

CASE STAFFING

FRAMEWORK TOOLKIT



TABLE OF CONTENTS

- Purpose of Toolkit ----- 2
- What is Case Staffing ----- 3
- Purpose of Case Staffing ----- 4
- Framework ----- 5
- Involvement ----- 6
- Stabilization & Responsivity ----- 7
- Support Systems ----- 8
- Mindset ----- 9
- Employment ----- 11
- Utilizing Strengths-Based Approach ----- 12
- Case Staffing Best Practices ----- 13
 - *Prepare. Prepare. Prepare.* ----- 14
 - *Facilitate Action.* ----- 15
 - *Follow-up & Follow through.* ----- 16
- Worksheet ----- 17
 - *Stabilization & Responsivity* ----- 19
 - *Mindset* ----- 20
 - *Employment* ----- 21

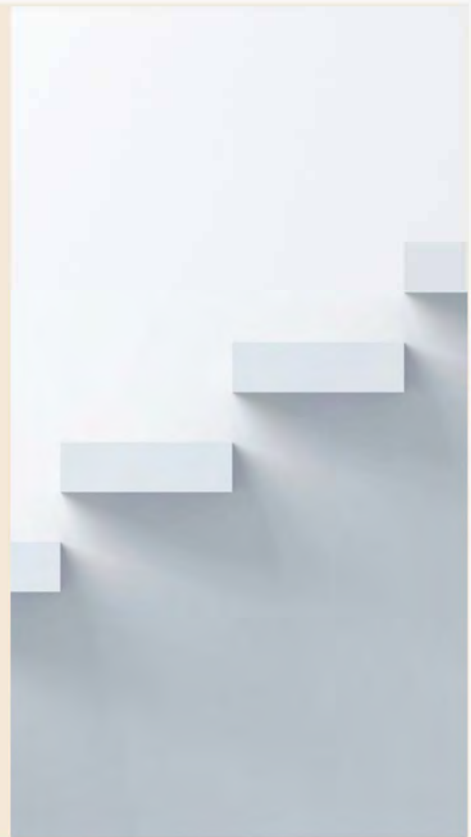
PURPOSE OF TOOLKIT



A staffing framework is a research driven approach to enhance coordination and standardize case management strategies between a team of multidisciplinary members. The approach is aimed at addressing stabilization, addressing needs, and expanding high impact options for people experiencing barriers to successful re-entry. The purpose of this toolkit is to provide structure to decision making, leverage expertise and resources that can provide support in the community and create action plans that outline roles and responsibilities and establish ongoing feedback loops with partners and stakeholders. This toolkit can be used as a guide to facilitate resource connection and provide the facilitator or convener with a roadmap and standardized approach to case staffing.

WHAT IS CASE STAFFING?

An organizational process that includes multiple stakeholders to address a barrier to a person's successful completion of their goals and plan.



CASE STAFFING

Case staffing can provide another approach to identify barriers and provide supports by bringing together a multidisciplinary team of stakeholders, specialized service providers and resource brokers to review cases, recommend solutions, identify resolution strategies, and determine a plan forward to drive success for participants.

A good case staffing brings the right people to the table to identify strengths and needs, and suggest or supply the resources needed to meet those needs. A participant may need a staffing at any point when it appears they are not making progress, or they are experiencing barriers or significant issues that could impede their success in the community.

WHAT IS THE PURPOSE OF CASE STAFFING?

To Develop

A staff training tool that advances knowledge and skills of individual practitioners

To Promote

Information sharing, consistency, and fidelity to a program model among practitioners

To Access

Resources that need approval or involve multiple stakeholders

To Enhance

Continuity and the continuum of care in the community

To Address

Barriers to success, problem solve acute needs or immediate crisis

To Create

Guidelines for focusing on the highest needs of participants

To Target

Stabilization, employment, and mindset factors

To Assign

Roles, responsibilities, timelines, and feedback loops

Case staffing can increase everyone's understanding of the services available in the community and provide opportunities for creative problem solving and resource development. A case staffing can also assist the multidisciplinary team in identifying targeted intervention strategies, set realistic goals, strengthen partnerships, and engage in collaborative comprehensive planning.

FRAMEWORK

Using a framework ensures that decision making is structured and focused on the most important factors that drive participant success. A framework provides a common language for multiple stakeholders to address strengths and barriers without missing critical information and elements. It also provides role clarity and ensures accountability.



WHAT IS THE FRAMEWORK?

- The case staffing framework is designed to address stabilization factors, employment, support systems, and mindset by leveraging the expertise and support services of the multidisciplinary team members.
- The framework integrates community partners and other specialized providers in the community to maximize resources and strengthen supportive alliance.
- In partnership with supervising agents or reentry specialist staff, community partners and specialized providers can assist in providing targeted treatment interventions and focus on internal mindset factors, strengths and needs that may be hindering chances for success in the community.
- Community partners and providers can help fill the identified gaps and provide an ongoing community support network for the participant.
- Due to the nature of the relationship, community partners can be more effective and better suited to address internal mindset factors.
- By leveraging the support from community partners and providers to assist with treatment and mindset, reentry specialists can focus on stabilization and responsiveness factors such as housing, benefits, medical needs, motivation and connection to resources.
- Supervising agents can leverage community support to provide additional services so they can remain focused on addressing risk and compliance factors.

Through a shared vision, key stakeholders can find common ground that can serve as a catalyst for promoting a persons success and ensuring public safety: each stakeholder begins to recognize their unique role, and the cumulative energy and effort becomes powerful.
- CEPP, 2007

WHO SHOULD BE INVOLVED?

The people involved in a staffing are determined after the purpose of the staffing is identified.

These people may include:

- Participant
- Participant family and/or support systems
- Care Manager
- Peer Mentor
- Supervising Officer
- Program Supervisor
- Behavioral Health Partner
- Resource Partners
- Housing Providers



Referrals and connections should be made to community-based services that can best serve the participant in their local community. The case staffing facilitator should be familiar with what resources are available when determining what partners and stakeholders are most appropriate to be convened for the staffing. When determining who should be at the table consider the following:

- **WHAT IS THE PURPOSE OF THE STAFFING?**
- **WHAT ARE THE CHALLENGES THAT NEED TO BE ADDRESSED?**
- **WHAT GAPS ARE YOU TRYING TO FILL FOR THE PARTICIPANT?**
- **WHAT CURRENT OR AVAILABLE SUPPORTS CAN YOU LEVERAGE TO ADDRESS THESE GAPS?**

STABILIZATION AND RESPONSIVITY

Without addressing basic needs and stabilization factors it is difficult to create space for personal growth and meaningful work to address mindset factors. Stabilization and responsivity factors include basic living needs (food, clothing, housing), medical and mental health needs, motivation, as well as learning styles, reading/cognition level, race, gender, and cultural considerations.

Another issue to address is treatment needs of the participant. Treatment is most effective when matched to a person's level of needs, learning style, cognitive functioning, gender, level of motivation, cultural background, mental health status, personality, and skills.



THESE ARE SOME STABILIZATION AND RESPONSIVITY RELATED QUESTIONS FOR THE TEAM TO CONSIDER DURING THE STAFFING:

Does the participant have basic needs that still need to be met?

Is the participant experiencing homelessness or an unstable living environment?

Does the participant have unaddressed medical or medication issues?

Does the participant have unaddressed mental health and/or substance issues?

How would you rate the participants level of motivation?

Are there any literacy factors to consider (reading, writing, learning challenges)?

Are there culture, language, gender, or life experiences to acknowledge or consider?

Are there resources the group can leverage to meet these needs?

What else may be getting in the participants way when it comes to stabilization or responsivity factors?

What does the assessment data tell us about the participants needs?

Is the participant experiencing crisis, if so, what services do they need?

What does the participant view as the biggest challenge they are facing?

SUPPORT SYSTEMS

Families and communities play an important role in successful reentry. People returning from prison rely on family members and community organizations for financial assistance, housing, employment, transportation, and emotional support. These relationships are more powerful than formal agents of control, such as probation and parole, in helping persons under community supervision achieve and maintain successful reentry.¹ Additionally, informal social bonds (e.g., faith-based organizations, community volunteers, mentors, neighbors, and community organizations) are the strongest predictor of whether a person will refrain from committing crime.²

Support systems or community agencies who provide direct services to participants and their families may be able to provide unique perspective and insight to a participant's strengths and needs. Because community organizations are generally viewed in a supportive role and often incorporate lived experience into their model, they may also be able to provide creative intervention strategies and access to support services from a different lens.

1. Petersilia, 2003; Sampson, 1988; Gottfredson & Hirshi, 1990 as cited in Young, Taxman, & Byrne, 2002.

2. Petersilia, 2003. When prisoners come home: Parole and prisoner reentry. Oxford University Press.

THESE ARE SOME SUPPORT SYSTEM QUESTIONS FOR THE TEAM TO CONSIDER DURING THE STAFFING:

01

What community supports are currently in place for the participant?

02

What additional support do they need?

03

How can the team address the gaps between the participant needs and what is currently available?

04

How can the team leverage current positive supports to encourage and motivate participants?

MINDSET



Everyone has attitudes, thoughts, beliefs, and mindsets that contribute to the way they view the world, the choices that they make, and how they deal with situations. People’s personalities are difficult to predict and the ability to change behaviors will require learning new ways to solve problems and new ways of thinking. Changing the way a participant thinks, especially the “thinking” that landed them in trouble, takes time, relationship building, trust, skill building, cognitive restructuring, and patience. Persons in positions to provide support can offer genuine opportunities for behavior change while also acknowledging that each person has the freedom to choose the attitudes and beliefs that they live by. Having hope and expectancy that people can change and providing even simple interventions can make a difference in building a person’s internal motivation. It is important to approach this work in an empathetic and holistic way to help develop a healthy mindset, break old habits, and find new ways to cope with difficult situations. Creating a strong support system and supportive alliance for participants is key to addressing these behaviors and challenging thoughts and beliefs. Mindset and attitudes drive everything, including all need areas. Developing impulse control skills, self- regulation skills, and healthy thinking habits will increase success in other need/strength areas.

MINDSET CONT'D

THESE ARE MINDSET FOCUSED
QUESTIONS FOR THE TEAM TO
CONSIDER DURING THE STAFFING:

?

What behaviors is the participant actively engaging in that may be putting them at risk?

?

What might be some of the underlying drivers of their decisions and behaviors that we may not be seeing?

?

How self aware is the participant of these actions?

?

What is the participants justification for the behavior?

?

Who is best suited to address these issues and have these critical conversations with the participant?

?

Where are there opportunities to build skills?

?

What does the participant really want?

?

How might underlying trauma be driving behaviors and challenges?

EMPLOYMENT

Employment is another factor that is critical to a participant's success. People with a criminal record face immense challenges when it comes to finding and sustaining meaningful employment. They are also navigating personal issues, external factors such as treatment or parole requirements, and challenges with transportation, housing, health, or other needs, as well as education and skill deficits that create barriers to gainful employment and career development opportunities. Focusing on helping participants find and maintain employment will impact their chances for success. Not surprising, finding and maintaining employment results in spending time on pro-social activities and less time engaging in risky behaviors or time spent with social companions that can have a negative impact on reentry efforts. It's important to understand that there is significant overlap between factors that make people high risk for recidivism and those that impact employability. For example, antisocial attitudes, thoughts, beliefs, and peers can affect how someone might perform in the workplace. Addressing these risk factors can provide a pro-social environment that counters negative influences and makes participants more employable. Employment also helps increase self-worth, self-sufficiency, motivation and feeling like a contributing member of family and community.

THESE ARE EMPLOYMENT FOCUSED QUESTIONS FOR THE TEAM TO CONSIDER DURING THE CASE STAFFING:

- Is the participant unemployed or struggling to maintain consistent employment?
- Are there attitudes or beliefs prohibiting success in employment, if so, what is being done to address those factors?
- Are there opportunities to fill gaps through education and training?



UTILIZING A STRENGTHS-BASED APPROACH



Utilizing a strengths-based approach is foundational to all the elements described previously in this toolkit. There are many benefits to using this approach including increased resilience, optimism, motivation, coping, and problem-solving skills. This approach also develops interpersonal skills and encourages participants to build connections to social support systems for their long-term success. A strength-based approach also offers a map forward and skills for a person to take charge of their own prevention efforts. It gives them tools to imagine their own vision for their future and importantly provides hope in a time in a person's life when they may otherwise have very little.

A strength-based approach also increases personal accountability. These inclusive approaches include the input of the participant and consistently outperform directive and "advice giving" strategies to drive positive outcomes. When we make plans for participants, do things to them, or tell them what to do, they become more entrenched in staying the same and committed to not making changes. When participants drive their own plans and goals, they are more invested in the outcome, more likely to face obstacles and challenges rather than avoid them, and more likely to follow through on tasks on their own. Additionally, they become more self-aware of their vulnerabilities and weaknesses, and they hold themselves personally responsible for outcomes.

UTILIZING A STRENGTHS-BASED APPROACH CONT'D

THESE ARE STRENGTHS-BASED APPROACH FOCUSED QUESTIONS FOR THE TEAM TO CONSIDER DURING THE STAFFING:

- What is the participant doing well?
- What are the participant's short, medium, and long term goals?
- What steps can they take to achieve these goals?
- How can the team support them in achieving these goals?
- What accountability measures does the participant have in place to support their success?
- How can the team support these measures?
- What does the assessment data tell us about the participants strengths?

CASE STAFFING BEST PRACTICES

This next section provides the care manager with guidance on tasks to complete and issues to consider before, during, and after the staffing.



PREPARE. PREPARE. PREPARE.

-BEFORE THE MEETING-



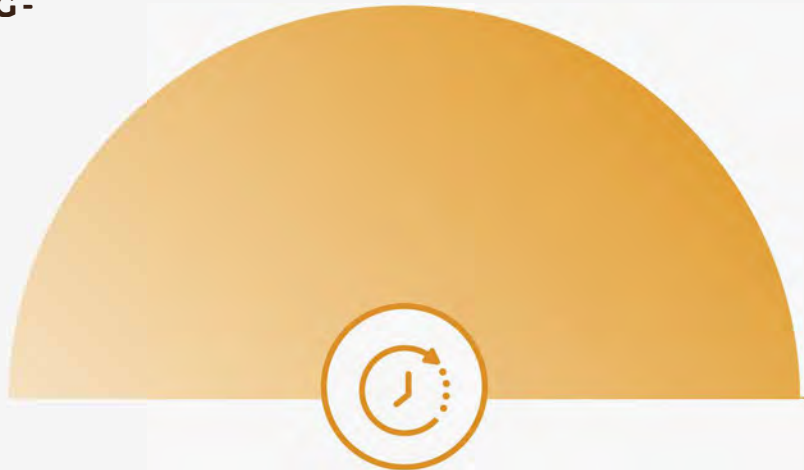
THE CARE MANAGER SHOULD CONSIDER SEVERAL QUESTIONS PRIOR TO GETTING EVERYONE IN A ROOM TOGETHER, INCLUDING:

- What is the purpose of the staffing?
- Who needs to be at the staffing? Are the right people at the table? If not, what is your plan to include them?
- What are the power imbalances in the group? How can you level the playing field?
- How is the group meeting? In-person, virtual, or a combination?
- Where is the group meeting? In the community, at the parole office?
- When is the group meeting?
- What is the process if a key person can't attend the staffing?
- Is it appropriate for the participant to attend the staffing? If not, what is the process to include them at the appropriate time?

FACILITATE ACTION.

-DURING THE MEETING-

The care manager has a critical role during the meeting. They are responsible for facilitating the meeting, ensuring that the conversation is inclusive of all perspectives, and targeted towards actions that will best serve the participant.



Whenever possible the group should use assessment data to inform decisions and minimize bias. This approach will also help the team to challenge assumptions, balance differing opinions, and build consensus around next steps.

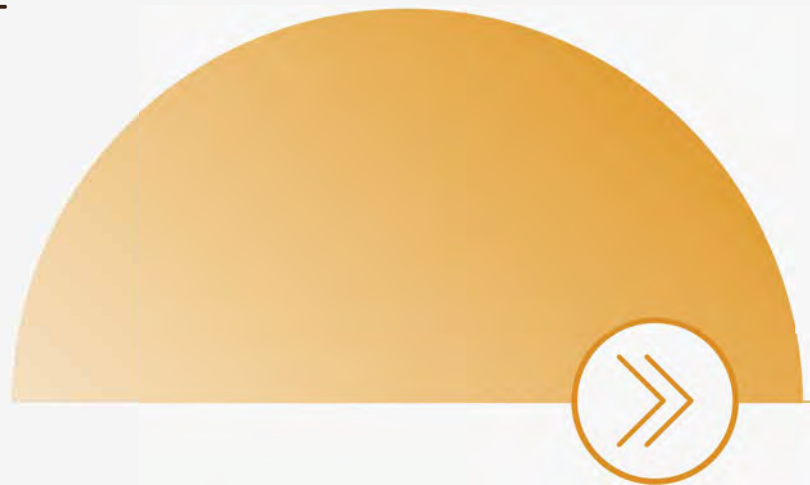
THE CARE MANAGER SHOULD CONSIDER THE FOLLOWING QUESTIONS:

- Is the action SMART (specific, measurable, achievable, relevant, and time bound)?
- Why did you choose these strategies?
- How do these strategies match the individual needs of the person?
- What does the participant think and has that conversation happened?
- What might be some unintended consequences?
- What are we missing or might not be considering?
- Who else needs to be considered or consulted in this decision?
- How will we know this worked?
- When will we follow up?
- What are we doing on purpose to think about participant strengths?
- Does everyone have a voice at the table?
- Are we challenging our own assumptions?
- Are we challenging differing viewpoints and unproductive group think?
- Does the assessment data align with the conclusions of the group?

Once agreement has been established by all members of the group and before the meeting ends, the care manager should also affirm each action step by asking group members to read them aloud and state what they will do and by when.

FOLLOW-UP AND FOLLOW THROUGH.

-AFTER THE MEETING-



Follow-up is the final, but often missed step in the staffing process. Unfortunately, this is the steps where most multidisciplinary staffing efforts fall apart. Spending time, energy, and resources on creating plans with no follow through erodes trust, undermines energy toward action, stalls resource mobilization at critical periods of instability that can reduce motivation, confuse responsibility, and cause harm. Once adequate time has been allotted for the team to complete action steps and goals assigned from the staffing, there should be a follow-up discussion or email communication with all team members to debrief what was successful, what areas still need work, or what may need to be adjusted. The case staffing facilitator should initiate this follow-up communication to ensure accountability to the action plan and to debrief outcomes to inform next steps.

THE CARE MANAGER SHOULD CONSIDER THE FOLLOWING QUESTIONS AFTER THE MEETING:

- What worked?
- What didn't work? What is the plan to address these challenges?
- Were the right people at the staffing? Who else needs to be invited?
- How will the participant be included in the staffing process? How will the actions be communicated to them?
- How might we need to change our approach or thinking?

CASE STAFFING WORKSHEET

The Case Staffing Worksheet on the following page is a guide to help facilitate the group discussion. The intention of the worksheet is to provide the team with a standardized tool that creates a record of the staffing and documentation of what needs to happen next. Once completed, the form can be shared with partners in attendance as a roadmap for next steps.

The worksheet guides the group through several key questions related to support systems, stabilization and responsivity, mindset, and employment.



WORKSHEET

Directions: Use this worksheet to guide the group's discussion in addressing obstacles/barriers to a participant's success by addressing stabilization factors, employment, support systems, and mindset and leveraging the expertise and resource connection of the multidisciplinary team members.

GENERAL INFORMATION

DATE:

Participant Name:

Case Number:

WAGEES Care Manager:

Supervising Officer:

ATTENDANCE

Facilitator/Role:

Name/Role:

Name/Role:

Name/Role:

Name/Role:

Name/Role:

Name/Role:

STABILIZATION AND RESPONSIVITY

- Does the participant have basic needs that still need to be met?
- Is the participant experiencing homelessness or an unstable living environment?
- Does the participant have unaddressed medical or medication issues?
- Does the participant have unaddressed mental health and/or substance issues?
- How would you rate the participants level of motivation?
- Are there any literacy factors to consider, reading, writing, learning challenges?
- Are there culture, language, gender, or life experiences to acknowledge or consider?
- Are there resources the group can leverage to meet these needs?
- What else may be getting in the participants way when it comes to stabilization or responsivity factors?
- What does the assessment data tell us about the participants needs?
- Is the participant experiencing crisis, if so, what services do they need?
- What does the participant view as the biggest challenge they are facing?

**The above questions are provided to help generate ideas and can be used to facilitate discussion in the areas aligned with the staffing framework*

ACTIONS	COMPLETION DATE	ASSIGNED TO

WORKSHEET

INCENTIVES

DO THESE ACTIONS REQUIRE AN ADJUSTMENT TO
THE INSIT OR CASE PLAN?

Yes*

No

**If yes, please adjust case plan as soon as possible.*

ADDITIONAL INFORMATION