In early December 2013, as part of the Demonstration Project, Venango County Human Service Leadership staff attended the “Shared Learning Collaborative” sponsored by the Anna E. Casey Foundation. Dr. Allison Metz, Director of the National Implementation Research Network, presented on Service Mapping and the use of "The Hexagon Tool" to evaluate community, system and agency interventions. This six factor approach enables teams to systematically evaluate services and supports utilizing the following criteria: Needs, Fit, Resource Availability, Evidence, and Readiness for Replication and Capacity to Implement. In addition, New York City’s Administration for Children’s Services shared a service grid/ desk guide which maps services/ supports by intensity of need. This reference tool is used by case managers and providers to identify services/ supports that more closely address the needs of individuals/ families.

Utilizing the concepts above, Venango County Human Services Leadership staff embarked on an extensive Service Mapping Process. Four “Service Mapping Retreats” were held: December 27, 2013; January 31, 2014; March 4, 2014 and April 2, 2014.

In the initial phase of the process each System of Care (SOC) group identified the core needs of their populations/ sub populations and those needs that “crossed-over” more than one life span. These needs were then compared against Maslow’s Hierarchy (Physiological, Safety, Social, Esteem and Self-Actualization) and what constitutes an ideal service delivery system for each SOC life span.

Phase two involved editing the Hexagon Tool with more county specific criteria, A Service Review Form was also designed with a rating scale based on the Hexagon Tool. Teams met and reviewed all contracted services and scored them accordingly. This provided a standard method, across all SOC life spans, to evaluate all services/ supports while also taking into consideration mandated services. The results of this process, distinctly showed the need to right-size programs where duplication and underutilization was found and also to expand or implement services where an obvious gap or need existed.


In the final phase, leadership teams developed service grids/ guides specific to each System of Care. Services are ranked based on four levels of intensity: Prevention, Low Risk/Need; Moderate Risk/ Need; High Risk/ Need and Very High Risk/ Need. These resources will be provided to case management and support staff as a guide to assist in linking individuals and families to the most appropriate level of care and desired outcome.
<table>
<thead>
<tr>
<th>Most Common Gaps/ Needs Across All SOC Life Spans based on Service Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clearly defined pathways for timely service access</td>
</tr>
<tr>
<td>• Transportation</td>
</tr>
<tr>
<td>• Parenting Supports</td>
</tr>
<tr>
<td>• Supports to consumer who are incarcerated or have a criminal history</td>
</tr>
<tr>
<td>• Increased support in schools (Student Assistance Program, School Based Mental Health Services)</td>
</tr>
<tr>
<td>• Increased supports to families with addiction issues</td>
</tr>
<tr>
<td>• Housing Supports – all types</td>
</tr>
<tr>
<td>• Assistance with daily living skills and accessing healthcare services</td>
</tr>
<tr>
<td>• Increased educational/skills training opportunities</td>
</tr>
<tr>
<td>• Increased social activities</td>
</tr>
</tbody>
</table>

~Forms mentioned in this document are attached for reference.
The Hexagon Tool: Exploring Context

Based on the work of
Kiser, Zabel, Zachik, & Smith (2007)

National Implementation Science Network (NIRN)

Frank Porter Graham Child Development Institute
UNIVERSITY OF NORTH CAROLINA CHAPEL HILL
The Hexagon Tool

Need:
Is it an...
- Identified Need
- Crossover Need
- How many need it

Capacity:
- How many need it
- Can it be sustained financially/organizationally
- System of Diversity
- Attrition Rate
- Staff meet minimum qualification
- Does the provider believe in the service
- Will consumers use it

Evidence:
- Is it ERP
- Is it Home Grown, but well defined
- Outcomes - is it worth it
- Fidelity data
- Cost/Benefit
- Body of evidence
- Similarity of normative population to the population to be served
- Can it serve diverse cultural groups
- Effectiveness
- Adaptations/evidence

Fit:
- Does the program fit the need
- Fidelity to model
- Cultural competence
- DPW priority match
- Organizational structure
- Fit with community values
- Fit with other services
- Does it compliment other services/ duplication

Provider/Resources:
- Do we have confidence in them
- Do they have reasonable infrastructure
- Training commitment
- Supervisor capacity
- Staff turnover/capacity/expansion
- Philosophy match
- Does the program match the provider mission
- Is provider responsive to the County Practice setting
- I.T. support/data system
- Does the provider have a Q.A. process

Accessibility:
- Where is it located
- When/at times when consumers need them
Citation and Copyright

Suggested citation:

This document is based on the work of Kiser, Zabel, Zachik, & Smith (2007) and the National Implementation Research Network (NIRN).

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About

The mission of the National Implementation Research Network (NIRN) is to contribute to the best practices and science of implementation, organization change, and system reinvention to improve outcomes across the spectrum of human services.

email: nirn@unc.edu
web: http://nirn.fpg.unc.edu

Effective implementation capacity is essential to improving education. The State Implementation & Scaling-up of Evidence-based Practices Center supports education systems in creating implementation capacity for evidence-based practices benefitting individuals, especially those with disabilities.

email: sisep@unc.edu
web: http://www.scalingup.org
The Hexagon Tool helps states, communities, and agencies systematically evaluate new and existing interventions via six broad factors: needs, fit, resource availability, evidence, readiness for replication and capacity to implement.

Broad factors to consider when doing early stage exploration of Evidence-Based Practices (EBP)/Evidence Informed Innovations (EII) include:

- **Needs** of individuals; how well the program or practice might meet identified needs.
- **Fit** with current initiatives, priorities, structures and supports, and parent/community values.
- **Resource Availability** for training, staffing, technology supports, data systems and administration.
- **Evidence** indicating the outcomes that might be expected if the program or practices are implemented well.
- **Readiness for Replication** of the program, including expert assistance available, number of replications accomplished, exemplars available for observation, and how well the program is operationalized
- **Capacity to Implement** as intended and to sustain and improve implementation over time.

A thorough exploration process focused on the proposed program or practice will help your Implementation Team(s) have a productive discussion related to the six areas listed above, and to arrive at a decision to move forward (or not) grounded in solid information from multiple sources. That information will assist you in communicating with stakeholders and in developing an Implementation Plan.

There are a number of discussion prompts listed under each area of the hexagon. These prompts are not exhaustive, and you may decide that additional prompts need to be added. The prompts direct you to relevant dimensions that your team may want to discuss before rating the factor.

For example, under the area labeled **Fit**, you are reminded to consider:

- How the proposed intervention or framework 'fits' with other existing initiatives and whether implementation and outcomes are likely to be enhanced or diminished as a result of interactions with other relevant interventions
- How does it fit with the priorities of your state, community, or agency?
- How does it fit with current state, community, or regional organizational structures?
- How does it fit with community values, including the values of diverse cultural groups?
Recommendations for Using the Hexagon Tool

The following are SISEP recommendations for using the tool:

1. Assign team members to gather information related to the six factors and to present the information to the decision-making group or relevant Implementation Team. Following report-outs related to each area and/or review of written documents, team members can individually rate each area on a 1 to 5 scale, where 1 indicates a low level of acceptability or feasibility, 3 a moderate level and 5 indicates a high level for the factor. Midpoints can be used and scored as 2 or 4.

2. You can average scores for each area across individuals and arrive at an overall average score, with a higher score indicating more favorable conditions for implementation and impact. However, cut-off scores should not be used to make the decision.

3. The scoring process is primarily designed to generate discussion and to help arrive at consensus for each factor as well as overall consensus related to moving forward or not. The numbers do not make the decision, the team does. Team discussions and consensus decision-making are required because different factors may be more or less important for a given program or practice and the context in which it is to be implemented. There also will be trade-offs among the factors. For example, a program or practice may have a high level of evidence with rigorous research and strong effect size (Evidence), but may not yet have been implemented widely outside of the research trials. This should lead to a team discussion of how ready you are to be the "first" to implement in typical educational settings in your area. Or the team may discover that excellent help is available from a developer, purveyor, or expert Training or Technical Assistance, but that ongoing costs (Resource Availability) may be a concern.

4. We recommend that after reviewing information related to each factor, individually scoring each factor, summarizing ratings, and discussing the strengths and challenges related to each factor of the proposed intervention, that the team members decide on a process for arriving at consensus (for instance, private voting or round-robin opinions followed by public voting.

---

1 Usable Interventions - To be usable, it's necessary to have sufficient detail about an intervention. With detail, you can train educators to implement it with fidelity, replicate it across multiple settings and measure the use of the intervention. So, an intervention needs to be teachable, learnable, doable, and be readily assessed in practice.
The Hexagon Tool
Exploring Context

The Hexagon Tool can be used as a planning tool to evaluate evidence-based programs and practices during the Exploration Stage of Implementation.

See the Active implementation Hub Resource library
http://implementation.fpg.unc.edu

EBP!

<table>
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<th>S Point Rating Scale:</th>
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<tr>
<td>Need</td>
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<td>m</td>
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<tr>
<td>Resource Availability</td>
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<tr>
<td>Evidence</td>
</tr>
<tr>
<td>Readiness for Replication</td>
</tr>
<tr>
<td>capacity to Implement</td>
</tr>
</tbody>
</table>

Total Score

Crossover Needs:

1) *Mental Health Treatment
2) *Substance Abuse Treatment
3) Natural Supports/Community
4) Healthy Relationships
5) *Employment/Volunteerism/Productivity
6) *Food/Nutrition
7) *Access/Knowledge to Health Care
   - Insurance
   - Benefits
8) *Transportation
9) *Housing/Housing Support
10) Mentors (banking, health care, parenting, criminal justice, legal, budgetary)
11) Leisure Activities/Socialization
12) *Parenting Skills
13) Living/Life Skills
14) *Assessment/Linkage/Monitoring
15) Educational Opportunities/Supports
16) Input/Voice/Representation
17) Respite
18) *Safety/Crisis
19) Prevention
**Service Review**

**Name of Service:**

**Provider:**

**Brief Description of Service:**

What level of acuity/risk does it serve?

What is the target population?

Ages served?

How many does it serve?

How much does it cost (based on?):

How many participants does the program need to succeed?

<table>
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<tr>
<th>5 Point Rating Scale: High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or a 4.</th>
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<td>Evidence</td>
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<td>Provider/Resources</td>
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<tr>
<td>Accessibility</td>
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<tr>
<td>Fit</td>
</tr>
<tr>
<td>Capacity</td>
</tr>
<tr>
<td>Total Score</td>
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</tbody>
</table>
### Venango County Children & Families

**Youth Alternatives**

- **Child Development**
- **Substance Abuse**

**Capacity**

- All Pregnant Females

**Services**

- Food Pantry
- Doula Welcome Every
- Every

**Venango County Children & Families**

- Food Distribution,
- Clintonville
- Food

**Children Youth**

- Mental Health,
- County CSS
- Intellectual
- Associated Services of

**Charities,**

- Franklin,
- Pregnancies
- Community
- Services

**Children Youth**

- Resources and
- Supplies for

**Community**

- Services

**Children Aged and Stages**

- Activities

**Community**

- Programs provides
- Family

**Services**

- Afterschool

**Community Support**

- Transportation

**Children Grades K - 6**

- Grades

**Parents with**

- School

- The child with the

**Schools; provides**

- Supplies to treat

**Lice checks in**

- In Home Lice

**Treatment**

- Day camp in the

**Children from**

- Summer for

**Low income**

- Children

**Low income at**

- Children

**Experience**

- Week long camp for low

**Income**

- Children

**Decision**

- Teachers

**Coffman**

- Early Head Start

**Children, Youth**

- Home Service

**Community Support**

- Between

**Fathers**

- Families in the

**Connections**

- Engagement

**Involving**

- Diverse Social Skills

**Dissemination,**

- Information

**Program**

- Youth Skill Builders

**Children Development**

- Center

**Transportation**

- No Age

**Families in the**

- No Age

**Fathers**

- Families in the

**Children, Youth**

- Home Service

**Community Support**

- Involving

**Intervention**

- Services to

- Children

**Community**

- Intellectual

**Youth and**

- Children

**Intervention**

- Frontier Behavioral Health

**Family & Individual**

- Services

**Community**

- Youth and

**Community**

- Children, Youth

**Youth and**

- Children

**Intervention**

- skull's society

**Outpatient**

- Clinic

**Youth and**

- Children, Youth

**Outpatient**

- Clinic

**Education**

- In the

**Youth and**

- Children, Youth
## Venango County: Transition Age Service Map

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Age Group</th>
<th>Service</th>
<th>Capacity</th>
<th>Prevalence</th>
<th>Severity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Prevalence</td>
<td>All</td>
<td>Mental Health, Intellectual Disabilities, Substance Abuse</td>
<td>Unlimited</td>
<td>Very High</td>
<td>Very High</td>
<td>Helps with community, education, and activities for children and older adults. Engaged for indexing-in-home services.</td>
</tr>
<tr>
<td>Service Severity</td>
<td>Adolescent</td>
<td>Mental Health, Intellectual Disabilities, Substance Abuse</td>
<td>Unlimited</td>
<td>Very High</td>
<td>Very High</td>
<td>Helps with community, education, and activities for children and older adults. Engaged for indexing-in-home services.</td>
</tr>
</tbody>
</table>

### Agencies
- **Salvation Army** - Abuse, Children Family Services, Mental Health, Food Pantry, Community Services, County CSS, Intellectual Disabilities, AA/NA & Support Services of Venango, County, Associated Charities, Salvation Army.

### Service Prevention
- **PREVENTION**
- **LOW**
  - **CASE MANAGEMENT**
  - **POOR RECOVERY SPECIALIST**
  - **PER-VOX**
  - **HOME AND COMMUNITY STABILIZATION**
  - **EMPLOYMENT SUPPORTS**
  - **MENTAL HEALTH COUNSELING**
  - **DRUG AND ALCOHOL COUNSELING**
  - **DROP IN CENTER**
  - **MOBILE/SITE BASED PSYCH. INCL.**
  - **MOBILE MINDS**
  - **PSYCHIATRY/ INDEPENDENT THERAPISTS**
  - **PARTIAL HOSPITALIZATION**
  - **SHARING/PERMANENT SUPPORTS**
  - **EMERGENCY HOSPITALIZATION**
  - **SHORT-TERM BEHAVIORAL HEALTH HOSPITALIZATION**
  - **TRANSITION**
  - **HOSPITALIZATION**

### Service MODERATE
- **MODERATE**
  - **INPATIENT STABILIZATION**
  - **COMMUNITY PLACEMENT**
  - **SPECIALIZED PROGRAMS**
  - **SPECIALIZED SERVICES**
  - **SPECIALIZED TREATMENT**
  - **SPECIALIZED CARE**
  - **SPECIALIZED MANAGEMENT**
  - **SPECIALIZED SUPPORTS**
  - **SPECIALIZED INTERVENTIONS**
  - **SPECIALIZED EDUCATION**
  - **SPECIALIZED TRAINING**
  - **SPECIALIZED REHABILITATION**
  - **SPECIALIZED REHABILITATIVE CARE**

### Service HIGH
- **HIGH**
  - **INPATIENT STABILIZATION**
  - **COMMUNITY PLACEMENT**
  - **SPECIALIZED PROGRAMS**
  - **SPECIALIZED SERVICES**
  - **SPECIALIZED TREATMENT**
  - **SPECIALIZED CARE**
  - **SPECIALIZED MANAGEMENT**
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  - **SPECIALIZED REHABILITATIVE CARE**

### Service VERY HIGH
- **VERY HIGH**
  - **INPATIENT STABILIZATION**
  - **COMMUNITY PLACEMENT**
  - **SPECIALIZED PROGRAMS**
  - **SPECIALIZED SERVICES**
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  - **SPECIALIZED REHABILITATIVE CARE**

---

**Notes:**
- *See HHS-Link website (www.hhs.state.pa.us) for list of participating providers.*
- *See Venango Behavioral Health (VHB) website for list of participating providers (www.venango.org/venango.html).*

---

**Helpful Links:**
- [HHS-Link](http://www.hhs.state.pa.us)
- [Venango Behavioral Health](http://www.venango.org/venango.html)
<table>
<thead>
<tr>
<th>SERVICE TYPE</th>
<th>AGES</th>
<th>AGE GROUP</th>
<th>LOW</th>
<th>MEDIUM</th>
<th>HIGH</th>
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<tbody>
<tr>
<td></td>
<td>All</td>
<td>All</td>
<td>All</td>
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</tbody>
</table>

**PREVENTION**

**SERVICE**
- Food Pantry
  - Support Groups
  - Transportation
  - Drug and Alcohol Prevention
  - Family/Support

**BRIEF DESC.**
- See Value Behavioral Health (VBH) website for list of participating providers www.vbh.pa.com/vbh-counties/venango.htm
- See HCSIS Web Site www.hcsis.state.pa.us for providers of this service

**AGENCY**
- Army - Oil City
- County CSS
- Venango County
- Alcohol & Drug
- Pennsylvania
- Substance Abuse
- Quality Community Care
- Venango County
- Venango County Children & Youth

**SERVICE INFORMATION**

<table>
<thead>
<tr>
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<th>LOW</th>
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**REPEATED**

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**MODERATE**

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<th>Assistance</th>
<th>Recovery</th>
<th>Support</th>
<th>Supportive</th>
<th>Emergency</th>
<th>Respite</th>
<th>Personal</th>
<th>Transportation</th>
<th>Meal Support</th>
<th>Housing</th>
<th>Behavioral Health</th>
<th>Indicators</th>
<th>Referral Sources</th>
<th>Self-Management Tools</th>
<th>Notes</th>
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<tr>
<td>Health Needs</td>
<td>Med. Care</td>
<td>Ass. with</td>
<td>Detox</td>
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<td>Assess.</td>
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*This information is based on the given data and may not reflect all available services. Please consult the official sources for comprehensive information.*