

# Incorporating ROMA Service Delivery At Your CAA

## A Case Study of the Nevada Service Delivery System

Developed in Partnership by the  
© The Center for Applied Management Practices  
Nevada Department of Health and Human Services  
Nevada Community Action Association  
March 2017

Regions 8 and 10 Community Action Conference  
Holiday Inn Fargo, Fargo, North Dakota  
10:15-11:45 PM-May 17, 2017

# Background

- It has taken several years of development to define what is known as the Nevada Service Delivery System. This overview reflects discussions with key stakeholders, analysis of client level data, observations of practitioners and at its foundation, and the application of ROMA principles and practices.

# Terminology

For brevity and consistency the following terms are used:

- Case Worker-Used to denote any agency staff.
- Client-Any person receiving services used in lieu of other terms such as customer and consumer.
- Person or Individual-Used interchangeably depending on the context.
- Family or Head of Household-Used interchangeably depending on the context.

# When Does a Person/Family Seeking Services Become a Client?

Central to any delivery system and subsequent measurement of service delivery is to define a client. The Carter-Richmond Methodology asks, “When does a person become a client?” Without a formal definition of a client, it is not possible to answer four fundamental questions that all agencies need to answer:

- How many clients are you serving (unduplicated)?
- Who are they?
- What services do you give them?
- What happens to the client as a result of the service?

# Who is A Client in Nevada?

Three conditions define a client in Nevada:

- The person has been administered an Intake which collects demographic data.
- The person has been administered the NV Primary Assessment consisting of the 12 well-being scales to determine need.
- The person receives a service from either the agency directly or from a referral agency.

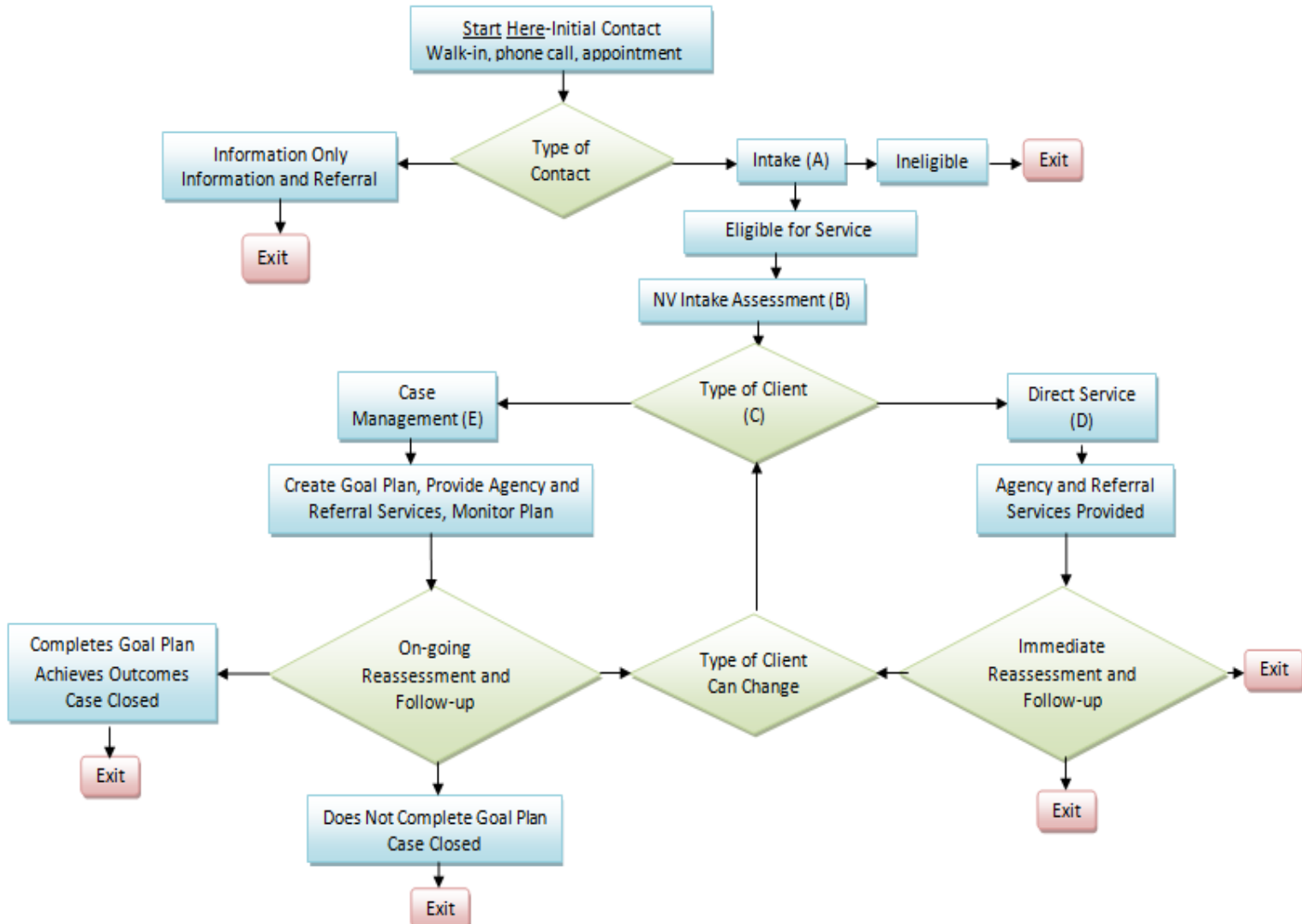
# What Happens When a Person/Family Seeks Services from Your Agency?

- Scenario One: The person has initial contact by a phone call, walk-in or appointment; has a discussion with agency staff, may receive some information and/or a referral and it is determined that the person's needs cannot be met by the agency. The person goes elsewhere for services. This person is not a client.

# What Happens When a Person/Family Seeks Services from Your Agency?

- Scenario Two: The person has initial contact by a phone call, walk-in or appointment; has a discussion with agency staff, and it is determined that the person's needs may be met by the agency. The person then begins the process of becoming a client and an Intake is administered. (A)

# Nevada Client Flow Chart





# Intake-(A)-Collecting Demographic Data

## Collect For All Persons in the Household

- Gender
- Age
- Ethnicity
- Race
- Education Level of Adults
- Health Insurance
- Disabled

## Collect For The Family/Household

- Family Size
- Source of Family Income-See below
- Housing

# Intake-(A)-Assigning a Client to a Program

- A requirement is that a client is “assigned” to one or more programs offered by the agency. As part of the Intake process, enter the prospective client into one or more programs offered by the agency. The programs can be found in the Agency Program box on the Intake screen. Case Management and Application Assistance are considered programs.

# Intake-A-Entering Source of Family Income (SOI) Data

- As part of the Intake process, it is required that Source of Family Income data be collected. This is accomplished using the SOI Budget function located on the Tab Bar. The type and amount of income when entered into the appropriate fields, automatically calculates the percentage of poverty which determines eligibility for services.
- If the percentage of poverty calculation is less than 125% of poverty, the individual/family is eligible for CSBG funded services. If the percentage of poverty calculation exceeds 125% of poverty, the individual/family is not eligible for CSBG funded services.

# NV Intake Assessment-(B)

- The NV Service Delivery system is needs based. Services are provided to persons based on their needs.
- The NV Intake Assessment comprised of 12 well-being scales was developed to measure need. It is from an analysis of assessment responses that determines need and what services are provided.

# What Is Well-Being?

- “Well-being is a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going well. Life satisfaction or well-being is dependent more closely on the availability of basic needs being met (food, shelter, income, housing, utilities and employment. Tracking these conditions is important for public policy.”

# What Is Well-Being?

- Paid employment is critical to the well-being of individuals by conferring direct access to resources, as well as fostering satisfaction, meaning and purpose for some. Unemployment negatively affects well-being, both in the short- and long-term.”
- The indicators of well-being found in the NV Intake Assessment are similar to those identified by The Centers for Disease Control and Prevention: food, employment, housing, etc.

# The Nevada Intake Assessment Scales

The NV Intake Assessment's 12 scales assess fundamental measures of well-being including:

- Ancillary Services
- Early Childhood Education
- Education-Adults/Youth
- Employment
- Energy
- Food and Nutrition
- Health Insurance-Adults
- Health Insurance-Children
- Household Budgeting
- Housing
- Primary Health Care
- Transportation

# Scale Composition

- Well-being is measured using a scale. A scale administered properly can be used to measure incremental change on the continuum of well-being as illustrated below.
- The five benchmarks reflect the well-being continuum used in the NV Service Delivery Model. Each benchmark has an associated outcome statement along the well-being continuum.



# Assessment Scale

Benchmarks	Food and Nutrition	Score
Thriving	Able to afford any food choices without food programs	10
Safe	Able to afford most food choices without food programs	8
Stable	Able to obtain basic food through enrollment or re-enrollment in SNAP, WIC or participation in other public food programs	6
	<b>Prevention Line</b>	
Vulnerable	Has SNAP, WIC or other public food programs; needs to reapply to continue benefits	4
	Unable to afford food; uses a food bank, pantry or vouchers	3
In-Crisis	Unable to afford or obtain sufficient food	1

- Benchmarks above the Prevention Line, Stable, Safe and Thriving are considered indicators of independence or self-sufficiency.
- Benchmarks below the Prevention Line, Vulnerable and In-Crisis are considered indicators of dependence.
- The goal for each client is to achieve and/or maintain placement above the Prevention Line indicating a measure of independence.

# Administering the NV Intake Assessment-(B)

- The NV Intake Assessment is only administered to the person expected to receive the service, not additional members of the family. If it is expected that another family member will also be provided a service, the NV Intake Assessment should also be administered to that person as well.
- To begin, the client is asked to identify the statement in each of the 12 scales that best represents their present situation.

# The Initial or Baseline Assessment-(B)

- The first time the NV Intake Assessment is administered is the baseline. The baseline is the initial placement on the 12 well-being scales and is the starting point from which any change can be measured. Placement in a benchmark provides agency staff with guidance when an intervention or service may be provided as illustrated below on the next slide.

# Guidance When an Intervention or Service May Be Provided

Thriving	No intervention Needed
Safe	No intervention Needed
Stable	Intervention To Be Determined
Prevention Line	Prevention Line
Vulnerable	Intervention Needed
In-Crisis	Intervention Needed

# Matrix

- Analyzing initial placement on a scale by reviewing the selected outcome statement and its associated benchmark determines if a service is to be provided. If more than one scale is analyzed, it becomes a matrix (scales side-by-side) which provides a comprehensive picture of need and can be used to determine priority of services.

# Matrix

- The importance of administering this initial assessment cannot be overemphasized. Any change experienced by the client as a result of the agency's services will be compared against this baseline. On an individual basis, this measurement can be used to show client progress in achieving goals, stabilizing, maintaining stability or moving higher on the continuum.
- Measuring change against the baseline can be used to demonstrate stability or individual progress in achieving an outcome.

# Matrix



# Direct Service or Front Line Staff Are Important to the Process

- There is an organic link between the data the client provides, how that data is recorded by agency staff and the information that is produced. There is a difference between data and information. Data is unorganized facts and is the building blocks for something else. That something else is information which is the processing, organizing and analysis of data making it useful and a context for other functions such as planning, evaluation, resource allocation, decision making, etc.
- To paraphrase Peter Drucker, “The nonprofit organization must be information-based. Information must flow from the individuals doing the work to the board and management, and it must flow back as well.” This also applies to social service agencies in local government.



# Front Line Staff

- The front line worker is responsible for collecting accurate and complete data in a timely manner. The two biggest deficiencies in most data collection efforts are that data collection is incomplete and data is not collected and/or entered in a timely manner. The implications for this are obvious.
- Front line staff do not work independently. The supportive role of supervisors and managers to monitor data collection and provide training is essential. Agencies need to have formal procedures and monitor the service delivery model to ensure the accuracy, completeness and timeliness of the data collection process.

# Type of Clients-(C)

There are two types of clients provided services in the NV Service Delivery System:

- Direct Service Clients
- Case Management Clients

# Direct Service Clients (D)

- These are clients who have an immediate need and come to the agency for a single service or multiple services that can be addressed with agency resources. There is no expectation that providing the service(s) will change the customer's status. The service may avoid a crisis, or provide sufficient assistance to help the client out of a crisis situation. These services can be characterized as prevention services as they maintain a client's stability above the Prevention Line or move the client to Stability. **Provision of services to the Direct Service clients does not require a Goal Plan.**

# Providing Services to Direct Service Clients-D

- In eLogic, after the initial NV Intake Assessment is administered, the baseline placement is displayed on the screen and agency staff can select from the agency provided direct service(s) or referral(s) that have previously been identified in the agency's data model. When a service is selected, it is automatically associated to the need.

# Providing Services to Direct Service Clients-Immediate Reassessment-D

- In order to document or record the outcome, agency staff must immediately reassess the client on the exact same scale that was used for the initial assessment. This is referred to as a “quick service” and ensures documentation of the outcome. If more than one scale is used, all scales must be similarly reassessed. A Goal Plan is not needed for provision of direct or quick services and it is not encouraged to create one.

# Quick Service and Reassessment

- Within each agency's data model organized by Domain are a range of services that resolve an immediate need to those that address a long term need. Follow-up and reassessment are necessary practices to ensure that the service resolved the need and had a measureable impact or resulted in a positive outcome.
- When a need can be resolved at the same time that the service was provided, it is also referred to as a "Quick Service". This can be applied to both Direct and Case Management clients.
- For example, if the client received a food voucher, agency staff would reassess using the Food and Nutrition scale at the same time the service was provided. Similarly, if at the same time a utility payment was made, agency staff would immediately reassess using the Energy scale.

# Quick Service Scales

Each of the 12 NV Intake Assessment Scales have Quick Services as described in the previous slide and long term services requiring longer term follow-up. For example, while most food and energy services are Quick Service, a client enrolled in an employment program would likely receive multiple services requiring longer term follow-up and multiple reassessments.

The majority of Quick Services are associated with six assessment scales and have this feature built into the software:

- Ancillary Services
- Energy
- Food and Nutrition
- Household Budgeting
- Housing
- Transportation

# NV Intake Reassessment

- A Direct Service client should be reassessed on the entire NV Intake Assessment every six months. If the person does not come back for services within the six month timeframe, once they return for services, they should be immediately reassessed using all 12 scales of the NV Intake Assessment.



# Case Management Clients (E)

- These are clients who come to the agency with multiple needs which can best be addressed with a formal Goal Plan. The Goal Plan supports management of multiple services within the agency and from referral agencies. It is expected that these clients will achieve a change in their status achieving stabilization and movement towards self-sufficiency.

# Providing Services to Case Management Clients-(E)

- It is the decision of the agency to determine if the client could best benefit with a case managed approach. The difference between a Direct Service client and a Case Managed client is the development and use of a Goal Plan that organizes the services with clear and measureable goals and objectives with a starting and end point. Services are linked to the Goal Plan which has short and long term goals negotiated between the client and the agency.

# Overall Expected Outcomes for Clients

- The goal and expected outcomes of case managed clients is to achieve a significant change in their status.
- The goal and expected outcomes of direct service clients is to maintain stability.

# Reassessment of Case Managed Clients-(E)

- Case Management requires follow-up. A properly designed and executed Goal Plan provides for routine follow-up and reassessment to determine if goals and objectives are met and outcomes achieved. For both a direct service and referral in a case-managed client, follow-up determines if the service was actually provided and if the outcome was achieved. Ultimately follow-up determines if the case-managed client's status has changed by measuring movement along the stability/self-sufficiency continuum.

# Client Flow Poster

Intake



- Section G-Determines Eligibility
- Identify enrollment in one or more programs



NV Intake Assessment

- Determines a Case Management or Direct Service Client

<p><b>Case Management</b></p> <ul style="list-style-type: none"> <li>• Create Goal Plan</li> <li>• Provide service(s)</li> <li>• Monitor Plan</li> <li>• Reassess as identified on plan and no longer than 90 days out</li> </ul>	<p><b>Direct Service</b></p> <ul style="list-style-type: none"> <li>• Provide service(s)</li> <li>• Immediate Reassessment</li> </ul>
<p><b>Case Management Clients</b></p> <ul style="list-style-type: none"> <li>• Come to the agency with multiple needs</li> <li>• May receive multiple services</li> <li>• Have a defined Goal Plan</li> <li>• Are actively managed</li> </ul> <p>It is expected that case management clients will achieve a change in their status achieving stabilization and movement towards self-sufficiency.</p>	<p><b>Direct Service Clients</b></p> <ul style="list-style-type: none"> <li>• Come to the agency for a single service or multiple services</li> <li>• Have an immediate need that can be addressed with agency resources</li> <li>• Do not have or need a goal plan</li> </ul> <p>The service may avoid a crisis, or provide sufficient assistance to help the direct service client out of a crisis situation. There is no expectation that providing the service(s) will change the client's status.</p>



**Client Exits**  
Achieves Goals-Improves Status



**Client Exits**  
Maintains Stability