

*Single Coordinated
Care Plan Project:*

2002 YEAR-END REPORT

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

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Table of Contents

| | |
|---|-----------|
| Section 1. Introduction | 1 |
| • Summary of 2001 Activities | 2 |
| ▪ Systems Education | 2 |
| ▪ Development of care plan document | 2 |
| ▪ Testing of the care plan document | 2 |
| ▪ SCCP Monitoring | 3 |
| | |
| Section 2. SCCP Project Activities in 2002 | 3 |
| • Expanding SCCP Participation and addressing key issues | 3 |
| • Assuring the SCCP process complies with state and federal confidentiality requirements | 5 |
| • Developing a SCCP Process Guide | 7 |
| • Designing an approach to measuring SCCP performance | 7 |
| • Addressing issues of SCCP systems design and identifying barriers to systems operations | 9 |
| | |
| Section 3. Next Steps for 2003 | 11 |
| • Continuing to implement the SCCP | 11 |
| • Providing AODA Confidentiality Training | 12 |
| • Addressing SCCP-related Funding Issues | 12 |
| • Performance Measurement and Process Improvement (PMPI) Evaluation | 12 |

Appendices

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

- Appendix A. SCCP Membership List
- Appendix B. Meeting Minutes
- Appendix C. Consent Forms
- Appendix D. Consent Forms – Spanish
- Appendix E. Core Values Memo
- Appendix F. Facilitation Models
- Appendix G. SCCP Goals
- Appendix H. Long Term Organizational Model

SINGLE COORDINATED CARE PLAN PROJECT 2002 YEAR-END REPORT

Section 1. Introduction

2002 was the second year of the Single Coordinated Care Plan (SCCP) project. The project's objective 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 and consumer and community representatives to develop a consumer-centered care plan that brings the consumer, the consumer's supports, and service systems together to help the consumer meet his or her goals.

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 in February 2001 to develop and implement the SCCP.

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.

The Wraparound approach:

- Is driven by the needs of the consumer and her family, as articulated by the consumer.
- Effectively coordinates the resources of all of the service systems with which the consumer is involved.
- Goes beyond formal services to identify and implement innovative approaches for addressing the consumer's individual needs.
- Incorporates informal supports, such as family, neighbors, and community members, to help the consumer meet his/her needs and to help build supportive relationships that the consumer can rely on in the future when formal social service supports are no longer required.

Summary of 2001 Project Activities

The SCCP Committee held its first meeting in February 2001 and met approximately monthly throughout the year. Committee members included representatives of the following groups:

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

In addition to the full SCCP Committee, a Consumer Subcommittee was established. Consumer members of the SCCP Committee meet to discuss issues before the full committee and develop recommendations. They also carry out specific projects as part of their committee involvement.

The Committee's work in 2001 involved four phases:

1. Systems education. A general introduction to the service systems involved with the SCCP to assure that the SCCP plan and process reflected an understanding of all the systems that will be participating.
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.
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 United Community Centers (UCC)—volunteered to test the SCCP document and process. Wraparound Milwaukee trained facilitators from each of these agencies. The Milwaukee Women’s Center and MetaHouse initiated use of the SCCP during 2001.

4. SCCP monitoring. TMG (assisted by members of the Consumer Subcommittee) monitored Wraparound teams at the Milwaukee Women’s Center and MetaHouse. The monitoring examined the following aspects of the Single Coordinated Care Plan process:
 - The SCCP Document—Is it complete, useful and well organized?
 - Meeting Scheduling and Notification
 - Staff availability
 - Training
 - Usefulness of the planning session

Monitoring findings are included in the *SCCP Project 2001 Year-End Report*.

Section 2. SCCP Project Activities in 2002

2002 project activities focused on five main areas:

1. Expanding SCCP participation and addressing key issues related to the SCCP process.
2. Assuring that the SCCP process complies with state and federal confidentiality requirements.
3. Developing a “Single Coordinated Care Plan Process Guide.”
4. Designing an approach for measuring SCCP performance and using those findings to make systems improvements.
5. Addressing issues of SCCP systems design and identifying barriers to SCCP systems operations.

Each of these activities is discussed in detail below.

1. Expanding SCCP participation and addressing key issues related to the SCCP process.

SCCP usage expanded considerably in 2002. By December 2002, four primary providers were using the SCCP (MetaHouse, Milwaukee Women’s Center, UCC and Horizons) as well as 14 AODA voucher agencies. In addition, the Benedict Center was using the SCCP. The four primary providers and the Benedict Center used their own staff as SCCP team facilitators. For the AODA voucher agencies, Wraparound Milwaukee provided team facilitation services.

Between July 2001 and December 2002, participating providers had used the SCCP document and process as follows:

| | |
|--|---------------|
| Milwaukee Women’s Center | 50 SCCP plans |
| MetaHouse | 115 |
| UCC | 135 |
| Horizons | 6 |
| Benedict Center | 30 |
| <u>Voucher agencies (through Wraparound)</u> | <u>100</u> |
| Total | 436 |

The SCCP Committee met approximately monthly to review SCCP progress. At each meeting, each AODA agency and representatives of participating systems reported on their experiences using the SCCP. (Names and affiliations of committee members are included in Appendix A. SCCP Meeting minutes and Consumer Subcommittee Minutes are included in Appendix B.)

The Consumer Subcommittee met actively this year. Consumer members identified housing and employment as two significant barriers that are critical to a consumer’s ability to succeed. In response, the Committee focused on employment and housing related issues, with the goal of providing SCCP teams with additional knowledge and tools to assist them in addressing consumers’ housing and employment needs. Representatives of Maximus and the Benedict Center discussed approaches for achieving employment. Representatives of IMPACT discussed programs to help people in crisis find housing and address other life needs and personal issues.

During 2002, the Milwaukee Behavioral Health Division initiated an “Integrated Provider Network.” Using TANF funds, SCCP teams in AODA voucher agencies can access these providers to provide wraparound services that would not otherwise be provided by the AODA agency or other systems participants. Services represented in the network include counseling and therapy, evaluation services, after school activities, respite care, child care, parent assistance, daily living skills, life skills training, anger management counseling, AODA screening, professional consultation, care coordination, aftercare, housing assistance, transportation and discretionary services, and psychiatric medication reviews.

At its December meeting, the SCCP Committee informally assessed project progress. Both positive accomplishments and areas for improvement were noted.

Positive accomplishments included:

- The SCCP is being used with increased frequency. It is used routinely for TANF-funded consumers in the four primary provider agencies and for many consumers in the voucher agencies.
- The Child Welfare, Corrections and W-2 systems are increasingly represented on SCCP teams. Representatives of these systems speak positively of the experience and indicate that it has been useful to them.
- Anecdotal feedback from consumers indicates that they are positive about the SCCP and find it useful.

- Some progress has been made incorporating informal supports into the SCCP process. For example, a landlord who rents apartments to many UCC consumers has been an active participant on several UCC-initiated SCCP teams.

Areas for improvement include:

- Facilitators indicate that the SCCP plan is time consuming to complete. They suggest that it may be possible to redesign and streamline the plan to make it easier and faster to complete.
- Scheduling SCCP team meetings is also very time consuming.
- Committee members indicate that there is a major need for training on the SCCP for both mid managers/supervisors and caseworkers in all systems.

2. Assuring that the SCCP process complies with state and federal confidentiality requirements.

Confidentiality Conference

Assuring compliance with state and federal AODA confidentiality requirements was a high priority for the SCCP project in 2002. The Milwaukee AODA/TANF Services System and the DHFS Bureau of Substance Abuse Services co-sponsored a conference on March 7, 2002 titled, “Confidentiality of Alcohol and Drug Treatment Records: Issues, Options, and Solutions”. Erika Wood, Esq. of the Legal Action Center, New York, NY, presented the information on Federal law and regulations governing the confidentiality of alcohol and other drug abuse patient records. Approximately 100 people attended the all day conference. The conference was followed by a half day Special Working Session for SCCP Committee members titled: “AODA Confidentiality and the Single Coordinated Care Plan.” At that session, Erika Wood addressed concerns specific to assuring confidentiality for AODA/TANF clients during the SCCP process. Specific issues included:

- Assuring that systems get the information they need while still complying with confidentiality rules.
- Understanding what information can be on the Single Coordinated Care Plan and what information should be in the client’s confidential treatment records.
- Learning how confidentiality should be addressed in shared databases.
- Knowing what can and cannot be discussed at team meetings.

Approximately 30 people attended the Special Working Session

SCCP Confidentiality Subcommittee

A Confidentiality Subcommittee was formed after the conference to address issues specific to the SCCP process. The Subcommittee held five meetings from April 2002 to July 2002. The ten subcommittee members represented AODA agencies, SCCP facilitators, and the Bureau of Milwaukee Child Welfare.

The subcommittee was charged with implementing changes to the consent form and process that uphold the intention of the consent for release regulations. The intent is to reduce stigma associated with AODA treatment, increase the likelihood of treatment, and protect clients from giving a blanket release. The subcommittee addressed the intent and the specific issues identified at the Special Working Session by developing a consent for release form, a process for obtaining consent, and a training for facilitators and team members on the form and process. The primary challenge was to develop a form to release multiple parties to speak to each other at the SCCP meetings and to allow team members to redisclose information about the client to another agency not present at the meeting. The subcommittee worked to make a fairly complex process as simple as possible while still adhering to state and federal regulations and respecting client rights.

Consent for Release Forms

The subcommittee developed two consent for release forms compliant with federal and state regulations for AODA clients to be used before and during the SCCP process. The “Initial” form is to be explained to and signed by the client before the first SCCP meeting. The “Follow Up” form is signed by the client after the first meeting and as the plan changes during subsequent meetings. These forms include the elements essential to a proper AODA consent for release. The forms are available in English and Spanish. (See Appendix C and Appendix D.)

The key features of this release that make it specific for AODA/TANF clients in SCCP are:

- Parties from multiple agencies are released to speak to each other about client care.
- A section on redisclosure is included so an agency representative present at the SCCP meeting can disclose necessary information to a party not present at the meeting (e.g. A child welfare worker can redisclose information to Children’s Court).
- The client indicates specific information to be disclosed rather than a general release.
- The purpose for the release is stated relating to the goals of the client, again limiting the type of information to be released.

The forms and the instructions were reviewed by Erika Wood and DHFS legal staff. Before finalizing the form and instructions, the forms were piloted in several different settings so the subcommittee could receive feedback from facilitators and consumers.

Process for Obtaining Consent

The process for obtaining consent for release of information for the purpose of the SCCP includes:

- Informing clients and helping them understand their right to confidentiality of any AODA treatment.
- Obtaining the client’s signature on the consent before any AODA information is disclosed.
- Informing the other team members of the confidentiality regulations and the client’s consent limitations.
- Updating the consent form and informing all team members as the SCCP plan changes or if the client revokes consent.

The subcommittee also discussed the issue of shared databases within agencies or among agencies that have no connection to the current SCCP. The outcome of the discussions and legal advice was to inform the client that certain information will be on a shared database. There was also a recommendation that the agencies that have shared databases address this because they are responsible for maintaining confidentiality of AODA information and not redisclosing the information without the client's written consent.

Training on the SCCP Consent for Release

TMG presented training for SCCP facilitators, team members, consumers, and agency supervisors on September 5, 2002. Twenty-two people, representing a cross section of agencies involved in the SCCP, attended. The training included a thorough review of the process and forms used in obtaining consent for release of AODA information.

3. Developing a “Single Coordinated Care Plan Process Guide”

TMG, in coordination with the SCCP Committee, developed a “SCCP Process Guide.” The process guide is designed to be used by participants on SCCP teams. It is written at a reading level designed to make it accessible to persons with a broad range of educational backgrounds. The process guide includes:

- Background on the SCCP and key concepts and approaches associated with the SCCP.
- A detailed description of the SCCP development process, including specific steps and responsibilities of the facilitator and team members.
- Information on 42 CFR AODA confidentiality requirements, and on the use of release forms developed for the SCCP project.
- Responses to frequently asked questions from consumers and other team members.
- Useful materials, including model letters for confirming meetings, informational materials to give to team members, copies of the SCCP form, and release forms.

The Process Guide was sent to all members of the SCCP Committee. TMG will provide additional electronic copies upon request.

4. Designing an approach for measuring the performance of the SCCP process and using those findings to make systems improvements.

A Performance Measurement and Process Improvement (PMPI) Subcommittee was formed in September 2002 to recommend a way to measure the effect of the SCCP and determine how the process can be improved. Subcommittee members represented consumers, agencies participating in the SCCP, and the UWM Evaluation study.

General recommendations

The general recommendation from the PMPI Subcommittee was to implement a qualitative study that would provide:

- Demographic and descriptive information of the population served.
- Consumer perceptions of the SCCP.

- Agency team members' perceptions of the SCCP.

A qualitative method was chosen for the study based on the belief that it would provide valuable information on consumer and agency team member perceptions of the SCCP and satisfaction or dissatisfaction with the process. It would give the participants and funding sources an indication of the acceptance and buy-in of consumers and team members. It would also help the SCCP Committee determine where the process needed improvement in order to sustain and develop the SCCP. A qualitative study will produce useful information for all involved and lay a foundation for future evaluations and endeavors of this project and similar initiatives within the state.

The PMPI effort for the SCCP is distinct from the broad evaluation of the Milwaukee AODA/TANF Services system being conducted by the UW Milwaukee.

- It is focusing strictly on the SCCP, not on the entire Milwaukee AODA/TANF Services system.
- It does not attempt to quantitatively measure consumer outcomes. Rather, it will use a qualitative approach to understand consumer perceptions and suggestions for improvements.
- It will have a strong emphasis on process analysis, in order to identify areas where the SCCP document or process can be improved.

The PMPI Subcommittee developed recommendations for a survey to take place in 2003. Prior to implementing the survey, there are multiple issues that will need to be addressed including accessing the consumers and team members, protecting consumer confidentiality, and working within the proposed budget for this project.

Demographic and descriptive information of the population served

The subcommittee recommended that the study begin with a description of the population receiving SCCP services. Participants of the subcommittee thought it was important to describe who has been using the SCCP in order to put the rest of the survey information into a context. The information desired would include: Age, gender, race, marital status, number of children, number of issues presented and resolved, systems involved, funding sources, length of residence, income, employment status, insurance. A primary issue that will determine how much of this information can be obtained is accessibility to the SCCP plans.

Consumer perceptions of the SCCP

Specifically, the PMPI Subcommittee recommended a multi-dimensional strategy for gathering qualitative information. Consistent with the values behind the SCCP, consumer involvement and input into the survey process is essential.

The first part, or dimension, of the survey effort would utilize one or two consumer focus groups to help determine relevant issues and questions for the qualitative consumer survey. The next dimension would be conducting individual interviews with consumers. Individual interviews were chosen as the preferred method based to assure quality of the information received and a higher participation rate than a written survey.

The subcommittee thought it would be helpful to learn what consumers in different treatment settings and different stages of treatment think about the SCCP process. For this reason, it would be ideal to interview a sample of consumers from each setting (residential, day treatment, and outpatient), and then, within each setting, interview a sample of consumers who are actively involved in the SCCP process and a sample of consumers who have been discharged.

Agency team members' perceptions of the SCCP

The subcommittee recommended a multidimensional approach for surveying the agency team members for their perceptions of the SCCP plan and process. The dimensions include a focus group and a written questionnaire.

The subcommittee thought it was important to involve the team members in forming the questions since they are part of the process and would be a valuable resource in developing the questionnaire. The focus group would include representatives from each of the agencies involved in the SCCP.

SCCP team members will be surveyed with a written questionnaire. Several methods of distribution of the surveys were considered. The subcommittee recommended the surveys be in a format that is easy to complete and fairly short in length in order to improve the return rate.

5. Addressing issues of SCCP systems design and identifying barriers to SCCP systems operations.

At the end of 2001, the SCCP Committee identified the need to achieve high-level understanding and support of the SCCP from all service systems. Support at the highest administrative level is essential for several reasons:

- To fulfill the potential of the SCCP, systems must be willing and able to respond to specific situations and problems in innovative, flexible ways. Caseworkers are not authorized to initiate innovative flexible responses involving new interpretations of agency rules without guidance and support from management.
- To participate fully in the SCCP process, caseworkers must be appropriately trained. High-level management support is needed to assure adequate and ongoing caseworker training.
- The SCCP reflects the Core Values (see Appendix E). Ideally, service systems and provider organizations will also reflect the core values, and the SCCP will be an integral part of systems operations, not just an incidental add-on to a “business as usual” approach. Integrating the core values into an organization’s culture is a major undertaking that requires the ongoing support and effort of top management.
- Ultimately, the SCCP process should be able to use various funding streams in a coordinated and flexible manner. Again, top management is required to support and facilitate needed funds coordination.

- Currently, only the AODA system is initiating SCCP teams. However, with appropriate support and coordination among top management of the various systems, it would be possible to initiate SCCP teams through multiple systems and to more equitably share costs associated with the SCCP process.

Several steps were taken during 2002 to involve upper management from the various service systems in the SCCP and to identify issues that upper management should consider.

- The SCCP committee assessed three different models of SCCP team facilitation currently in use:
 - In Model 1, the AODA agency provides care coordination and facilitation using its staff. The facilitator is an AODA care manager.
 - In Model 2, the AODA agency also provides the facilitator. However, in this model the facilitator is an agency employee who does not provide direct care services.
 - In Model 3, an outside facilitation agency (in this case Wraparound Milwaukee) provides care coordination and facilitation services.

Appendix F includes schematic drawings of the 3 facilitation approaches, along with the committee's assessment of the advantages and disadvantages of each.

- The SCCP committee also initiated a discussion of the long-term goals and structure of the SCCP system. Potential goals are included in Appendix G. The committee also discussed a potential long-term organizational model for the SCCP system (Appendix H). The potential organizational model would allow consumers to enter the SCCP process from any service system. It would use professional facilitators and provide for shared governance and funding among systems. Note that the committee discussed but did not specifically endorse the potential goals and long-term organizational model.
- Facilitation models, systems goals and future organizational structure were also discussed at a May meeting involving representatives of the DHFS Division of Supportive Living and Division of Children and Family Services, the Milwaukee County Division of Behavioral Health, the Bureau of Milwaukee Child Welfare, Wraparound Milwaukee and TMG.
- TMG conducted in-depth interviews with a number of key persons involved with the Milwaukee AODA/TANF Services System and the SCCP to determine key issues and barriers facing the system that would require upper management involvement to resolve. Detailed information on the interviews was provided to Division of Behavioral Health management. Major themes revealed in the interviews follow:
 - Funding coordination is a major challenge for the system. Dependence on TANF funding has been heavier than projected, resulting in projected shortfalls. Methods are needed to assure equitable participation from all systems in funding non-treatment parts of the care plan, such as housing and transportation.

Intersystem agreements on use and coordination of funds may be needed to address these and similar concerns.

- There might be potential to improve coordination and service coverage with Medicaid, working with the DHFS Division of Health Care Financing and Medicaid HMOs.
- AODA Confidentiality is of key importance during the SCCP process, and there is a need for more extensive training on this topic.
- The SCCP had not yet achieved its potential for developing creative and flexible approaches to service delivery. Systems and individuals involved do not necessarily understand or demonstrate commitment to the core values underlying the system.
- Aspects of state accounting requirements may complicate funding coordination and flexibility. Certain TANF eligibility requirements may impede access to services for some individuals.

Section 3. Next steps for 2003

TMG, with input from the SCCP Committee, suggests the following priorities for the SCCP for 2003. These suggested priorities are currently under review by the Division of Behavioral Health.

Suggested priority areas for 2003:

- Continuing to implement the SCCP, using the SCCP committee as the primary implementation group.
- Providing AODA confidentiality training for persons using the SCCP.
- Addressing SCCP-related funding issues.
- Implementing a performance measurement and process improvement program.

Each of these activities is described below.

Continuing to Implement the SCCP, Using the SCCP Committee as the Primary Implementation Group.

The SCCP Committee has proven to be a very valuable forum for participating agencies and consumers to discuss progress, identify issues and suggest and implement improvements. During 2003, the SCCP Committee would focus in the following areas:

- Assuring that SCCP teams have specific knowledge and tools to address complicated problems, such as housing and employment.

- Understanding techniques for using informal supports to help meet the consumer's goals, rather than relying solely on paid social services.
- Coordinating with the Child Welfare system as it integrates the SCCP into its processes and begins to initiate and facilitate SCCP teams. There will be a need for significant coordination between the AODA and Child Welfare SCCP systems.
- Making changes to the SCCP document to increase ease of use.

Providing AODA confidentiality training for persons using the SCCP

TMG initiated AODA confidentiality training in 2002. It is very important that SCCP participants understand 42CFR confidentiality regulations, and that they use release forms developed for this process appropriately. Additional and ongoing training will be needed to assure that there is widespread understanding of and compliance with confidentiality requirements throughout the system.

In addition, further changes to release forms or procedures may be required due to the federal Health Insurance Portability and Accountability Act (HIPAA), which becomes effective in April 2003.

Funding Stream Definition and Coordination

It appears that TANF funds may sometimes be over-utilized, and alternative-funding sources under-utilized in SCCP plans, despite the fact that TANF funds are expected to be funding of last resort. TMG proposes to prepare a clear, easy-to-understand summary of all applicable funding sources, including which system provides the funding, the amount of funding available, and the funding source's uses and limitations. This summary would be made available to SCCP teams to help assure that funding sources are being used appropriately and that all available funding sources are identified and accessed.

Performance Measurement and Process Improvement

TMG proposes implementing the PMPI project, for which design was initiated in 2002. The PMPI Subcommittee of the SCCP committee would coordinate implementation. The Subcommittee will address information gathering, confidentiality, and survey design issues. It will then administer interviews and questionnaires, analyze results, and develop a report with recommendations for SCCP systems improvement.

The PMPI project for the SCCP will continue to be distinct from the broad evaluation of the Milwaukee AODA/TANF Services System being conducted by the UW Milwaukee. The PMPI project will be focused strictly on the SCCP, not the entire service system. Unlike the data-based UWM Evaluation, it will use a qualitative approach to understanding consumer perceptions and suggestions for improvements. It will strongly emphasize process analysis and will result in practical suggestions for areas where the SCCP process or document can be improved. UWM researchers will continue to participate on the PMPI subcommittee to assure that the PMPI project is complementary but not duplicative of their efforts, and to provide methodological direction and support.