



## CREATING AN ACTION PLAN

*“If you don’t know where you’re going, any road will take you there.”  
-- The Cheshire Cat, Through the Looking Glass.*

### **Description:**

Concrete steps that must be taken to make your vision a reality. For each of your community’s priority results identify:

#### Steps

- A goal, measurable objectives, and strategies to achieve them
- A leader(s)/coordinator(s) the roles of key partners
- The site that will be used as the center of activity for the initiative
- A step-by-step description of the actions that must occur to achieve the priority result
- A time-line and mechanism to measure the priority result
- A plan to evaluate success report progress to the council and community

#### Examples

See attached sample action plans

Volunteers or re-directed agency staff Health Department to provide nurse and immunizations, parents to outreach to other parents about the availability of free/low cost immunizations at a scheduled immunization round-up

School or a church

Select date, time, draft flyer, ask the neighborhood market/other local business to fund/post copies, invite parents to bring their children, plan entertainment and/or refreshments

The round-up will occur during March and data provided by the Health Department will be used to measure the number of children immunized

Track number of children immunized newsletters, community forums, etc.

### **Resources you’ll need:**

- ✓ Council members and others willing to develop a “draft” action plan, utilizing their expertise regarding: community issues, weaknesses, strengths, and needs, priority results, proven strategies, and methods for measuring success.
- ✓ Meeting space, announcements, and refreshments for a “town meeting” to present the “draft” action plan for community member feedback and input. If applicable, consider scheduling a separate meeting and facilitator for non-English speaking community members.
- ✓ A trained facilitator to facilitate discussion and help the group reach consensus. Contact the Kern County Network for Children<sup>1</sup> if your community is in need of this service.
- ✓ Residents, potential partners/allies, and representatives of agencies, community-based organizations, schools, local interest groups and business willing to implement the approved strategies.

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<sup>1</sup>Refer to the directory of agencies included in the appendix for the name, address, telephone and fax numbers.

**Track your progress by:**

Communicating about: what you want, what you need, how you did, and how you did it.

**Approximate time frame:**

Determine a reasonable time frame and work diligently to meet it. Sample timelines are attached.

**Tools that may be useful:**

(Many of these documents can be accessed and printed from the “**Contents & Process At A Glance**” page under “**Tools**”.)

- Objectives worksheet.
- Sample Scopes of Work.

**Potential barriers to watch for and suggestions for overcoming them:**

- Priority results are only as good as the strategies that carry them out. Plans should include credible, specific, and when possible--proven strategies to get the results proposed. Prevent the need to “re-invent the wheel” by using/modifying strategies that other communities have used successfully to achieve same or similar priority results
- Selection of too many goals and objectives. Avoid spreading your efforts too thinly. You’ll need short-term successes to build on and celebrate to keep spirits high, enthusiasm up, and members motivated.
- Lack of involvement. Success depends on the active involvement of local leaders, organizations, businesses, schools, and community members in planning for and affecting change.
- Unrealistic goals, objectives that are not measurable, and strategies that are not performance oriented.

**Success indicators to celebrate:**

- ◆ The action plan focuses on the community’s priority results, addresses the priority concerns of community members, and can be realistically achieved.
- ◆ Community and council members actively participate and have a clear understanding of what the strategies are, how they will be achieved, when they will be accomplished, and who is responsible for leading, monitoring, and evaluating their success.

**For technical assistance contact:**

The Kern County Network for Children<sup>1</sup>.

# CASE MANAGEMENT

*“Coming together is a beginning, keeping together is progress, working together is success.”  
-- Henry Ford*

## **Description:**

A clearly defined mechanism for linking children and families to health, human, mental health, employment, and other services, while empowering them to become self-sufficient. Successful case management systems are built upon interagency partnerships, primarily funded with redirected resources, and utilize paraprofessionals (e.g. family advocates) to link families with services. These systems typically include the following characteristics and elements:

## Characteristics:

- \* Invites families to play a major role in defining their needs and organizing the help they receive.
- \* Measures services in terms of their impact as opposed to what types and how many services were provided.
- \* Connects families with resources/services located at a central point within the community (e.g. church, school, community center, etc.).
- \* Utilizes culturally appropriate strategies.
- \* Eliminates duplicative administrative efforts (e.g. filling out paperwork for each service provided).
- \* Teaches families to become their own advocates so they spend less time “figuring out the system,” and more time getting their needs met.
- \* Provides the child/family needing assistance with one or more people (e.g. paraprofessionals trained in family advocacy and/or case management) who offer a stable point of contact for coordinating services, as well as ensuring that the family’s case plan is implemented and impacts the problems.
- \* Enables families to access a variety of services in a short period of time.

## Elements:

- \* A continuum of services (e.g. transportation; immunizations; group, individual, and family counseling; parenting classes; medical and dental screenings/services; food; clothing; English language development classes; child care for those engaged in services; employment services; tutoring; recreational activities, etc.).
- \* Partnerships between community members and agencies.
- \* Case management teams that include a coordinator, service providers, and community members who play a paraprofessional role.
- \* Comprehensive assessments and case plans that address the child/family’s primary needs, focus on their strengths, and are developed with the family.
- \* Letters of commitment/Memorandums of Understanding (MOU) that formally describe each agency/organization’s roles, responsibilities, and contributions.
- \* Traditional service delivery methods are redefined (e.g. providing services at the school/community site as opposed to requiring families to travel to numerous agencies).
- \* Existing policies regarding issues such as confidentiality are rethought to improve efficiency.
- \* Fiscal and in-kind resources are blended (e.g. a school may donate space, local funds may be matched with state or federal funds to hire staff, etc.).
- \* Data collection/tracking processes to measure program success.

**Resources you'll need:**

- ✓ Schools, agencies, and community-based organizations willing to re-direct staff and provide services at a central site within your community (e.g. church, school, community center, etc.).
- ✓ A system that is “user friendly” for families and service providers.
- ✓ A coordinator who convenes and facilitates team meetings, collects data, and troubleshoots.
- ✓ Residents, potential partners/allies, and representatives of agencies, community-based organizations, schools, local interest groups and business willing to contribute resources ranging from old clothing to the funding of paraprofessionals to work with families.
- ✓ Residents, potential partners/allies, and representatives of agencies, community-based organizations, schools, local interest groups and business willing to outreach to community members so that families become aware of the services available.
- ✓ Families who are familiar with the resources available and utilize them before they experience crisis.
- ✓ A mechanism to report progress to participating agencies/partners, community members, and the Kern County Network for Children.

**Track your progress by:**

Communicating about: what you want, what you need, how you did, and how you did it.

**Approximate time frame:**

Determine a reasonable time frame and work diligently to meet it. Sample timelines are attached.

**Tools that may be helpful:**

(Many of these documents can be accessed and printed from the “**Contents & Process At A Glance**” page under “**Tools**”.)

- Sample flow chart.
- Sample overview of a case management system.
- Sample letter of invitation to potential case management system team members.
- Countywide common confidentiality form (English and Spanish language versions). Approved by Kern’s Office of County Counsel and the Kern County Superintendent of School’s Division of Legal Services, this tool enables agencies and schools, with client permission, to share information and streamline service delivery. Contact the Kern County Network for Children<sup>1</sup> for more information and training regarding the use of this form.
- Sample Confidentiality Orientation.
- Sample job opportunity flyer and application for paraprofessional positions.
- Sample Memorandum of Understanding (MOU) and letters of commitment, which define existing agency roles and responsibilities.
- Sample forms/case management tools/instruments.
- Cross-training opportunities and workshops sponsored by a variety of Kern County organizations.

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<sup>1</sup>Refer to the directory of agencies included in the appendix for the name, address, telephone and fax numbers.

**Potential barriers to watch for and suggestions for overcoming them:**

- Turf issues. Be sensitive to the reality that agencies and schools in your community are often forced to compete for resources, have independent federal and state mandates, and hold pride in their profession and specialized expertise. You must work to build mutual understanding, respect, flexibility and cooperation among team members.
- Team members must recognize that some changes may not be possible given fiscal constraints or personnel protocols. Focus on changes that are within your power to affect.
- Client attitudes. Team members must have compassion and understand families' attitudes in order to build trust and help them succeed. Clients may lack skills (e.g. speaking English, literacy, etc.), basic knowledge (e.g. how to access public transportation, how to properly feed an infant, etc.), or refuse services for any number of reasons (e.g. pride, apathy, fear of being jailed or having children removed, cultural beliefs, lack of trust of service providers, etc.).
- Team members may lack clear and common understandings of the community's priority results, goals, and vision. For example, if school staff do not see the case management system as a resource, they are less likely to access it on behalf of needy children; if a supervisor resents the allocation of a staff person's time to the project, then they are unlikely to support more substantial changes in the format of service delivery as time goes on. Effective communication is critical.
- Inappropriate referrals can hinder partnerships and opportunities for other community members. For example, ensure that community members referred to a business for employment can pass a drug screening requirement, have transportation, and are willing and able to be punctual if hired, otherwise the business will incur unnecessary expenses and frustration.
- Job descriptions may need to be rewritten. For example, teachers need to be prepared to identify social problems their students might be experiencing and make appropriate referrals so the children can become ready and able to learn, law enforcement officers need to be prepared to help families link with available services in order to prevent reoccurring domestic violence, crime activity, etc. Team members will be changing the way they work, and change can be difficult. To succeed, all participants need support in their new roles. Training, cross-training, professional development, discussion and self-assessment are essential.
- Poor communication among team members, confusion regarding their respective duties and/or roles, and competition between agencies to offer services. Be prepared to identify and address these issues early.
- Team members will be changing the way they work, and change can be difficult. Team members need to be supported by an organizational culture that values lessons learned and encourages providers to question whether a particular policy or procedure might be modified.
- Although schools are an appropriate and often ideal location to serve as the hub of the case management system, plans will need to be made to ensure continuity of service during school vacations.

**Success indicators to celebrate:**

- ◆ Service providers come together, support one another, and share responsibility for helping strengthen and empower families.
- ◆ Families learn how to help themselves and each other as opposed to relying on paraprofessionals, agencies, and/or schools to rescue them (e.g. "teaching them to fish" as opposed to "giving them a fish"). Families also develop a sense that they have real options in their lives.
- ◆ The number of services available to the community is increased.

- ◆ Team members share information so families get the help they need and avoid fragmented or duplicative services.
- ◆ Opportunities for blending/maximizing funding between agencies develop.
- ◆ Team members feel that they are working smarter and more effectively.
- ◆ Team members view the case management system as an opportunity to provide integrated services as opposed to an opportunity to merely serve individual families.
- ◆ Workers develop helpful, supportive, informal relationships with families.
- ◆ Team members continually consider how programs can better address child and family needs, how program goals can be better aligned (both within and across agencies), how to eliminate fragmentation and duplication, as well as how to increase flexibility.

**For technical assistance contact:**

The Kern County Network for Children<sup>1</sup>.

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## MULTI-DISCIPLINARY TEAMS

*“You will know that you are in a community if you often hear laughter and singing. You will know that you are in an institution, a corporation, or a bureaucracy if you hear the silence of long halls and reasoned meetings.”*

*-- John McKnight*

### **Description:**

Partner agencies, both public and private, that participate in regularly scheduled meetings and have the following purposes:

- \* evaluate and review cases
- \* supervise paraprofessionals
- \* evaluate and improve the case management system
- \* coordinate efforts for families being served by multiple agencies
- \* provide mandated treatment and/or interventions
- \* respond to crisis or complex family situations
- \* provide team interventions in resistant or difficult cases.

Successful multi-disciplinary teams (MDT) include mid-level managers and service providers from the Departments of Human Services (specifically Child Protective Services), Mental Health, Probation, and Public Health; local law enforcement agencies; schools; and community-based organizations. MDT members meet regularly to problem solve and provide support to the community's case management team members who are dealing with complex child and family needs.

### **Resources you'll need:**

- ✓ Agencies, schools, and community-based organizations willing to re-direct the time of supervisory and/or management level staff to problem solve and provide support for those families who are in crisis and need the assistance of more than one agency.
- ✓ A case management system that includes a continuum of prevention, intervention, and treatment services for children and families to utilize for follow-up services.
- ✓ A central meeting site (e.g. church, school, community center, etc.) for team members.
- ✓ A coordinator who convenes and facilitates team meetings, collects data, and troubleshoots.
- ✓ Families who are familiar with the resources available and utilize them.

### **Track your progress by:**

Communicating about: what you want, what you need, how you did, and how you did it.

### **Approximate time frame:**

Determine a reasonable time frame and work diligently to meet it. Sample timelines are attached.



**Tools that may be helpful:**

(Many of these documents can be accessed and printed from the “**Contents & Process At A Glance**” page under “**Tools**”.)

- Sample letter of invitation to potential MDT members.
- Sample MDT forms.
- Since MDT’s are an integral part of the community’s case management system, refer to the tools listed in the “Case Management” section.

**Potential barriers to watch for and suggestions for overcoming them:**

- Lack of mutual understanding, respect, flexibility and cooperation among team members. Effective communication and strong working relationships are critical.
- Some system changes may not be possible given fiscal constraints or personnel protocols. Focus on changes that are within your power to affect.
- Team members will be changing the way they work, and change can be difficult. Team members need to be supported by an organizational culture that values lessons learned and encourages providers to question whether a particular policy or procedure might be modified.

**Success indicators to celebrate:**

- ◆ Team members share information so families get the help they need and avoid fragmented or duplicative services.
- ◆ Team members re-organize, streamline, and integrate their programs to provide more effective support to children and their families.
- ◆ Opportunities for blending/maximizing funding between agencies develop.
- ◆ Team members feel that they are working smarter and more effectively.
- ◆ Team members view MDT meetings as an opportunity to provide integrated services as opposed to an opportunity to merely staff individual cases.
- ◆ Team members continually consider how programs can better fit child and family needs, how program goals can be better aligned (both within and across agencies), how to eliminate fragmentation and duplication, and how to increase flexibility.

**For technical assistance contact:**

The Kern County Network for Children<sup>1</sup>.

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# FAMILY RESOURCE CENTERS

*“Treat people as if they were what they ought to be and you help them to become what they are capable of being.”*

*-- Johann W. von Goethe (1744-1832)*

## **Description:**

An easily accessible site (e.g. church, school, community center, etc.) which acts as a central point of referral and services. Centers typically house staff, family case plans, data, and resources (e.g. food, clothing, child restraint seats, etc.). The centers serve as the meeting place for case management and multi-disciplinary teams, as well as community member support groups, activities, parenting classes, etc. Although mandated services may be provided there, families do not need to be “clientized” to access center staff and the continuum of services they represent.

## **Resources you’ll need:**

- ✓ A site that is either donated or funded by public and/or private funds.
- ✓ Schools, agencies, and community-based organizations willing to re-direct staff and provide services at the center and share operating expenses, if necessary.
- ✓ A coordinator who oversees center activities, convenes Case Management and multi-disciplinary team meetings, collects data, and troubleshoots.
- ✓ Residents willing to volunteer for tasks that range from yard work to stuffing envelopes.
- ✓ Residents, potential partners/allies, and representatives of agencies, community-based organizations, schools, local interest groups, and business willing to contribute resources ranging from old clothing to the funding of paraprofessionals to work with families.
- ✓ Residents, potential partners/allies, and representatives of agencies, community-based organizations, schools, local interest organizations and business who are willing to outreach to community members so that families become aware of the services.
- ✓ Families who are familiar with the center and utilize it before they experience crisis.

## **Track your progress by:**

Communicating about: what you want, what you need, how you did, and how you did it.

## **Approximate time frame:**

Determine a reasonable time frame and work diligently to meet it. Sample timelines are attached..

## **Tools that may be helpful:**

- Site visits. Many Kern communities have family resource centers. To arrange for a site visit, contact the Kern County Network for Children<sup>1</sup>.
- Since Family Resource Centers typically house case management and multi-disciplinary team, refer to the tools listed and attached to the case management section.

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<sup>1</sup>Refer to the directory of agencies included in the appendix for the name, address, telephone and fax

**Potential barriers to watch for and suggestions for overcoming them:**

- Lack of resources. Utilize a variety of fiscal and in-kind (e.g. donated space or supplies, redirect staff, etc.) resources.
- Lack of mutual understanding, respect, flexibility and cooperation among staff. Effective communication and strong working relationships are critical.
- Staff members will be changing the way they work, and change can be difficult. Staff members need to be supported by an organizational culture that values lessons learned and encourages providers to question whether a particular policy or procedure might be modified.

**Success indicators to celebrate:**

- ◆ Services are provided in an easily accessible location that lowers both physical and psychological barriers to families seeking support.
- ◆ Families are able to access a variety of services in a short period of time. They can come to use the phone, chat informally with staff about community issues, or pick up needed resources such as food, clothing or referrals.
- ◆ Staff develop helpful, supportive, and informal relationships with families.
- ◆ Service providers continually consider how programs can better address child and family needs, how program goals can be better aligned (both within and across agencies), how to eliminate fragmentation and duplication, and how to increase flexibility.
- ◆ Service providers have a common site to meet, share information, and work collaboratively to help families succeed.

**For technical assistance contact:**

The Kern County Network for Children<sup>1</sup>.

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