

Making the Shift to Service Collaboration at the Program and Service Delivery Level

Presenters

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Family Connections

- 8-10 week in home crisis intervention program
- Complete a systemic assessment
- For children and youth at risk of being removed from the home
- Focus of intervention is parent or family focused not youth focused.

Peel Crisis Capacity Network

- Time limited crisis supports to individuals 11 years old and up with a developmental disability or a dual diagnosis.
- Through the Network's partnerships, PCCN can provide short-term
 - Specialized assessment, consultation, and/or treatment
 - Case management services
 - Residential respite supports
 - Access to hospital services and supports

Activity

- Information sharing
- collaboration

Definitions

Coordination

- Longer term
- More formal relationships
- Understanding mission
- Focus on a specific effort or program
- Some planning
- Open communication channels
- Authority still remains with individuals
- Resources and rewards are shared
- Some intensity

Collaboration

- Long term
- More pervasive relationships
- Commitment to a common mission
- Results in a new structure
- Comprehensive planning
- Well defined communication channels at all levels
- Collaborative structure determines authority
- Resources are shared
- Higher risk

Key Elements to Effective Collaboration

- Requires that all team members want to work together towards a common goal
- Is based on a sense that all participants are valued
- Embraces the unique perspectives of all team members
- Is based on a strong sense of purpose
- Requires trust and a sense of shared responsibility

Case Example

- 15 year old male
- Diagnosed with FASD, ADHD, ODD, Borderline, sleep apnea and diabetes.
- History of Domestic Violence, youth charged with assault.
- Withdrawn from school and social activities
- Services involved: Children’s Aid, AYSP, Trillium Health Services, PDSB, and Catholic Family Services of Peel.

Collaborative Case Conferencing

- Frequent, transparent and respectful communication
- Knowledge of available resources
- Team work
- Clarity of roles and responsibilities and effective service coordination
- Parents/clients were engaged immediately in the process and all relevant services were at the table
- Comprehensive service planning, ongoing monitoring and follow up
- Access to required service
- Problem solving waitlist

Changes made to FCP Service Delivery

- Define specific role/tasks- family work, supporting the parents
- Collaborative safety/crisis planning
- Direct referral path from PCCN to FCP
- Extension of service delivery
- Change focus of training needs
- Supervisor and Clinical Manager champion of collaboration

Supervision and Program Delivery

- Need organizational support from the top down
- Start with staff that have a strong collaboration skill set and confident in their own knowledge
- Be open to different perspectives and allow that to inform your own practice (it is okay not to be the expert).

Continued

- Staff who are adaptable, flexible, likes challenges and risks.
- A team player
- Decision making entrusted to the worker to plan with collaborators.
- Support staff to shift into new role (case manager to specific responsibilities- shift from “I do it all” to sharing tasks).

Continued

- Training opportunities: on collaboration, on areas the staff identify the need training in (support the implementation of collaborative tools).
- Encourage consultations ask how the other service providers understand the current situation.
- Train new staff by having them shadow or work jointly on these cases.
- Be clear on expectations

Respond to barriers

- Give clear direction and permission on how the program/roles will change to provide service to this client
- Not “my program can do this” but “how can my program support this family” (stretch the limits of your program, think outside of the box).
- Transition and long term treatment planning from crisis programs.

Continued

- Trouble shoot the systemic barriers for your frontline staff.
- Be ready to support staff or family as needed.
- Adjust caseload expectations
- Be a resource for services and funding.
- Conversations at the frontline and supervisor levels.
- Have decision makers at the table

Take Away

- Trainings for building a collaborative skill set
- Collaboration for frontline staff is apart of their day to day responsibilities, support that by facilitating collaboration.
- When you leave a case conference identify how recommendations will be implemented at the service delivery level and how you will support staff.
- Lead by example, you have to collaborate with your staff and other programs.

Resources

- ASSL “Collaboration” brochure, Fall 1996-based on research done by Winer & Ray, Collaboration Handbook: Creating, Sustaining and Enjoying the Journey.
- Student Support Leadership Initiative-collaborative framework.