

**2011-2012  
Rogue Valley Project Site**

**Lessons Learned**

Accomplishments

- Wraparound model is being implemented with full staffing and nearly full enrollment
  - Have formed strong teams at the practice level
- The governance structure is fully operational
- Model is achieving positive outcomes for children, youth and families, including those not directly served through pilot cohort due to system changes
- System is getting better at coming together with unique possibilities about how to work together for children, youth and families
- New projects are being created between Child Welfare and the mental health providers
  - Jackson County- replicating treatment foster care to be billable
  - Josephine County (Options)- Creating family treatment system, with possibility for court orders to participate when appropriate

Challenges

- Attempting to fit non-Medicaid program and non-Medicaid organizations into a Medicaid billing system
  - Creates issues for sustainability
  - Ideally would be created outside of the Medicaid/Oregon Health Plan system
- The original cohort of children are very challenging and children outside of the eligibility for the initial cohort would also benefit greatly
- There are many children/families who just barely fall outside of the categorically eligible criteria, for example, make just a little too much money or are just one previous foster care placement short for eligibility
  - Would be ideal to create a system where eligibility was based on the need, which would result in cost savings
- It is very difficult to serve children/youth in BRS programs outside of Jackson and Josephine counties.
- There are ongoing challenges regarding the impact of drug and alcohol abuse by the families served through the project, which has a huge impact for all of the system partners and the project itself.

**Next steps**

- Project would like to expand eligibility to all children who are being dually served by both Child Welfare and mental health, but who do not yet have 4 placements or who have not yet been in care for a full year
  - Need to define additional target populations for expansion
- Take the model to scale throughout the entire Jefferson Behavioral Health Region (three additional counties), probably starting with Coos County, followed by Klamath County and then Curry County

- More fully engage the drug and alcohol treatment providers
- Re-evaluate the role of the Advisory Committee as it shifts from operational implementation to enhancing the full system of care.
- Transition the coordination/facilitation of the Advisory Committee and Leadership Council
- Create stronger support and training system for family partners and youth partners
- Develop strategies for supporting youth who cross over between Child Welfare and Juvenile Justice, an emerging trend in the data
- Compare local project demographics to the general population of Child Welfare and Mental Health
- Further understand and develop billing practices/funding opportunities for long term sustainability

## **Future Goals**

### What it will take to get there

- Provide training in the short term for family members and youth members with Oregon Family Support Network
- Create long-term local supports for family and youth support system
- Develop more local people (staff, family members, and youth) who are qualified to train others locally for sustainability
- Support and technical assistance from the state regarding training capacity, billing, and funding
- Support to address barriers to effective service integration for children and youth who cross over between Child Welfare and Juvenile Justice

### Potential Barriers

- Limitations around billing for the activities of family partners and youth partners may affect sustainability (i.e. when a family partner and coordinator are working jointly for the same service, only one can bill)
- Limitations on billing for multiple team members working together on the same service (therapist and facilitator)
- Though the state has maintained training support for the Wraparound demonstration sites through Portland State University, they have eliminated their training unit, which has implications for expanding these practices to a full system of care