



Statewide Wraparound Steering Committee
Minutes– Meeting Four
September 7, 2007 10 am - 4 pm
Parkway Building
2850 Broadway, Keizer
DHS: <http://www.oregon.gov/DHS/index.shtml>

MEETING FOUR OBJECTIVES:

- Integrate Recommendations from Subcommittees, Family Members & Public Input
- Finalize Recommendations

Present: Mary Lou Johnson, Erinn Kelley-Siel, Nancy Latini, Mickey Lansing, Diane Wells, Sharon Guidera, Lynne Saxton, Mitch Anderson, Joyce Van Anne, Jammie Farrish, Dani Moore, Bob Jester, Bruce Goldberg, Steve Woodcock for Nancy Latini

Staff: Janice Gratton, Pam Curtis, Alice Galloway, Janet Walker, Larry Marx, Jackie Mercer, Robin Mack, Kathy Seubert, Bill Bouska

Welcome/Opening Remarks: Erinn welcomed all participants and thanked everyone for the work done to get to this point. She indicated that Representative Tina Kotek had expressed an interest in this effort; Senator Margaret Carter was not able to be present today but she will be briefed at a later date by Erinn. Erinn committed to networking with legislators once the report is finalized for their review and asked for the Steering Committee to join her in that effort.

Review of Work Accomplished To Date: The goal of the day is to listen to the reports from the 4 sub-committees, review recommendations, and make final adjustments to the work produced.

A Family Story: The Rev. Donald Foster, a foster parent of a Wraparound Oregon-Multnomah youngster, shared his family's story. The Rev. Foster was adopted himself as a child; his foster son is 15 years old and, prior to coming to The Rev. Foster's home, he never been in any home longer than 7 months in over 10 years. Because of team support he has been able to remain in school. The Rev. Foster thanked everybody who came up with the idea of 'wraparound.'

Committee Reports:

Cultural Competency—This sub-committee's work was previously accepted in full by the Steering Committee and previous recommendations from the other sub-committees were embedded with language changes as recommended by this sub-committee. Today's material has been previously reviewed by members of this group with opportunity for feedback to the sub-committee co-chairs.

Local Implementation—Sharon and Jammie reviewed the recommendations, highlighting the governance role at the local level and the fidelity to Wraparound Principles, the linkage to physical health and addictions services; the benefit package was designed as robust and flexible, including local option to secure additional local contributions to be matched with Medicaid; a single plan of care was recommended that would cross physical health, addictions treatment, education, child welfare and juvenile justice; electronic client records were recommended but the details of interfacing are complex and not worked through; logic model was worked out and can be inserted by the project team; the role of

the local Mental Health Authority was discussed with the committee recommending that the local County Commissions would be the 'driver' in the local area but the issue wasn't fully discussed. There was a lively discussion on the role and inclusion of local education in the planning, delivery and purchasing of Wraparound services.

Questions for this committee included concerns about any overlap with the Mental Health Organization structures currently in place, with the right of first refusal resting with the local County Commissions. Sharon said that early childhood education and intervention and K-12 education was linked in this model at the local level.

Finance—Mitch and Lynne reviewed their recommendations. The market assessment was described as a refinement to assist in staging implementation; there was a strong recommendation for the establishment of an independent Project Team working out of the Governor's Office to initiate implementation. Funding initially could come from assessing each department who is participating; it is hoped that there will be a successful for coming SAMHSA State Implementation System of Care grants to be offered out in late October 2007. It is imperative that the MIS/IT role be clear and established by this Project Team as well as a review of the most appropriate approach for Oregon's Medicaid Plan for these children. The timeline is aggressive but compatible with the legislative calendar. The key to the financing model is a statewide purchasing collaborative made up of state agency heads who would establish an Administrative Services Organization (contracted or governmental, whichever is most efficient), a Care Management Organization to focus on care management with the ability to provide crisis intervention, flexible funding, manage local funds, and a statewide Family Organization, operating locally. Committee members met with Regence Blue Cross/Blue Shield and found interest in participating from a private payor perspective.

Questions for this committee included concerns from the Association of Oregon Mental Health Directors about the availability of new money for this initiative. There was good discussion about not pre-determining a need for additional resource. The committee agreed that the report should be clear that this project is an attempt to ensure that resources are adequate before full statewide implementation, do the thoughtful staging, and shift the manner in which all behavioral health services are delivered.

Project Team—Janice reviewed the document suggesting the accountability mechanism with a clear role for family and youth, including the delivery of peer service, subject to the same criteria for quality and monitoring as other providers. The diagram displayed the relationship between governance and administration. The expansion of the definition of evidenced and culturally validated practices was reviewed.

Date and Evaluation—In the absence of Nancy and Stan, Steve Woodcock and Janet Walker discussed the recommendations including a 2 tiered system with the capacity to able to meet specifications required through a data warehouse kept at the State level. There was a recommendation for web-based systems with the capacity for "real time" payments as has been developed in Wisconsin, New Jersey and other states. The issues of confidentiality and data sharing need to be reviewed by the attorney general's office but it is believed they can be overcome; issues include HIPAA, FERPA, and DAS rules and regulations. Required at the outset is money flowing through the funnel at one required state platform with common data architecture; various local entities could have different software as long as it conforms to the requirements of the "common data architecture."

Questions included how to measure social supports; Steve indicated that education uses AYP (adequate yearly progress) and State Report Cards. Janet indicated that the data could be taken directly from families and there are tools developed to measure this and well as fidelity to SOC principles.

Comments from State Agency Directors regarding the Outcome Measures Recommended and their effects on legislative required outcome measures:

Erinn asked how the state agencies would work regarding the shared accountability required in a system of care/wraparound model. Bruce indicated that there needs to be clarity about the outcomes required and that while multiple accountabilities may be the system goal, each agency needs to know what their own requirements are and the data to measure the progress must be available. Mickey agreed with Bruce. She said that in reviewing 36 different county plans, there must be a plan to measure what the local community determines are its priorities. Nancy was very complimentary to Stan Gilbert for the initial review of the high level outcomes and existing performance measures across agencies. With 191 plus local school districts with varying MIS capacities, data provision is a challenge.

Family Feedback: Robin Mack and Jammie Farrish reported on the Family Feedback video conference that occurred on September 5th. They were located in Portland, Salem, Medford, Redmond and Hood River. Over 50 families participated. Issues identified included workforce development, cross training of therapists, especially in small communities issues, accountability/compliance, flexibility, family voice, broad system integration, medical community, peer-to-peer supports, whole family supports, life span approach. A complete report will be distributed within 2 weeks. Jammie said that families would have liked to have been more involved at the beginning of this initiative; as a whole they report being excited, enthusiastic and positive about this project. Erinn said that cross training should be inclusive of family members as trainers.

Questions from the Steering Committee included the desire that families from the private sector not be forgotten in planning and in service design. Issues of the stigmatizing effect in public sector waiting rooms were discussed; Bruce said the issue isn't about families, public or private sector but about respect. Bob added that issues of respect and safety can be balanced.

Public Testimony:

Tracy Northfield, Washington County Commission on Children and Families—Thanked the Steering Committee for all the work they have done and the evidence of collaboration in the process. She noted that there was no report from the Cultural Competency Sub-committee today and said she was worried that their work would be lost. She said she is excited about wraparound, a model we know works. She reminded the Steering Committee to ensure that the full continuum of prevention, early intervention and other services are available to families with young children.

Bill Bouska, State Addictions and Mental Health Division—he recommended that the ability to impact early intervention and early identification not be forgotten since often the services go to the top end of the service continuum. He emphasized that families want to be able to be the judge of what is successful. He expressed concern that the Project Team be able to get to the details of what is needed; he believed that the Project Team needs to be better defined. He also recommended more focus on workforce development.

Mattie Palmenteer, NARA—she stated that being part of the Cultural Competency Sub-committee was very enjoyable. She said she felt offended by the term 'no eject, no reject' as it is used in Wraparound and System of Care publications. She feels that some may feel it is a reflection on calling people "rejects." She expressed concern that the Governor's Executive Order is asking for a lot of the workers in DHS and they need to be respectful of all. She expressed appreciation for being listened to and said, "It's all about making it better."

Mark McKechnie, Juvenile Rights Project—He expressed that he is passionate about seeing this initiative happen. He expressed appreciation about how each agency's goals and objectives can merge. The complexity of issues such as the variation between school culture and foster care regarding the issue of safety can impact community safety, criminal opportunities and jeopardize foster care settings and

parental work. Often treatment goals are too narrowly defined; if treatment progress is not meaningful in a child's life, it won't be a benefit to them to be safe and successful. New money is not a prerequisite to getting this done, but many agencies are 'in the hole' and new funds would ease the needs for sophisticated IT systems and workforce development. School has just started this week. How many foster children were sitting at home wondering if they would even get to go to school? There is a need for electronic records so schools can get the information they need to help the children. Wraparound Milwaukee was able to show that their youth didn't commit as many crimes as others because they were involved in a care management plan. Information needs to be shared with families to help system change. Bruce Kamradt's system sends a statement to every family showing what services they have received, how much it cost; the families are the best utilization managers.

Katherine Bradley, Public Health Division—She expressed appreciation for the staffing of this effort, especially so that the various sub-committees could have different expertise. Her recommendations: Local Implementation-importance of health and inclusion of health/medical home could be stronger. This language would reflect the discussions currently happening in provider communities; Finance-appreciated the inclusion of developmental screenings, but also screening for maternal depression should be included. The immunization requirement could be a proxy for medical home. She requests more work on a strong logic model as a framework for the outcomes. For data integration she recommended the use of a central warehouse, setting the requirements for what needs to be met in order to be able to exchange data.

Kathy Seubert, Addictions and Mental Health Division—Kathy stated that she has been researching the effectiveness of early interventions and the data that demonstrates the return on that investment for society. There needs to be inclusion of the child care workforce in this process. If we can prevent kids from getting into the higher end of the system, it is more rewarding.

Erinn closed the public testimony by thanking all who spoke and indicating that there will continue to be opportunities to be engaged in this work as it moves forward.

Changes to the Recommendations: Discussion ensued among the Steering Committee, led by Pam Curtis. Identified issues included: more detail about the electronic record, more focus on prevention, outcomes that are more immediate that relate to the family perspective, put an introduction at the beginning of the report that emphasizes the values and principles of wraparound-focusing on the culture change crossing prevention and intervention, ensuring that cultural competency is embedded in the final report, the inclusion of social marketing to the general public and to various professional groups such as first responders, and a communications plan for the various stakeholder groups represented by the steering committee members, with a special focus on the inclusion of education.

Issues the Steering Committee determined that should be left to implementation included: Role and Functioning of Electronic Records, Role of IT, Design of Medicaid Plan Adaptations, Role the Mental Health Authority and the fit with local organizations, creation of a neutral entity at the state level to share leadership between education and human services, implementation staging and the communities who are challenged around community readiness,

Changes to the Report Outline:

- Lead with a family story—perhaps a 'before Wraparound' and 'after Wraparound'
- Insert the descriptions of financial models around the country (Bruce Kamradt provided)
- Role of the Family Support Organization should be highlighted
- Highlight the fact that this is a long journey

The report will be sent out in draft form to Steering Committee members for any last edits prior to finalizing the document and sending it to the Governor. There will be a signing ceremony sometime in

late October or early November. Erinn stated that while this group officially ends when the report is released, she would like to re-convene it as a focus group after the project team completes additional work and review the progress and fidelity.

Pluses and Wishes: Last April's list was reviewed and the Steering Committee completed a new list. (see below). The Steering Committee adjourned with Mary Lou Johnson stating, "Excellent job! It's just the beginning."

**Statewide Wraparound Initiative-Steering Committee
Pluses & Wishes for the Future
September 7, 2007**

PLUS

The Commitment over the summer,
The Family Stories were critical

It worked well within the time frame

Families and Youth contribution & stories

Shared Vision

Hearing the different voices;
it re-energized

Exceptional work from Pam, Mark,
the team—we got things done.

Level of momentum generated

Didn't forget the non-OHP families;
it feels inclusive

Honored to hear the stories, the
bravery we call care and compassion

Open and considerate of my thoughts;
haven't been shot down once.

We took off our 'hats' when we started
& invested in the work and the vision

So impressed with this process & the
partnerships. Much has been
accomplished with passion

WISH

Every door is a positive for kids & families

Get this implemented!

Keep the momentum with an eye to detail

Truly respect who we serve

In 2 years this is ordinary business

We do this smarter and better

Implementation: used everywhere

Find meaningful ways to include youth;
this is so complex

Remember the values: how can I keep my
integrity and keep this moving forward

Don't get lost or stopped

Implementation; get started!

Go back to our roots, bring our colleagues
along and get commitments