System Analysis presented by FRC model component.

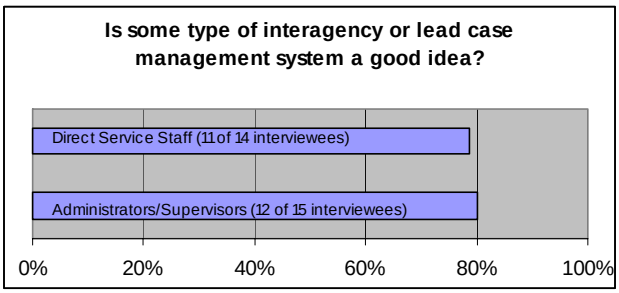
Integrated or Lead Case Management

Practice Research Says:

- Case management services are currently provided by each individual agency serving the child, resulting in multiple case managers for some children within the priority populations.

- Intensive case management services are provided to specific Medicaid eligible clients in need of mental health services to coordinate services across different providers.

Stakeholder Input Says:



- Most providers interviewed believe some type of interagency or lead case management system is a good idea.

- Administrators and supervisors appear to lack consensus about whether case management should be independent of service provision; however, direct service staff overwhelmingly support independent case managers.

- There is support for a "lead case manager" to serve as a broker of needed services on behalf of multi-need youth.

> ***"Lead case managers would be high level positions requiring vast knowledge."***
>
> ***- Agency Administrator***

- Cross-agency training for case management staff in order to increase awareness about services provided by other agencies is seen as key to a lead case management system.

Multi-Disciplinary Teams (MDT)

Practice Research Says:

- Multi-disciplinary teams (MDTs) are currently convened on an ad hoc basis when required by a specific consumer situation.

- The Co-Occurring Disorders Council, the Student Assistance Program (SAP), Full Family Focus (F^3), and the Child and Adolescent Service System Program (CASSP) operating in Greene County provide models for MDT-based planning relevant to the priority integration populations.

Stakeholder Input Says:

- All administrators and supervisors interviewed expressed a belief that a multi-disciplinary team approach was needed for some children included in the priority integration populations.

- Procedures and principles utilized by CASSP can provide useful guidance for MDT service planning for the priority populations.

"Listen to the child and family to help them work out their problems."

- Greene County Consumer

- The child and family must be meaningfully involved in developing plans with a MDT.

- Assure that all parties involved with the child and family are included – especially school personnel.

Central or Common Assessment, Intake, and Referral

Practice Research Says:

- Child serving agencies in Greene County currently collect similar demographic and descriptive information from families during intake and initial screening.

- A promising practice currently operating in Greene County related to assessment, intake, and referral is the Massachusetts Youth Screening Instrument (MAYSI-II) that is used with juvenile offenders to identify mental health needs.

- Internet based tools, including Greene Find-Out, can be built upon to improve initial assessment and intake procedures across multiple agencies.

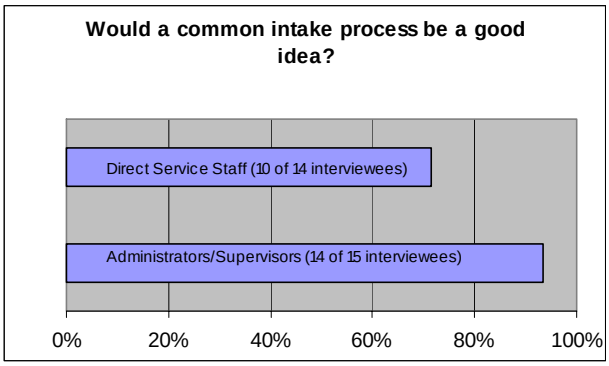
Stakeholder Input Says:

- Agency staff appears ready to explore options for a common assessment, intake, and referral process that would be used across multiple agencies.

> ***"Centralized intake would require a super case manager that knows all the various regulations of each of the systems."***
>
> ***- Student Assistance Program Stakeholder***

- Various options, including centralized locations, assessment teams, and kiosks, were suggested by agency staff to improve the assessment and intake process.

- Administrators and supervisors generally believe a common intake process across child serving agencies would be a good idea. Such a system is also supported by direct service staff, but there are concerns about changing current practice and protecting the confidentiality of consumer information.



Coordinated Service Planning

Practice Research Says:

- In most cases, Greene County child serving agencies currently develop a service plan specific to each individual agency's scope of services.

- Coordinated service planning for children is, at times, driven by Medicaid reimbursement for behavioral health rehabilitative services.

- The Greene County ICSP Team has established a promising practice in coordinated service planning for young children and their families through its subcommittee - *Full Family Focus (F^3).*

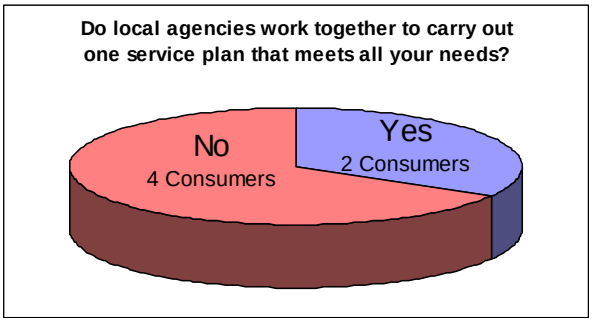
- The *CHILL program* operated by Centerville Clinics, Inc. may provide a model for coordinated service planning for at-risk youth transitioning to adulthood.

Stakeholder Input Says:

- Several potential barriers to coordinated service planning were identified by personnel of child serving agencies, including:
  - Lack of time.
  - Confidentiality.
  - Reluctance to engage in open communication.
  - Obtaining information from families about the scope of services they are receiving.
  - Resistance to changing current practices.

"A unified plan would require the use of a MDT process where providers and families meet to devise a coordinated master service plan."

- Student Assistance Program Stakeholder



- Two of the consumers interviewed indicated that local agencies worked together to carry out a coordinated service plan that meets their needs.

- Coordinated service plans should avoid agency specific jargon and use language all parties can understand.

Shared Confidentiality

Practice Research Says:

- The Greene County CASSP office has put in place an interagency consent procedure to allow for the sharing of information about children and youth receiving services through the office.

- Interagency agreements related to sharing confidential information and common release forms adopted by multiple child serving agencies may be useful tools to promote appropriate exchange of child/family information on a need to know basis.

- "Smart cards" or similar technology may be used to promote easier access to needed information while keeping control in the hands of consumers.

Stakeholder Input Says:

- Policies and procedures for sharing confidential information vary significantly among categorical child serving agencies and private providers.

- Confidentiality of information is often perceived as a barrier to more integrated service systems. Direct service staff has concerns about sharing confidential information.

- Sharing general information about family characteristics, services being provided, third party payers, etc., appear to be less problematic than the sharing of sensitive information about medical or clinical conditions.

"The child/family should be in control of who gets their information. Problems should not be discussed without consent."

– Greene County Service Provider

- All consumers interviewed said they would give their permission for different providers to share information about them to avoid having to answer the same questions at each service location.

- The child and family should maintain control over what information is shared and with whom.

Data Coordination

Practice Research Says:

- Greene County MAGIC and Greene Find-Out currently promote data coordination among child serving agencies related to services available and provider information.

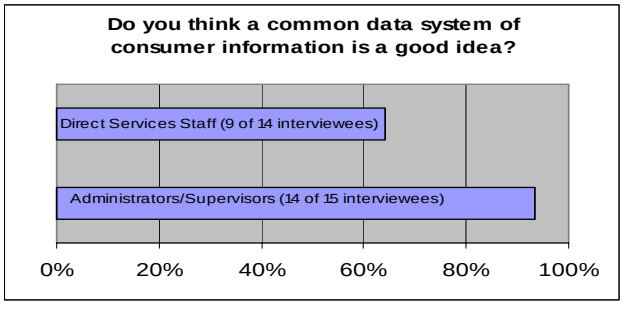
- Client data systems (information about consumers) are generally unique to each individual agency.

- The incompatibility of different data management systems for reporting and billing utilized by child serving agencies makes it difficult to coordinate data across multiple agencies.

Stakeholder Input Says:

- All but one of the administrators and supervisors interviewed thought a coordinated data system was a good idea.

- Both providers and consumers have concerns about protecting information stored in a shared data system.



- Direct service staff interviewed have more concerns about a coordinated data system that contains information about consumers.

- It is important to involve families in the development of any coordinated data system.

- A coordinated data system controlled by consumers would require consumers to be trained in the technology utilized.

- Consumer access to a coordinated data system could be problematic.

Recommendations

Based on discussions with the Greene County ICSP Team, the practice research, and information gathered from stakeholders, the following recommendations are offered for consideration.

- Utilize a lead case manager (Family Resource Coordinator) to meaningfully engage families and all resource providers serving the priority populations, particularly schools.

- Explore a variety of lead/integrated case management structures and determine the best local practice for children and families in Greene County.

- Implement a central or common intake, assessment, and referral data system that coordinates basic information collected from families by resource providers.

- Connect the priority integration populations to the least restrictive, prevention oriented services through a central or common intake, assessment, and referral system.

- More fully implement multi-disciplinary team (MDT) planning for the priority integration populations and expand the practice to all multi-system children and families.

- Continue plans to implement a family-driven data system to facilitate coordinated service planning, shared confidentiality, and data coordination.

- Actively engage consumers and resource providers to design the family-driven data system to ensure that the system is user-friendly and responsive to their needs to share information.

- Explore the use of “smart cards” or similar technology to promote easier access to needed information while keeping control in the hands of families.

- Continue to offer cross-system trainings to further the cultural shift among resource providers to a more holistic view of families.

- Train resource providers on the FRC model to provide a holistic view of service delivery for families.

- Provide opportunities through Greene County MAGIC for resource providers to interact and continue to build social capital so they can more effectively implement the FRC model.

- Follow up with families and resource providers as FRC model components are implemented to track client and system outcomes and make necessary adjustments.

Sources of Data for the Family Resource Coordination Guide

The following are sources of data that were used for the Family Resource System Analysis.

- *Greene County Discussion Groups – Summary and Observations*, *May 2007.*
  - *Consumer Session - Summary of Responses, March 28, 2007.*
  - *Direct Service Staff Session - Summary of Responses, March 28, 2007.*
  - *Administrator/Supervisor Session - Summary of Responses, March 28, 2007.*
  - *Student Assistance Program Session - Summary of Responses, April 18, 2007.*

- *Review of Current Human Services Practices in Greene County, May 2007.*

- *Best Practices in Services Integration - A Scan of the Theory and Practice, July 2007.*

- *Summary of Greene County Interviews and Findings, September* 2007.

- *Integrated Children's Services Plan Guidelines, FY 2005-2006 through 2008-2009.*

- *Greene County ICSP Plans – FY 2006-2007 through 2008-2009.*

All reports from the Family Resource System Analysis and other sources of data are available online at www.greenecountymagic.org and www.greenefindout.org.

Appendix A – Greene County ICSP Team 2007

Team Member	Organization/Entity
Karen Bennett	Greene County Human Services Department
Lori Harbert	Children and Youth Services (CYS)
Dean Virgili	Mental Health (MH) – Student Assistance Program (SAP)
Cheryl Andrews	Drug & Alcohol (D&A)
Sherry Thomas	Mental Retardation (MR)
Craig Wise	Probation – Adult & Juvenile Probation
Gene D'Antonio	MH/JJ Organizational Assessment Coordinator
Amy Switalski	Greene County MAGIC - Head Start Policy Council
Leigh Gardner	Value Behavioral Health
Lauren Chambers	Early Intervention
Laura Walters	School District – Student Assistance Program (SAP)
Marcy Maletta	Community Action Southwest
Greg Hook	Parent & Child Attorney - Child & Family Advocate
Vacancy to be filled	Try Again Homes – Independent Living Program
Melanie Howells	Foster/Adoptive Parent
Asher Knight	Greene County Family Centers
Johnna Cumpston	United Cerebral Palsy
Mary Yoder	Greene County Assistance Office
Ashley Bishop	Youth Aged Out of System

Appendix B – Participating Organizations

Catholic Charities

Centerville Clinics, Inc. – Blended Case Management

Centerville Clinics, Inc. – CHILL Program

Child and Adolescent Service System Program (CASSP)

Community Action Southwest – Family Center

Greene County Children and Youth Services (CYS)

Greene County Drug and Alcohol (D&A) Program

Greene County Early Intervention Program

Greene County Human Services Department

Greene County Juvenile Probation Office (JPO)

Greene County Mental Health (MH)/Mental Retardation (MR)

Greene County Student Assistance Program (SAP)

Pressley Ridge Family Based

SPHS Care Center

The Stern Center for Developmental & Behavioral Health

Try Again Homes

Value Behavioral Health - PA