

*Single Coordinated
Care Plan Project:*

2001 YEAR-END REPORT

DECEMBER 2001

Prepared for
**THE MILWAUKEE COUNTY AODA/TANF
SERVICES SYSTEM**

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Appendices

NOTE: The report in PDF format does not include the appendices. Specific appendices are available from TMG upon request.

- Appendix A – Consumer Barriers Identified in Milwaukee Family Services Initiative
- Appendix B – SCCP Committee Membership
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SINGLE COORDINATED CARE PLAN PROJECT 2001 YEAR-END REPORT

Section 1. Introduction

In 2001, the Milwaukee Department of Human Service's AODA/TANF Services System initiated the Single Coordinated Care Plan (SCCP) Project. The objective of the SCCP project is to develop a single coordinated care plan for consumers who are involved in multiple service systems, including AODA, W-2, Child Welfare, Corrections, and Mental Health. In order to better coordinate services from each of these agencies, the Milwaukee AODA/TANF Services System is working with representatives of these and others agencies to develop a consumer-centered care plan that synthesizes the goals of each system with which the consumer is involved.

The SCCP Project is an outgrowth of the Milwaukee Family Services Coordination Initiative, a major initiative involving the State of Wisconsin, Milwaukee County, consumers, and representatives of Milwaukee-area service systems. The Initiative identified barriers to positive outcomes for women who are involved in multiple systems and developed recommendations for addressing those barriers. A major recommendation stemming from the Initiative was that there be *a single, coordinated care plan* for consumers with multi-system involvement. The Community Partnership Group report, prepared as part of the Initiative, described the single coordinated care plan as follows:

“The plan should be strength-based, and should take into account the needs of the consumer and her family. It should build on natural supports that the consumer has through family, neighbors, the faith community, or other sources. It should be developed with the active participation of the consumer, key people in the consumer's life, and representatives of all systems with which the consumer is involved. It should be reflective of the core values associated with this initiative.”

The Milwaukee AODA/TANF Services System retained The Management Group, Inc. (TMG) to provide facilitation and project management services for this project. A SCCP committee, with representation from consumers, systems, and community organizations, was established to carry out the project.

Section 2. Why a Single Coordinated Care Plan (SCCP)?

The identified need for a SCCP can be traced to the Milwaukee Family Services Coordination Initiative, which took place between October 1999 and September 2000. The Initiative's Community Partnership Group (CPG) was asked to identify barriers encountered by consumers who are involved in multiple systems, and to recommend approaches for resolving those barriers. The CPG carried out an intensive barrier identification process, focusing on barriers from the perspective of consumers, systems, and funding.

The CPG identified the following major barrier categories:

Barrier category #1: *Consumers are involved in multiple systems, each with separate goals, timelines and expectations. Systems often do not coordinate and communicate with one another. Consumers are subject to multiple, conflicting requirements.*

Barrier category #2: *Systems lack consumer focus. Consumers are often viewed as recipients of discrete services, rather than as whole people with families, needs and preferences, who have strengths and natural supports upon which they can build. There is lack of trust and understanding between consumers and the systems staff with whom they interact. Lack of consumer focus results in fragmented, inappropriate service plans and service delivery that does not effectively address consumer needs or build upon consumer strengths.*

Barrier category #3: *The approach to services for this population sometimes reflects societal stigmas towards people with mental health and substance abuse issues. There is a lack of knowledge and sensitivity about the needs of these families and how best to meet those needs.*

Barrier category #4: *The assessment and treatment system is not designed to adequately meet the needs of women who have complex mental health and substance abuse issues. Assessment may be inadequate, and referrals may be to services that are not designed to meet the consumer's needs. Since treatment duration is determined by funding streams rather than consumer needs, treatment often does not last long enough. There is little or no post-treatment follow-up.*

Barrier category #5: *Funding source structure and administration do not support consumer focus and achievement of outcomes.*

Barrier categories #1 and #2 are particularly relevant to the need for a single coordinated care plan. The detailed descriptions of these barriers, from the CPG Report, are included in Appendix A.

In developing recommendations to address these barriers and concerns, Initiative participants assigned high priority to developing a Single Coordinated Care Plan and process. They expressed the belief that the SCCP “would assure that the consumer, her family and natural supports are at the center of care plan development, and that all service providers also participate in care planning and use of a single coordinated care plan. It would help assure a comprehensive plan that builds on the strengths of the consumer and her family and addresses their needs in a coordinated manner.”

Under the Milwaukee Family Services Coordination Initiative, Wraparound Milwaukee piloted development of single coordinated care plans using the Wraparound approach. From October 1999 through September 2000, Wraparound worked with approximately 34 families who were involved in the W-2, Safety Services, and AODA/MH systems. Five Wraparound facilitators coordinated development of the care plan through a consumer-directed process involving service providers, family, and informal supports. An evaluation of the Milwaukee Family Service

Coordination Initiative identified initial positive results from the Wraparound pilot (Barbara Goldberg, December 2000). Also as part of the Initiative, Wraparound Milwaukee provided training for service providers on the Wraparound approach to development of single coordinated care plans.

Section 3. The Wraparound approach to care management

The SCCP builds on the Wraparound approach to care management. Wraparound is a process to build more effective support for children and families. Within the Wraparound process there are a number of key elements that will help a community and its providers develop a needs-based support process for families. The key elements are:

- Building family driven teams.
- Discovering and building on strengths and assets.
- Determining the needs of the family.
- Building and implementing a strengths-based plan.
- Celebrating success and ensuring unconditional care.

These elements are not foreign to systems, but the level and intensity of their implementation vary widely from setting to setting. The goal of Wraparound efforts is the delivery of care that utilizes these elements to their utmost.

Section 4. Project organization and approach

The SCCP committee met approximately monthly throughout 2001. Committee membership included representatives of:

- Consumers
- AODA providers
- Child Welfare agencies
- W-2 agencies
- Milwaukee County Economic Support
- Department of Corrections
- Medicaid HMOs
- Mental Health
- Community organizations
- Wraparound Milwaukee

The detailed membership list is included in Appendix B, and meeting agendas are included in Appendix C.

In addition to the full SCCP Committee, a Consumer Subcommittee was established. Consumer members of the SCCP Committee met to discuss issues before the full committee and develop recommendations. The Consumer Subcommittee also has done follow-up interviews of consumer participants in the Single Coordinated Care Plan process.

The Committee's approach involved five phases:

1. Systems education. To assure that the SCCP plan and process works for all involved, its development should reflect an understanding of all the systems that will be participating. The following systems presented their goals, requirements, and processes to the committee: AODA, W-2, Economic Support, Corrections, Child Welfare, Medicaid HMOs, and Wraparound Milwaukee. Systems process descriptions and flowcharts were prepared. (See Appendix D)
2. Development of the care plan document. Much of the Committee's work involved development of a care plan document and related instructions. Developing a plan that accommodated the needs of all participants required considerable discussion about the goals of the process, the Wraparound approach, and the requirements of consumers and individual systems. The care plan document is described in detail in Section 5 of this report
3. Testing of the care plan document. The four primary providers under the Milwaukee AODA/TANF Services System—the Milwaukee Women's Center, MetaHouse, Horizons, and UCC—volunteered to test the SCCP document and process. Wraparound Milwaukee trained facilitators from each of these agencies. The agencies have initiated use of the SCCP or are planning to initiate its use soon.
4. SCCP monitoring. TMG is monitoring Wraparound teams at each of the 4 participating agencies. The monitoring examines process-related aspects of Single Coordinated Care Planning, with the goal of developing recommendations for best practices that will assure ongoing participation in consumer-centered, coordinated care planning by all systems involved.
 - Monitoring focuses on the following 5 areas
 - The SCCP Document—Is it complete, useful and well organized?
 - Meeting Scheduling and Notification
 - Staff availability
 - Training
 - Usefulness of the planning session
 - Note that the monitoring process does not measure outcomes or results for consumers who participate in the SCCP. Instead, it focuses on assuring that the Single Coordinated Care Plan Document works with the Wraparound process and functions as a useful tool for participating agencies and consumers.
5. Recommendations development. The Committee is using monitoring findings to generate practical recommendations for supporting the continuation of coordinated care planning.

The Committee's recommendations based on initial monitoring findings are included in Section 7 of this report.

Section 5. The SCCP Document

The SCCP Committee has developed a Single Coordinated Care Plan form, shown in Figure 1. During the project year, the committee developed and tested several alternative versions of the form. The recommended version includes essential information, is consistent with the Wraparound approach to care management, and is designed to be easy to fill out and read. The form includes the following major components:

- Consumer identification and key dates
- Consumer Vision
- Functional Strengths of the Consumer
- Consumer Needs
- Strategies for Meeting Needs, including
 - ✓ Hours per week
 - ✓ Who
 - ✓ Where
 - ✓ When
 - ✓ Funding Source
 - ✓ Progress Accomplished
 - ✓ Date
- Notes
- Follow-up meeting date
- Signature Page
- Domains

Each of these components plays an important role in maintaining a strengths-based, person-centered model of care planning. Following is a brief description of the information that should be included under each component:

Consumer identification and key dates – This includes the consumer’s name; the facilitator’s name; the date that the consumer started services in the agency initiating the SCCP process; the date of the initial plan; and the date of the most recent plan revision.

Consumer Vision – Found on every page, the consumer vision is the driving force behind the SCCP. This section describes the consumer’s vision of how she wants her life to be. The vision statement does not have to be detailed, but it should reflect the consumer’s actual words. Typically the statement will be one or two sentences in length. For example, a consumer’s vision may be: “To have a happy, sober, and safe home with my children.”

Functional Strengths of the Consumer – This section provides concrete examples of the consumer’s skills, talents, positive relationships, and strong personal qualities. These strengths should be identified by the consumer and his or her team members during the initial care planning session. Strengths can include things such as being well organized, having strong self-advocacy skills, maintaining strong family connections, possessing a high school diploma, having work experience, or maintaining employment. It is also appropriate to include strengths

of the consumer's family and community. These may have implications for the consumer's vision and for the strategies used to meet his or her needs.

Consumer Needs – This section of the care plan describes the areas in which the consumer needs assistance. With input from her team members, the consumer identifies a range of needed support, such as finding affordable housing, childcare, and transportation, managing finances, securing a job, meeting requirements from W2, Child Welfare, Corrections, and other systems, and attending AODA treatment programs. Consumer needs should not be confused with strategies. For example, “Learn how to deal patiently with my children” is a need, while “Attend parenting classes” is a strategy to meet that need.

Strategies to Meet Consumer Needs – Central to the care plan, this section provides a description of the creative strategies the team develops to assist the consumer in meeting his or her needs. By drawing first from the consumer's strengths and his or her natural supports, and then from services and support from the systems involved in the consumer's life, a comprehensive list of strategies is created to help the consumer move toward self-sufficiency.

The list of strategies, like the consumer's needs, will evolve from meeting to meeting as the consumer gains new strengths and tools to manage his or her life. It is expected that this list will change and that some services and supports will be utilized for short periods of time, while others will be relied on for longer stretches. Strategies should address needs that the consumer has identified. These needs may fall outside traditional services provided by systems represented on the consumer's team, but it is the team's responsibility to problem-solve and brainstorm ways to meet these needs.

If systems have specific requirements that the consumer must meet (for example, court-ordered conditions for regaining child custody or work requirements under W-2), these specific requirements should be included as strategies in the SCCP. Note that there will not necessarily be a strategy for every identified need. The team may decide to prioritize certain critical needs and focus initially on strategies for meeting those needs.

Strategies entered in the plan include several components:

- **Strategy or plan of action** – describe the specific activity to occur
- **Hr/week** – identify the estimated time required to complete the activity. This information is particularly important for W-2 participants, who must meet minimum requirements for work-related activities.
- **Who** – identify the person responsible for completing the activity. Sometimes team members other than the consumer will be responsible for completing certain activities.
- **Where** – describe where the activity will occur
- **When** – describe when the activity will be started
- **Funding Source** – identify the agency that will pay for the service or support
- **Progress/Accomplished and Date** – completed at follow-up meetings, these boxes are used to indicate whether and when a particular strategy has been accomplished.
- **Notes and Follow-up Meeting Date** – the notes section should include information not contained in the strengths, needs, or strategies section of the plan, such as team dynamics and

attendance, concerns voiced by team members, and reminders for follow-up meetings. This section is meant to be flexible; however, it would be useful to indicate pertinent information related to strategy development and include information about barriers to consumer progress. All entries in the *Notes* section should be accompanied by the date that the entry was made.

The *follow-up meeting date* should be agreed on by the team members and included in the space provided. Ideally each meeting will conclude with an agreement on when and where the next meeting will be held. Follow-up meetings are important, and team members should make the commitment to follow through with the agreed upon care plan and report on progress or barriers at the next meeting.

Signature Page – This section contains the names, signatures, and contact numbers for each member of the care plan team. Each member of the team must review and agree to the contents of the plan and place his/her signature in the appropriate space.

The facilitator and consumer provide their signatures at the top of the signature page and the date which they signed the plan. The remaining team members are required to sign and complete the information in the space provided, including:

- The date of signature
- Whether they are involved as an **informal or formal support**.
 - An **informal support** is someone identified by the consumer to be a part of her support team. This person is usually but not limited to a family member, relative, friend, faith-based representative, or community support group member.
 - A **formal support** is usually a paid professional representing a system or provider or services.
- Organization, if applicable
- Phone number

To ensure that everyone understands and agrees to the plan, the signature page should be completed by the consumer, facilitator, and team members before the meeting adjourns. Often the plan will not be in final written form at the conclusion of the meeting. In that case, the facilitator should verbally review each component of the plan and obtain signatures based on the understanding that the written plan will be produced and distributed as soon as possible, and that it will reflect the contents agreed to by the team.

The columns identified as *Invited* and *Attended* should be completed during follow-up meetings. These columns track whether team members are actively involved in the care planning process. The *Invited* column should be checked if the team member was invited to the meeting. The *Attended* column should be checked if the team member actually participated in the meeting.

Domains – The SCCP includes a brief list of domains describing areas of the consumer’s life, including work, education, physical and mental health, and family and housing. The domain list is intended as a guide to help the team members think about and prioritize the range of issues that may be impacting the consumer’s life.

Each of the components on the care plan is designed to keep consumer strengths and needs at the center of care planning. The consumer and the systems involved in the care planning team must work together to maintain this focus. Consumers are expected to show initiative and manage their commitment to the care plan. Likewise, the system representatives must follow through with the tasks and responsibilities they have agreed to take on.

Research tracking code – Space is included for a research tracking code to facilitate coordination of the SCCP with overall TANF program evaluation efforts. Evaluators have expressed interest in correlating SCCP participation with consumer outcomes being measured by the evaluation.

Section 6. Project Status as of December 2001

A. SCCP Teams Initiated to Date

The four lead AODA agencies were asked to report on the number of Single Coordinated Care Plan teams they had initiated this year. They were also asked to report on the number of facilitators they had trained for the project. Results were as follows:

- MetaHouse reported that 14 care managers and counselors have been trained as Wraparound facilitators, but only the care managers are facilitating at the current time. Eventually, MetaHouse will be moving to a system where there will be four facilitators—called Care Coordinators—who will facilitate the SCCP sessions. Meta House has found that facilitation is most effective if the facilitator is not directly working with the consumer on a daily basis. MetaHouse has held 95 SCCP team sessions during the last quarter of 2001. Session participants have included W-2, Child Welfare and Corrections staff, as well as staff from smaller agencies and the consumer’s natural supports.
- The Milwaukee Women’s Center reported that two case managers have been trained in Wraparound. These two case managers have completed 16 single coordinated care plans for consumers with participation from the following: probation and parole, psychotherapists, psychologists, W2 workers from Maximus, YW-Works, and OIC, Bureau of Child Welfare workers from Sites 1, 2, and 3, significant others, and family members.
- UCC has been using family teams and the Single Coordinated Care Plan; however, due to recent staff turnover, no current UCC employees have received Wraparound facilitation training.
- Horizons has not yet started using the SCCP plan and process. Five of their employees have been trained in the Wraparound approach.

B. Observations of SCCP Committee Members

At the SCCP Committee’s December 10, 2001 meeting, Committee members representing several systems discussed the status of the SCCP project.

- Representatives of MetaHouse and the Milwaukee Women’s Center, the two agencies that have had the most experience using the SCCP, indicated that the pilot is going well. They

viewed the SCCP experience as positive and contributing to their ability to meet their clients' needs. Both agencies are using the SCCP for most TANF-eligible clients. The SCCP form is generally well-designed and includes the appropriate information. Scheduling is a major challenge.

- The two other primary providers—Horizons and UCC—were also represented at the meeting. Horizons representatives indicated that they plan to start using the SCCP in the near future. The UCC representative indicated that UCC has been using family teams for some time; however, recent staff turnover has delayed their participation in the pilot. Formal activities under this pilot will begin when their facilitation specialist receives Wraparound training.
- Representatives of Child Welfare sites 3, 4 and 5 attended the meeting. They stressed the need for staff training on the SCCP. Case managers are being asked to attend SCCP sessions without an understanding of the process, its goals, and expectations.
- From W-2, a Maximus representative indicated that his agency has trained staff on the SCCP and is ready and eager to participate.

Committee members raised a number of issues during the discussion:

- *State-level support for the SCCP.* The committee stressed the need for state-level support of the SCCP, including requiring SCCP participation in contracts.
- *Training.* Committee members agreed that training is a major need. Most front line workers have never been trained in Wraparound or the SCCP. With high staff turnover in systems, many workers who received training in 2000 are no longer on the job.
- *Facilitation approach.* Some Committee members suggested that models of facilitation should be examined. There are three potential approaches to facilitation: (1) having the consumer's case manager or AODA counselor serve as facilitator. This is the model being used by the Milwaukee Women's Center. (2) Having an agency employee not directly associated with the consumer serve as facilitator. This is the model being used by MetaHouse. (3) having an independent core of facilitators, not associated with any particular service system. This is the model represented when Wraparound Milwaukee facilitates SCCP teams.
- *Role of the facilitator.* Some Committee members suggested that the role of the facilitator should be considered more fully. In particular, should the facilitator also advocate for the consumer, or should the facilitator assume a more "neutral" role?
- *Consumer advocacy.* Committee members recommended that alternative approaches to consumer advocacy be considered. While the goal of the SCCP process is to empower the consumer to advocate for herself, many consumers do not initially have this ability. They also lack family members or other informal supports who can advocate for them. Consideration should be given to training consumer advocates to serve on SCCP teams.
- *Provider network integration.* The Milwaukee AODA/TANF Services System representative discussed the provider network that is under development for voucher agencies. Integrating this network into the SCCP process for voucher agencies will be an important next step.
- *SCCP expansion.* Committee members noted that while SCCP initiation has been limited to AODA agencies during the pilot, it should be possible for any system to initiate the SCCP. Systems for moving SCCP initiation to other systems should be developed.

- *Consumer outcomes.* Members discussed the importance of monitoring the effect of SCCP participation on consumers. An approach should be developed to measure consumer outcomes.

C. Initial findings from SCCP monitoring

To date, TMG has monitored six SCCP teams and the Consumer Subcommittee has interviewed four consumers. The SCCP teams were initiated and facilitated by either the Milwaukee Women’s Center or MetaHouse. TMG and the Consumer Subcommittee have conducted a total of 14 follow-up interviews. In addition, monitoring at Horizons and UCC will be starting soon.

Monitoring interviews focused on five key areas:

- The SCCP Document—Is it complete, useful and well organized?
- Meeting Scheduling and Notification
- Staff availability
- Training
- Usefulness of the planning session

Results of monitoring interviews are summarized below.

The SCCP Document—Is it complete, useful and well organized?

- People were generally positive about the plan document.
 - They felt it included all important information
 - They felt it was well-organized
 - They felt it was easy to read and understand
- There were a variety of suggestions for minor changes to the plan form (for example, more room for notes, placement of domain list, etc.)
- Some consumers reported that they had not received their copies of the plans.
- Some facilitators used the electronic template to produce the plan; others prefer writing it by hand. There was interest in structuring plan production to promote ease and efficiency for both approaches.

Meeting scheduling and notification

- Method of inviting people to participate varied
 - Sometimes participants received written and telephone notification
 - Sometimes participants received phone notification only
 - Sometimes the consumer was asked to make contacts for informal supports; sometimes the case manager or facilitator made these contacts
- Some workers that attended the meetings reported not knowing the nature and purpose of the meeting in advance.
- Some workers did not respond to invitations or return calls.

- Most participants, including consumers and systems representatives, felt that there was sufficient advanced notice.
- There were issues about who should be at the table
- Some systems representatives expressed discomfort with the presence of family members.
- A consumer who initially declined to invite her FEP expressed regret during monitoring follow-up that no one had encouraged her to invite the FEP, since employment issues were very important to her.

Staff availability

- In the two AODA agencies monitored to date, SCCP participation is a priority. It is built in to workloads and full participation is expected from employees.
- A W-2 FEP reported during the monitoring follow-up interview that her caseload limits her ability to get to know the consumers, understand the scope of their needs, and take into account the personal factors in the consumer's life and their impact on the ability to work.
- Child Welfare staff have generally attended the meetings and report that there is an expectation that they do so. However, agency changes within BMCW and its contract agencies are resulting in turnover in Child Welfare staff attending the meetings.

Training

- Staff of the AODA agencies had taken 4 days of Wraparound training.
- Some Child Welfare case managers had taken a 1-day Wraparound training; others had not. Some reported having some familiarity with the Wraparound concept through working with Wraparound Milwaukee with adolescents.
- Representatives of other agencies reported receiving no training. Some people expressed interest in receiving training, others felt it was not necessary.
- There was interest in additional training on the part of some care managers. For example, a case manager requested training on how to deal with noncompliance by consumers while still maintaining the strengths-based approach.
- Some consumers indicated that they had an understanding of Wraparound before getting involved; others indicated they did not.

Usefulness of the planning session

- Generally, participants were positive about the potential for SCCP planning sessions. They felt that the sessions provided a positive opportunity for learning, cooperation and information sharing.
- There was concern about the pace and attendance at the meetings—participants arriving late and leaving early, running out to plug meters, etc. This detracted from the cohesion and usefulness of the sessions.
- There were significant disparities between consumer and systems perspectives, in some cases. For example:

- Consumers reported that some team members weren't really listening to them, and that their real needs weren't being addressed in a constructive way. They felt that they came out of the meetings without the strategies and supports necessary to address their problems.
- Some Child Welfare case managers expressed concerns that the process raised unrealistic expectations. They questioned giving that level of authority and control to consumers, and expressed suspicion that consumers could be "playing the system."

Complete comments from monitoring interviews are included in Appendix E.

Section 7. Recommendations for next steps

While considerable progress has been made developing the SCCP and initiating its use, much work remains to be done. Next year will be critically important for assuring that the SCCP is fully implemented and that it is supported and used on a continuing basis by all systems.

Additional steps are needed in the following areas:

- Achieving upper management support and participation in the SCCP from all systems.
- Assuring that upper management support within each system is effectively communicated to middle management and front line staff, and that staff are appropriately trained on the SCCP process.
- Continuing to monitor the SCCP experience. Making form and process changes as appropriate to assure that the SCCP is user-friendly, clear, and efficient.
- Working to assure that the SCCP process meets all relevant confidentiality requirements.
- Expanding SCCP use and initiation beyond the 4 primary AODA agencies to other AODA agencies and to other systems.

To achieve these goals, the SCCP Committee has developed the following recommendations for 2002:

- 1. Promote SCCP participation and support.** If the SCCP is to become the accepted care planning process for consumers with multi-system involvement, it is essential that it have ongoing high-level support from all systems
 - Establish a Steering Committee with membership from state agencies and Milwaukee-area CEOs from all systems to assess progress, resolve issues, and set priorities. The Steering Committee could formalize interagency agreements, as appropriate, to participate in and provide needed financial support to the SCCP.
 - Sponsor a series of "Executive Forums" for supervisors and managers in the various systems to learn about and discuss the SCCP.
 - Meet one-on-one with supervisors and managers in the systems to discuss their participation.

- 2. Develop and present needed training on the SCCP, the Wraparound process, and the core values to workers in all systems.** This training is essential if workers involved in the SCCP are to understand, support and effectively participate in the process.
 - Provide ongoing training sessions on the SCCP and the Wraparound process.

- Integrate SCCP training into broader “Core values training” within systems.
 - Develop “self-teaching” manuals and/or videos that can be used to orient workers to the SCCP approach and to supplement formal training.
 - Train other agencies in SCCP and get the process started elsewhere.
- 3. Work to assure that the SCCP process complies with state and federal confidentiality requirements.**
- Consult with confidentiality experts with the Center for Substance Abuse Services about federal AODA confidentiality requirements.
 - Consult with the state Department of Justice Confidentiality Project on confidentiality requirements for Child Welfare and other systems.
 - Prepare model release forms and easy-to-understand guides to assuring compliance with confidentiality rules.
- 4. Continue to expand use of the SCCP.**
- Increase the number of AODA agencies initiating SCCP teams. Develop approaches for integrating the Milwaukee AODA/TANF Service System’s provider network into the SCCP process.
 - Expand SCCP team initiation to other systems as well. Work out protocols for determining what system initiates the SCCP and for preventing duplication of team processes.
 - Monitor longer-term outcomes of consumers who have participated in SCCP and use results to identify needed improvements to the process.
- 5. Work to assure strong facilitation and consumer advocacy on SCCP teams.**
- Evaluate alternative facilitation models in terms of effectiveness and cost. There are three potential approaches to facilitation: (1) having the consumer’s case manager or AODA counselor serve as facilitator; (2) having an agency employee not directly associated with the consumer serve as facilitator; (3) having an independent core of facilitators, not associated with any particular service system.
 - Consider training consumer advocates to serve on SCCP teams.
- 6. Develop community understanding and support of the SCCP**
- Work with representatives of consumers, systems and community organizations to develop community information and outreach strategy.
- 7. Continue to develop and improve the SCCP document to assure it meets consumers’ needs and the needs of all involved systems.**
- Continue monitoring users’ experience with the document and make additional changes as needed.
 - Develop efficient methods for producing the plans, either by computer or in handwritten format.
 - Provide user training as needed on use of the electronic plan template.
 - Continue to edit instructions based on user questions and concerns.

8. Develop approaches for SCCP meeting scheduling and notification that promote full attendance and participation and assure that participants understand the goals and expectations of the SCCP process.

- Develop standard meeting confirmation form that could be mailed or faxed to team members by the person scheduling the meeting.
- Develop concise written materials that could be shared in advance with people who are participating on a team for the first time. The materials would describe the goals of the SCCP, how the process works, and the expectations for team members.
- Develop a “SCCP Scheduling Handbook” that includes suggested approaches, tips, and sample forms for persons scheduling SCCP meetings.