

National Wraparound Conference
Changing Tides: Innovations in Wraparound
Our Legacy, Our Future

Sustaining Collaborative Systems of Care

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Sustaining Collaborative Systems of Care

- What do We Want to Sustain and Why do We Want to Sustain it?
- Elements of Success
 - Lessons Learned
 - Importance of Leadership
 - Importance of Ongoing Public Relations
 - Promoting Public Policy That Emphasizes Meaningful Outcomes
 - Building Financial Opportunities

What Do We Want to Sustain?

The following belief:

We believe that all children have the inalienable right to grow up safe, healthy and fulfilled, in families that love and nurture them.”

- Brevard Family Partnership's System of Care

Principles from 1909 White House Conference - Adopted as “The Children’s Charter” in 1930

- For Every Child:
 - A home, with love & security that a home provides. When foster care is necessary, the nearest substitute for the child’s own home.
 - A community which recognizes and plans for the child’s needs, provides safe places for play, and provides for cultural & social needs.
 - An education which discovers & develops a child’s individual abilities and prepares them for a living which yields maximum satisfaction.
 - Who is physically or mentally handicapped, early diagnosis, provision of treatment, and training so the child may become an asset to society rather than a liability.
 - Who is “in conflict with society” the right to be dealt with intelligently as society’s charge, not society’s outcast; with home, school, church, court and the institution when needed, shaped to return the child whenever possible to the normal stream of life.
 - These rights exist, regardless of race, or color, or situation, wherever the child lives under the protection of the American flag

Summary of 5 points outlined in the 19 point document from “The Public Assistance Worker”
Russell H. Kurtz, Russell Sage Foundation, 1938

Why do we want to sustain collaborative systems of care?

- One in five young people have at least one diagnosable mental or addictive disorder (U.S. Surgeon General, 2001)
- The high school non-completion rate for children with emotional and behavioral disorders is 56% (Wisconsin statewide transition conference, 2004)
- Approximately 75% of males in juvenile corrections present mental health needs (Wisconsin Department of Corrections, 2007)

**"IT'S TIME WE STOP BUILDING
PRISONS AND START BUILDING
OUR CHILDREN."**

--Colin Powell

2000 Political Party Convention

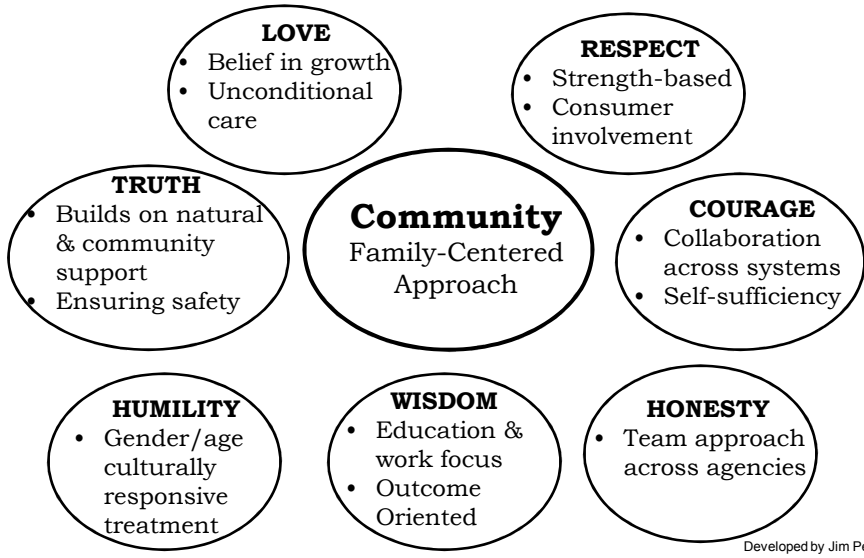
“If you care for your own children, you must take an interest in all, for your children must go on living in the world made by all children.”

- Eleanor Roosevelt

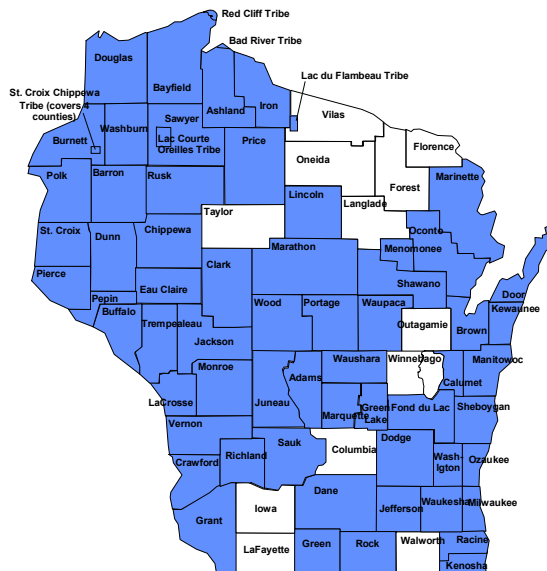
Core Values

- Family-centered approach
- Family involvement throughout the process
- Building resources on natural and community supports
- Strength-based approach
- Providing unconditional care
- Collaborating across systems
- Using a team approach across agencies
- Ensuring safety
- Being gender/age/and culturally responsive
- A belief in growth, learning and recovery
- Being oriented to meaningful outcomes

**Red Cliff Indian Reservation
Coordinated Services Team Initiative**
A cultural approach in working with Families and Community



**Wisconsin's Collaborative Systems of Care
Serving Children & Families**
(Updated October 2010)



Lessons Learned

2009 Survey of Counties in Wisconsin that Ended Five-Year Grant Funding

Biggest Challenges

- Implementing the CSOC process system-wide – not fully embraced by everyone
- Maintaining financial sustainability – more challenging if not mandated or policy enforced
- Maintaining an active Coordinating Committee – shared vision and turnover is challenging
- Need for more collaborative Care Coordinators

Continued on Next Slide

2009 Survey of Counties in Wisconsin that Ended Five-Year Grant Funding

Positive Outcomes

- Increase in cross-system collaboration
- Positive impact on families – truly understanding and meeting their individual needs
- Philosophy shift – resulting in expanding process with other populations including adults
- Reduction in out-of-home placements

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2009 Survey of Counties in Wisconsin that Ended Five-Year Grant Funding

Lessons Learned

- Consumer involvement throughout the process is necessary for success
- Administration / leadership buy-in and promotion is important to success
- Community and partner buy-in important to success
- Need for ongoing training and technical assistance – including peer support

National Collaborative Systems of Care

A 2007 study by the Center for Mental Health Services surveyed 37 national sites in which funding had either ended or was about to end. Findings included:

Negative Factors:

- Changes in the larger economic climate
- Changes in elected or appointed officials who then impact policy and programmatic direction

Positive Factors:

- Forming and/or strengthening interagency partnerships (child welfare and juvenile justice were the most frequently mentioned partners)
- Establishing a strong family organization

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Assessing the Sustainability of Systems of Care

Positive Factors, continued:

- Using evaluation results
- Retaining state commitment and financial support including Medicaid reimbursement and new state funding
- Making policy or regulatory changes
- Infusing the system of care into the broader system

Stroul, B.A., & Manteuffel, B.A. (2007) The sustainability of care for children's mental health: *Journal of Behavioral Health Services Research*, 24, 237-359.

Leadership

Coordinating Committee Membership

- Human Services representing AODA, mental health, developmental disabilities, family support, child welfare, and juvenile justice systems
- Consumers/individuals representing the target population (min 25% of membership)
- Representation from:
 - Education – School Districts, CESA, School Board, Head Start
 - Health Department
 - Domestic Violence Program
 - Law Enforcement
 - Probation & Parole
 - Vocational/Technical School
 - Tribal Community
 - Clergy
 - County Board
 - UW Extension
 - Private Business
 - Additional Community Groups as desired

The Coordinating Committee Suggested Responsibilities

- Prepare Interagency Agreement; update as needed – at least annually
- Develop plan for sustainability, starting year 1
- Assess how the program relates to other service coordination programs, taking steps to avoid duplication of services
- Identify and respond to gaps in services
- Establish operational policies & procedures; ensure they are monitored and adhered to
- Ensure quality, including consumer & agency satisfaction
- Ensure any realized savings from substitute care budgets are reinvested in the community-based CST process
- Be a liaison to the agency/group you represent on the committee
- Attend and participate in Committee meetings and activities

Recommended Subcommittees

Sub-Committee	Purpose	Outcomes
Administrative	<ul style="list-style-type: none"> • Monitor day-to-day operations • Ensure implementation of Work Plan • Suggest additional policies/procedures to Coordinating Committee (CC) 	<ul style="list-style-type: none"> • Dissemination of referral & enrollment info • Draft new policies/ procedures for CC review • Supervision • Ongoing project oversight
Training & Education	<ul style="list-style-type: none"> • Identify & provide for education, training, and coaching needs • Community outreach and education 	<ul style="list-style-type: none"> • Training plan for all constituencies • Organize & implement training • Develop PR Plan • Ongoing evaluation of training needs
Membership	<ul style="list-style-type: none"> • Ensure complete representation on CC 	<ul style="list-style-type: none"> • Determine process for involving family members • Review CC representation • Make nominations to CC • Develop handbook or orientation process for new members

Recommended Subcommittees, continued

Sub-Committee	Purpose	Outcomes
Conflict Resolution	<ul style="list-style-type: none"> ● Help in resolution of conflicts as outlined in the Conflict Resolution Policy 	<ul style="list-style-type: none"> ● Development of conflict resolution policy and procedures ● Process to document barriers and resolution
Evaluation & Quality Assurance	<ul style="list-style-type: none"> ● Develop and support evaluation efforts ● Review data to ensure quality services are maintained and outcomes met ● Report on results and recommendations to Coordinating Committee 	<ul style="list-style-type: none"> ● Determine data to be collected ● Determine methods of data collection ● Implement data collection ● Review data ● Report results
Sustainability	<ul style="list-style-type: none"> ● Develop & implement sustainability plan – including agreed upon values and funds needed 	<ul style="list-style-type: none"> ● Conduct ongoing review of public and private funding possibilities

The Importance of Parent/Consumer Involvement on the Coordinating Committee

- Parents are essential for the development of realistic policies and procedures
- A parent perspective ensures the committee stays grounded
- Parents bring real life experience
- Parents know what works and what doesn't
- "Nothing about us without us"

Key Elements in an Interagency Agreement

- State mission & principles
- Define the persons to be supported (target group)
- Define partner roles & responsibilities
 - At the family team level
 - Of individuals on the Coordinating Committee
 - Agency role & responsibilities (e.g. referral, funding, system change)
- Define the process for accessing & delivering services
- Define the process for paying for services
- Define evaluation processes
- Define the conflict management process

Keeping People at the Table

- Make the Coordinating Committee an “action committee”
- Use evaluation results as agents for change in policies and procedures
- Clearly identify the roles of Committee members as liaisons between the CST process, their agencies, community, and clients
- Identify and address the unique strengths and needs of partners
- Bring cookies

Management Team Values

- We're all in this together on shared turf
- We have responsibility to our community and families to integrate programs and funds in ways that maximize positive outcomes
- We have responsibility to our agency to strive for greatest efficiencies, use of best practices, and maintain fiscal well-being
- We continue to teach and reinforce our values throughout our agencies
- We reinforce and support each other

Tom Schleitwiler, 2010, White Pine Consulting Service

Adams County Health and Human Services Leadership Agreement

- As the management team we agree to promote collaborative systems of care and community partnerships to enhance services as a whole.
- We will use creative thinking, honest communication and respect of others' opinions in order to encourage voice, access, and ownership for both clients and staff.
- We will demonstrate respect for program guidelines and mandates and effective use of resources while recognizing one agency with "no wrong door".

Child & Family Teams

When is a Collaborative System of Care
Successful?

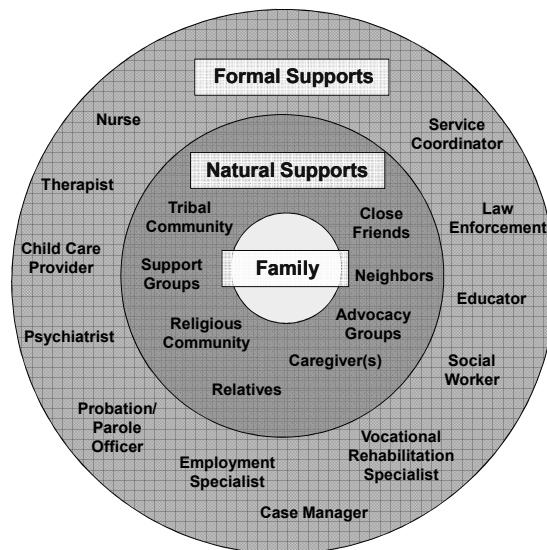
“The central task of an effective system of care is to get the right help to the right people at the right time for the right price, so we can produce the outcomes desired by the community and deserved by our system’s customers.”

- Patricia Miles

Target Group

- Involvement in two or more direct services
- Other interventions have not been successful over time, persistent obstacles to service access exist, and/or there is a need for service coordination
- Placement in or at risk of a restrictive living placement
- Willingness to be involved in the wraparound process

Potential Team Members



Team Member Orientation Ensure Team Members Understand the “Big Picture”

- Assessment, Planning, and Crisis Response Planning
 - Teams meet every 1 – 2 weeks for 45 minutes to 1 hour
 - Phase may last approximately 2 – 3 months
- Plan Implementation & Monitoring
 - Teams meet as often as necessary, typically every 3 – 5 weeks
 - Phase may last approximately 6 – 12 months
- Transition & Closure
 - Teams may meet every 2 – 3 months while transitioning out of the formal team process

Recognize Alumni as a Resource

- Informal Resource
- Advocacy / Peer Support
- Support Groups
- Coordinating Committee Membership
- Training and Technical Assistance

Understand Possible Barriers (real or perceived) to Team Involvement

- I don't have signed releases to share or obtain information
- There's no money available to pay for services for needs identified in the Plan
- If I make an exception for one participant, it wouldn't be fair for the others
- My workload is too large – I don't have time!
- My boss is pressuring me to stay in the office & increase "face-to-face" time
- I've never been involved in Wraparound and don't know anything about it
- I've been involved before – it wasn't beneficial
- I must maintain professional boundaries with clients
- I can't stand working with that person/agency!

Resistance to Change

- The three kinds of resistance to change that teams experience:
 - People who don't know about the innovation
 - People who know about it, but aren't able to implement it, and
 - People who know about and are able to implement it, but don't want to.

Galpin, T. (1996). The Human Side of Change, San Francisco: Jossey-Bass.
Planning for and Implementing System Change – Using the CST Process, John Franz, 2007

Resistance to Developing Trusting Relationships

- Turf
- Ego
- History
- Lack of effective communication

“The Murphy’s Laws of Human Communication”

- If communication can fail, it will
- If a message can be understood in different ways, it will be understood in just that way which does the most harm
- There is always somebody who knows better than you what you meant by your comments

Jim Moeser, Wisconsin Council on Children and Families

Elements of Successful System Change

- **Practice Level:**
 - Line staff in all participating agencies utilize strengths-based, family-centered approach. Staff have the skills and understanding needed.
- **Program Level:**
 - Agencies know how their work fits in a collaborative system of care.
- **Interagency Level:**
 - Policies and protocols guide the system, promoting open communication and quality improvement.
- **Community Level:**
 - The Community Team is grounded in and has the full support of a diverse group of people motivated by their common goals.

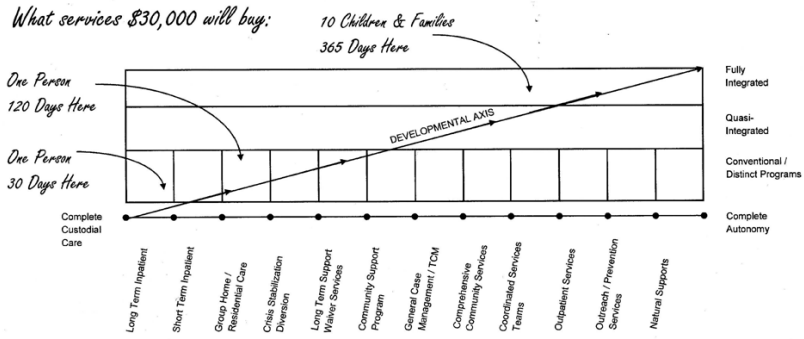
Planning for and Implementing System Change – Using the CST Process, John Franz, 2007

Benchmarks for Integration

- **Responsive**
 - Do clients report that they received what they need?
- **Integrated**
 - Are multiple resources accessed from a single point of contact?
- **Adaptive**
 - Are responses redesigned based on each family's culture, preferences, and needs?
- **Empowering**
 - Do responses build toward maximum independence?
- **Transformational**
 - Do system structures change in response to community needs?

John Franz, Paper Boat Consulting, 2006

MODEL FOR SELF-DETERMINATION ALONG INTEGRATED SPECTRUM OF CARE



Adams County Health & Human Services Department
August 2010

ATTACHMENT B

7

Public Relations / Public Policy

Public Relations

- Ongoing Community Presentations and Involvement
 - Wraparound 101
 - Sponsor community events / trainings
- Ongoing Public Relations with Partner Agencies
 - Administration and staff
 - Interagency Agreement
- Ongoing Training Opportunities

Public Relations – Knowing Your Audience

- Stories
- Peer connection
- Outcomes – data & trends
- Fiscal Impact

Public Policy in Wisconsin

- Local Policies and Procedures
- State and Federal funding priorities
- Administrative Rules
- Legislation

Selected Outcomes

Wraparound Milwaukee Outcomes

- Over the last 15 years over 1,400 children with serious mental health needs and their families have been served
- Reduced the number of youth in high-end residential treatment centers from an average of 375 youth to 80 youth
- Reduced the utilization of inpatient Medicaid psychiatric hospitalization days from over 5000 to 500 days
- Child welfare & delinquency services have not had to put additional monies into the care of youth in residential treatment since 1997 –their base level of funding has remained at the same \$18.5 million

Source: "Lessons Learned from Wraparound Milwaukee –Has It Been Worth It"
2010 Children's Behavioral Conference Re-Claiming Lives...Claiming Futures Oklahoma Dept of Mental Health & Substance Abuse
Bruce Kamradt, MSW April 28, 2010

Selected Outcomes for Children and Youth Served by Coordinated Services Team Initiatives (CST) and Integrated Services Projects (ISP) 2003 – 2006

- Of 40 children residing in a correctional facility, state mental health institute, inpatient treatment setting or residential treatment setting at the time of enrollment, 88% were in less restrictive settings at disenrollment.
- Of 550 children living with their parents, relatives, or friends at time of enrollment, 91% were maintained in these settings at disenrollment; an additional 5% were placed in foster care or group home settings. (*Note that one of the qualifications for enrollment is "at risk of or in out-of-home placement".*)

Source: Wisconsin Bureau of Mental Health and Substance Abuse Services; based on the analysis of data submitted by 24 counties with ISP and/or CST, on a quarterly basis.

Growth of Collaborative Systems of Care in Wisconsin

- Federal Regional Partnership Grant – 18 counties and 2 tribes targeting children in protective services whose care-giver is involved in drug abuse
- Head Start Wraparound
- On Different Ground Initiative (for Seniors)
- Statewide Urban/Rural Women's Alcohol and Other Drug Abuse Treatment Project
- Office of Justice Assistance – Balanced Approach
- Department of Corrections – Going Home Project

“Not everything that can be counted
counts, not everything that counts
can be counted.”

- Albert Einstein

Building the Financial Opportunities

Sustainability Funding Options in Wisconsin

Examples of **State/Federal Funding** Options:

- Mental Health and Substance Abuse Block Grants
- Division of Children and Families – IV-E; Safe and Stable Families
- MA Targeted Case Management
- MA Intensive In-Home Therapy
- Department of Corrections including Probation & Parole
- Office of Justice Assistance
- Department of Workforce Development
- Department of Public Instruction
- Private Insurance coverage
- Comprehensive Community Services MA Benefit
- Hospital Diversion funds
- Crisis Intervention services
- Other Federal grants

Sustainability Funding Options in Wisconsin

Examples of **County/Local Funding** Options:

- Substitute care savings placed in community-based services
- Foundations
- United Way
- Private organizations
- Faith community

OUNTY POST

MAY 22, 2008



WALLEYES FOR KIDS

Walleyes for Kids, a local organization that creates opportunities for youths to become involved in outdoor recreational activities, presents a \$3,000 donation to the Integrated Services Project of the Waupaca County Department of Health and Human Services. ISP works to organize teams of teachers, counselors and police officers to work with families. The money from Walleyes for Kids will allow the children of these families to participate in recreational activities that they otherwise could not afford. Shown above are Mark Stange, on left, and Brian Anderson, both with Walleyes for Kids, and Rene Soroko, with ISP.

www.wicollaborative.org



**Wisconsin's Collaborative Systems of Care (WCSOC)
Resource Website**

Home	Core Values	Resources	Contacts	Parents	Partners
Coordinated Services Team Initiative (CST)	Welcome			Trainings and Events	
Integrated Services Projects (ISP)	This website is meant to serve as a resource...			WCSOC Handbooks	
Women's AODA	Materials from Recent Trainings			Success Stories	
	Wisconsin's Collaborative Systems of Care				