

ONE FAMILY, ONE PLAN

Milwaukee Single Coordinated Care Plan
An Introduction

Prepared By:

The Management Group, Inc.



U.S. Bank Plaza, Suite 320 • One South Pinckney Street • Madison, WI 53703
(608) 255-6441 • www.tmg-wis.com

ONE FAMILY, ONE PLAN

Overview

In 2000, Milwaukee County Human Services set out to redesign its AODA Services System. The existing system wasn't meeting the needs of many consumers and families with complex needs, and these consumers and families were not succeeding. A new, more comprehensive approach was needed. As a result of a community-wide planning process, a Single Coordinated Care Plan (SCCP) was initiated. Following is a brief description of the SCCP, including:

- 1) The SCCP Concept.
- 2) What is the SCCP?
- 3) Why use the SCCP approach?
- 4) What has been the experience with the SCCP?
- 5) What it takes to make the SCCP work.
- 6) Additional SCCP information and resources.

Part 1: The SCCP Concept

A Simple Idea for Complicated Lives

The idea was simple. Have a single care plan for a family or an individual involved in multiple social service systems. The plan would get everybody involved—social workers and agency staff, the consumer, family, friends, teachers, and others; all of them working as a team.

The theory: Get the system *behind* the consumer, not out in front or in the way. The system provides support to the consumer as she attempts to achieve success in recovery, rehabilitation, employment, financial independence, child rearing, or otherwise the rebuilding of her life.

“They pointed out my strengths, where I’m going and how I can hold up. Basically, they showed me strengths I didn’t know I had.”

—Consumer describing how the SCCP process helped her

The focus: A team-based approach that would be single-minded. The consumer and her family, perhaps for the first time in their lives, would be the one and only focus of everyone's attention. Even more important, they would be at the center of the plan, directing it to emphasize their particular strengths and needs. ***Real solutions offered to help solve real problems.***

The intended result: Independence achieved, the consumer no longer relying on the system, dignity and independence restored.

It was one of those great ideas that made perfect sense to everyone, yet never quite materialized. There were plenty of families at risk who really needed help and could benefit by it, too. These are the kinds of families with which we are all too familiar. Families living in difficult-to-impossible circumstances. Families with few supports when they ran into trouble and things got tough. Families without safety nets, or the basic tools and resources to achieve the lives they hope for. Families stuck in a seemingly endless web of programs and cycle of dependence. Since its implementation in 2000, teams using the SCCP have helped hundreds of consumers and families with complex needs and multi-system involvement work towards and achieve their goals.

Part 2: **What is the SCCP?**

The SCCP boils down to one simple idea, ***One Individualized Plan for Each Individual Family*** --a Single Coordinated Care Plan incorporating and integrating the services of each system that the family is an involved in and supporting the goals of the systems and consumers alike. A plan designed with the single-minded goal of supporting these families to succeed.

The SCCP is sponsored by the Milwaukee County Division of Behavioral Health. It has been used for all Milwaukee County TANF-eligible consumers who are receiving substance abuse treatment and who are also involved in other service systems, such as W-2, Child Welfare, and with the Department of Corrections. Beginning in 2005, Milwaukee County will be using the SCCP for all clients served in its new “Wiser Choice” program. Many of these new clients will either be incarcerated or at risk of parole revocation. Key concepts central to the SCCP’s design and implementation include:

- SCCP teams involve the consumer, a trained facilitator, representatives of all service systems with which the consumer is involved, and the consumer’s family, friends and community supports.
- The SCCP recognizes that many consumers are subject to requirements from the courts or the service systems with which they are involved. These requirements may include areas such as work, sobriety, child visitation, or training. Through the SCCP process, strategies are developed for ensuring accountability to these legitimate expectations. This involves developing specific strategies for supporting consumers to meet the requirements of the service systems or the courts, within the context of their families’ particular strengths and needs. Service systems work together to support attainment of these expectations through an agreed upon plan and the coordinated provision of services and informal supports.

While SCCP consumers vary in every respect, a “typical” consumer profile would be a single female in her early 30’s, with several children. Most likely she would be of African American or Hispanic ethnicity, unemployed or employed part-time, with an income well below the poverty level. In addition to being involved with the AODA system, she would be likely be involved with W-2. Significant numbers of consumers are also involved with Child Welfare and the Department of Corrections.

- The SCCP is designed to serve consumers and families with complex needs in a wide range of areas. These consumers and families have issues involving a range of social service, medical and educational systems.
- The Management Group, Inc. (TMG) was retained by the Division of Behavioral Health to coordinate design and implementation of the SCCP system. TMG has been working on design, implementation and improvement of the SCCP since 2000.
- TMG has worked closely with a SCCP Committee including, consumers; representatives of substance abuse treatment agencies; W-2, Child Welfare, and Corrections systems; and community organizations.

Part 3: **Why Use the SCCP Approach?**

The answer is clear - for many families the SCCP is working better than previous approaches they have tried. This conclusion is supported by both the SCCP experience in Milwaukee (see below) and research nationally on Family Team Meetings and Wraparound-type approaches, of which this is a variation. To succeed, however, it must be done right. Some key components to the approach that correlate with success include:

1) The SCCP must be more than just a staffing.

Built around the DHFS Core Values (which include values like family-centered, strength-based, building on natural and community supports, and collaboration across systems) and using a Wraparound approach, the SCCP puts the consumer and her family at the center of the plan. The SCCP plan seeks to achieve the consumer's highest priority goals (often at one with the expectations of systems) in a way that builds upon her strengths and abilities. It brings consumers, social service systems, and community members together to identify creative approaches to addressing needs and building capacity and independence.

“It allowed me to see that it’s easier for the consumer when all team members take part in helping achieve a consumer’s goal.”

“Helped me to be more involved and get to know the family more.”

—Agency team members
discussing the benefits of the SCCP

2) The SCCP integrates the needs with the consumers along with the requirements of the service systems with which the consumer is involved.

Consumers with SCCP teams typically are involved in a number of systems, each with its own requirements. They may need to meet court orders under the Child Welfare system, terms of probation or parole, or work requirements under W-2. The SCCP process helps coordinate and clarify these various requirements to assure that the consumer is able to comply. By coordinating services, agencies also can prevent expensive duplication of services and share the cost of providing needed services to a consumer and her family.

3) Clear process and accountability are key to the SCCP.

The SCCP involves a well-defined process to help ensure desired outcomes. A Process Guide outlines the SCCP approach and provides all team members with a clear understanding of the process. SCCP team meetings result in a written plan with clear, detailed strategies for meeting goals: what will be done, who will do it, by when, and how will it be paid for. The plan is structured so that accountability with expectations can be continually monitored.

Part 4: **What Has Been the Experience with the SCCP?**

While a formal evaluation of the SCCP has not been completed, a growing body of evidence and experience suggest that it has succeeded well in Milwaukee for both families and for the systems involved.

Use of the SCCP has steadily grown and significant expansion of its use is planned:

- Some AODA agencies that originally used the SCCP only for their TANF-funded clients have voluntarily expanded its use to all clients.
- Milwaukee County will be expanding use of the SCCP to include all clients in its new “Wiser Choice” program. Roughly half of the clients in that program will be incarcerated or at risk of parole revocation.
- Many organizations, including the Bureau of Milwaukee Child Welfare and the Department of Corrections, have initiated care planning programs patterned on the SCCP. TMG has worked with the Milwaukee Continuum of Care to adapt the SCCP to the chronically homeless population.

A survey of SCCP participants also indicates the SCCP is working well. The results of the Performance Measurement and Process Improvement (PMPI) survey, a 2003-2004 study of the consumers and agency staff using the SCCP, are extremely positive overall. The survey involved in-depth interviews with 35 consumers who have had SCCP teams, as well as written surveys to from 112 agency staff who have participated on SCCP teams.

Here are some highlights:

Among Consumers

- Consumers said their experience working with a team was better than their past experiences dealing with many workers individually;
- Many consumer respondents said they felt successful in making progress toward their goals;
- The SCCP helped many consumer respondents achieve their treatment goals;
- All consumers surveyed said the teams supported their strengths and skills;
- All consumers said they were at the center of their plans; and
- Almost all of consumers said the team was working for their benefit and not just to achieve what the team wanted or felt was best.

Among Agency Staff

- Agency staff feel that the SCCP team approach is serving consumers better;
- They view the SCCP as a very useful tool in consumer recovery;
- The SCCP and the strength-based, consumer-centered philosophy have been very valuable to consumers in many ways; and
- Interagency understanding and knowledge of other agencies' responsibilities has improved.

Part 5: What Does It Take to Make the SCCP Work?

From the beginning, it was recognized that processes like the SCCP don't just "happen". It is a major challenge to bring parties together and design processes that change how work is done and—even more significantly—change essential values surrounding that work to incorporate a strength-based, consumer-centered approach. Recognizing that, the SCCP project incorporates three unique components: 1) a cross-systems project oversight committee; 2) active consumer participation; and 3) professional project management through TMG.

The SCCP Committee:

The SCCP Committee meets eight to ten times per year to guide development, implementation and improvement of the SCCP process. The Committee includes representatives of AODA agencies, W-2 agencies, Child Welfare, Department of Corrections, Milwaukee County Department of Human Services, and WI DHFS. It includes active consumer participation as well as representatives of community organizations.

An active consumer role:

Just as consumers are central to the SCCP team, consumers have been central to ongoing design and implementation of the SCCP process. In addition to attending SCCP Committee meetings, consumers participate on a consumer subcommittee, with a professional facilitator. Consumers independently assess progress on the SCCP and report their recommendations to the full committee. Consumer recommendations have resulted in a number of changes in the structure of the SCCP program.

Professional project management through TMG:

TMG has provided overall guidance and coordination throughout the SCCP process. TMG helps the SCCP process address and overcome barriers that often hinder team-based care planning systems.

Successful implementation of the SCCP requires ongoing efforts to overcome critical barriers. In the planning stages, consumers and professionals participated in a structured process of identifying key barriers and developing strategies to overcome them. Below is a brief discussion of some of the most critical barriers and how they were addressed.

- **Systems don't talk to each other.**

All major service systems work together to develop the SCCP process and to oversee its implementation. In the early years of the process, considerable effort was put into cross-systems education, so that participants in SCCP development understood the goals, work processes and requirements of other systems.

- **Case workers are reluctant to accept SCCP values and approach.**

The multiple systems involved in the SCCP have different mandates and cultures. Getting workers from the systems and accept the SCCP system, and how it could complement their systems, was a challenge. SCCP Committee meetings have been a valuable forum for bringing systems together, building intersystem dialogues and keeping participants focused on challenges and accomplishments. In addition, as workers participate on SCCP teams, support for the SCCP has grown.

- **A "one size fits all" approach doesn't work for diverse service systems.**

The SCCP is flexible and can be adapted to fit the needs of a variety of organizations. As the SCCP developed, it was recognized that agencies would need some flexibility in the details of the process to make it work for them.

- **Constructively involving consumers is a challenge.**

To assure a sustained and productive consumer role, consumers are paid for their participation in the project. TMG subcontracts with a dedicated consumer coordinator who is responsible for recruiting, orienting and supporting consumers in their work. Consumers attend all meetings and serve on all subcommittees. They regularly bring policy issues to the full committee for discussion and review. Consumer-generated initiatives have prompted changes in SCCP procedures, as well as in Milwaukee County's contractual requirements for providers regarding the SCCP.

- **Translating theory into practice is a challenge.**

To ensure that the SCCP process is manageable and sustainable, specific tools have been developed to support SCCP implementation. These include a SCCP Process Guide, Consent for Release Forms, a Contact List for SCCP teams, and other materials. All materials are available for review and downloading on the SCCP webpage:

www.tmg-wis.com/sccp_overview.asp

- **Complying with confidentiality requirements in a team-based setting is a challenge.**

The SCCP project has developed consent for release forms and instructions for use by SCCP teams. These forms are compliant with HIPAA and 42CFR AODA confidentiality requirements.

Part 6:
For Additional Information

If you would like more information about the SCCP:

Visit TMG’s Website : www.tmg-wis.com

Click on “Single Coordinated Care Plan” on the sidebar on the left.
The website includes additional information on the SCCP. It also includes downloadable documents in PDF format, including:

The SCCP Form. TMG worked with provider agencies and consumers to design and revise a single coordinated care plan form that all providers could use as the central part of the SCCP process.

The SCCP Process Guide, a ‘handbook’ for provider agencies and agency team members that describes the single coordinated care planning process, how to use the SCCP form, and how to conduct an SCCP team meeting. It provides release of information authorization forms, and other documents to assist SCCP teams.

The SCCP Funding Guide, a reference for SCCP teams that helps them equitably divide financial support among service systems, and determine which systems could fund a service or support.

Consent for release forms and instructions. TMG worked with a national expert on AODA confidentiality and provider agencies to develop HIPAA and 42CFR compliant consent for release forms.

The Performance Measurement and Process Improvement Study of the SCCP, a survey of consumers and agency team members using the SCCP. TMG designed, conducted and produced the survey working in concert with the provider agencies and various county systems.

Or Contact:

Gail Nordheim
Senior Consultant

The Management Group, Inc.
US Bank Plaza, Suite 320
1 South Pinckney Street

Madison WI 53705
(608) 255-6441
Gail.Nordheim@tmg-wis.com