NEW YORK STATE
PROMOTING THE READINESS OF MINORS IN SUPPLEMENTAL SECURITY INCOME

LEARNING COMMUNITY GROUP CONCEPT MAPPING
Fall 2016: Case Manager Experience

FINAL REPORT

Prepared for
Cornell University School of Industrial and Labor Relations
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The NYS Office of Mental Health
&
The Research Foundation for Mental Hygiene, Inc.

by
Concept Systems, Incorporated

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This Report was prepared for NYS PROMISE by Concept Systems, Incorporated.
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EXECUTIVE SUMMARY

Beginning in 2014, the Federal Government provided funding to New York State as part of an initiative to improve services that lead to sustainable outcomes for youth receiving Supplemental Security Income (SSI) benefits. As part of the NYS PROMISE initiative, Concept Systems, Inc. worked with the Learning Community to develop learning needs frameworks using the Group Concept Mapping methodology (GCM). The GCM projects gather, aggregates, and integrate the specific knowledge and opinions of the Learning Community members. This allows for their guidance and involvement in supporting NYS PROMISE as a viable community of practice. This work also increases the responsiveness of NYS PROMISE to the Learning Community members’ needs by inspiring discussion during the semi-annual in-person meetings.

As of the end of year three, three GCM projects have been completed with the PROMISE Learning Community. These projects focused on Outreach and Recruitment Project 1), Case Management and Service Delivery (Project 2), and Case Manager Experience (Project 3). This report discusses the data collection method and participation in the Case Manager Experience GCM project, as well as providing graphics, statistical reports, and a summary of the analysis. In November 2016, the Learning Community used the Case Manager Experience map (Figure 1) as the foundation for a discussions regarding enrollments of youth receiving SSI.

![Figure 1: Labeled Project 3 Cluster Map](image)

These overarching themes, comprised of statements developed by Learning Community members who focus on case management, allow for a more in depth look into the needs and knowledge of their specific experience within the NYS PROMISE initiative. After the Case Managers and Family Coaches completed the focus prompts for each project, they were asked to review the unique statements collected and sort them conceptually based upon their personal perception. This data developed the conceptual frameworks. Those Learning Community members with case management focus were also asked to rate the statements collected during both projects on Relative Importance and Feasibility. By overlaying the ratings data upon the conceptual framework, those involved in NYS PROMISE have been able to understand and learn from the knowledge of those involved in case management.
GENERAL INTRODUCTION

NYS PROMISE has activated parent centers, local service providers, and delivery systems (schools) from three locales (Capital Region, Western New York, and New York City) to form a Learning Community. The Group Concept Mapping work with the Learning Community gathers, aggregates, and integrates the specific knowledge and opinions of the Learning Community members on a topic of importance to the program. The goal of this work is to gain the Learning Community members’ guidance and involvement in supporting NYS PROMISE as a viable community of practice and to increase the responsiveness of NYS PROMISE to the Learning Community members’ needs. The desired outcome of NYS PROMISE is to lay the groundwork for sustainable transition of students who receive Supplemental Security Income (SSI) benefits.

The Project 3 GCM work was supported by members of the NYS PROMISE Core Team from the Cornell University School of Industrial and Labor Relations K. Lisa Yang and Hock E. Tan Employment and Disability Institute, the NYS Office of Mental Health, & The Research Foundation for Mental Hygiene, Inc.

To accomplish the desired results, the Core Team used The Concept System® planning and facilitation methodology. Group Concept Mapping (GCM) is a mixed-methods approach that integrates qualitative group processes with multivariate statistical analyses to allow a group of individuals to describe its ideas on any topic of interest and represent these ideas through a series of related maps (Kane & Trochim, 2007). GCM is a type of structured conceptualization used by groups to develop a conceptual framework, often to help guide planning and evaluation efforts. Developed in the 1980s, the Group Concept Mapping methodology has been applied to various fields and contexts, including but not limited to community and public health, social work, health care, human services, and evaluation (Petrucci & Quinlan, 2007).

For our purposes, the GCM approach had several key advantages:
- It captures, organizes, and connects opinions from a group with diverse experiences and perspectives using internet-based participation to allow people to participate quickly and effectively during a short time frame;
- It connects the opinions and values of many people and presents the resulting complex data in simple, visual representations for ease in understanding and of use in planning, action, and measurement;
- It uses a structured approach to facilitate a group-oriented process while ensuring statistical rigor as a well-documented, well-established methodology.

GCM involves a structured, multi-step process. The first step requires participants to brainstorm a set of statements relevant to the topic of interest, usually in response to a focus prompt. Participants are then asked to individually sort these statements into piles based on their perceived similarity and rate each statement one or more dimensions. The data is then analyzed using The Concept System® Global MAX™ software to create a series of interrelated maps using multidimensional scaling of the sorting data, hierarchical clustering of the multidimensional scaling coordinates applying Ward’s method, and the computation of average ratings for each statement and cluster of statements (Rosas & Camphausen, 2007). Participants can then use these maps as a basis for further discussion and a framework for recommendations and action planning. The entire process is driven by the participants themselves, ranging from the initial brainstorming, to the eventual identification and naming of clusters, to the interpretation and analysis of these maps.
PROJECT DESIGN AND METHODOLOGY: PROJECT 3

The Core Team, with guidance from Concept Systems, Inc., developed a focus prompt to stimulate discussion and meaningful input from Learning Community members involved in case management during the NYS PROMISE initiative. This project took place during the Late Summer and Fall of 2016.

Those involved in case management were asked to reflect on and share their daily case management experiences that may pose challenges or help resolve barriers to successful youth and family outcomes.

Each participant was asked to complete this prompt with as many ideas as occurred to them:
“For me to be effective in my job as a NYS PROMISE case manager for family coach, I need to be aware of, know or be able to do...”

Contributing Content: Brainstorming and Idea Synthesis

A subset of around seventy Learning Community members involved in case management were provided with a web address for a project-specific website to submit their ideas online. This process involved logging-in to the site anonymously. No content was associated with any particular contributor or organization. There were 47 anonymous log-ins to the project website, and a total of 130 statements were generated between July 6, 2016 and July 29, 2016.

These 130 statements were reviewed by Core Team members and staff from Concept Systems, Inc. The group conducted idea synthesis, a structured content analysis and editing process, to reduce the number of statements to a manageable number for participants to sort and rate. This process also ensured that one idea is represented in each statement and each statement is unique. The statements were reviewed and refined to ensure that the final set of statements was consistent in terms of breadth and diversity of content. Appendix I includes the final list of 87 statements which resulted from this process. A pooled analysis of GCM projects found a range of at minimum 45 project statements to a maximum of 132 (Rosas & Kane, 2012). Typically, 100 statements or fewer are considered appropriate for the sorting and rating tasks (Kane & Trochim, 2007).

Structuring the Ideas: Organizing Content and Value Ratings

Learning Community members were then invited to complete a conceptual sort of the 87 ideas, and to rate each idea on Importance and Feasibility. A total of 24 participants completed the conceptual sorting of ideas, which is very close to the 25-35 sort benchmark for producing reliable results in Group Concept Mapping studies (Rosas & Kane, 2012). 17 participants contributed their input on the Importance rating and 22 participants contributed their input on the Feasibility rating. Concept Systems, Inc. provided consulting assistance while the Cornell ILR Team facilitated the invitation process. Overall, 26 participants participated in one or more steps in this phase of data collection.

Sorting. In the sorting task, participants were asked to sort the final list of 87 ideas into groups or themes based on their perceived similarity. Learning Community members were asked to complete this task between August 29, 2016 and September 23, 2016.
Rating. Participants were asked to rate each of the final 87 ideas. Learning Community members were asked to complete this task between August 29, 2016 and September 23, 2016. Participants were asked to rate along two dimensions similar to those used previously in the Fall 2014 and Spring of 2015.

In the Importance rating, participants were asked to rate each statement based on its relative importance as part of effective case management and service delivery for PROMISE where: 1= Not important; 2= Relatively unimportant; 3= Somewhat important; and 4= Important. In the Feasibility rating, participants were asked to rate each statement based on how feasible it is as part of effective case management and service delivery for PROMISE where: 1= Not feasible, barrier; 2= Somewhat feasible, some obstacles; 3= Feasible, but not in practice; and 4= Very feasible, already in practice.

Participant Demographics

The participants also answered respondent questions when they completed the sorting and rating activities. Participants were asked to contribute their Region, Role in NYS PROMISE, Percentage of time spent on NYS PROMISE, and how many years they have worked in the transition area. Figure 2 below shows that more participants were from the New York City region, while almost half of participants were from the other two PROMISE regions.

![Figure 2: Project 3 Participants by Region](image)

Figure 3 below shows that most participants involved in NYS PROMISE identify as case managers, with 19% identifying as Family Coaches. One participant identified as both and one identified as a Program Director.

![Figure 3: Project 3 Learning Community Members’ Role in NYS PROMISE](image)
The majority of participants (20 of 26) have allocated 100% of their work time to NYS PROMISE. Of participants who identified as family coaches, all have 100% of their work time dedicated to NYS PROMISE. Only 4 of 26 respondents reported allocating less than 50% of their work time to NYS PROMISE. For time working in the Transition field, the range was 1 to 30 years with an average of 6.27 years. 17 of 26 had less than 5 years of experience, while 6 of 26 had 10 or more years of experience in the Transition field.

**Computing the Maps**

The Concept System® software uses multi-dimensional scaling and hierarchical cluster analysis to integrate the sorting information from each individual, convert that qualitative information to quantitative data, and develop a series of easily readable concept maps and reports. These maps show the perspective of the entire group of participants, as well as subgroups based on demographic data. In effect, The Concept System® results represent the unique perspectives of a diverse group of individuals, preserve the best thinking of each individual, and integrate the individual detail to produce a coherent picture of the entire group.

The analysis uses the sort information to construct an N x N binary matrix of similarities, using the results from all sorting activity participants. In this case, an 87 x 87 binary square similarity matrix (rows and columns representing the statements) was created for each participant. Cell values represent whether or not (1 or 0) the participant sorted statements into the same pile. All individual sort matrices are summed to create a single similarity matrix representing how the participant group as a whole sorted the statements. The aggregated similarity matrix is analyzed using a multivariate statistical analysis called non-metric multi-dimensional scaling analysis with a two-dimensional solution (Rosas & Camphausen, 2007). The two-dimensional solution yields a configuration in which statements grouped together most often according to participants' combined sorting data are located closer to one another in two-dimensional space than those grouped together less frequently.

The x-y coordinate data resulting from the multi-dimensional scaling analysis is the input for the hierarchical cluster analysis. Ward’s algorithm is applied as the basis for defining the clusters, partitioning the multi-dimensional scaling configuration into non-overlapping clusters (Everitt, Landau, & Leese, 2011). For this project, Concept Systems, Inc. worked with the Core Team to examine a range of possible cluster solutions suggested by the analysis, and determined the best fitting cluster solution taking into account the fit of the contents within the clusters, as well as the specific desired uses of the results.
PROJECT 3 CASE MANAGER EXPERIENCE: GCM RESULTS

In this section, we describe the output of Group Concept Mapping activities (brainstorming, sorting, and rating). The analysis results of that data are shown in Group Concept Maps, Pattern Matches and Go-Zones.

The GCM process produces a number of interrelated maps based on the same structure. The maps were compiled from participant perceptions collected through virtual group processes with computer technology and multivariate statistical techniques. These maps show what the group thinks and values in relation to a specific topic of interest.

Point and Cluster Maps
Maps were generated using the sorting data from all participants who took part in the sorting activity (n=24), describing the relationship among all 87 statements.

The standard maps are:
- The point map shows an array of each idea (87 statements) in two dimensional space based on the aggregate sorting data from each person, combined
- The point-cluster map illustrates the cluster (concept) array based on the location of the points (statements), overlaying the cluster solution on the point map
- The cluster map with labels describes the cluster map with conceptual titles derived from participants’ sort input.

Each map provides a different perspective on the data. The point map, shown in Figure 4 below, shows each of the original brainstormed ideas in spatial relationship to every other idea, where distance and proximity have meaning. Statements that appear closer together were sorted together more frequently by participants and statements that are further apart were sorted together less frequently or not at all.

Figure 4: Project 3 Point Map, indicating the array of statements and their relationship to each other

For the point map, the multi-dimensional scaling analyses of the similarity matrix converged after 13 iterations, producing a final stress value of 0.2465. The stress value indicates the goodness of fit of the
two-dimensional configuration to the original similarity matrix. A lower stress value indicates a better fit and reflects a stronger relationship between the actual and optimal configurations. A stress value of 0.2465 is within range of previous meta-analyses of stress values across multiple group concept mapping studies, which found an average of 0.28 and a range of 0.17 to 0.34 (Rosas & Kane, 2012).

Figure 5 is the cluster point map generated by applying hierarchical cluster analysis to the point map. The cluster point map reveals how the statements are related to each other within emergent higher-level concepts. The cluster map view shows the categories that emerged based on sorting data from those involved in case management within the Learning Community. The seven cluster solution was selected after iterative analysis and Core Team review.

Figure 5: Project 3 Point Cluster Map, showing points within clusters

The sorting data from the Learning Community members suggested that seven categories or themes make up the framework for considering needs of NYS PROMISE Case Management and Service Delivery for youth receiving SSI. The name given to each cluster reflects the theme or topic expressed by the statements within that cluster. The Core Team discussed the array and relationship of cluster level concepts, and “regional” patterns as they emerged in the results.

Figure 6: Project 3 Labeled Case Manager Experience Cluster Map
PROJECT 3 PATTERN MATCH RESULTS

The rating data from the participants allows for additional analysis of the cluster map. Rating data is overlaid onto the concept map cluster structure to produce values data on each area of the map and to inform considerations of importance and feasibility, in this case.

Data displayed on a Pattern Match illustrates averages of the rated items, averaged within clusters by all rating participants in each conceptual grouping. The Pattern Match in Figure 7 below shows the absolute pattern match for all participants comparing average importance ratings and average feasibility ratings. Absolute pattern matches describe distinctions between the two variables by showing the comparison of ratings based upon the same scale. In this case, the overall correlation is .60, which indicates that participants’ perceptions of importance were somewhat well aligned with their perceptions of feasibility. We can visualize differences in values of clusters by examining Figure 7:

![Pattern Match Diagram](image)

**Figure 7: Project 3 Relative Pattern Match Comparing Importance and Feasibility:**
All Participants

To illustrate: On the left vertical axis (importance), the cluster “Professional Qualities and Attributes” is rated third least important. The right vertical axis (feasibility), shows this cluster’s average rating as the most feasible cluster on the map. This suggests that the items in “Professional Qualities and Attributes” need review to determine if the participants felt they were less important because they are already commonly in practice.

Participant’s answered non-identifying questions when completing the sorting and/or rating activities. With this information we are able to view the rating data by region.
Figure 8: Project 3 Average Importance by NYS PROMISE Region

Figure 8 notes the average importance ratings overall and by each region involved in NYS PROMISE for the statements in each cluster. These multiple pattern matches are graphic arrays of each subgroup’s ratings on cluster level, for visual comparison across the population of participants and represented interests. Each vertical is labeled to describe the population represented in its data, and the legends on the left margin and the right margin are color-coded to allow the reader to track the cluster position from left to right. Producing an array that describes different perspectives on the priorities allows observations and discussions on common values, but also may highlight some differences where regional teams can learn from one another that are not always evident. The regions’ average ratings for Feasibility are also compared in Figure 9 below.

Figure 9: Project 3 Average Feasibility Rating by NYS PROMISE Region
PROJECT 3 GO-ZONE RESULTS

After producing Pattern Matches, Group Concept Mapping reviews the ratings at the statement level using figures called Go-Zones. Go-Zones are bivariate X-Y plots that show the average ratings of each statement within each cluster by dividing above and below the mean for each scale (Kane & Trochim, 2007). Go-Zones show stakeholder values by statement, allowing for a more targeted understanding of the issue at hand. Group Concept Mapping results include Go-Zone analyses for each cluster represented on the map.

The clusters shown in the map and Pattern Match analyses enable decision makers to see the relationship and relative value of concepts at an organizational or strategic level. The Go-Zones enable planners to discuss and use tactical or objective level details within the conceptual constructs of the map.

In a Go-Zone analysis, statements in the upper right quadrant (in green) were rated higher than the mean for that grouping on both Importance and Feasibility ratings. In some initiatives, the items located in this area are items that may be the easiest to accomplish first. The opposite quadrant, the bottom left (in grey), contains items thought of as relatively low importance and relatively low feasibility, are the lesser “value” items in a particular conceptual area. These items may connect with items in other areas of the map and should be reviewed to determine whether other pieces need to be completed first. The lower right quadrant (in yellow), contains relatively important ideas that are not as feasible. This quadrant and the upper left quadrant (in orange) are “gap” areas for which a value imbalance exists. In an initiative intended to support meaningful change, the “gap” areas may have the greatest potential and are valuable for strategic decision making. Go-Zone analyses enable stakeholders to keep the larger conceptual view in mind, while returning to the detailed contents of each cluster to support decision-making. You’ll notice the high and low numbers that anchor the Go-Zones for each cluster stay the same, while the differences in the means from cluster to cluster are illustrated by the relocation of the dividing lines.
Figure 11: Project 3 Go-Zone Example “Provider Engagement” cluster

Figure 11, above, shows the Go-Zone for the “Provider Engagement” cluster. In the overall Pattern Match, this cluster was rated second highest in Importance but the fourth lowest in Feasibility. In the “Active Understanding” cluster, the overall Pattern Match showed this both highly important and highly feasible, therefore it can also be interesting to review the Go-Zone for this cluster.

Figure 12: Project 3 Go-Zone Example “Active Understanding” cluster

Appendix II shows all of the Importance/Feasibility Go-Zone analyses from the Case Manager Experience map. Appendix III shows Go-Zone analyses comparing those who are involved in PROMISE Full time to Part-time for all clusters and both ratings. Appendix IV show Go-Zone analyses by Region for both ratings in the clusters “Information Management & Structure” and “Provider Engagement.”
CONCLUSION

This report summarizes the activities of the Learning Community to define and prioritize elements of the case management experience within NYS PROMISE. Case management is a crucial part of the initiative, and therefore better understanding the experience and needs of those involved in case management. As the PROMISE program works toward fulfilling its objectives, engaging parents, providers, policy and research in the co-development of a system of transition for youth with disabilities, a better understanding of the case managers’/family coaches’ experience can accelerate progress and capacity building for greater impact.
BIBLIOGRAPHY


## APPENDIX I: PROJECT 3 STATEMENT LIST

<table>
<thead>
<tr>
<th>Statement #</th>
<th>Statement</th>
<th>Importance Average Rating</th>
<th>Feasibility Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster: Student and Family Focus Planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>assist families with self-advocacy skills when they are faced with challenges to disability rights.</td>
<td>3.71</td>
<td>3.55</td>
</tr>
<tr>
<td>10</td>
<td>using self-determination and motivational interviewing techniques to assist in setting priorities.</td>
<td>3.24</td>
<td>3.55</td>
</tr>
<tr>
<td>14</td>
<td>recognize critical touch points in a student's and family's life which require proactive supports.</td>
<td>3.65</td>
<td>3.45</td>
</tr>
<tr>
<td>15</td>
<td>support the development of student and families over time.</td>
<td>3.76</td>
<td>3.73</td>
</tr>
<tr>
<td>18</td>
<td>support development of individual service and support plans.</td>
<td>3.5</td>
<td>3.45</td>
</tr>
<tr>
<td>20</td>
<td>learn the needs of both students and families so as to be able to find the appropriate resources to assist.</td>
<td>3.94</td>
<td>3.67</td>
</tr>
<tr>
<td>26</td>
<td>the functional implications of disability on student and family engagement.</td>
<td>3.53</td>
<td>3.77</td>
</tr>
<tr>
<td>35</td>
<td>identify and integrate natural supports into service planning for students and families.</td>
<td>3.53</td>
<td>3.59</td>
</tr>
<tr>
<td>41</td>
<td>address very basic needs of students and families like food, clothing and shelter.</td>
<td>3.76</td>
<td>3.32</td>
</tr>
<tr>
<td>46</td>
<td>be aware of various obstacles in the local and regional context that students and families face in their individual lives.</td>
<td>3.47</td>
<td>3.59</td>
</tr>
<tr>
<td>47</td>
<td>help parents in seeing the potential of their student.</td>
<td>3.41</td>
<td>3.36</td>
</tr>
<tr>
<td>48</td>
<td>assist families with how they can become better at advocating for themselves and their children, learning how to navigate through the system.</td>
<td>3.71</td>
<td>3.68</td>
</tr>
<tr>
<td>50</td>
<td>identify incentives and motivators that trigger goal progress.</td>
<td>3.41</td>
<td>3.55</td>
</tr>
<tr>
<td>66</td>
<td>help students and families express and manage their frustration.</td>
<td>3.47</td>
<td>3.5</td>
</tr>
<tr>
<td>70</td>
<td>have more options for where case manager/family coach can meet with students and families.</td>
<td>3.24</td>
<td>3.23</td>
</tr>
<tr>
<td>81</td>
<td>develop individualized service plans based on student and family priorities.</td>
<td>3.53</td>
<td>3.41</td>
</tr>
<tr>
<td>Cluster: Active Understanding</td>
<td>3.68</td>
<td>3.66</td>
<td></td>
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<tr>
<td>------------------------------------------------------------------------------------------------</td>
<td>------</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>RANGE 3.24 to 3.94</td>
<td>RANGE 3.36 to 3.91</td>
<td></td>
</tr>
<tr>
<td>1. provide services and supports in a culturally and linguistically accessible way.</td>
<td>3.94</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>22. be aware of family dynamics in order to refer to the most appropriate agencies/services.</td>
<td>3.53</td>
<td>3.59</td>
<td></td>
</tr>
<tr>
<td>25. be aware of the impact of disability on family and caregivers.</td>
<td>3.71</td>
<td>3.59</td>
<td></td>
</tr>
<tr>
<td>30. the need to be flexible with students and families who are disengaged from mainstream services.</td>
<td>3.65</td>
<td>3.68</td>
<td></td>
</tr>
<tr>
<td>31. keeping an open and non-judgmental mind in relation to students and families negative reactions.</td>
<td>3.88</td>
<td>3.82</td>
<td></td>
</tr>
<tr>
<td>33. understand that people come from countless places and cultures with experiences that have taught and shaped them into the people they are now.</td>
<td>3.76</td>
<td>3.91</td>
<td></td>
</tr>
<tr>
<td>36. be aware of the range of cultural norms dealing with students and families from varying cultures.</td>
<td>3.71</td>
<td>3.68</td>
<td></td>
</tr>
<tr>
<td>45. understand the stages of change in regard to the student and families’ goals.</td>
<td>3.24</td>
<td>3.82</td>
<td></td>
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<tr>
<td>52. build and maintain relationships with students and families to support communication, clarity, and participation.</td>
<td>3.94</td>
<td>3.68</td>
<td></td>
</tr>
<tr>
<td>58. address barriers to specific student and family goals with those I work with.</td>
<td>3.41</td>
<td>3.64</td>
<td></td>
</tr>
<tr>
<td>61. be empathic to the unique needs of students and families.</td>
<td>3.76</td>
<td>3.73</td>
<td></td>
</tr>
<tr>
<td>62. the family dynamic and its impact on a student.</td>
<td>3.82</td>
<td>3.82</td>
<td></td>
</tr>
<tr>
<td>63. build trust with students and families.</td>
<td>3.94</td>
<td>3.82</td>
<td></td>
</tr>
<tr>
<td>68. invest time and effort to identify what motivates students and families.</td>
<td>3.59</td>
<td>3.64</td>
<td></td>
</tr>
<tr>
<td>69. meet families where they are most comfortable.</td>
<td>3.59</td>
<td>3.36</td>
<td></td>
</tr>
<tr>
<td>80. the broader environment or physical context's impact on students and families.</td>
<td>3.47</td>
<td>3.36</td>
<td></td>
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<table>
<thead>
<tr>
<th>Cluster: Professional Qualities and Attributes</th>
<th>3.44</th>
<th>3.71</th>
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<tr>
<td></td>
<td>RANGE 2.94 to 3.94</td>
<td>RANGE 3.55 to 3.86</td>
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<tr>
<td>3. understand the limits and boundaries of case manager/family coach services and supports when working with students and families.</td>
<td>3.35</td>
<td>3.59</td>
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<td></td>
<td>Description</td>
<td>Range</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>4</td>
<td>be cognizant that people will disagree with my opinions and accept that they have a differing view.</td>
<td>3.29</td>
</tr>
<tr>
<td>7</td>
<td>manage my own stress.</td>
<td>3.24</td>
</tr>
<tr>
<td>8</td>
<td>maintain a neutral view while still being sensitive to needs.</td>
<td>3.41</td>
</tr>
<tr>
<td>23</td>
<td>know when to step back and allow families to own their responsibilities.</td>
<td>3.29</td>
</tr>
<tr>
<td>38</td>
<td>follow through on commitments made.</td>
<td>3.94</td>
</tr>
<tr>
<td>42</td>
<td>know how to multi-task.</td>
<td>3.47</td>
</tr>
<tr>
<td>44</td>
<td>remember that the case manager/family coach is likely not a student's or family member's first priority.</td>
<td>2.94</td>
</tr>
<tr>
<td>65</td>
<td>understand the relationship of Maslow's Hierarchy of Needs to crisis management.</td>
<td>3.47</td>
</tr>
<tr>
<td>71</td>
<td>be creative in interacting and communicating with students and families.</td>
<td>3.35</td>
</tr>
<tr>
<td>72</td>
<td>be proactive in dealing with crises and issues that arise that could pose obstacles to effective outcomes.</td>
<td>3.65</td>
</tr>
<tr>
<td>75</td>
<td>know how to exercise patience and ongoing tenacity.</td>
<td>3.35</td>
</tr>
<tr>
<td>77</td>
<td>maintain student and family confidentiality.</td>
<td>3.88</td>
</tr>
<tr>
<td>85</td>
<td>be able think outside of the box, be creative.</td>
<td>3.29</td>
</tr>
<tr>
<td>87</td>
<td>provide flexibility in the times and locations for meeting with students and families.</td>
<td>3.59</td>
</tr>
</tbody>
</table>

**Cluster: Information Management and Structure**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Range</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>be able to complete everything that is required for centralized data reporting.</td>
<td>3.13</td>
<td>3.05</td>
</tr>
<tr>
<td>11</td>
<td>obtain appropriate release of information.</td>
<td>3.65</td>
<td>3.73</td>
</tr>
<tr>
<td>12</td>
<td>be supported by administrators.</td>
<td>3.29</td>
<td>3.36</td>
</tr>
<tr>
<td>21</td>
<td>access to a centralized management information system to support effective case reporting.</td>
<td>3.14</td>
<td>3.14</td>
</tr>
<tr>
<td>43</td>
<td>document interactions with students and families through effective case noting.</td>
<td>3.47</td>
<td>3.59</td>
</tr>
<tr>
<td>51</td>
<td>time in the work day to complete all required and requested activities in role as case manager/family coach.</td>
<td>3.24</td>
<td>3.27</td>
</tr>
<tr>
<td>56</td>
<td>be organized and timely in completing required reporting.</td>
<td>3.24</td>
<td>3.36</td>
</tr>
<tr>
<td>79</td>
<td>proactive case management.</td>
<td>3.76</td>
<td>3.68</td>
</tr>
</tbody>
</table>
### Cluster: Provider Engagement

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>3.60</th>
<th>3.53</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>RANGE 3.24 to 3.82</td>
<td>RANGE 3.23 to 3.77</td>
</tr>
<tr>
<td>5</td>
<td>be aware of the details of what case managers/family coaches are working on with the students and families.</td>
<td>3.47</td>
<td>3.36</td>
</tr>
<tr>
<td>16</td>
<td>maintain fluid and consistent relationships with providers so that we are on the same page and the support for one another is obvious to the student and families.</td>
<td>3.82</td>
<td>3.68</td>
</tr>
<tr>
<td>27</td>
<td>obtain individual service plans to help with the referral process.</td>
<td>3.24</td>
<td>3.23</td>
</tr>
<tr>
<td>28</td>
<td>have open and frequent communication with provider agencies.</td>
<td>3.59</td>
<td>3.41</td>
</tr>
<tr>
<td>60</td>
<td>build connection with service providers to ensure timely response to student and family needs.</td>
<td>3.71</td>
<td>3.55</td>
</tr>
<tr>
<td>64</td>
<td>communicate through expressing and listening with service providers and parent centers regarding the needs and priorities of families.</td>
<td>3.71</td>
<td>3.73</td>
</tr>
<tr>
<td>78</td>
<td>have open communication with fellow case managers/family coaches.</td>
<td>3.59</td>
<td>3.77</td>
</tr>
<tr>
<td>82</td>
<td>be aware of the communication of community providers with students and families.</td>
<td>3.59</td>
<td>3.5</td>
</tr>
<tr>
<td>86</td>
<td>build and maintain a network of community providers to work with to meet student and family goals.</td>
<td>3.71</td>
<td>3.55</td>
</tr>
</tbody>
</table>

### Cluster: Interagency Collaboration

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>3.52</th>
<th>3.56</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>RANGE 3.35 to 3.82</td>
<td>RANGE 3.23 to 3.77</td>
</tr>
<tr>
<td>13</td>
<td>understand and integrate with the special education transition planning requirements.</td>
<td>3.47</td>
<td>3.23</td>
</tr>
<tr>
<td>34</td>
<td>understand the referral requirements and processes for each state agencies services and support.</td>
<td>3.41</td>
<td>3.41</td>
</tr>
<tr>
<td>37</td>
<td>use a guide to local area social services for information and referral.</td>
<td>3.47</td>
<td>3.68</td>
</tr>
<tr>
<td>39</td>
<td>the integration of services and supports across the school and other service providers.</td>
<td>3.53</td>
<td>3.32</td>
</tr>
<tr>
<td>53</td>
<td>provide information and referral to families through the appropriate channels.</td>
<td>3.76</td>
<td>3.73</td>
</tr>
<tr>
<td>54</td>
<td>access to community based providers that can address housing, medical, legal, academic, vocational, or transition needs so that families can receive this information expeditiously.</td>
<td>3.82</td>
<td>3.55</td>
</tr>
<tr>
<td>67</td>
<td>emphasize the partnership between case managers/family coaches and parents as allies to support their child.</td>
<td>3.47</td>
<td>3.73</td>
</tr>
<tr>
<td>74</td>
<td>seek out additional formal and informal learning on how to engage students and families in productive and efficient case management practices.</td>
<td>3.47</td>
<td>3.59</td>
</tr>
<tr>
<td>83</td>
<td>understand case manager/family coach roles and responsibilities in the broader context of services and supports that a student or family may be receiving.</td>
<td>3.47</td>
<td>3.77</td>
</tr>
<tr>
<td>84</td>
<td>be familiar with the agencies to which students and families are referred.</td>
<td>3.35</td>
<td>3.64</td>
</tr>
</tbody>
</table>

**Cluster: Resource Navigation**

| 6 | access and utilize translation services as needed. | 3.71 | 3.59 |
| 17 | know more about the various diploma options available to our students. | 3.24 | 3.64 |
| 19 | understand Medicaid and other state health care options. | 3.12 | 3.32 |
| 24 | counseling. | 2.94 | 3.41 |
| 29 | understand how means-tested benefits are impacted by earnings. | 2.82 | 3.32 |
| 32 | help students and families navigate unfavorable disability benefit determinations and the appeals process. | 3.53 | 3.5 |
| 40 | understand the portfolio of benefits and entitlements a student and family receive to better understand the impact of earnings and income on monthly budgets. | 3.29 | 3.23 |
| 49 | support students and families in applying for the Medicaid Buy In Program for Working People with Disabilities. | 3 | 3.09 |
| 55 | know more about the state workforce development services and programs. | 3.18 | 3.09 |
| 57 | receive specific coaching on how state disability agencies may benefit students and families. | 3.47 | 3.36 |
| 59 | apply knowledge of the stages of adolescent development to appropriate and necessary services and reports | 3.24 | 3.45 |
| 73 | inform students and families with details about services they may be unaware of. | 3.82 | 3.73 |
APPENDIX II: PROJECT 3 ALL PARTICIPANT GO-ZONES

Student and Family Focus Planning

1. provide services and supports in a culturally and linguistically accessible way.

2. assist families with self-advocacy skills when they are faced with challenges to disability rights.

3. support the development of student and families over time.

4. learn the needs of both students and families so as to be able to find the appropriate resources to assist.

5. assist families with how they can become better at advocating for themselves and their children, learning how to navigate through the system.

6. recognize critical touch points in a student's and family's lives which require proactive supports.

7. address very basic needs of students and families like food, clothing and shelter.

10. using self-determination and motivational interviewing techniques to assist in setting priorities.

11. the functional implications of disability on student and family engagement.

12. identify and integrate natural supports into service planning for students and families.

13. be aware of various obstacles in the local and regional context that students and families face in their individual lives.

14. identify incentives and motivators that trigger goal progress.

15. support the development of student and families over time.

16. learn the needs of both students and families so as to be able to find the appropriate resources to assist.

17. assist families with self-advocacy skills when they are faced with challenges to disability rights.

18. support development of individual service and support plans.

19. help parents in seeing the potential of their student.

20. help students and families express and manage their frustration.

21. have more options for where case manager/family coach can meet with students and families.

22. develop individualized service plans based on student and family priorities.

23. recognize critical touch points in a student's and family's lives which require proactive supports.

24. address very basic needs of students and families like food, clothing and shelter.

25. be aware of the impact of disability on family and caregivers.

26. be aware of family dynamics in order to refer to the most appropriate agencies/services.

27. address barriers to specific student and family goals with those I work with.

28. invest time and effort to identify what motivates students and families.

29. meet families where they are most comfortable.

30. the need to be flexible with students and families who are disengaged from mainstream services.

31. keeping an open and non-judgmental mind in relation to students and families negative reactions.

32. understand that people come from countless places and cultures with experiences that have taught and shaped them into the people they are now.

33. be aware of the range of cultural norms dealing with students and families from varying cultures.

34. build and maintain relationships with students and families to support communication, clarity, and participation.

35. be empathic to the unique needs of students and families.

36. the family dynamic and its impact on a student.

37. build trust with students and families.

38. the need to be flexible with students and families who are disengaged from mainstream services.

39. be aware of family dynamics in order to refer to the most appropriate agencies/services.

40. address barriers to specific student and family goals with those I work with.

41. invest time and effort to identify what motivates students and families.

42. meet families where they are most comfortable.

43. the broader environment or physical context’s impact on students and families.

44. recognize critical touch points in a student's and family's lives which require proactive supports.

45. address very basic needs of students and families like food, clothing and shelter.

46. be aware of various obstacles in the local and regional context that students and families face in their individual lives.

47. identify incentives and motivators that trigger goal progress.

48. assist families with how they can become better at advocating for themselves and their children, learning how to navigate through the system.

49. support the development of student and families over time.

50. assist families with self-advocacy skills when they are faced with challenges to disability rights.

51. support the development of student and families over time.

52. assist families with how they can become better at advocating for themselves and their children, learning how to navigate through the system.

53. recognize critical touch points in a student's and family's lives which require proactive supports.

54. address very basic needs of students and families like food, clothing and shelter.

55. be aware of various obstacles in the local and regional context that students and families face in their individual lives.

56. identify incentives and motivators that trigger goal progress.

57. support the development of student and families over time.

58. assist families with self-advocacy skills when they are faced with challenges to disability rights.

59. support the development of student and families over time.

60. assist families with how they can become better at advocating for themselves and their children, learning how to navigate through the system.

61. recognize critical touch points in a student's and family's lives which require proactive supports.

62. address very basic needs of students and families like food, clothing and shelter.

63. be aware of various obstacles in the local and regional context that students and families face in their individual lives.

64. identify incentives and motivators that trigger goal progress.

65. support the development of student and families over time.

66. assist families with self-advocacy skills when they are faced with challenges to disability rights.

67. support the development of student and families over time.

68. assist families with how they can become better at advocating for themselves and their children, learning how to navigate through the system.

69. recognize critical touch points in a student's and family's lives which require proactive supports.

70. address very basic needs of students and families like food, clothing and shelter.

71. be aware of various obstacles in the local and regional context that students and families face in their individual lives.

72. identify incentives and motivators that trigger goal progress.
Professional Qualities and Attributes

3. understand the limits and boundaries of case manager/family coach services and supports when working with students and families.
23. know when to step back and allow families to own their responsibilities.
71. be creative in interacting and communicating with students and families.
85. be able think outside of the box, be creative.

4. be cognizant that people will disagree with my opinions and accept that they have a differing view.
7. manage my own stress.
8. maintain a neutral view while still being sensitive to needs.
44. remember that the case manager/family coach is likely not a student’s or family member’s first priority.
75. know how to exercise patience and ongoing tenacity.

42. know how to multi-task.
64. understand the relationship of Maslow’s Hierarchy of Needs to crisis management.
77. maintain student and family confidentiality.

38. follow through on commitments made.
72. be proactive in dealing with crises and issues that arise that could pose obstacles to effective outcomes.
87. provide flexibility in the times and locations for meeting with students and families.

3.91 Feasibility n=22
7.44
3.71
3.05

Importance n=17
3.38
7.77
6.55
3.31
3.87
3.85

Information Management and Structure

9. be able to complete everything that is required for centralized data reporting.
12. be supported by administrators.
21. access to a centralized management information system to support effective case reporting.
51. time in the work day to complete all required and requested activities in role as case manager/family coach.
56. be organized and timely in completing required reporting.

3.91 Feasibility n=22
3.44
3.05

Importance n=17
3.94
3.31
3.90
3.40
3.38
3.89

11. obtain appropriate release of information.
43. document interactions with students and families through effective case noting.
79. proactive case management.
Provider Engagement

5. be aware of the details of what case managers/family coaches are working on with the students and families.
27. obtain individual service plans to help with the referral process.
28. have open and frequent communication with provider agencies.
82. be aware of the communication of community providers with students and families.

16. maintain fluid and consistent relationships with providers so that we are on the same page and the support for one another is obvious to the student and families.
60. build connection with service providers to ensure timely response to student and family needs.
64. communicate through expressing and listening with service providers and parent centers regarding the needs and priorities of families.
86. build and maintain a network of community providers to work with to meet student and family goals.
78. have open communication with fellow case managers/family coaches.

Interagency Collaboration

37. use a guide to local area social services for information and referral.
67. emphasize the partnership between case managers/family coaches and parents as allies to support their child.
74. seek out additional formal and informal learning on how to engage students and families in productive and efficient case management practices.
83. understand case manager/family coach roles and responsibilities in the broader context of services and supports that a student or family may be receiving.
84. be familiar with the agencies to which students and families are referred.

53. provide information and referral to families through the appropriate channels.
39. the integration of services and supports across the school and other service providers.
54. access to community based providers that can address housing, medical, legal, academic, vocational, or transition needs so that families can receive this information expeditiously.
13. understand and integrate with the special education transition planning requirements.
34. understand the referral requirements and processes for each state agencies services and support.
17. know more about the various diploma options available to our students.
24. counseling.
59. apply knowledge of the stages of adolescent development to appropriate and necessary services and reports.

19. understand Medicaid and other state health care options.
29. understand how means-tested benefits are impacted by earnings.
49. support students and families in applying for the Medicaid Buy In Program for Working People with Disabilities.
55. know more about the state workforce development services and programs.

6. access and utilize translation services as needed.
32. help students and families navigate unfavorable disability benefit determinations and the appeals process.
73. inform students and families with details about services they may be unaware of.
76. help students and families navigate the continuing disability review and redetermination processes.

40. understand the portfolio of benefits and entitlements a student and family receive to better understand the impact of earnings and income on monthly budgets.
57. receive specific coaching on how state disability agencies may benefit students and families.
APPENDIX III: PROJECT 3 SUB-GROUP GO-ZONES –
Full Time Compared to Part Time PROMISE Workers

Student and Family Focus Planning:
**Importance** to Full-Time and Part-Time Transition Case Managers/Family Coaches

Active Understanding:
**Importance** to Full-Time and Part-Time Transition Case Managers/Family Coaches
Professional Qualities and Attributes: 
**Importance** to Full-Time and Part-Time Transition Case Managers/Family Coaches

3. understand the limits and boundaries of case manager/family coach services and supports when working with students and families.
4. be cognizant that people will disagree with my opinions and accept that they have a differing view.
23. know when to step back and allow families to own their responsibilities.
44. remember that the case manager/family coach is likely not a student's or family member's first priority.

Information Management & Structure: 
**Importance** to Full-Time and Part-Time Transition Case Managers/Family Coaches

11. obtain appropriate release of information.
43. document interactions with students and families through effective case noting.
79. proactive case management.
51. time in the work day to complete all required and requested activities in role as case manager/family coach.
9. be able to complete everything that is required for centralized data reporting.
21. access to a centralized management information system to support effective case reporting.
56. be organized and timely in completing required reporting.
Provider Engagement:
**Importance** to Full-Time and Part-Time
Transition Case Managers/Family Coaches

- **5.** be aware of the details of what case managers/family coaches are working on with the students and families.
- **27.** obtain individual service plans to help with the referral process.

- **16.** maintain fluid and consistent relationships with providers so that we are on the same page and the support for one another is obvious to the student and families.
- **60.** build connection with service providers to ensure timely response to student and family needs.
- **64.** communicate through expressing and listening with service providers and parent centers regarding the needs and priorities of families.
- **86.** build and maintain a network of community providers to work with to meet student and family goals.

Interagency Collaboration:
**Importance** to Full-Time and Part-Time
Transition Case Managers/Family Coaches

- **13.** understand and integrate with the special education transition planning requirements.
- **37.** use a guide to local area social services for information and referral.
- **67.** emphasize the partnership between case managers/family coaches and parents as allies to support their child.
- **83.** understand case manager/family coach roles and responsibilities in the broader context of services and supports that a student or family may be receiving.
- **84.** be familiar with the agencies to which students and families are referred.

- **54.** access to community based providers that can address housing, medical, legal, academic, vocational, or transition needs so that families can receive this information expeditiously.
- **74.** seek out additional formal and informal learning on how to engage students and families in productive and efficient case management practices.
- **34.** understand the referral requirements and processes for each state agencies services and support.
- **39.** the integration of services and supports across the school and other service providers.
- **53.** provide information and referral to families through the appropriate channels.
Resource Navigation:

**Importance** to Full-Time and Part-Time Transition Case Managers/Family Coaches

- 6. access and utilize translation services as needed.
- 32. help students and families navigate unfavorable disability benefit determinations and the appeals process.
- 57. receive specific coaching on how state disability agencies may benefit students and families.
- 73. inform students and families with details about services they may be unaware of.

- 19. understand Medicaid and other state health care options.
- 40. understand the portfolio of benefits and entitlements a student and family receive to better understand the impact of earnings and income on monthly budgets.
- 59. apply knowledge of the stages of adolescent development to appropriate and necessary services and reports.
- 76. help students and families navigate the continuing disability review and redetermination processes.

---

Student and Family Focus Planning:

**Feasibility** to Full-Time and Part-Time Transition Case Managers/Family Coaches

- 2. assist families with self-advocacy skills when they are faced with challenges to disability rights.
- 14. recognize critical touch points in a student's and family's life which require proactive supports.
- 41. address very basic needs of students and families like food, clothing and shelter.
- 50. identify incentives and motivators that trigger goal progress.
- 66. help students and families express and manage their frustration.

- 10. using self-determination and motivational interviewing techniques to assist in setting priorities.
- 20. learn the needs of both students and families so as to be able to find the appropriate resources to assist.
- 26. the functional implications of disability on student and family engagement.
- 35. identify and integrate natural supports into service planning for students and families.
- 46. be aware of various obstacles in the local and regional context that students and families face in their individual lives.
- 48. assist families with how they can become better at advocating for themselves and their children, learning how to navigate through the system.

- 18. support development of individual service and support plans.
- 47. help parents in seeing the potential of their student.
- 70. have more options for where case manager/family coach can meet with students and families.
- 81. develop individualized service plans based on student and family priorities.
Active Understanding: Feasibility to Full-Time and Part-Time Transition Case Managers/Family Coaches

Feasibility to Full Time n=17

Feasibility to Part Time n=5

1. provide services and supports in a culturally and linguistically accessible way.
25. be aware of the impact of disability on family and caregivers.
30. the need to be flexible with students and families who are disengaged from mainstream services.
36. be aware of the range of cultural norms dealing with students and families from varying cultures.
31. keeping an open and non-judgmental mind in relation to students and families negative reactions.
33. understand that people come from countless places and cultures with experiences that have taught and shaped them into the people they are now.
45. understand the stages of change in regard to the student and families’ goals.
61. be empathic to the unique needs of students and families.
62. the family dynamic and its impact on a student.
63. build trust with students and families.
80. the broader environment or physical context’s impact on students and families.

Professional Qualities and Attributes: Feasibility to Full-Time and Part-Time Transition Case Managers/Family Coaches

4. be cognizant that people will disagree with my opinions and accept that they have a differing view.
7. manage my own stress.
8. maintain a neutral view while still being sensitive to needs.
38. follow through on commitments made.
75. know how to exercise patience and ongoing tenacity.
77. maintain student and family confidentiality.
42. know how to multi-task.
44. remember that the case manager/family coach is likely not a student’s or family member’s first priority.
64. understand the relationship of Maslow’s Hierarchy of Needs to crisis management.
87. provide flexibility in the times and locations for meeting with students and families.

3. understand the limits and boundaries of case manager/family coach services and supports when working with students and families.
23. know when to step back and allow families to own their responsibilities.
71. be creative in interacting and communicating with students and families.
72. be proactive in dealing with crises and issues that arise that could pose obstacles to effective outcomes.
85. be able think outside of the box, be creative.
Information Management & Structure: **Feasibility** to Full-Time and Part-Time Transition Case Managers/Family Coaches

- 11. obtain appropriate release of information.
- 79. proactive case management.
- 12. be supported by administrators.
- 43. document interactions with students and families through effective case noting.
- 51. time in the work day to complete all required and requested activities in role as case manager/family coach.
- 9. be able to complete everything that is required for centralized data reporting.
- 21. access to a centralized management information system to support effective case reporting.
- 56. be organized and timely in completing required reporting.

Interagency Collaboration: **Feasibility** to Full-Time and Part-Time Transition Case Managers/Family Coaches

- 74. seek out additional formal and informal learning on how to engage students and families in productive and efficient case management practices.
- 13. understand and integrate with the special education transition planning requirements.
- 34. understand the referral requirements and processes for each state agencies services and support.
- 39. the integration of services and supports across the school and other service providers.
- 37. use a guide to local area social services for information and referral.
- 53. provide information and referral to families through the appropriate channels.
- 67. emphasize the partnership between case managers/family coaches and parents as allies to support their child.
- 83. understand case manager/family coach roles and responsibilities in the broader context of services and supports that a student or family may be receiving.
- 84. be familiar with the agencies to which students and families are referred.
- 54. access to community based providers that can address housing, medical, legal, academic, vocational, or transition needs so that families can receive this information expeditiously.
Resource Navigation:

**Feasibility** to Full-Time and Part-Time Transition Case Managers/Family Coaches

- 6. access and utilize translation services as needed.
- 17. know more about the various diploma options available to our students.
- 73. inform students and families about services they may be unaware of.
- 19. understand Medicaid and other state healthcare options.
- 29. understand how means-tested benefits are impacted by earnings.
- 57. receive specific coaching on how state disability agencies may benefit students and families.

- 24. counseling.
- 32. help students and families navigate unfavorable disability benefit determinations and the appeals process.
- 59. apply knowledge of the stages of adolescent development to appropriate and necessary services and reports.
- 76. help students and families navigate the continuing disability review and redetermination processes.

- 3.12. work in a group counseling setting.
- 3.94. understand the portfolio of benefits and entitlements a student and family receive to better understand the impact of earnings and income on monthly budgets.
- 55. know more about the state workforce development services and programs.

- 40. counselor.
- 49. help students and families navigate the complex enrollment, eligibility, and paperwork associated with public health coverage.
- 57. understand the healthcare system and how to navigate it effectively.
- 59. understand the implications of Medicare and Medicaid for our students and families.
- 76. understand the implications of Medicaid for our students and families.
- 79. understand the implications of Medicaid for our students and families.
APPENDIX IV: PROJECT 3 SUB-GROUP GO-ZONES – Regional Comparison

Information Management & Structure: 
**Importance** to Capital District and NYC

![Importance Diagram]

Information Management & Structure:  
**Feasibility** to Capital District and NYC

![Feasibility Diagram]
Information Management & Structure:

Importance to Capital District and Western NY

1. Be able to complete everything that is required for centralized data reporting.
2. Be supported by administrators.
3. Be organized and timely in completing required reporting.
4. Document interactions with students and families through effective case noting.
5. Obtain appropriate release of information.
6. Access to a centralized management information system to support effective case reporting.
7. Time in the work day to complete all required and requested activities in role as case manager/family coach.
8. Proactive case management.
9. Proactive case management.
10. Be able to complete everything that is required for centralized data reporting.
11. Obtain appropriate release of information.
12. Document interactions with students and families through effective case noting.

Feasibility to Capital District and Western NY

1. Be able to complete everything that is required for centralized data reporting.
2. Be supported by administrators.
3. Be organized and timely in completing required reporting.
4. Document interactions with students and families through effective case noting.
5. Obtain appropriate release of information.
6. Access to a centralized management information system to support effective case reporting.
7. Time in the work day to complete all required and requested activities in role as case manager/family coach.
8. Proactive case management.
9. Proactive case management.
Information Management & Structure: **Importance** to Western NY and NYC

- 9. be able to complete everything that is required for centralized data reporting.
- 21. access to a centralized management information system to support effective case reporting.
- 12. be supported by administrators.
- 79. proactive case management.
- 11. obtain appropriate release of information.
- 43. document interactions with students and families through effective case noting.
- 56. be organized and timely in completing required reporting.
- 51. time in the work day to complete all required and requested activities in role as case manager/family coach.

Information Management & Structure: **Feasibility** to Western NY and NYC

- 9. be able to complete everything that is required for centralized data reporting.
- 21. access to a centralized management information system to support effective case reporting.
- 12. be supported by administrators.
- 79. proactive case management.
- 11. obtain appropriate release of information.
- 43. document interactions with students and families through effective case noting.
- 56. be organized and timely in completing required reporting.
- 51. time in the work day to complete all required and requested activities in role as case manager/family coach.

## Provider Engagement: Importance to Capital District and NYC

### R = 0.26

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5. be aware of the details of what case managers/family coaches are working on with the students and families.
27. obtain individual service plans to help with the referral process.

### Feasibility to NYC (n=10)

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</table>

5. be aware of the details of what case managers/family coaches are working on with the students and families.
27. obtain individual service plans to help with the referral process.
82. be aware of the communication of community providers with students and families.
86. build and maintain a network of community providers to work with to meet student and family goals.

## Provider Engagement: Feasibility to Capital District and NYC

### R = 0.00

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5. be aware of the details of what case managers/family coaches are working on with the students and families.
86. build and maintain a network of community providers to work with to meet student and family goals.

### Feasibility to Capital District (n=5)

16. maintain fluid and consistent relationships with providers so that we are on the same page and the support for one another is obvious to the student and families.
28. have open and frequent communication with provider agencies.
60. build connection with service providers to ensure timely response to student and family needs.
64. communicate through expressing and listening with service providers and parent centers regarding the needs and priorities of families.
78. have open communication with fellow case managers/family coaches.
Provider Engagement: Importance to Capital District and Western NY

86. build and maintain a network of community providers to work with to meet student and family goals.
5. be aware of the details of what case managers/family coaches are working on with the students and families.
27. obtain individual service plans to help with the referral process.
82. be aware of the communication of community providers with students and families.

Provider Engagement: Feasibility to Capital District and Western NY

86. build and maintain a network of community providers to work with to meet student and family goals.
82. be aware of the communication of community providers with students and families.
5. be aware of the details of what case managers/family coaches are working on with the students and families.
27. obtain individual service plans to help with the referral process.
Provider Engagement:

Importance to Western NY and NYC

- 5. be aware of the details of what case managers/family coaches are working on with the students and families.
- 27. obtain individual service plans to help with the referral process.
- 16. maintain fluid and consistent relationships with providers so that we are on the same page and the support for one another is obvious to the student and families.
- 64. communicate through expressing and listening with service providers and parent centers regarding the needs and priorities of families.
- 86. build and maintain a network of community providers to work with to meet student and family goals.
- 78. have open communication with fellow case managers/family coaches.

Feasibility to NYC n=10

- 5. be aware of the details of what case managers/family coaches are working on with the students and families.
- 27. obtain individual service plans to help with the referral process.
- 16. maintain fluid and consistent relationships with providers so that we are on the same page and the support for one another is obvious to the student and families.
- 64. communicate through expressing and listening with service providers and parent centers regarding the needs and priorities of families.
- 86. build and maintain a network of community providers to work with to meet student and family goals.
- 78. have open communication with fellow case managers/family coaches.

Feasibility to WNY n=7

- 5. be aware of the details of what case managers/family coaches are working on with the students and families.
- 27. obtain individual service plans to help with the referral process.
- 16. maintain fluid and consistent relationships with providers so that we are on the same page and the support for one another is obvious to the student and families.
- 64. communicate through expressing and listening with service providers and parent centers regarding the needs and priorities of families.
- 86. build and maintain a network of community providers to work with to meet student and family goals.
- 78. have open communication with fellow case managers/family coaches.