

Statewide Children's Wraparound Initiative
Steering Committee Meeting
June 16, 2007

Attendees:

Erinn Kelley Siel, Bruce Goldberg, Nancy Latina, MaryLou Johnson, Danni Moore, Mickey Lansing, Stan Gilbert, Mitch Anderson, Lynne Saxton, Jammie Farish, Sharon Guidera, Bob Jester, Diane Wells

Facilitators: Pam Curtis, Janice Gratton

Staff: Janet Walker, Jackie Mercer, Robin Mack, Amanda Cross, Alice Galloway

On phone: Bruce Kamradt, Larry Marx

Erinn: Opening remarks

- Feb 08 and Jan 09 looking forward to recs of this group and what we've come up with to improve the system
- Medicaid dollars used more flexibly by providers to keep kids in their homes.
- Next couple of meetings will be subcommittees coming back to us with what they recommend.
- Getting concrete about what needs to happen and how that will happen is what we need to do. Challenge to drill down and come up with concrete action steps and we need to help chairs to do this.
- Take a moment to think about how important this is to families and youth.

Pam: Logistics:

Logistics, sign in sheets, extra copies of materials. Second of four meetings, this one will guide subcommittees so they can do their work. Here briefly from subcommittees. Next meeting, where you will have opportunity to hear their recommendations. Real meat of the agenda, spend time hearing from folks around the state about lessons learned. Take lessons learned from history and then review SOC Values and Principles to see if we need to make any changes. Collecting initial data from state agencies, will hear an update. Then public comment period.

Subcommittee reports:

Finance:

- Mitch - Over past week, it continues to be a work in progress. First meeting brought Bruce in and he did a fabulous job. Look at state agency data. Became clear that it was hard to understand the data and it was too

detailed. Need to look at big general numbers for purposes of looking at recommendations. We will meet next week prior to the subcommittee to firm up the agenda. Very good discussion about blended/braided funding. Now have brief summaries of different models around the country. We may not need to reinvent the wheel. Lot of good models out there. Then identify main funding streams we need to look at.

- Lynne – we identified some core features of successful systems. Look at Wisconsin model, one plan, one care coordinator, funding plan for that child identified at front end. The most effective models are lean and mean, privatized models. They are pretty well engineered. How do you design system to get maximum amount of resources to family is what's important.
- Bruce G. great landing at a model, but we need to know how do you plan to actually get there – get from A to B.
- Lynne: In Milwaukee example, commitment to where you need the whole wrap piece and where you need pieces of it. Urban/rural issue. Then you look at low level finance detail, hard to see structural change. We need to look at how to bring funding sources into an integrated model. We will be able to come up with here's the model and work with Jim S. on sources of funding.

Local Implementation:

- Sharon – spent time introducing ourselves and our expertise. We went through a strengths/needs list and identified what some of those things we need to pay attention to in terms of developing a local system. Care coordination size, how many staff/client ratios, financial issues came up a number of times. Bias toward blended funding. Developed a logic model framework. What are issues and strategies we need to develop? Next meeting, take it to the next step and have small groups work on framing what core elements are that would look similar from community to community. Local systems need to be driven by community needs and wants and local culture.

Pam – ultimately it is the Steering Committee job to weave the ideas together from the various subcommittees.

Data and Evaluation:

- Stan – far ranging conversation at the first meeting about data collection. Struck by how our task crosses committees. Identified challenges to our work – came up with general logic model and would like feedback from Steering Committee. Elements are: serving population we intended to serve? How to identify across systems? Early intervention is a priority, not aware of any effort across systems to identify early population. Are we operating the way that reflects values and principles of SOC? Are we implementing effective

strategies that are high quality and have fidelity basis both at statewide and local levels. Are we achieving outcomes we envision? Hope to flush out logic model at our next meeting and concrete suggestions for Steering Committee.

- Erinn: should we make data request on performance measures and outcomes currently being addressed in various agencies? High level outcomes that agencies address. Make data request for Progress Board benchmarks and high level outcomes.
- Erinn: All subcommittees – if you need specific folks available at your meetings, let us know ahead of time so we can schedule.
- Lynne: Design template and hand it off to DHS so we all have the same data to consider. Very same core data would be ‘huge.’”

Cultural Competency:

- Robin: Folks shared what they wanted out of the process and what they bring. Who were we missing? Rural representation. We reviewed the charge and divided into different subgroups. Have an all day retreat on the 27th of June. Prep meeting June 20th 1:00 to 3:00.
- Mickey: Very interesting in evidence based work in the process. We have resources in Portland that can look at that issue. Cutting edge work has been done around the country. Dr. Harrold Briggs would be a great addition to the committee.

Pam: In revised packet – draft recommendation template. Subcommittees will be looking at this template at their next meetings.

Will pass around a paper for you to jot down data needs.

SOC Efforts:

- Partners Project – Janice Gratton, MaryLou, Madeline, Diane Ponder – RWJ funded in Multnomah County, started in 1988, focused on children mental health, child welfare and two school districts – Centennial, Portland and later Gresham. What kept everyone at the table, turf firmly entrenched. Pooled money, care coordinators who had permission to spend money, matched as much as we could to Medicaid. Core service was psychiatric day treatment. We were missing other components to the system, residential, and problems with feds. Hard for Multnomah county; none of the financial structure accommodated this kind of financial arrangement. Problem was for MC to manage this project separately. Did wonderful things for kids and families. Did not have financial structure to sustain it. When it ended, drove us into children’s system change initiative. Need to look across everything we do for kids. Can’t do it in a small way.
- MaryLou – you never got to point at local level as seeing this as a system. Always identified it as a program. Also never got beyond middle management. Didn’t train online staff in principles and values of

wraparound. When you are going across school districts, what happens to the supports they had, that's why you had to look at it broadly.
Children's System Change Initiative

- Nancy Latini – special education directors unhappy about change. We pulled together schools and DHS and had discussions about rules, should have done it earlier and more often.
- Mitch – controversy and lot of issues to work through because of legislative mandate. Push forward even if you can't get everything resolved. Several lessons around implementation – start small and think big. Don't have to have everything in place to do the work. In our county the agencies put in \$500 each to a pool. Don't underestimate how difficult it is for clinical staff. Huge workforce issue and also a resource issue to have care coordinators to do wraparound work.
- Jammie – families there from the beginning all the way through to implementation.
- Lynne – Insufficient financially modeling on the private side. Taken much of that sector to a level of vulnerability. Doing it again that way will seriously jeopardize providers.

Local efforts:

- Alice and Wraparound Oregon: (1) court authority; (2) business and philanthropy involvement; and (3) need for family organization to train, support and bill for family based services.
- Sharon Guidera – (Janet notes)
- Stan Gilbert – Klamath County, level of cooperation strong as it has ever been. Families report they are feeling listened to and a vital part of decision making. Workforce is huge. Reporting requirements onerous, admin costs going up for providers.
- Jammie – families included in process as partners. What happens is powerful. Workforce development is big, change in value set, etc.
- Mark – for all trauma caused by system change and wraparound efforts locally, what I'm seeing are vastly different outcomes. Children today in MC in school and in home. Very exciting outcomes.

SIG or Early Childhood comprehensive plan:

- Erinn – Difficult designing systems for young children. Can see amazing results like children not ending up in the high need population.
- Janice – trying to engage pediatricians is difficult. How to figure the engagement of the medical side is important.
- Kathy Bradley – public health how to reach medical community through primary linkages – families.
- Erinn – partly physician and giving families resources early on. Okay for families to say I'm struggling.
- Stan – synergy that takes place once collaboration happens and once we talk about delivering client directed outcome services.

- Mickey – need business and other aspects of the community this is something we can't do alone, our private partners essential and must be there at the beginning.
- Diane – remind ourselves of the complexity. Can't always get everyone at same table, need to move the table.

Child welfare system of care:

- Larry Lissman—most of lessons learned I recognized in the lessons you learned. Paradigm shift; this really is. When you make that big of a move from a medical model and moving into identify strengths and reaching agreement about needs and then making a plan. Way different. You will have a small group of people and then a bigger group does it because they get paid, not early adaptors. And another resistive group that feels threatened. Be patient! If you do fundamentals, you can be successful. Will work if you do it. Can become an exercise. Easy not to do it Flex funds – opiate for the masses, bone throw to wraparound agitators. People would chase the flex funds like a benefit, distracted from really doing a strengths assessment and building a plan. Need funding that's way different from flex funds. Current child welfare, mental health and juvenile justice, organized by functions. Need redefinition that will likely require legislative change. You need to have the plan drive the money, not the money drive the plan.
- Mark – settlement agreement laid this out. 12 years of implementation. Principles borrowed from CASPP. Big challenge. Variation of implementation, practice, how much local communities incorporated it Some places, treated like a program, some like a philosophy. Resources put into training and evaluation. Only a change within child welfare. Do not get rid of flex funds. If anything, what we learned is you can't just take a small percentage and make them flexible. Helpful in keeping kids out of foster care.
- Danni – I haven't seen the changes. First time I've heard about flex funds in child welfare. More families need to be informed. Nobody knows it is available unless you ask for it. Coming from my view, we are not getting it. Don't see benefit of putting the child back in a unsafe home. Need follow up with visits to the house to see that it is safe. Every family needs to have their rights, services, etc.
- DD system – culture shift, workforce training, pooled funding, complete system change is to change culture of agency. That's the level of commitment that has to happen.

Positive behavioral supports – Healthy Kids Learn Better

- Nancy – sustainability concern for kids with mental health problems. Needed buy-in from entire district. 80 percent of kids just fine. About 20 percent might be home school, might need pull out, etc. Top of triangle is 5%, significant mental health issues. These are kids we need single plans.

- MaryLou – need to take it slow. Those students who need intensive service, implement PBS rise to top quicker.
- Jammie – for all kids, prevention driven.
- Kathy Bradley – Healthy Kids Learn Better, public health and schools. Taking program vs. system approach. Must take system approach.

Larry Marx – lessons fro across the country:

- University of South Florida Research and Training Center: (1) Inspired leadership – early consistent focus on values and beliefs is the anchor. (2) courageous conversations – shared beliefs into shared responsibility ad shared action; (3) seizing the moment – recognize opportunities for action to move SOC implementation along; (4) staying focused and being explicit and concrete about values and strategic about action and proactive in system development; (5) shared ownership and accountability.
- Need to match Oregon experience with these guidelines.

BREAK

Data:

Janice – Data collection, some info missing such as local education, early childhood, services and supports from child welfare, etc. Looking at big picture is important. Passing around paper for data needs from the group.

Erinn: Thinking and writing down why you are asking? If agency knows why you are looking for specific data, that will help. No dumb question.

Bruce G: Be more broad in terms of what is the question as opposed to what data. What are you looking for? What question are you looking to answer?

Mitch: Need a much more detailed prevalence study. New Jersey model has a great outline of how they did a prevalence study for their state.

Operational Principles:

Themes: Do what's right for kids and families, involve family partners. Need financial modeling. Workforce development. Continuous process and about cultural change. State and local leadership. Include business, health care, and philanthropy. System, not a program.

Stan: Pet theme – system and services delivered in a way that is informed by outcomes. Consistently monitoring whether we are achieving the goals.

How may we need to adjust values and principles?

Bruce G. Have services and things that happen, but may not get at right purpose. Disturbed that we haven't mentioned the values and principles. How do you know if it is working? What outcome are you looking at. Focus on why we are doing this focused on outcomes of children and families.

Bruce: Need to define success as outcome and a data and information set that supports that.

Bob: Want to add best practice to that.

Jammie: Families aren't on board with evidence based practice. Must balanced that families don't think that's the only way to help our families.

Services and system outcome oriented and monitored, also services for kids and families.

State and local agencies and families have a common understanding of success.

Stan and Jammie: Huge body of data indicating best predictor of positive outcome in mental health is consumer's own opinion about that.

Services and the system oriented toward outcomes decided by child and family and continuously monitored.

Don't have common definitions of those outcomes.

Sharon: