



Statewide Children's
Wraparound Initiative
Local Implementation Subcommittee
June 21, 2007
1:00 to 4:00
Willamette ESD Bldg– Salem

Co-chairs – Sharon Guidera and Jammie Farish

Attendees: Rob Abrams, Jammie Farish, Sharon Guidera, Mark McKechnie, Michelle Westfall, Nan Waller, Karen Andall, Steve Kuhn, Belinda, Marier, Derenda Schubert, Bill Bouska, Valerie Rux, Shelbee Hudson, Jeanny Phillips, Shelley Joyce, Yvonne Livingstone, Melissa Fleck, Karen Wheeler, Pamela Abernethy, Clifford Hartman, Bob Proctor, John Linn, Janette C Williams.

Staff: Janice Gratton

- Members were welcomed by Jammie and Sharon. They introduced themselves.
- Presentation by Sheila Pires, national expert on Systems of Care: She began by summarizing successful models from around the nation--
New Jersey: 4-5 yrs. Not a pilot. Created local care mgt and local family organizations. All were new organizations. Didn't use any existing agencies. All were 501c3. 51% family & youth governance. 26 localities. Mgd care orgs are the locus of responsibilities. Much like Wraparound Milwaukee; bought WA Milw's mgt sx. Pay attention to placement issues. Combined revenue: educ, jjd, cw, mh. Uses general fund \$\$\$ and uses XIX admin claiming to support the family orgs. Standardized training, use CANS, webbased training for all persons: case mgrs, workers, family. Covered under XIX. Up 12 wk period w/families. Preventing placement disruption in cw. Use of med.match really helped in expanding capacity. At state wide focuses on all children: ASO has a non-risk focus, organizes the networks and supports the family. The family and the care coordinator staff can't tell who is paying. XIX is managing the \$\$\$\$. Website is: Njkidsoc.org Much of the money saved was in residential treatment as NJ was very heavily resourced in that area, contrary to Oregon.

Maryland: Gov's Office leading. Created Local Mgt Boards: cross sx/agency members plus family, youth and others. Developed common policy. Gov has been trying to create single point of access, very broad

definition for children, “no wrong door”. Building on 211: family navigators to assist to get where they are needed. Trying to connect to care coord. Trying to correct perverse incentive to place in res. Rural felt they were getting poor outcomes. Included EC and other older intensive needs kids. Used Family Preservation \$\$\$. Can use other \$\$\$ and redirect for care coord.

Cuyoga Co: Cleveland: very strong 0-3 services. Difficulty engaging some families—rolling into the families who have youth w/status offenses & SED w/multiple agency involvement. Neighborhood family to family w/care coord. Lead agencies w/providers and neighborhoods

Question: In looking at so many different initiatives, where is the leadership?

Answer: Depends on state structure. Is it a county run sx or not? Cleveland pulled together in spite of the state. Didn't use Medicaid. Will go toward 1915A amendment.

Question: What about non-Medicaid population?

Answer: Depends on local communities, resources and desires. How much of pop is Medicaid? Could use the ‘family of one’ option, but then a child’s care in the community can’t be paid for. Will use 1915c waiver to provide for the non-Medicaid. Minn. created a model benefit to apply to commercial and non-commercial insurance services

Question: What about local schools?

Answer: We are having pockets buy in. Need to look at different models. Rhode Island is focusing on the schools. Still having trouble depending on more challenging behaviors. Tie to family navigators, community.

Question: Are you familiar w/NM:

Answer: They are in the early stages. They have a behavioral health Managed Care Health carveout. Took \$\$\$ out of state agencies to build a purchasing collaborative to serve adults and kids. Types of services don't vary based on difficulty; creating a broader benefit pkg won't necessarily serve the very needy.

Question: What about AZ:

Answer: Excellent system, values based, but child/youth is out of luck if not Medicaid or SCHIP.

Question: What about local accountability structure? What about 1child/1plan? How can they be accountable to the CW, Court, Educ—

Answer: Having a dedicated case manager with authority across systems. Child/family team with a plan of care is the one plan (NJ, Milw.) Accountability can be managed when you have care coordinator with 8-10 families. Others can benefit, rural counties are taking a ‘no wrong door’ approach. Team decides who has the authority,

Question: Where do the flexible come from and how are they using this system?

Answer: Different ways, if you have blended pool like Milw, it is flexible by definition. AZ gives care coordinators an amount, financed by general fund sources, very small (\$850K for whole state). Could use cost savings for the source. Could pool dollars after cost savings are realized. Using \$\$ out of case rate to fund. AZ has policies on flex funds.

Question: what sites have gotten best outcomes, what do they look like?

Answer: Dawn in Indiana, central Nebraska, Georgetown's website on Nebraska is descriptive. All states, regions are doing similar things. Buy in at local and state level; 1 cm w/authority & small caseload. Common practice model.

Question: What about DD & A&D?

Answer: Nebraska has included kids and adult family members who are involved in CW sx; so does Milw. Medicaid dollars aren't as available for A&D. Delaware is requiring providers to be certified in mh and sub abuse

Question: What about NV:?

Answer: Not looked closely. Trying to broaden the Medicaid benefit to include in home family ed & peer support. Consolidated children's agencies: cw, mh, a&d. Doesn't get you where you want to go. Still can be categorical.

It is required that state leadership with common values base drives the reform in partnership with local agencies. NJ struggles in getting the state dept of educ. We have many LEAs & need to work w/them.

Question: In Cayoga Co: elaborate on how the parents are involved.

Answer: They use these Neighborhood Orgs, much like a settlement house. Employ resource workers from the neighborhood for families who are at risk of CW involvement. Bring major providers in partnership w/ the neighborhood org. Use a small subset of 0-3 for this purpose. Large Latino, African-Amer populations with an historical lack of trust in dominant culture systems.

Dr. Pires is working with 2 OR organizations: Mid-Rogue and CareOregon

Question: Where do the youth stand, can they control their own treatment?

Answer: Yes, involved at service level in own plan but also as peer mentors and supports. NV's system has youth organization paid for with some Medicaid and some state \$\$\$. Youth Move is nat'l org to connect at state & local.

- Group Exercise: The group divided into 3 small groups. Each group was populated with representative from youth/family, education, child welfare, mental health, addictions and other disciplines as there were people

available. The assignment was to tease out the basic elements needed in Oregon and to attempt to design a visual impression of those basic design elements.

Reports—

Group 3—variety of broad ideas-

Same language and common language
Entering thru adult sx where there are children
Universal screening tool
Single care mgr, consistency, not program dependent
Electronic health records to decrease story being told over & over
Care Coord. Agency independent
Comprehensive: broad, common tools
Coordinated svc plan that is family driven
Monitor plan & troubleshoot
Common workforce dev. language
Basic lvl of svcs rural & urban
Shared Visual*: hourglass broad, narrows then goes to family for svc.

Group 2: family's perspective

Find svcs easily
Single plan
One contact w/one authority
Svcs in home and where it's convenient
Listened to
Strengths, needs
Outcomes are shared
Reflects our values and culture
Single payor
Shared Visual*: no wrong door, rapid access / Ampitheater

Group 1: who are the families

Engagement w/at risk
Relationship-warm line for parents/Trust family navigators/systems navigators/care coordinator-one plan, local flexible dollars, authority
Consistency
Strengths based
Evidenced informed.
Electronic medical record to communicate.
Shared Visual*: support encircling the family

- Brief review of “Oregonized” Wraparound Principles for the Steering Committee; comments to co-chairs or Janice Gratton by Friday evening.
- Next Meetings: Salem July 6 from 1:00 to 4:00 and Portland July 20th from 1:00 to 4:00. Exact locations will be sent out with the agenda.

*Visuals: we will attempt to 'scan' into the record prior to the next meeting.