



Wraparound Oregon Statewide Initiative

Finance Committee Minutes

July 11, 2007

Attended by: Donna Keddy, Philip Cox, Randy Blackburn, Barbara Jorgensen, Sandy Bumpus, Mitch Anderson, Bruce Kamradt, Diane Ponder, Madeline Olson, Lorena Campbell, Mary Lou Johnson, Karl Brimner, Tony Meek, Janet Arenz, Bruce Baker, Mark McKechnie, MaryLee Fay, Lynn Read, Nancy Anderson, Erinn Kelley-Siel,

Chairs: Mitch Anderson & Lynne Saxton

Staff: Janice Gratton & Alice Galloway

1. Welcome: Co-chairs welcomed all. Lynne encouraged the committee to focus on the vision of the work of this committee rather than to be mired in details that are to be left to the implementation process.
2. Children, Adults & Families Presentation: Randy Blackburn presented information regarding child welfare's role and participation in system of care/wraparound approaches. He stated that most of CAF's funding is general fund, some federal funds; they will do break outs of funding sources at a later time but aren't prepared to share that today. There are concerns about how to track claiming and reporting data; the target population described in the Governor's Executive Order would include every child in their custody. They would recommend a phase in approach. In any change process they have had difficulties in the recruitment/retention of foster parents.
3. Review of Funding Sources: Bruce Kamradt went over the grid he prepared, given the agencies that responded. Some corrections were offered up and Bruce will make those corrections and send out the grid to subcommittee members. It continues to be noted that this is a work in progress; there is duplication and local funding streams such as Juvenile Justice and the k-12 system are only globally reported. Part B and C from Early Intervention/Special Ed does not appear on the ODE documents. Erinn encouraged the group to look at expenditures, categories in a broad scope & scale. She reiterated the Governor's message: we are committed so that as the financing model evolves many people will be involved; will involve the Dept. of Administrative Services re: right data, etc later. That will be an implementation issue. She asked for a

good vision now; we need only approximation of where we are now.

Recommendations for areas re: new investments to make this model work are welcome. Bruce K. stated that while it won't be exact re: sorting by services, it appears that about \$91M is being spent on res treatment, acute OP, so we can this be re-directed. Need to look at redirection and leveraging. This will be an initial snapshot and raises questions: what can be adopted as a first brush snapshot? Foster Care group home be called Special Rate Foster Care; definitions of some categories can be noted in narrative. Mitch asked Bruce K to recommend demonstrating how money can shift and recommend some possibilities for our report. State agency personnel will welcome that the grid has a header and date on each page. Bruce will incorporate changes. There will be a 2nd level of effort post this process. Erinn requested that questions that have come up be placed in a document and sent to Lynne and Janice for review by Erinn, the Project Team and key leaders. Outcome measures will be reported to the group by July 19 and reviewed at the next Steering Committee meeting.

4. Presentation of Financial Models drafted by two subcommittees (see attachments).

Model A: Presented by Madeline Olson. Created by work group from DHS, including DMAP, Federal Financial Office, Child Welfare, Mental Health. It represents a broad outline of ideal future state. No assumptions were made that there would be immediate implementation. If children meet criteria, they are in and there would be no reject. List of funding sources should be part of this. The ideal was to get money blended so that you get to children and families. A statewide purchasing collaborative could be government or private. Common policies and principles guide the work. Administration would be done locally. Key youth and families are at the core and central at all levels. There is a broad based benefit plan. Incentives are built in for evidence-based practices. Universal screening would be done. An effective assessment instrument for juvenile justice clients would be used to prevent inappropriate use of correction system. Fidelity to wraparound model re case management ratios. Outcomes, accountability and quality improvement are critical. It is hoped that there would be overall reduction of cost over time. It is imperative that a sophisticated MIS system be included. Must develop workforce to do it right. Judges, probation, juvenile courts, educators and physicians are a critical piece.

Model B: Presented by Mark McKecknie. Created by work group from Willamette Valley including Bruce Baker, Lynne Saxton, Mitch Anderson, Sandy Bumpus, Karl Brimner and Mark McKecknie.

Target population was so broad it and inclusive that we tried to break pop down into three groups and characteristics of highest level population, middle level often left out and tier three is everyone else. Some indicators about how to identify each tier. (See model) Benefit plan is a combination of Wraparound Milwaukee and New Jersey models. More emphasis on in-home and community based services, crisis response,

mentors, coaches, and discretionary funds. We talked about adding education – what would services and benefits be aimed at schools (see list). Blended funding, adopted that same list as state group. We did add developmental disabilities. We changed characterization of education services focusing on “whole package” for different populations. If funding were blended at statewide level, we need to think about adding local funding to the pool when it reaches the local communities. We didn’t assume only state level funding. We added annual reporting (accountability) piece. We focused more on principles that would guide the design rather than the design. We limited total administrative expenses to a reasonable amount so as to maximize amount of dollars go to services and supports. The MIS piece is “key” for supporting integrated services and planning, real time data tracking that allows pros from different systems to access the information. We recommended having clear conflict resolution process among systems to assist in creating a level of trust among systems. Governance could include a Partnership Council. State level entity would be responsible for taking funds from different sources and contracting that and sending to local admin organizations that perform care coordination function and manage system locally. It must be family driven and locally driven. Official link for family organizations at the state and local levels. Systems would support official roles for families at governance, policy and direct service level. Expectation around crisis response – minimum benefit not is not eligibility based.

Bruce K indicated that both really excellent; very similar. One has more staging. Staging is good re: most severe as you can redirect funding to serve more. Early Intervention is incorporated in first model; must include. Local model leaves a question re: how much contribution is local? Thos funds could be braided locally, WM looks for community based care available locally.

Discussion: Issues discussed included—

- One benefit plan full range of services. Inclusive of behavior health and managed locally. Statewide ASO moves money out to local groups could be governmental or nongovernmental. Universal screening.
- Complete market assessment
- Eligibility need based – no financial requirements.
- Need to get private payers involved (market assessment will help).
- No rejection.
- Braiding of some funding may be needed.
- Blending funding at state level is critical.
- Money not expended goes into a pot and can be reinvested in the system (returning to actual party –such as early intervention.
- One funding plan where all issues are addressed.
- Cost savings captured and reinvested back into the system.
- Staging in process

- Who can the best job with preventative services? Does education take the lead?
- You can have parallel things going. Universal screening is good. Early Childhood specialist attached to mental health centers. Some states are billing for early childhood services.
- You are talking about implementation. (Erinn) Also discussion Local Implementation had last week. Finance and Local Implementation to have joint meeting to further discuss these issues. Put these discussions aside for now.
- Both plans have family organization and family involvement.
- Financial structure needs to support family involvement. Sandy B.
- Care coordinator and caseload size – has to do with amount of money that’s available.
- Strong emphasis on workforce development – carve out of funding up front.
- Adequate and equitable wages.
- Information system critical.
- Quality assurance and monitoring.
- Could add caveat for young adults.
- Crisis response – may want to discuss this further. Should be standard requirements across the state.

“Rubbing Points” Included:

- Clinical criteria, seem to be very mental health focused – Phil Cox.
- Concept of blending funding could be in conflict with tiered approach.
- Idea is start with kids with most serious needs because that frees up dollars. Could tier x number of kids.
- Look at categories of potential sources of funding inclusive.
- Ties tiers to market study then implementation. Look at universe of kids, how to put dollars together. What you don’t want to do is ‘water down the soup’ or implement so widely that you under fund and it’s a failure to everyone. If you only have this much money, let’s do a good job and adequately funding what we do. We have to find a balance.
- Need a rationale for whatever we do.
- What about families involved in addiction services –how can families get treatment so they can parent their children.
- Fidelity issue to wraparound. 50% plan should be informal services.
- Conceptually offer recommendations without waiting for market study.
- Bruce K – recommend staged implementation so funding is adequate to hold to fidelity and balanced to address continued early intervention to high need.
- Could make a recommendation for quick turnaround of market study.
- Need to engage victims and victim advocates – must consider public safety. Phil Cox
- Bruce K – John Lyons study that went out to folks is a good example of market analysis.
- Bruce K – do a model with bringing to two populations together.

Differences and ideas:

- Researching new investments. (add)
- Maximizing existing funding – waivers, full match, etc. (add)
- Universal access to system of care, played out through staging determined by market study.
- Voluntary for the county to participate.
- Common ground is that we support staging, time limited.
- Having a cost benefit analysis be part of market study. What has greatest return on investment and lowest return.
- Federal requirements might also “drive” how we blend funding.

Plan: Small work group composed of Mark, Mitch and Bill B from AMH, Lorena and Sandy (if available) will meet on 7/16 in Salem at the DHS Bldg from 1pm-5pm. Madeline will inform the group as to which room is available. Can use the Project Team’s Comotive line so others can participate by speaker phone. **Comotive number is 1-866-663-1362; Moderator PIN is 717689# & Participant PIN is 365250#** The goal is to complete a draft by 7/18 for the subcommittee to review and release to the Project Team for the Steering Committee and Responder Panels by 7/20.

Next Meeting: August 15. Probable joint meeting with Local Implementation Subcommittee. Location at this time: Christiccare.