

## **August 18 – 20, 2008**

Technical Assistance On-site Visit Report  
Harris County (Texas) Systems of Hope  
Houston, TX

### TA Partnership staff:

Stephany Bryan, RTAC

Regenia Hicks, Director (**On-site**)

Kim Williams, Co-Family Involvement Resource Specialist (**On-Site**)

### Purpose of visit:

Community requested on-site assistance to address issues spelled out on Year 2 Federal Monitoring Site Visit report and Board of Directors Retreat. TA Partnership staff assisted on-site for 2 ½ days.

<b>AGENDA: (Administrative Staff)</b>
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### Day One

9:00 AM – 9:15 AM

Welcome and Review of Agenda Objectives

9:15 AM – 10:00 AM

Clarification of Systems of Hope Care Team Model

10:00 AM – 11:00AM

Define Roles and Responsibilities of Care Coordinators

11:00 AM – 12:00 Noon

Define Roles and Responsibilities of Parent Partners

12:00Noon – 1:00 PM

Lunch

1:00 PM – 4:00 PM

Clarification of Care Team Policies and Protocols

<b>AGENDA: (Administrative Staff)</b>
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### Day Two

9:00 AM –12:00 Noon

Review of Monday activities

Finalize Care Team Policies and Protocols

12:00 Noon – 1:00 PM

LUNCH

1:00 PM – 4:00 PM

Develop Plan to address the following Board Retreat Action Items:

Train and define expectations of referral sources

<b>AGENDA: (ALL Staff)</b>
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**Day Three**

9:00 AM

Welcome and Introductions

9:15 AM – 12:00 PM

Review of Policies and Protocols

Lunch

1:00 PM – 2:00 PM

Next Steps

**Summary:**

On the first two days, TA Partnership Team met with Administrative staff. This team consisted of the Key Project staff, Administrative Assistants and a Care Coordinator and Family Partner. On day one, the first exercise was for the staff to review the ten principles of Wraparound. As the staff reviewed the principles, they rated themselves as a community on a scale of 1 to 10 on how they perceived they were doing within the various principles. Overall, they had a median rating of 7 and discovered there was still work to be done. This exercise was chosen, as the community has elected to utilize the Wraparound Model for their initiative.

The next exercise was to go over the Job Descriptions for both the Care Coordinator and Family Partner. Through visits, calls and other meetings, there has been much discussion and concerns over the two positions. There has been a lot of concern over the clarity of the roles overlapping and causing issues with responsibilities for the work. The TA Partnership provided examples of job descriptions from other systems of care communities. The Administrative Team selected the Job Descriptions examples from the Oklahoma Systems of Care for the Care Coordinator and the Healthy Families for the Family Partner position to modify for their own descriptions. Workgroups were formed to do the modification and each group reported to the main group. This completed the work on day one.

On day two, the team reviewed the first day's activities. The next phase was the discussion of the referral process. The team shared that there was a disconnect in how the referrals and the beginning of services were coordinated. Using the model of Wraparound and the design of the referral process and example of the Oklahoma SOC

model, we began to process and modify the design of the SOH referral process. This was done to address the gaps in service and the duplication of efforts as well as maintaining compliance with the enrollment process.

In reviewing the job descriptions from the day prior, and to maximize the referring agencies, there was also the development of refining the referral process. With the use of a Referral Coordinator, the process of referrals will be streamlined to better manage the activity.

In addition, the community elects to have the referring agencies assist with the assessments of the youth to ensure that they meet the eligibility requirements before enrollment is complete, eliminating the duplication of services. There also will be the implementation of a local agency that will provide services to those who may be eligible, but may be on a waiting list. This will address a gap for families/youth that need immediate services.

Lastly, there was a suggestion that training be done to educate staff on communication, team building and refresher for systems of care work. Workgroups to support these efforts will be formed for future and existing staff on an initial and ongoing basis.

On the final day, the information or review was shared with the remainder of the staff, presented by Janis Bane, Project Director and the TA Partnership team. The staff were able to review and provide input on some of the changes that were being implemented. Janis asked the group to provide their input, in writing, no later than September 2, 2008, with the changes being effective on September 8, 2008.

With George Ford, Principal Investigator and Stephen Williams, Board Chairman, in attendance, the TA Partnership team and Janis Bane debriefed prior to ending the visit.

Submitted,

Kim Williams  
Co-Family Involvement Resource Specialist  
Technical Assistance Partnership  
National Federation of Families for Children's Mental Health