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SHARING PROMISING SYSTEM REFORM STRATEGIES

A RESOURCE MANUAL DESCRIBING NASSAU COUNTY'S NO WRONG DOOR STAFF DEVELOPMENT INITIATIVE

Prepared for:
Nassau County with Support from the Rauch Foundation

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SUMMARY

This resource manual was prepared to share the promising practices underway in Nassau County. Through County Executive Thomas R. Suozzi's *No Wrong Door* Initiative, the County has launched three interdepartmental staff development strategies for Health and Human Services staff to break down department "silos" and bring about a "client-centric" service delivery system. CGR's evaluation of the major components of this staff development initiative revealed positive and noteworthy results. With support from the Rauch Foundation, CGR prepared this manual so that other counties could capitalize on the work and experience of Nassau County. The document includes a thorough description of Nassau County's *No Wrong Door* staff development initiative along with guidance and resources that can be used by other counties working toward service delivery reform.

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Staff Team

Susan Lepler was the primary author of this resource manual. Susanne Morton provided valuable assistance in organizing and compiling materials for the manual.

SECTION I: INTRODUCTION

This resource manual was prepared to share the promising practices underway in Nassau County. Through the *No Wrong Door* Initiative introduced by County Executive Thomas R. Suozzi in 2003, the County has embarked on a multi-year effort to create a streamlined, accessible, and “client-centric” service delivery system. The staff development initiative is a core system reform strategy, designed to transform the organizational culture, strengthen knowledge and connections between workers across the vertical, and imbed a common set of practice expectations across the County’s health and human service (HHS) departments.

Nassau County’s *No Wrong Door* staff development initiative includes three major components:

- ❖ ***Quality Teams:*** Quality Teams are small groups of up to 20 HHS staff, representing a cross-section of people from different departments with varied areas of expertise. Led by staff who have been trained as Quality Team facilitators, teams meet for a series of sessions to address such issues as cultural competence, customer service, conflict de-escalation, working with challenging clients, crisis intervention, and available County-operated and community services.
- ❖ ***Case of the Week:*** This is a weekly interdisciplinary case conferencing mechanism that has been instituted in Nassau County to help HHS staff better respond to complex, challenging cases; maximize available resources; and identify service gaps and system barriers that need to be addressed.
- ❖ ***Cross-Trainings and “Lunch and Learns”:*** Cross-Trainings are formal 2-hour seminars for HHS staff that have been used to foster interdepartmental knowledge about County and community-based resources, human service delivery issues, and approaches to serving clients holistically. “Lunch and Learns” are

informal presentations during the lunch hour that are of general personal and professional interest.

With support from the Rauch Foundation, Nassau County secured the services of the Center for Governmental Research (CGR) to provide an objective assessment of the first year of the staff development initiative. CGR's evaluation revealed that Nassau County has launched innovative and distinctive staff development strategies that are already yielding positive and noteworthy results. Quality Teams, Case of the Week, and Cross-Department Trainings are complementary strategies that are helping to tackle core problems faced by most New York State counties, including: the "silo" nature of government and the need for integrated service delivery responses; lack of knowledge and understanding by staff about other departments and programs which impede their ability to make quality referrals and maximize resources; and the need to infuse strength-based, culturally competent, and client centered approaches into service delivery.

CGR's evaluation focused on Quality Teams and Case of the Week, the two most intensive and ongoing staff development strategies. While CGR identified improvement opportunities to strengthen staff development strategies, we found no reason to suggest that the County should change its overall direction. Evaluation highlights include the following:

- ❖ There is a cadre of HHS staff who are motivated to volunteer their time and take on the important role of Quality Team facilitators.
- ❖ The train-the-trainer approach used by the County resulted in Quality Team facilitators feeling well-prepared to deliver the training themselves.
- ❖ Quality Team participants indicated an increase in knowledge and understanding about aspects of the *No Wrong Door* Initiative between the first and last of the curriculum-based sessions. In addition, participants had favorable ratings of the overall quality, quality of training, and relevancy of training to their job.

- ❖ The Quality Team experience enabled participants to incorporate the *No Wrong Door* philosophy in their work with clients. For example, staff noted that they go beyond their area of practice to obtain help for clients, are more confident in making referrals, and have a more service-oriented approach.
- ❖ The opportunity to increase their knowledge about programs and services, meet new co-workers, and share daily work experiences were identified by participants as most valued aspects of Quality Teams.
- ❖ Case of the Week has improved how the County responds to individuals and families facing complex, challenging situations by providing a regularly scheduled mechanism for HHS staff to obtain focused input from multiple disciplines and programs and quick access to possible referrals and interventions.
- ❖ Case of the Week has also had a positive impact at the systems and policy levels. For example, through Case of the Week, staff have identified systemic issues, developed an improved understanding of other departments' policies and procedures, and formed new protocols to better respond to client needs. In addition, Case of the Week has sensitized administration about the difficulties faced by clients, obstacles to correcting problems, and the need for system changes.

Because of these promising early findings, the Rauch Foundation supported the preparation of this resource manual. The document is organized into three major sections: Context and Background; Description of Nassau County's *No Wrong Door* Staff Development Initiative; and Guidance and Resources for Other Counties. It is hoped that Nassau County's experience will be instructive to other counties in New York State and nationally embarking on similar system reform efforts.

SECTION II: CONTEXT AND BACKGROUND

Overview of *No Wrong Door*

Under the leadership of County Executive Thomas R. Suozzi, Nassau County has embarked on a major system reform effort to improve the delivery of health and human services. Through its *No Wrong Door* initiative, the County has launched a series of strategies to deliver more customer-focused, efficient, and effective services to individuals and families seeking assistance from the County. *No Wrong Door* seeks to breakdown the “silo” nature of government – where service delivery is largely driven by government defined problems and funding rather than client needs – and infuse an expectation across all health and human service departments that no matter where a client enters the public service system, he or she will gain access to any other needed county or community service.

No Wrong Door is a multi-faceted and multi-year initiative. Organizationally, the County first formed a Health and Human Services (HHS) Vertical with a mission to improve the continuum of care in Nassau County so that residents are offered well-coordinated, high quality services responsive to their needs. Under the direction of Dr. Mary Curtis, Deputy County Executive for Health and Human Services, the Vertical provides the structure for cross-departmental planning and resource management. The Vertical includes the following departments¹:

- ◆ Department of Drug and Alcohol Addiction
- ◆ Department of Health
- ◆ Department of Mental Health, Mental Retardation and Developmental Disabilities
- ◆ Office of the Physically Challenged

¹ Effective January 1, 2007, the Department of Drug and Alcohol Addiction and the Department of Mental Health, Mental Retardation, and Developmental Disabilities were combined into the Department of Mental Health, Chemical Dependency, and Developmental Disabilities.

- ◆ Department of Senior Citizen Affairs
- ◆ Department of Social Services
- ◆ Veterans Service Agency
- ◆ Youth Board

In the fall of 2005, County leadership orchestrated a historic move of the HHS Vertical departments, located in various buildings in the County, into a single, newly-renovated building at 60 Charles Lindberg Boulevard in Uniondale, New York.. This move consolidated HHS real estate, staffing, and technology to support a one-stop shopping model for County residents in need of services and supports. The centralized model includes: a “welcome desk” reception function that provides the initial intake and assessment for HHS services; volunteer “greeters” who answer questions and help direct visitors to the right location in the building; a supervised child care room; and a venue for community agencies to publicize their services. Nassau County has also instituted a new information system that supports a cross-departmental approach to client tracking and case management.

Staff Development as Core Reform Strategy

To transform the organizational culture of the Health and Human Service departments into one “client-centric” organization, County leadership knew that staff development was an essential component of service delivery reform. In advance of the move to the new building, the County began formulating and implementing a staff development strategy to align and infuse a common set of *No Wrong Door* practice expectations among the HHS workforce. The HHS departments have their distinct missions, mandates, and program responsibilities, along with their own cultures - and often subcultures - that influence staff behavior, attitudes, expectations, and service delivery approaches. The desired state² is one where workers across the Health and Human Services Vertical:

² “*No Wrong Door*” *Service Delivery in Nassau County*, concept paper by Dr. Louise Skolnik, May 4, 2005.

- ❖ Demonstrate a service orientation, responding to clients with courtesy, respect, and compassion;
- ❖ View clients as having strengths and resiliencies and as partners in addressing problematic situations;
- ❖ Think more holistically about assessments and interventions, understanding that individuals are part of families, communities, and cultural, religious, and/or ethnic groups and these larger systems present challenges, obstacles, and opportunities;
- ❖ Break down government “silos” and coordinate effectively with workers in other departments and programs to help clients access the services and supports that they need; and,
- ❖ Feel empowered themselves so that they can effectively advocate for and empower the clients that they are serving.

Nassau County’ *No Wrong Door* staff development initiative is built on adult learning principles and includes a variety of modalities and opportunities for participatory learning. The County’s approach recognizes that adults respond best to learning that is experience-based, has real life applications, and focuses on problem-solving. In addition, the staff development initiative is viewed as part of a continuous quality improvement loop, where service gaps, system barriers, and operational concerns that surface are fed into program, policy, and resource development discussions for the HHS Vertical.

Target Audience

County employees within the HHS Vertical are the primary target audience for *No Wrong Door* staff development initiative. The chart below displays the number of HHS full time employees by department, arrayed from largest workforce to the smallest.

**Nassau County Health and Human Services Full-Time (FT)
Employees**

Department	2006 Adopted FT #	FT Employees as % of HHS Total
Social Services	873	68.6%
Health Department	250	19.6%
Drug and Alcohol	79	6.2%
Senior Citizen Affairs	38	3.0%
Mental Health, Mental Retardation, and Developmental Disabilities	10	0.8%
Veterans Services Agency	9	0.7%
Physically Challenged	7	0.5%
Youth Board	7	0.5%
HHS Total	1,273	

Source: 2006 Adopted Budget. Nassau County Office of Management and Budget.

Table 4.2: Full Time Staffing 2006.

The above chart accounts for full-time HHS employees that are funded through the County general fund. In addition, there are 181 employees who are supported by grants.

SECTION III: DESCRIPTION OF NASSAU COUNTY'S *NO WRONG DOOR* STAFF DEVELOPMENT INITIATIVE

Vision and Direction

Bringing Nassau County's *No Wrong Door* staff development initiative to fruition has required sustained and focused leadership. With the vision and support of County Executive Thomas R. Suozzi and Deputy County Executive Dr. Mary Curtis, Dr. Louise Skolnik, Director of Human Services for the HHS Vertical, has been the driving force for the design and implementation of the *No Wrong Door* staff development initiative. As Professor Emeritus from the Adelphi School of Social Work and published author in the field of human services, Dr. Skolnik was well-poised to develop a staff development framework that was grounded in best practice.

Leadership and Oversight

A *No Wrong Door* Staff Development Committee was formed to guide this initiative. The committee is chaired by Dr. Skolnik and includes representatives with staff development, human resources, and programmatic responsibilities from HHS Vertical departments. The committee has served as the vehicle to break down organizational "silos" and create a culture for interdepartmental sharing of knowledge, opportunities, and resources. The committee meets twice a month to carry out the following responsibilities:

- ❖ Planning, implementing, and monitoring all aspects of the new *No Wrong Door* staff development strategies: Quality Teams (including the development of the Quality Team curricula), Case of the Week, Cross-Trainings and "Lunch and Learns".
- ❖ Sharing information about individual department training opportunities and, to the extent possible, increasing access to these trainings by other staff in the HHS Vertical.
- ❖ Identifying emerging training needs for the HHS Vertical staff to improve the County's response to serving clients in need of assistance.

With support from the Rauch Foundation, the County hired a part-time *No Wrong Door* Staff Development Coordinator to provide dedicated staff assistance for this effort. Because the Coordinator is not aligned with any one department, the Coordinator is viewed as a neutral and objective resource to aid the HHS Vertical.

The remainder of this section provides in-depth information about Nassau County's three *No Wrong Door* staff development strategies: Quality Teams; Case of the Week; and Cross-Department Trainings. For each strategy, we describe the purpose and learning objectives; trainers/facilitators; target audience; implementation process; and any planned modifications based on the first year of experience.

Strategy 1: Quality Teams

Quality Teams are small groups of up to 20 HHS employees, representing a cross-section of people from different departments with varied areas of expertise. Quality Teams are facilitated by HHS employees who volunteered and successfully completed training in preparation for their role. Quality Teams consist of six sessions of curriculum-based, structured training followed by three or more sessions of more informal cross-department discussion, case presentations, and speakers from other departments/agencies in the HHS vertical. Quality Teams address such issues as cultural competence, customer service, conflict de-escalation, working with challenging clients, crisis intervention, and available County-operated and community services. Nine Quality Teams, involving 160 HHS staff (participants and facilitators) have been implemented to date.

Bringing the Quality Team concept to life has required two distinct staff development components: the training of Quality Team facilitators and the implementation of Quality Teams themselves. Each component is described separately in the pages that follow.

Quality Team Facilitator Training

Purpose

The purpose of this training is to prepare staff for taking on the roles and responsibilities of a Quality Team facilitator. Through this training, Quality Team facilitators are led through the curricula so that they become familiar with the content. In addition, the training provides specialized guidance on facilitation and group process techniques.

Trainers/Facilitators

Members of the Staff Development Committee served as the trainers for the Quality Team facilitators. Staff Development Committee members also served as coaches to the facilitators, attending the first two sessions of each newly formed Quality Team to provide guidance and support.

Target Audience

The target audience consisted of HHS Vertical staff that volunteered to be trained as Quality Team facilitators. Twenty-three staff participated and completed the Quality Team facilitator training, making them eligible to co-lead a Quality Team. As shown in the chart below, the graduates of the first class of facilitator trainings were employees of five HHS Vertical departments, although predominantly from DSS.

Department and Program Areas Represented by Quality Team Facilitators		
Number	Department	Program Area
17	Social Services	Adult Protective Services
		Child Protective Services
		Day Care Administration
		Food Stamps
		Foster Care and Homefinding
		Staff Development
		TANF
		Teen Parenting
1	Drug and Alcohol	
2	Health	Early Intervention
1	Physically Challenged	
2	Senior Citizen Affairs	
23	Total	

Implementation Process

To recruit facilitators, the Staff Development Committee hosted a Quality Team Facilitator Orientation in April 2005. The Committee gave a presentation which included a description of the *No Wrong Door* vision, purpose of Quality Teams, the role of facilitators, and the anticipated time commitment involved with Quality Teams. Staff who were interested in becoming a facilitator made their interest known to their department heads. Department heads approved the participation of their staff to be trained and serve as facilitators.

During six 2-hour sessions that occurred between May 2005 and September 2005, the Quality Team facilitators completed their training. The Staff Development Committee then assigned two facilitators to each Quality Team, making an effort to pair facilitators so that there would be an effective balance of personal styles, backgrounds, and experiences.

Planned Modifications

Going forward, the Staff Development Committee will draw on staff who have successfully participated in Quality Teams as resources to become Quality Team facilitators. This may shorten and/or refocus the recruitment and training process.

Quality Teams

Purpose

Quality Teams provide HHS staff with a small group, comfortable environment to: formally share skills and resources with their colleagues; coordinate department services; identify service gaps and key areas for program development; and develop competencies in mutually identified areas. Quality Team learning objectives are as follows:

Session 1

- Understand the purpose of the *No Wrong Door* initiative.
- Understand how the clients' experiences negotiating a complex system connect to their own life experience.

Session 2

- Examine *No Wrong Door* in a real life situation.
- Understand how a team problem-solving approach helps in resolving challenging practice situations.
- Learn to recognize and appreciate the multi-disciplinary viewpoints of team members.

Session 3

- Explore the concept of cultural competency and how it helps us understand clients' behaviors.
- Reinforce *No Wrong Door* thinking.

Session 4

- Understand how effective communication can enhance *No Wrong Door* service provision for our clients.
- Improve their ability to communicate with clients.
- Improve communication between front line staff in the HHS Vertical.

Session 5

- Apply the *No Wrong Door* concept of integrated services delivery in each case scenario.

Session 6 and beyond

- Apply the *No Wrong Door* concept of holistic service delivery to an HHS case scenario.
- Assist members of the Quality Team in learning about additional resources, alternatives and perspectives to help a client system.

Trainers/Facilitators

Graduates of the Quality Team Facilitator Training co-lead the Quality Teams.

Target Audience

The target audience for Quality Teams is frontline and supervisory staff from the HHS Vertical. The Staff Development Committee asked Commissioners to submit names of staff with direct client contact or who supervise staff with such contact and perform work that is critical to the success of *No Wrong Door*. The Deputy County Executive for the HHS Vertical notified staff that they were selected to participate on a Quality Team and that they were required to attend as part of their work schedule.

Staff that were selected to participate in Quality Teams were asked to complete a survey, including information about their current area of responsibility, educational background, years of county service, and level of client contact. This information was used by the Staff Development Coordinator to form the actual Quality Teams. Quality Teams were organized to include a cross-section of people from different departments with varied areas of expertise. Care was taken to ensure that supervisors were not paired with individuals from their unit on the same team. Assignments were made to include 20 participants on each Quality Team. However, because some staff were subsequently excused or reassigned, actual Quality Teams had an average of 16 participants.

The following chart shows the number and percent of staff from each department who participated on Quality Teams. Sixty-four percent of the participants were from Social Services, which reflects the fact that Social Services has the largest number of employees in the County's HHS Vertical. Several program areas within Social Services were represented including Temporary Assistance, Food Stamps, HEAP, Medicaid, Child Support, Employment and Housing.

Department Representation on Quality Teams		
	Participants	
Department	Number	Percent
Social Services	91	64%
Drug and Alcohol	24	17%
Senior Citizen Affairs	19	13%
Health Department	4	3%
Youth Board	3	2%
Mental Health, Mental Retardation, and Developmental Disabilities	1	1%
Veterans Services Agency	0	0%
Physically Challenged	0	0%
Total	142	100%

Implementation Process

As displayed in the following chart, the County phased in the implementation of Quality Teams over a 14-month period. Each

Quality Team met for 12 sessions, with each session lasting 1½ hours.

Phase-In and Meeting Schedule of Quality Team Training														
Cycle of Quality Team Training	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06
Cycle 1														
Quality Team 1	X	X	X	X	X	X	X	X	X	X				
Quality Team 2	X	X	X	X	X	X	X	X	X	X				
Quality Team 3	X	X	X	X	X	X	X	X	X	X				
Cycle 2														
Quality Team 4				X	X	X	X	X	X	X	X	X	X	
Quality Team 5				X	X	X	X	X	X	X	X	X	X	
Quality Team 6				X	X	X	X	X	X	X	X	X	X	
Cycle 3														
Quality Team 7							X	X	X	X	X	X	X	X
Quality Team 8							X	X	X	X	X	X	X	X
Quality Team 9							X	X	X	X	X	X	X	X

The first six Quality Team sessions were held every two weeks, using a curriculum-based, structured training approach. Quality Team facilitators used a variety of methods with their teams, including icebreakers, small group work, full group discussion, presentations, case scenarios, and a training video. The subsequent six sessions were held monthly and included more informal cross-department discussion and learning. Because facilitators followed a curriculum during the first six sessions, the same content was covered in each Quality Team. The second half of Quality Team training was more team-directed and predominantly included discussions of challenging cases and presentations from both team members and invited guests about program areas of interest to the group.

An important tool used by Quality Teams facilitators was the “parking lot”. The “parking lot” allowed facilitators to record issues or questions raised by their teams related to the new building, *No Wrong Door* operations, or larger administrative or system concerns, while helping the facilitators keep the group discussion on track and focused on the primary objective for that session.

The *No Wrong Door* Staff Development Coordinator assisted with all logistics related to Quality Teams, including preparing materials needed by facilitators for each session. The Coordinator also met monthly with the facilitators to provide a forum to share experiences, troubleshoot, and provide mutual support. At these meetings, the Coordinator and facilitators also reviewed and summarized “parking lot” items for consideration by the Staff Development Committee.

Following the twelve sessions of Quality Teams, the County formally acknowledged the time and commitment of both facilitators and participants. Quality Team facilitators received a citation from the County Executive commending them for their dedicated work with the *No Wrong Door* Staff Development Initiative. Quality Team participants who attended at least seven sessions received a certificate of completion from the Deputy County Executive and Director of Human Services for the HHS Vertical.

Planned Modifications

Based on formal and informal feedback from the Quality Team facilitators and participants, the Staff Development Committee plans to reduce the number of overall Quality Team sessions from 12 to 9, maintaining the first six curriculum-based sessions. Sessions will be held every two weeks, so that Quality Teams complete their sessions within a more compressed, five month timeframe.

Strategy 2: Case of the Week

Purpose

The Case of the Week is a multi-disciplinary, interdepartmental case conference mechanism initiated by County Executive Thomas R. Suozzi in 2003. Each week a challenging practice situation is presented and the assembled group works together to come up with new approaches for addressing the client’s needs. Through the facilitated discussion that occurs at Case of the Week, staff better understand the interconnection of issues facing

individuals and families, learn about available County resources that may be of assistance, and develop a plan – or crisis response if needed – to address the presenting concerns. Another core objective of Case of the Week is to identify the broader systems issues or barriers that are often imbedded in individual practice situations. To date, 151 cases have been addressed through the Case of the Week process.

Trainer/Facilitator

Dr. Louise Skolnik, Director of Human Services for the HHS Vertical, is the facilitator for Case of the Week.

Target Audience

Any staff within the HHS Vertical or a community-based organization can use Case of the Week as a resource. There are no specific target populations or restrictions placed on the type of case that can be brought to the Case of the Week. A core group of fifteen staff from County departments regularly attend Case of the Week. Core group members are typically division directors or program managers within the HHS Vertical who have the necessary knowledge and authority to marshal their department's resources to respond to a particular case. Each week the core group is joined by other participants from County and community-based organizations who may have a role in serving a particular individual or family.

*Implementation
Process*

Case of the Week meets every Wednesday from 1:00 to 2:30 PM. On a quarterly basis, a presentation schedule is developed that identifies the department or program area responsible for presenting a case. However, if an emergency situation arises with an individual or family that would benefit from Case of the Week, time on the agenda is arranged to respond.

Prior to the meeting, case presenters complete a brief written Case of the Week referral, which includes the lead department and staff, client demographic information (no names presented), presenting issues and identified strengths, history of services rendered, and any comments. These referrals are distributed to participants at the meeting. The presenter provides an overview and describes the challenging issues that they are facing in serving the client along

with what they view as strengths. The group asks questions and brainstorms solutions. Often, a small group of staff representing the agencies that are most involved with a client form a team to carry out strategies or to further research options. After the initial presentation, a Case of the Week update is provided back to the full group on a planned schedule.

The Director of Human Services maintains a log of all clients presented to Case of the Week, including a brief narrative description of client and situation, follow-up actions, and identified systems issues.

Strategy 3: Cross-Department Trainings

Purpose

The County has initiated two types of Cross-Department Trainings for the HHS Vertical: Cross-Trainings and “Lunch and Learns”. Cross-Trainings are formal two-hour seminars on topics that are of professional interest to HHS staff. In the beginning of the *No Wrong Door* Initiative, cross-trainings were mostly staff presentations to familiarize employees with each department’s programs. As the cross-trainings evolved, they became opportunities to train staff in key topical issues relevant to the delivery of human services and to demonstrate, through a case presentation model, how *No Wrong Door* can operate. In addition, cross-training topics have focused on enhancing staff capacity to deliver services with compassion and skill and access needed county and community-based services.

“Lunch and Learns” were introduced in 2006 as another way to engage staff across the HHS Vertical. “Lunch and Learns” provide informal one-hour presentations during the lunch hour, geared to providing information that can be of assistance to workers in their personal and professional lives.

Trainers/Facilitators

The presenters for Cross-Trainings are HHS department staff, experts from community organizations, and/or professional trainers. “Lunch and Learn” presenters are generally HHS staff willing to volunteer their time and expertise.

Target Audience

Cross-Trainings and “Lunch and Learns” are open to any staff within the HHS Vertical. The following topics were addressed in recent Cross-Trainings, where staff attendance ranged from 60 to 470.

- ◆ Services for the Homeless
- ◆ Family Violence
- ◆ Children’s Services
- ◆ Drug and Alcohol Services
- ◆ Suicide Prevention
- ◆ Personal Risk Management: Avoiding the Focus of Aggression
- ◆ Agency Fair
- ◆ Bringing Your Whole Self to Work
- ◆ Hunger and Nutrition
- ◆ Obtaining a Degree in Social Work
- ◆ Emergency Housing
- ◆ Active Listening
- ◆ Munchausen and Munchausen by Proxy
- ◆ Addiction as Brain Disorder

The following topics were addressed during recent “Lunch and Learns”, where attendance ranged from 20-70 staff from the HHS Vertical.

- ◆ HIV and AIDS
- ◆ Tuberculosis and Lead Poisoning
- ◆ Reporting Child Abuse and Neglect
- ◆ Understanding Medicare Part D
- ◆ Media Literacy
- ◆ Hurricane Preparedness: Are You Ready?

- ◆ Hot Weather Tips
- ◆ Childhood Safety
- ◆ Internet Safety
- ◆ Resources for Caregivers
- ◆ Coping with the Holidays

*Implementation
Process*

Cross-Trainings and “Lunch and Learns” are organized by the Staff Development Committee. Topic ideas are generated by the committee members based on feedback and requests from staff in HHS Vertical and training needs identified through Case of the Week and Quality Teams.

SECTION IV: GUIDANCE AND RESOURCES FOR OTHER COUNTIES

This section provides practical guidance and resources for other counties that may be interested in adopting Nassau County's broad-based, interdepartmental approach to staff development for health and human services. Drawing on Nassau County's practical experience and CGR's evaluation, we present a summary of major lessons learned followed by a more detailed checklist of items to consider that can be used as a planning tool by other counties. We then identify key contacts for more information and include a resource compendium with documents developed for this Staff Development Initiative so that others can capitalize on the significant thinking and work to date by Nassau County.

- Lessons Learned**
- ❖ *Set the tone with high-level leadership.* The active involvement and support of the County Executive, Deputy County Executive, and Commissioners are key for articulating the vision for the system reform effort, desired outcomes for the staff development component, and overall support for the change process.
 - ❖ *Create an interdepartmental structure and staff support to carry out the initiative.* A staff development committee that includes broad representation from HHS departments provides the structure to guide and oversee the initiative. Equally important is having a strong leader for the committee and dedicated staff who will help bring the training to fruition.
 - ❖ *Know your audience when constructing and delivering staff development strategies.* Carefully construct both content and process of training to take into account the varied responsibilities, work experiences, and educational backgrounds of staff – so that staff walk away from training feeling that their experience is recognized, that they have learned something new and of value, and can apply what they have learned.

- ❖ *View the staff development approach as a work in progress and build in feedback loops.* While it is essential to start with a clear approach, it is equally important to stay open-minded about strategies, seek feedback through formal evaluation mechanisms and informal discussion, and make modifications that will lead to improvements.
- ❖ *Be prepared to address the systems and policy level issues that will emerge through staff development strategies.* Using staff development strategies to fuel system reform is a powerful paradigm. Expect that many needs, gaps, and barriers will be identified and create a mechanism at the outset to further analyze the issues, establish priorities, and develop improvement strategies.
- ❖ *Understand that change takes time and continue to build interdepartmental ownership, understanding, and support.* Infusing new, common service delivery expectations into complex organizations that have long histories of functioning independently takes time and will require concerted, ongoing staff development strategies. Clear and regular communication about staff development goals, strategies, progress, and results will help to demonstrate value and garner support.

HHS Staff Development Checklist

The planning checklist on the subsequent pages includes the key items that we believe are critical for a county to consider if interested in replicating Nassau County's approach.

Health and Human Services Staff Development Initiative Checklist

Items to Consider	Status <i>Check When Completed</i>
I. Vision and Direction	
a. Desired results for the staff development initiative are clearly defined.	<input type="checkbox"/>
b. Specific staff development strategies to be employed are also defined.	<input type="checkbox"/>
c. There is buy-in and support for the staff development initiative from county leadership and administration.	<input type="checkbox"/>
d. A plan to communicate vision and strategies to all levels of the organization at the outset and periodically throughout the design and implementation phase is conceived.	<input type="checkbox"/>
II. Leadership and Oversight	
a. Skilled leadership for the staff development initiative has been identified.	<input type="checkbox"/>
b. An interdepartmental committee is put in place to oversee the initiative.	<input type="checkbox"/>
c. All relevant departments are represented on this committee and members are appointed who have the authority to make decisions and the appropriate expertise.	<input type="checkbox"/>
d. Careful consideration given to resources needed to support the initiative, including staff, expertise, funding.	<input type="checkbox"/>
e. An implementation plan is formulated with clear tasks, responsibilities, and timeframe for each staff development strategy.	<input type="checkbox"/>
f. An evaluation strategy for the staff development initiative is developed to document progress and results, obtain feedback, and make mid-course corrections.	<input type="checkbox"/>
III. Quality Team Facilitators	
a. Decisions are made regarding the process for selecting Quality Team Facilitators (e.g., volunteer and/or are nominated) and whether candidates should meet additional criteria (e.g., commitment to goals of the staff development initiative, experience in leading groups or conducting training, educational background, professional experience).	<input type="checkbox"/>
b. Content for Quality Team Facilitator training is defined, drawing on Nassau County's curricula.	<input type="checkbox"/>
c. Decisions are made regarding who will train the facilitators to carry out their role.	<input type="checkbox"/>
d. Facilitators receive coaching initially and on an ongoing basis regarding: Quality Team content; group process techniques; adult learning principles; and how to engage members with varying job responsibilities, education levels, and years of experience.	<input type="checkbox"/>
e. Processes put in place for facilitators to meet regularly for peer support, and to troubleshoot and provide feedback to leadership/oversight structure.	<input type="checkbox"/>
f. Decisions made as to how to capitalize on the experience of trained facilitators for future Quality Teams.	<input type="checkbox"/>

IV. Quality Teams	
a. Departments and program areas within departments targeted for Quality Team participation are identified, with as broad a representation as possible.	<input type="checkbox"/>
b. Content and methods for Quality Teams is defined, drawing on the Nassau County curricula.	<input type="checkbox"/>
c. Decisions made regarding:	
1. Whether Quality Team participation is voluntary or required and if there will be incentives related to attendance.	<input type="checkbox"/>
2. Process for selecting and notifying Quality Team participants.	<input type="checkbox"/>
3. Number of people on each team.	<input type="checkbox"/>
4. Number, frequency, and length of Quality Team sessions.	<input type="checkbox"/>
d. Goals and expectations for the overall Quality Team process and individual sessions are clearly communicated to participants.	<input type="checkbox"/>
e. Quality Team meetings strike an appropriate balance between structured curricula and member-directed activities.	<input type="checkbox"/>
f. Meetings are held in rooms that are comfortable and appropriate for team size.	<input type="checkbox"/>
g. Refreshments at Quality Team sessions are supplied by the administration.	<input type="checkbox"/>
h. Process in place for administration to respond to service gaps and system barriers identified by Quality Team members (via “parking lot issues”).	<input type="checkbox"/>
V. Case of the Week	
a. Facilitator selected to lead Case of the Week sessions who is skilled in strength-based, culturally competent, holistic service delivery.	<input type="checkbox"/>
b. Decision made regarding what organizations will be represented as core members of Case of the Week (e.g., which county departments and program areas, whether to include community-based organizations).	<input type="checkbox"/>
c. Decisions made regarding:	
1. Meeting schedule and length of session.	<input type="checkbox"/>
2. Criteria for when a case can be referred to Case of the Week.	<input type="checkbox"/>
3. Process for scheduling cases that accommodates new cases, updates, and emergency situations.	<input type="checkbox"/>
d. Log maintained of all cases, including brief narrative description of client and situation, follow-up actions, and identified service barriers.	<input type="checkbox"/>
e. Time allotted at each Case of the Week discussion to identify service gaps and system barriers.	<input type="checkbox"/>
f. Structure and process developed to comprehensively analyze service gaps and barriers, set priorities, and develop solutions.	<input type="checkbox"/>
g. Care devoted to ensuring that staff, particularly frontline workers, feel comfortable to present their cases and participate in the process.	<input type="checkbox"/>
h. Strategies developed to communicate availability of Case of the Week as resource to staff within County government and community-based organizations.	<input type="checkbox"/>
VI. Cross-Training and “Lunch and Learns”	
a. Topics identified that foster interdepartmental knowledge about resources, issues, and approaches to serving clients holistically.	<input type="checkbox"/>
b. Resources secured for each training, including presenter/trainer, room, and supplies.	<input type="checkbox"/>
c. Staff notified about training opportunities and encouraged by administration and supervisors to participate.	<input type="checkbox"/>

Contacts for More Information

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Resource Compendium

The following documents produced by Nassau County are included as resources for other counties. Nassau County invites other counties to use these materials in whole or in part. Interested parties are encouraged to contact Dr. Skolnik to request any updated materials.

Quality Teams:

- ❖ Introductory Letter to Staff by HHS Deputy County Executive
- ❖ HHS Survey Completed by All Staff Selected to Participate on Quality Teams
- ❖ Quality Team Curricula
- ❖ Quality Team Certificate of Completion

Case of the Week:

- ❖ Case of the Week Referral Form
- ❖ Case of the Week Update Form

Nassau County Health and Human Services

**No Wrong Door
Staff Development Initiative**

Quality Teams

THOMAS R. SUOZZI
COUNTY EXECUTIVE



MARY R. CURTIS, PH.D.
DEPUTY COUNTY EXECUTIVE

Health & Human Services
1 West Street
Mineola, NY 11501
(516) 571-6060

Dear HHS Colleague:

As part of our No Wrong Door staff development initiative, we are establishing groups of employees called Health & Human Services Quality Teams. The teams will be meeting on a regular basis and will be facilitated by coworkers who have successfully completed a seminar series in preparation for their role. Participants will address such issues as cultural competence, services available in the community, conflict de-escalation, customer service, working with challenging clients, and crisis intervention. The teams will also discuss issues related to operating No Wrong Door in daily work with clients.

We are pleased to inform you that you have been selected to be a Quality Team member because of the significant work you perform in serving clients. Because of the importance of this training initiative and your participation in it, we expect that you will attend all sessions. The administrators of your departments are aware of and supportive of your selection. It is expected that there will be 15 teams with about 15-20 members in each team. We want to make sure that the teams include a cross-section of people from different departments with varied areas of expertise. We also want to make sure that we don't pair supervisors with individuals from their unit. Therefore, we are asking that you fill out the enclosed survey which will help the HHS Staff Development Committee organize the teams.

I would like to thank you in advance for your participation in the Quality Teams. If you have any questions, please contact Dr. Louise Skolnik's office at 571-4445.

Sincerely,

Mary R. Curtis, Ph.D.
Deputy County Executive

Jv
Enclosure
45971



Nassau County Health and Human Services
Employee Survey

Name _____ Title _____

Work Phone Number (for scheduling purposes only) _____

EMPLOYMENT HISTORY:

1. Please indicate the Nassau County Health and Human Services Department where you currently work:
 - Drug and Alcohol Addiction
 - Health
 - Mental Health
 - Physically Challenged
 - Senior Citizen Affairs
 - Social Services
 - Veteran Services Agency
 - Youth Board

2. Please indicate any Nassau County Health and Human Services Department in which you were employed in the past: (*indicate all*)
 - Drug and Alcohol Addiction
 - Health
 - Mental health
 - Physically challenged
 - Senior Citizen Affairs
 - Social Services
 - Veteran Services Agency
 - Youth Board
 - Other – please specify _____
 - Not Applicable

3. Please indicate your primary position in your current department of employment:
 - Direct Service
 - Supervisory
 - Managerial

4. Please indicate your work hours:
 - Daytime (am-start time)
 - Evening (pm-start time)

5. Please indicate the length of service in your Department:
 - Less than one year
 - 1-5 years
 - 6-10
 - 11-15
 - 16 years or more

EDUCATION AND CLIENT CONTACT:

6. Please indicate your highest level of education:
- High school diploma or equivalent
 - Associate's Degree
 - Bachelor's Degree
 - Master's Degree
 - Doctoral Degree
7. Please indicate any certifications or licenses you may have (mark all that apply):
- RN
 - MD
 - PA
 - CASAC
 - LCSW or LMSW
 - RD
 - Licensed Clinical Psychologist
 - Other (Please specify) _____
8. I see clients mostly at: (Please check one)
- Department office
 - Street Outreach
 - Crisis Center
 - Host settings (i.e., hospital, or other agencies)
 - Courts
 - Schools
 - Jail
 - Clients' place of residence
 - Not applicable
 - Other (Please specify) _____
9. Please estimate the amount of client contact you have on a weekly basis?
- No client contact (0 hours per week)
 - Very little client contact (1-5 hours per week)
 - Moderate client contact (6-15 hours per week)
 - Very high client contact (16+ hours per week)
10. What do you consider the most important components needed for providing quality client services? (Please select the 3 most important)
- An expanded referral database
 - Positive staff attitudes
 - Consistent supervision
 - Peer support
 - Case conferencing
 - Enhanced communication skills
 - New and updated equipment (computers, office space, etc.)
 - Ongoing training opportunities
 - Other (Please specify) _____

11. How many of the Department of Social Services Cross Training sessions have you attended?

- None
- 1-3
- 4 or more

12. How would you judge your knowledge of the services provided by other Health and Human Services departments? (Please check one)

	No knowledge	Minimally Informed	Somewhat Informed	Well-Informed	Very well-informed
D & A					
Addiction					
Dept. of Health					
Mental Health					
Physically Challenged					
Senior Citizens Affairs					
Social Services					
Veterans					
Youth Board					

THANK YOU FOR COMPLETING THIS SURVEY.

41215 - Rev. 8/05- Jv



Nassau County
Health & Human Services

No Wrong Door Staff Development Initiative

Quality Team Curricula
Fall 2005

Nassau County Health & Human Services Quality Team

Learning Objectives

Session 1

Participants will:

- Understand the purpose of the “No Wrong Door” initiative.
- Understand how the clients’ experiences negotiating a complex system connect to their own life experience.

Session 2

Participants will:

- Examine “No Wrong Door” in a real life situation.
- Understand how a team problem-solving approach helps in resolving challenging practice situations.
- Learn to recognize and appreciate the multi-disciplinary viewpoints of team members.

Session 3

Participants will:

- Explore the concept of cultural competency and how it helps us understand clients’ behaviors.
- Reinforce “No Wrong Door” thinking.

Session 4

Participants will:

- Understand how effective communication can enhance “No Wrong Door” service provision for our clients.
- Improve their ability to communicate with clients.
- Improve communication between front line staff in the HHS Vertical.

Session 5

Participants will:

- Apply the “No Wrong Door” concept of integrated services delivery in each case scenario.

Session 6 and Beyond

Participants will:

- Apply the “No Wrong Door” concept of holistic service delivery to an HHS case scenario.
- Assist members of the Quality Team in learning about additional resources, alternatives and perspectives to help a client system.

Nassau County Health and Human Services Quality Team

Session I The Quality Team and “No Wrong Door”

1. Opening/Introductions and Purpose and Goals of Quality Teams (10 Minutes)

Welcome Group to the Quality Team

Introduce yourself and the Department you represent

Purpose and Goals of Quality Teams

Quality Teams will provide participants with an opportunity to formally share their skills and resources with their colleagues, coordinate Department services, identify service gaps and key areas of program development. Quality Teams will also provide a forum for staff to develop key competencies in mutually identified areas.

- Structure of the trainings – prepare for “No Wrong Door Practice”
- Quality Team to parallel the multidisciplinary practice and other aspects of “No Wrong Door”/client-centered practice
- Group to develop into a safe context to try new approaches, express ideas, concerns, etc.
- How/why participants were chosen: work is stressful and challenging, they are workers who have direct client contact and do significant work critical to “No Wrong Door.”

2. Introduction of Icebreaker (5 minutes)

Points

When people come together it is important to foster a safe and comfortable environment for the group experience. Icebreakers are effective in fostering dialogue, group cohesiveness, comfort, trust, etc. It will also enhance group participation.

3. Icebreaker: “Allow Me to Introduce Myself” (10 minutes) (See Exercise Form)

NOTE: You can substitute another exercise from the “Warm Ups and Wind Downs” Package.

- Divide all participants into 4 groups by having each group count off by 4s
- Give each participant an “Allow Me to Introduce Myself” Sheet
- Ask them to indicate the following information on that sheet within a three minute time period:
 - Name, Department, Position
 - Three things they would like the group to know about them
- Once completed, ask each participant to pass their sheet to the person to their right and be officially introduced to the small group.

Points: Key to the development of the Quality Teams is creating an environment where everyone feels that they have a place and contribution. Quality Teams will provide a forum for Departments to coordinate services, identify service gaps and key areas of program

development. A foundation for this process is the sharing of resources, information, strengths and competencies.

- Bring all groups back together for discussion:
 - Tell me about some of the things you have learned from your colleagues and about your colleagues which you would find useful in carrying out your job.

4. Overview of “No Wrong Door” – Perspectives and Outcome (10 minutes)

Perspective

- “No Wrong Door” is a change in approach and in philosophy. Change can be difficult, challenging, etc. “No Wrong Door” is a paradigm shift. To be successful, people need to make an investment and participate in its development.
 - People’s problems are not one-dimensional
 - Individuals are part of larger systems – families, communities, cultural, religious, ethnic groups
 - Human service delivery should be driven by client needs, not bureaucratic structures and processes
 - People as strength-based bearers, as potential victors and partners, not victims

Outcomes

- More effective and efficient service delivery as measured by consumer and agency feedback, client achievement of goals, human service delivery costs.
- Identification of service gaps that can inform program development.

Strategies to Promote “No Wrong Door”

- Case of the Week
- Cross Training
- Quality Teams
 - Content-practice cases, service coordination, gaps, etc.
 - Frequency of meetings
 - Participants/participation: for Quality Teams to be successful, all participants must feel that they have contributions to make.

Establishing a Group Contract

- To make Quality Teams successful, it is important to establish a standard of behavior agreed upon by all participants and utilized during each Quality Team Meeting. With the group, brainstorm and record onto newsprint, rules members chose for the group (e.g. attendance, breaks, punctuality, respect for other members, etc.)
- Facilitators will reassure the participants that their expressed concerns and suggestions will be forwarded to the proper sources(s).

5. Implementation of Learning Activity (30 minutes)

“ENTERING THE WRONG DOOR” Experiential Exercise (See Exercise Form)

- This exercise is designed for participants to look at examples in their own lives where

they have sought services and were sent to the “Wrong Door” or several “Wrong Doors” before finding the right door(s). Some examples are:

- Waiting for the right service after pressing a number based on the menu when attempting to gain service via the telephone.
 - Having to listen to music for an extended period of time before being connected to the right party only to learn you do not have the proper information so you have to hang up and start all over again and have to listen to “Your call is important to us...” for a very long time.
 - Calling a Help/Hotline or Customer Service but getting no help.
- In your same group, think of like experiences you have had where you entered the “Wrong Door” and share those experiences in your group.
 - The group will be given newsprint and markers
 - As a group, discuss the following questions and record your responses – select a recorder and presenter
 - What was the experience like for you?
 - What were you feeling?
 - Where did you get assistance?
 - How did you get all the help you needed?
 - What else would have helped you get through this difficult time?
 - How is what you learned in this exercise applicable to your work?
 - Process Out
 - All newsprint responses will be posted on the wall
 - Each group to report to the total group

6. Summary of Learning from Activity (5 minutes)

- Introducing new ideas/approaches in a non-traditional way
- Value of input in the “problem-solving”: process
- Connection between participants’ experiences and of clients’ experiences negotiating a bureaucratic maze.

7. Closing/Reflection/Evaluation:

- Evaluation Form/Questions/Feedback/Discussion

Handouts for Session I:

“Allow Me to Introduce Myself”

“Entering the Wrong Door”

Allow Me To Introduce Myself ...

Please answer the following questions. You will have three minutes to complete this task. When instructed to do so, please pass this sheet to the person on your right who, in turn, will introduce you.

Your Name: _____

Department: _____

Position: _____

Three things you would like the group to know about you:

Entering the *“Wrong Door”* Exercise

Did you ever feel like you entered the “Wrong Door”? - Standing on the wrong line; being physically sent to the wrong place; waiting for the right service after pressing countless buttons on the phone?....

In your group, think of like experiences you have had where you entered the “Wrong Door” and share those experiences in with your colleagues. As a group, please discuss the following questions and record your responses on the newsprint provided:

- What was the experience like for you?
- What were you feeling?
- Where did you get assistance?
- How did you get all the help you needed?
- What else would have helped you get through this difficult time?
- How do you see what you learned in this experience applicable to your work?

**Nassau County Health & Human Services
Quality Team**

**Session II
The Challenges of “No Wrong Door”**

1. Opening/Feedback on Prior Session (15 minutes)

- Welcome Back
- Reintroductions
- Ask each person to jot down one thought they had about the 1st session after the first session.
- Have someone share the thought with the group. Ask if others thought about the same issue or idea, and ask for other thoughts. Point out similarities and differences and any main common thread. As a facilitator you might want to comment on:
 - Similarities: each of us is experiencing some of the change in similar ways. This helps us feel more connected.
 - Differences: each of us is experiencing the change in different ways and this provides an opportunity for us to learn from one another.

2. Introduction to Session’s Topic (5 minutes)

Today we will:

- Examine “No Wrong Door” as it comes to life in a practice situation.
- Understand how a team problem solving approach helps in resolving challenging practice situations.
- Learn to recognize and appreciate the multidisciplinary viewpoints of team members.

3. Exercise Instruction (40 minutes)

- Divide groups into three subgroups (count off 1, 2, 3 and put 1’s, 2’s 3’s into separate groups) (20 minutes)
- Instruct each small group to identify a recorder.
- Members are then asked to read the attached case.
 - Groups spend 15 minutes discussing the case and recording responses to the following questions.
 - What more do we need to know?
 - What should be done next to help this client?
 - What other resources/helping approaches/county departments/community-based organizations should be called upon to assist this client or for consultation?

4. Each group recorder reports on the group’s thinking (put responses to the above questions on the newsprint pad and put the sheets on the wall). After each group reports, facilitators should ask group members to comment on the following:

(29 minutes)

- What did you hear?
- What occurred to you as you listened?
- What similarities/differences in groups' thinking?
- What "No Wrong Door" ideas do we see?
- What opportunities/challenges?

5. Summary (15 minutes)

- Ask group members what they learned from the case discussion
- Facilitators' observations:
 - Working together opens up new pathways for help
 - Working together helps us feel supported and connected when dealing with a challenging client.
 - Working together helps us see clients in different and often illuminating ways that can lead to more successful interventions (strengths, culture, insights re a physical or mental disability)
 - Commend groups for their insightful work.

6. Evaluation of Session (5 minutes)

- Looking forward to session #3.

Handout for Session II:

Case Scenario, "Client PF"

**Nassau County Health and Human Services
Quality Team**

**Session II Handout
Case Scenario**

The client, PF, presents as a single adult with no visible or declared source of income. Homeless and without food, a SN application is taken and during the initial screening, the client indicated that she is “anointed by God” and could not wait in the common area. Other odd behaviors are noted and a referral to APS is made.

Substance abuse is ruled out and mental health issues are suspected.

The client is an African American female in her late 40’s who is well groomed and well dressed. A referral to a room and board dwelling is made, but after several days Ms. P. returns indicated the food being served is inappropriate. The client does accept a referral to an emergency shelter.

The client has self indicated that she is employable. However, on a job referral, the employer is so taken aback by the client’s behavior that he refuses to accept any more referrals from Social Services.

APS arranges for a psychiatric evaluation, but the client does not comply.

The case is closed. The client re-applies. The client also calls the County Executive and the Department’s Administration to complain on a regular basis.

Questions:

- What more do we need to know?
- What should be done next to help this client?
- What other resources/helping approaches/county departments/community-based organizations should be called upon to assist this client or for consultation?

**Nassau County Health and Human Services
Quality Team**

**Session III
Culture and “No Wrong Door”**

- 1. Opening/Feedback on Prior Session (15 minutes)**
 - Welcome Back to the Quality Team
 - Reintroductions
 - Have someone share their thoughts after the second session with the group regarding any other ideas for assisting the client
 - Facilitators should continue to watch for similarities, common themes, and support any “No Wrong Door” thinking. Continue to support empathy, and caring for our clients.

- 2. Introduction to Session’s Topic (5 minutes)**

Today we will:

 - Examine 3 cases with further implications for “No Wrong Door” thinking and for ways cultural competency helps us understand clients’ behaviors.

- 3. Exercise Instructions (40 minutes)**
 - Divide groups into three subgroups (count off 1, 2, 3 and put 1’s, 2’s 3’s into separate groups) (20 minutes)
 - Instruct each small group to identify a recorder.
 - Members read one of the attached cases. Each group has a different case.
 - Instruct groups to give special attention to cultural issues.

- 4. Groups spend 15 minutes discussing their case and recording responses to the following questions:**
 - What more do we need to know?
 - What should be done next to help this client?
 - What other resources/helping approaches/county departments/community-based organizations should be called upon to assist this client or for consultation?
 - What role might cultural norms be playing in this case?
 - How would someone from your particular ethnic background react in a similar situation?

- 5. Each group recorder reports on the case and the group’s thinking (put responses to the above questions on the newsprint pad and put the sheets on the wall).**

- 6. Summary (15 minutes)**
 - Ask group members what they learned from the case discussion
 - Facilitators’ observations:

- How does culture play into the No Wrong Door process?
 - Use of supervision in discussions of culture.
 - Never assume what a person's behavior means.

7. Evaluation of Session (15 minutes)

Handouts for Session III:

Case Scenarios 1, 2 and 3

**Nassau County Health and Human Services
Quality Team**

**Session III Handout
Case Scenario 1**

The client, a Nassau County resident, is a 72 year-old Russian woman, who has legal status in the United States for the past 10 years, and is applying for help. She emigrated from the former Soviet Union in 1995.

Ms. P. is widowed, and up until 2 months ago was self-supporting. She had worked in a packing plant in Suffolk County, but developed a severe arthritic condition rendering her unable to work. She has been helped by her son who lives in Brooklyn, but he has his own family, and can no longer afford to assist his mother.

Ms. P. is 2 months behind in rent, has a utility shutoff and is running short on food. She seems confused and upset applying for Public Assistance.

Her son adamantly requested help and wanted immediate attention.

The workers said to each other: “These clients are arrogant. Who do they think they are? They came here demanding a handout.”

Questions:

- What more do we need to know?
- What should be done next to help this client?
- What other resources/helping approaches/county departments/community-based organizations should be called upon to assist this client or for consultation?
- What role might cultural norms be playing in this case?
- How would someone from your particular ethnic background react in a similar situation?

**Nassau County Health and Human Services
Quality Team**

**Session III Handout
Case Scenario 2**

The client, BN, is a 45-year old woman who emigrated from Haiti 19 years ago. She does not have legal status. She moved to Nassau from Brooklyn in August of 2006. In September, she was diagnosed with T.B. and found to be HIV positive. Housing is on a day to day basis. She is a 'guest' in a woman's home and does not pay rent. Client initially had no clothing or bedding. The client is described as 'extremely depressed.'" She is being seen by a psychologist at NUMC. The Department of Health and the woman she lives with provided her with bedding and clothing. The Health Department's public health nurse visits daily to monitor her condition and ensure she takes her medications.

Questions:

- What more do we need to know?
- What should be done next to help this client?
- What other resources/helping approaches/county departments/community-based organizations should be called upon to assist this client or for consultation?
- What role might cultural norms be playing in this case?
- How would someone from your particular ethnic background react in a similar situation?

**Nassau County Health and Human Services
Quality Team**

**Session III Handout
Case Scenario 3**

The client family consists of a 42 year old Hispanic woman, Mrs. H., and her two sons, 10 and 11. The family has been homeless for 2 years following an eviction related to Mrs. H's inability to pay rent during the summer months, as she is seasonally employed.

She receives SSI because of her developmental disabilities but has not been able to access her checks because of the lack of a stable address. The family moved to a new shelter from one in another community because the first shelter did not permit residents to stay in the shelter during daytime hours. The children are healthy and performing well in school.

Mrs. H. is desperate to leave the shelter system and find safe, stable, affordable housing. The family does not appear to have any outside familial or communal supports.

Questions:

- What more do we need to know?
- What should be done next to help this client?
- What other resources/helping approaches/county departments/community-based organizations should be called upon to assist this client or for consultation?
- What role might cultural norms be playing in this case?
- How would someone from your particular ethnic background react in a similar situation?

**Nassau County Health and Human Services
Quality Team**

**Session IV
Both Sides of the Desk:
Communicating Facilitative Genuineness**

1. Opening/Feedback on Prior Session (5 minutes)

- Welcome Back
- Ask participants to share their thoughts after the third session with the group regarding cultural competency and how it helps us understand the behaviors of our clients.
- Facilitators should continue to watch for similarities, common themes, and support “No Wrong Door” thinking. Continue to support empathy and caring for our clients.

2. Introduction to Session’s Topic (15 minutes)

Today we will:

- Examine the ways in which effective communication can enhance “No Wrong Door” service provision for our clients:
 - Improve our ability to communicate with our clients
 - Improve communication between front line staff in the HHS vertical.
- Distribute the handout on Genuineness and be prepared to summarize the major points of the handout.

3. Outline of the Learning Activity (5 minutes)

- Introduce the video, “Both Sides of the Desk”. This video shows a number of scenarios that are not unique to DSS but are common to all situations in which people request different types of assistance. The common theme of the different scenarios is that our clients are people who are not that different from us. Often, as a result of unexpected events, (loss of employment, sudden illness etc.) or unfortunate decision- making, our clients come to us in crisis and in desperate need. It’s our role as professionals to communicate to our clients with compassion and respect in order to help them get their needs met.
- With the “No Wrong Door” philosophy, there is also a need to strengthen communication between the front line staff of the HHS vertical so that our clients will have maximum access to the services available to them.

4. Implementation of Learning Activity (1 hour)

- Divide the participants into three groups by having the participants count off 1, 2, and 3 and put the 1’s, 2’s 3’s into separate groups.
- Distribute and review the feedback handouts that will be completed while the videotape is viewed. The feedback sheet asks three questions related to each of the five scenarios:
 - What verbal and nonverbal communication worked?

- What verbal and nonverbal communication didn't work and why the communication was not effective?
 - Each participant should jot down their observations as they watch the video. Stop the video after each scenario and have participants briefly discuss their comments from the feedback form with the large group. (20 minutes)
 - Instruct each small group to identify a recorder. On a large sheet of newsprint write the following questions for the small groups to consider after they view each scenario:
 - What suggestions do you have to improve the communication in each scenario?
 - What other possible departments in the HHS vertical could the client have been referred to? (15 minutes)
 - Repeat the activity for each scenario on the videotape. Due to time constraints, it may not be possible to view all five scenarios.
- 5. Summary of Learning from the Activity: Three Points (5 minutes)**
- Ask group members what they learned from the case discussion.
 - Facilitators' Observations
 - Effective communication with our clients can help us to better understand their needs and will improve our ability to provide service referrals that will help clients meet their needs through "No Wrong Door."
 - Effective communication between front line staff in the HHS vertical will help us feel supported when dealing with a challenging client.
 - Improving our communication with clients will improve our sense of job satisfaction. We will feel more effective.
- 6. Closing: Reflection (feedback) and Inclusion of Items and Planning for Next Session. (5 minutes)**

Needed for Session IV:

Video: "Both Sides of the Desk" ©1992

**New York State Department of Social Services, Office of Minority Program
Development
Genuineness Handout
Feedback Form
The Other Side of the Desk**

**Nassau County Health & Human Services
Quality Team**

**Session IV Handout
Genuineness**

While the word genuine usually describes a person who is truthful, honest, and sincere, sometimes in the helping relationship complete truthfulness and honesty may not be helpful to the client because it could block further communication. Thus, the term “facilitative genuineness” is used to describe a worker’s demeanor and approach to the client that is more appropriate to the setting. **Facilitative Genuineness** is one of the three core conditions, along with respect and empathy, necessary for development of a helping relationship.

Facilitative Genuineness:

- Reduces the emotional distance between client and worker helping the client identify the worker as a human being like him or herself;
- Involves meaning what one says and saying what one feels, while keeping in mind the need to be helpful to the client;
- Involves workers relating nonabrasively despite any negative feelings toward the client and focusing on the client’s needs and experiences rather than on their own;
- Is perhaps the most crucial element in influencing the client’s trust and cooperation;
- Can encourage the client to explore behaviors, thoughts, feelings, and situations necessary for constructive problem solving.

Several ingredients are essential to communicating facilitative genuineness:

Being you: Not changing significantly when interacting with different clients or different situations; not acting out a role, (such as that of “professional social worker”) and not assuming an “objective, reserved, even distant” façade because one thinks that is how a worker should act.

Having congruence: One’s non-verbal behaviors, (i.e. tone of voice, facial expressions, body posture, and eye contact), agree with one’s verbal message. When a discrepancy exists between words and actions, it is the nonverbal message that is most believed. It also means that sometimes one will need to acknowledge negative feelings about the client (or their situation) to oneself, rather than feign feelings. Sometimes these feelings may need to be expressed to the client as well.

Using nonverbal behaviors: Appropriately using such things as gestures, eye contact, nodding, smiling, and being alert to spacing, in an effort to be genuine with clients.

Being spontaneous: Expressing oneself naturally without contrived or artificial behaviors, using tact and openness, and being willing to be wrong. Spontaneity can be fully realized only when one has developed a degree of comfort and confidence in oneself and one’s job.

Being non-defensive: Suppressing the natural inclination to strike back when verbally attacked or physically threatened. Being aware of one’s own emotions and reactions; making conscious choices about how to respond based on what will best facilitate communication and develop a good relationship.

Using self-disclosure: sharing information about oneself, whether of a personal or demographic nature, positive or negative, whether related to the past, present or future.

**Nassau County Health & Human Services
Quality Team**

**Session IV Handout
Feedback Form**

	What verbal and nonverbal communication worked?	What verbal and nonverbal communication didn't work? Why?
Scenario One: Client who uses Sarcasm.		
Scenario Two: Confidentiality???		
Scenario three: Client under the influence.		
Scenario Four: Client with HIV		
Scenario Five: Client not using TA to pay the rent; facing eviction.		

**Nassau County Health & Human Services
Quality Team**

Session IV Handout

The Other Side of the Desk

Have you ever thought just a wee little bit,
Of how it would seem to be a misfit,
And how you would feel if you had to sit,
On the other side of the desk?

Have you ever looked at the man who seemed a bum,
As he sat before you nervous ...dumb...
And thought of the courage it took to come,
To the other side of the desk?

Have you thought to yourself, "It could be
If the good things of life has passed my by,
And maybe I'd bluster and maybe I'd lie,
From the other side of the desk?"

Did you make him feel he was full of greed,
Make him ashamed of his race or creed,
Or did you reach out to him in his need,
To the other side of the desk?

May God give us wisdom and lots of it,
And much compassion and plenty of grit,
So that we may be kinder to those who sit,
On the other side of the desk.

- Anonymous

**Nassau County Health and Human Services
Quality Team**

**Session V
Practicing “No Wrong Door”**

1. **Introductions (5 minutes)**
2. **Review of the Last Session: Thoughts, Comments, Feedback (10 minutes)**
3. **Learning Objective (5 minutes)**
 - For each of the Quality Teams to think about and apply the “No Wrong Door” concept of integrated services delivery.
4. **Group Interaction (60 minutes)**
 - Distribute the Case Scenario to all participants
 - Give the group an opportunity to review Part I of the scenario. Discuss related Process Questions and record responses onto newsprint.
 - Continue this process for Parts II and III of the Scenario.
 - Please note: As this scenario will elicit much dialogue, you may not be able to complete all three parts within the allotted 60 minutes.
5. **Summary and Preparation for Session VI (10 minutes)**
 - Distribute form “HHS Quality Team Case Conference” to each participant.
 - Discuss that this is an opportunity to apply ‘No Wrong Door’ to a case from the group.
 - Ask for a volunteer from the group to bring a challenging case to Session 6 with a completed form and a very brief (1 or 2 paragraphs) narrative.

Handout for Session V:

Three-part Case Scenario

**Nassau County Health & Human Services
Quality Team**

**Session V Handout
Case Scenario**

PART ONE

Sandra is currently 20 years of age. She was born to a single teen mother who was a known substance abuser. Throughout her childhood, Sandra's mother lived with multiple partners at many locations throughout Nassau County. During that time, there were several alleged incidents of child abuse that went unreported (denying food, locked in closet, physical violence, unsupervised).

As a child, Sandra attended a local Head Start Program. During that time, the staff observed that Sandra had limited socialization skills and developmentally was behind her peers. As she proceeded into public school, support staff at the school built a relationship with Sandra and her mother and better understood the family dynamics and her living situation. As a result, a CPS report was filed, founded and Sandra was removed from her home.

Sandra and her mother have limited family supports. There were allegations of Domestic Violence between her grandmother and mother, the grandfather is distant, her natural father unknown and an uncle unwilling to get involved. A foster home was identified with Mrs. R. Mrs. R is a 72 year-old married women with no children residing in her home. She is a certified foster home and had known Sandra for years prior.

At the age of 10, Sandra was placed with Mrs. R. and attended the local school district. Mrs. R. observed that Sandra had limited socialization skills, had a difficulty relating to her peers and building relationships, trust issues, lacked knowledge in hygiene and was in desperate need of primary health care. Sandra was tested by the public schools and placed in special education. As Sandra became older, she was challenged by non-acceptance of her peer network, separation issues, numerous conflicts with her mother and grandmother during visitation and limited extracurricular activities and exposures as Mrs. R did not drive.

Process Questions

- Where do you begin helping this family at this time? What are the presenting needs/issues?
- What do you see as strengths or resources of this family?
- What resources do you think need to be mobilized with and on behalf of Sandra and her family?
- What resources can your Department or Contract Agencies Provide?
- Service Gaps?

**Nassau County Health & Human Services
Quality Team**

**Session V Handout
Case Scenario**

PART TWO

As she proceeded in school, there were suspicions that she had fetal alcohol syndrome. Limited visitations were maintained with the grandmother and mother; however, all visitations with the mother ceased as her partner was an alleged substance abuser and often drove Sandra around under the influence of alcohol.

As Sandra became older, the challenges of adolescence tested her relationship with Mrs. R. She began cutting school and allegedly spent time with a group of older men who befriended high school girls in the community. During this time, her behavior became erratic, curfews missed, confrontational, etc. and Mrs. R's health diminished. Preventive services was brought in, however, the behavior did not change. A PINS petition was filed at the age of 15 and Sandra was placed at a residential program for a 30-day diagnostic.

Upon completion of the diagnostic, further placement was recommended and Sandra spent 18 months in a group home. While at the program, Sandra received counseling and diagnosed as bipolar. Medication was prescribed and administered. Sandra ran away from placement with her peers at the group home several times and was asked to leave. With little recourse and now over the age of 17, she then resided with her mother for a limited time prior to having a physical altercation with her.

Having left her mother, she sought refuge with her grandmother for a three-month period. Sandra reconnected to her old peer network, started conflicting with her grandmother, was sexually active and became pregnant. She was referred to a residential program for young mothers. While in placement there and pregnant, she went AWOL with the father of the baby and resided with the father's family members. The baby was born and she attended parenting classes to adapt to this new role as there was an active CPS case.

Process Questions

- Where do you begin helping this family at this time? What are the presenting needs/issues?
- What do you see as strengths or resources of this family?
- What resources do you think need to be mobilized with and on behalf of Sandra and her family?
- What resources can your Department or Contract Agencies Provide?
- Service Gaps?

**Nassau County Health & Human Services
Quality Team**

**Session V Handout
Case Scenario**

PART THREE

Approximately three months after the baby was born, allegations of child abuse were, once again, made and founded and the baby placed with a member of the father's family. Sandra and the father had limited education and little employability skills and experiences. As such They could not afford their own home and resided with a number of friends and acquaintances for approximately one year. During this time, Sandra (now approximately 20) developed a cocaine habit and was arrested for possession and incarcerated. Upon returning to the community, Sandra met another man and currently resides in his home with his mother. Sandra stopped taking her medication, goes into episodes of anger and irrational behavior, inquires about assistance during these episodes and does not follow through.

Sandra has many attributes. Although she has been documented as developmentally delayed and bipolar, she presents herself well and is resilient. She is kind and compassionate, however, doesn't equate actions with consequences. She is affable with service providers she has encountered however has difficulty in "staying the course" of treatment.

Process Questions

- Where do you begin helping this family at this time? What are the presenting needs/issues?
- What do you see as strengths or resources of this family?
- What resources do you think need to be mobilized with and on behalf of Sandra and her family?
- What resources can your Department or Contract Agencies Provide?
- Service Gaps?

**Nassau County Health & Human Services
Quality Team**

**Session VI & Onward
Quality Team Case Conference**

- 1. Introductions (5 minutes)**
- 2. Review of the Last Session – Thoughts, Comments, Feedback (20 minutes)**
- 3. Learning Objectives (5 minutes)**
 - To apply the “No Wrong Door” concept of holistic service delivery to an HHS case scenario.
 - To assist a member of the Quality Team in learning about additional resources, alternatives and perspectives to help a client system.
- 4. Group Interaction (60 minutes)**
 - Distribute the completed Case scenario presented on the Quality Team Case Conference Form to all participants.
 - Give the group a few minutes to read the case form.
 - Ask the presenter of the case scenario to summarize the practice situation.
 - Ask the group to respond with questions and suggestions.
 - Address some or all of the following questions through input from the group.
 - What do you see as strengths or resources of this family and/or individual?
 - Where do you begin helping this family and/or individual at this time? What are the presenting needs/issues?
 - What resources do you think need to be mobilized with and on behalf of this individual and/or family?
 - What resources can your Department or Contract Agencies provide?
 - Cultural Competency issues?
 - Service Gaps?

Handout for Session VI and Onward:

Quality Team Case Conference Form



Health & Human Services

1 West Street
Mineola, NY 11501
(516) 571-6060

Quality Team Case Conference

Presenting Department: _____ Date of Presentation _____

Phone No./E-Mail _____

Dates of Service: _____

Client Information: Gender: Male Female

Race/Ethnicity: White, Hispanic African American, Hispanic
 White, non Hispanic African American, non Hispanic
 Asian/Pacific Islander Native American/Alaskan Native
 Caribbean American Other (please specify)

Age _____

Partner Status: Single Married Divorced Widowed

Number of Dependent Children _____ Number of Non-dependent Children _____

Did he/she serve in the Armed Forces: Yes No

If yes, years served: _____ Type of Discharge: _____ VA Benefits, Monthly Amt. _____

Is the client a spouse of someone who served in the Armed Forces? Yes No

If yes, do they receive VA benefits? Yes No

Is the client eligible for or receiving any public assistance/social security benefit?
 Yes No

If yes, please specify:

Address: village/city/only _____

Is the client employed? Yes No

If yes, please describe _____

County of Origin (if not U.S.) _____ Legal Status of citizenship of client & family members _____

Medical History:

Any known medical conditions _____ Yes _____ No

If yes, please describe _____

Brief family history:

Presenting Issues: Please check *all* that apply:
____ Health ____ Housing ____ Substance Abuse ____ Insurance ____ Youth & Family Services
____ Mental Health ____ Domestic Violence ____ CPS Involvement

Other

Please comment on the individual's and/or family's strengths

HISTORY OF SERVICES RENDERED:

Please list current or past services rendered by a County Department or local community-based organization.

County Dept.	Type of Service:	Approximate dates of service:
_____	_____	_____
_____	_____	_____
_____	_____	_____
Community Organization:	Type of Service:	Approximate dates of service:
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMENTS:

Please list any additional and/or relevant information (including service gaps) below:

47271
Rev. 10/05

CERTIFICATE OF COMPLETION

This certificate is awarded to



***In recognition of successful completion of the
Nassau County Health and Human Services
“No Wrong Door” Quality Team Program***

JULY 2006

Mary Curtis, Deputy County Executive HHS Vertical

Louise Skolnik, Director of Human Services HHS Vertical

Nassau County Health and Human Services

**No Wrong Door
Staff Development Initiative**

Case of the Week



Health & Human Services
1 West Street
Mineola, NY 11501
(516) 571-6060

**“No Wrong Door” Initiative
Case of the Week**

Presenting Department: _____ Date of Presentation _____

Phone No./E-Mail _____

Dates of Service: _____

Client Information: Gender: Male Female

Race/Ethnicity:	<input type="checkbox"/> White, Hispanic	<input type="checkbox"/> African American, Hispanic
	<input type="checkbox"/> White, non Hispanic	<input type="checkbox"/> African American, non Hispanic
	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American/Alaskan Native
	<input type="checkbox"/> Caribbean American	<input type="checkbox"/> Other (please specify)

Age _____

Partner Status: Single Married Divorced Widowed

Number of Dependent Children _____ Number of Non-dependent Children _____

Did he/she serve in the Armed Forces: Yes No

If yes, years served: _____ Type of Discharge: _____ VA Benefits, Monthly Amt. _____

Is the client a spouse of someone who served in the Armed Forces? Yes No

If yes, do they receive VA benefits? Yes No

Is the client eligible for or receiving any public assistance/social security benefit?
 Yes No

If yes, please specify:

Address: village/city/only _____

Is the client employed? Yes No

If yes, please describe _____

County of Origin (if not U.S.) _____ Legal Status of citizenship of client & family members _____

Medical History:

Any known medical conditions _____ Yes _____ No

If yes, please describe _____

Brief family history:

Presenting Issues: Please check *all* that apply:
____ Health ____ Housing ____ Substance Abuse ____ Insurance ____ Youth & Family Services
____ Mental Health ____ Domestic Violence ____ CPS Involvement

Other

Please comment on the individual's and/or family's strengths

HISTORY OF SERVICES RENDERED:

Please list current or past services rendered by a County Department or local community-based organization.

County Dept.	Type of Service:	Approximate dates of service:
_____	_____	_____
_____	_____	_____
_____	_____	_____
Community Organization:	Type of Service:	Approximate dates of service:
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMENTS:

Please list any additional and/or relevant information (including service gaps) below:

47271
Rev. 10/05

CASE OF THE WEEK UPDATE

CASE # _____

DATE OF ORIGINAL PRESENTATION _____

DATE OF UPDATE _____

PRESENTING AGENCY _____

STAFF MEMBER _____

FOLLOW-UP/ISSUES RESOLVED:

1. _____

2. _____

3. _____

UNRESOLVED ISSUES/SERVICE GAPS:

1. _____

2. _____

3. _____

