CASE CONFERENCE INFORMATION

Case conferencing is a community process that ensures coordination, collaboration and planning amongst services providers with the individual/family. This summary is intended as a tool to assist with case conferencing. The purpose of calling a case conference is varied and **any staff involved should call a Case Conference to ensure community collaboration when:**

- community agencies supporting an individual/family need to communicate and coordinate services to maximize supports and identify opportunities for collaboration
- the individual/family's needs have changed - further coordination/supports are needed
- changes/transitions are anticipated and sound advance planning is required
- the individual is at the 'emergent' or 'urgent' priority level – plan to reduce risk
- Case Resolution is considered, a Pre-Resolution Case Conference is required to reduce risk and ensure services and processes have been exhausted
- the individual's outcomes of previously established support plans need to be reviewed

Preparation for a Case Conference – plan ahead!

- Plan ahead and create an **agenda**; have a clear purpose for the meeting
- Set a date, time and location; identify who will **Chair** and who will take **Minutes**
- Invite individual/family, community service providers involved with the individual, potential new service providers, other players as appropriate (e.g., managers when a case is emergent/urgent and there is a potential of requiring Case Resolution)
- Have the family articulate what they identify as being needed and be prepared to speak to this, or have the family speak to it, at the meeting
- Ensure a **Consent** Form has been signed by the individual/family for information sharing with all agencies invited to attend the Case Conference
- Prepare a one page summary to assist you with a concise discussion of what is needed and the present issues (consider distributing at the meeting):
    - Strengths and challenges; any immediate health and safety risks
    - Current situation: family, academic/vocational, living
    - Services involved and goals of support/treatment
    - What support/services have been successful/unsuccessful
    - What other options need to be considered

Case Conference Meeting (plan for 1 – 1 ½ hours for a case conference – no longer!)

- 15 minutes prior to the meeting, meet with the individual/family to put them at ease; ask again if they would feel comfortable to talk about their situation
- **Present briefly** the purpose of the meeting and the summary of information you have prepared: begin with the strengths of the individual/family to focus on what can be built upon and make the individual/ family more comfortable
- Support the individual/family throughout; encourage them to speak if they wish
- Discuss how to improve service coordination, additional supports needed, what plans need to be developed; **problem solve creative solutions**
- Identify an **action plan** – who is going to do what, timelines
- Set another Case Conference date before adjourning, if appropriate

Case Conference Follow-up:

- Follow-up on any actions
- Continue to coordinate with service providers and individual/family
- Distribute minutes of the case conference within 1 week of meeting

CASE CONFERENCE CHECKLIST TOOL

PREPARATION AND TASKS

(Based on the Brant County Health Unit's tool)

Inform family of purpose and function of meeting	❑ review with family their needs, goals, strengths, and resources as per assessment ❑ identify with the family who and what would be most useful in assisting them with attaining their goals ❑ introduce case conference/service coordination meeting process as an opportunity to bring together the resources that would be most useful at this time, in order to coordinate how each will be involved ❑ provide family with information re the goal of meeting is coordination of services ❑ discuss meeting process: strengths and resources of the family, families' goals, the services role in supporting and working with the family (when, where, who), how the resources will work together, communication process ❑ identify strengths and goals that family would like discussed at meeting ❑ identify with family who they want to attend the meeting (formal/informal supports) ❑ discuss and complete Consent for release and sharing of information ❑ identify time and place re: hosting meeting
Inviting service participants	❑ inform of purpose and function of meeting, which is family focused and strength-based service planning ❑ identify goals that participant may currently be working on with family ❑ describe participant's role at meeting ❑ documentation re: releases of information and service coordination plan ❑ confirm time, place, and their attendance
Meeting preparation	❑ confirm time and place with participants ❑ email/mail out agenda for meeting ❑ prepare materials: summary of what you will present; will you want markers, flip chart, business cards? ❑ identify who will Chair and take Minutes
Meeting	❑ facilitate/chair meeting ❑ introductions and purpose ❑ set ground rules: family-focused, strength-based, problem-solving, brainstorming, coordinating, planning, confidentiality ❑ confirm the recorder for minutes; inform that copies will be provided with consent ❑ start with goals identified, identify family strengths and resources, brainstorm re: additional resources to assist with goal attainment, who, what, when, where, and how long ❑ involve family: enlist their input (advocate) ❑ reach consensus ❑ identify any new goals for discussion ❑ clarify on-going communication process ❑ identify a safety/crisis plan, if appropriate ❑ identify ongoing "lead" case manager/coordinator (if transfer, identify who, when, how, confirm family agreement) ❑ set next meeting time and place

Follow-up	❑ visit family, phone contact ❑ assess strategies, problem-solve alternatives, look at options, validate and acknowledge growth and differences ❑ redirect family to speak with service providers re: issues, concerns, changes ❑ ongoing communication with service providers to focus, redirect, evaluate progress ❑ identify ongoing needs ❑ identify any changes in staff, family contact information in a timely manner to other service providers
Discharge	❑ plan for discharge with family and other service providers ❑ review with family, identify supports available currently or in future, how to recognize when to call in future, follow-up letters to family and service providers ❑ When Service Provider's role is complete: service providers and family are in agreement, discussed and planned at a service coordination meeting