

Sharing of Client Specific Information

Inquiry into KEES and KMIS to determine if new clients are known to other programs:

Such “view access” inquiry can be done by support staff; CATS security access can be requested. Or this inquiry can be accomplished by a phone call to any EES or RS support staff person who is skilled in inquiry into their systems. Such up-front inquiry can assist the counselor or case manager to know if there are existing services in place. Open and closed cases in either program may contain medical records, CDC evaluations, psychological reports, or other material which may reduce duplication of testing and evaluation services.

Sharing of case file information: Up-front information sharing enhances the decision-making process, reduces duplication and could result in cost savings. Information to be shared could include, but not limited to:

- From EES - Assessment information; KEES screen prints; information from TABE, SASSI and LD screenings; ES 4309 forms or other medical statements; Self Sufficiency Agreement.
- From RS - Psychological evaluations; CDC evaluations; medical records; Individual Plans for Employment; records of training completed.

Joint Staffings: Joint staffings involving the client, ES case manager and RS counselor are recommended when feasible to improve communication coordination. Prior to the development of the IPE, ES and RS staff will meet to review service needs, options and cost-sharing opportunities.

Monthly communication between EES and RS on mutual clients: This could occur via e-mail, through face-to-face meetings, telephone or written documentation. See **Appendix Item R-5** for suggested format of monthly communication form.

Strategies for Enhanced Cooperation: Areas have the flexibility to use these strategies or other methods they identify, as long as the same result is achieved.

Joint meetings between RS and EES: Quarterly meetings are recommended to enhance cooperation, share information, provide training on new program changes, train on the CDC evaluation process, train on understanding assessment results, and answer questions. Private contractors who provide assessment services should be included. DCF staff to participate should include Chiefs, supervisors, Counselors, Case Managers and Support staff. Multiple meetings could occur within each Area to minimize travel and time away from other duties. While quarterly meetings are recommended in order to facilitate an effective team approach to service delivery, this may not always be possible. Annual meetings should be considered the minimum expectation.

Use RS staff as consultants: RS/CDC counselors may be used as “go to” resources in the department when other program areas have clients with disabilities. RS staff can assist with interpretation of medical reports, evaluation, information and referral, etc.

Streamline Vocational Assessment Reports: Vocational assessment reports from CDCs and private contractors can be lengthy and contain information about the purpose of tests administered, testing protocols, or detailed test scores that is not required for EES staff to have

their questions answered regarding the abilities of the client. Reports may be modified to include a summary or conclusion section that specifically addresses the requirements outlined in the “report” section of the form. If the ES case manager or RS counselor would like more information, they can consult with the CDC staff or private contractor.

In some situations, the best practice will be to include a joint staffing with the client; ES case manager, RS counselor and CDC/private evaluator to review the results of the vocational assessment.