
**SINGLE COORDINATED CARE PLAN PROJECT:
2004 YEAR-END REPORT**

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Prepared for
Milwaukee County AODA/TANF Services System

By
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Note: The PDF version of this report does not contain the attachments. Specific attachments are available from TMG by request.

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Introduction

Summary of 2004 Activities

The 2004 calendar year marks the fourth year of the Single Coordinated Care Plan (SCCP) project. From its inception in 2001, the objective of the SCCP project has been to develop and support a single coordinated care plan for consumers who are involved in multiple service systems, including AODA, W-2, Child Welfare, Corrections, and Mental Health. Working in conjunction with the Milwaukee AODA/TANF Services System and representatives from each of the service systems, TMG spent 2004:

- Facilitating intersystem dialogue via the SCCP Committee;
- Completing a system-wide process and performance improvement survey;
- Looking at a variety of other coordinated service team care plans and programs currently being used in the County and by the state;
- Continuing to expand and involve the role of the SCCP Consumer Subcommittee; and
- Developing an SCCP website and providing SCCP communications to the committee.

All efforts in 2004 were directed at sustaining and enhancing the SCCP and supporting agencies to continue to develop consumer-centered care plans that bring the consumer, the consumer's supports, and service systems together to help the consumer meet his or her goals.

Specific projects in 2004 included:

- Performance Measurement Process Improvement (PMPI) Project Evaluation;
- Review of Milwaukee Area Programs That Are Similar to the SCCP;
- Expansion and Increased Involvement of Consumer Subcommittee;
- Revision of the SCCP document;
- Development of the SCCP website; and
- Providing a Forum for Continuing SCCP Discussion.

Descriptions of each of these projects are provided in Section 2 – Project Activities 2004.

Project Background

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 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. An SCCP committee, with representation from consumers, systems, and community organizations, and a Consumer Subcommittee were established in February 2001 to design and implement the SCCP.

Core Values

The SCCP was built on a series of core values developed by DHFS in partnership with county agencies, local providers, and families. These core values articulate the Department of Health and Family Services’ (DHFS) shared vision for supporting families needing substance abuse, mental health and/or child welfare services to improve the quality of their lives. DHFS described this vision in its 2002 Approach Paper stating that its goal was:

“To implement a practice change and system transformation in Wisconsin by having a strength-based coordinated system of care, driven by a shared set of core values, that is reflected and measured in the way we interact with and deliver support and services for families who require substance abuse, mental health, and child welfare services.”

The Core Values can be found in Attachment A, and on the SCCP web page at www.tmg-wis.com.

Wraparound Approach

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

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

The Wraparound approach is driven by the needs of the consumer and his/her family, as articulated by the consumer. It effectively coordinates the resources of all of the service systems with which the consumer is involved, and it goes beyond formal services to identify and implement innovative approaches for addressing the consumer's individual needs. Finally, the Wraparound process 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 when formal social service supports are no longer required.

Review of 2001-2003 Project Activities

Since its inception, the SCCP Committee has accomplished a number of program initiatives. These initiatives have contributed to the continued growth and development of the program. Following is a summary of major directions and achievements from the program's beginnings in 2001 through 2003.

The SCCP Process Guide

TMG, in collaboration with the SCCP Committee, developed *The SCCP Process Guide*. *The SCCP Process Guide* is designed to be used by participants on SCCP teams and covers key concepts of the program, the team meeting process, and provides answers to frequently asked questions. It also provides model documents (forms, letters, etc.) for use by SCCP teams. *The SCCP Process Guide* is now available online at the TMG website, www.tmg-wis.com.

Care Plan Document Development and Revision

One of the primary achievements of the SCCP Committee has been to develop and revise the SCCP form. The SCCP form is critical to the SCCP process. It records the consumer's vision and goals, as well as specific strategies to accomplish these goals, including what will be done, who would do it, due dates and funding sources. The challenge has been to accommodate the needs of all participants—the requirements of consumers and agency staff, as well as the care team facilitators. A first version of the form was finalized in 2002. After much discussion and thought, a workgroup revised the form, resulting in a somewhat different 2003 SCCP form intended to be easier for the facilitator to complete. In 2004, staff at DHFS and Milwaukee County Behavioral Health pointed out that the "new" version of the SCCP form did not require information that the state and county could use for their own funding and data gathering purposes. This new format made it more difficult to access payment from Medicaid or other sources. The form continues to undergo revision.

Developing Consumer Involvement in the SCCP

Consumer involvement has been a cornerstone of the SCCP program. The SCCP has a consumer subcommittee, led by a professional facilitator, which meets on a monthly basis. The consumer subcommittee's recommendations have been influential, identifying directions for the SCCP committee, and have led to changes in SCCP-related requirements in contracts between Milwaukee DHS and AODA providers. Throughout the development of the SCCP, TMG and the Committee have made a concerted effort to increase consumer committee membership and involvement. Outreach efforts have included presentations at primary agencies, consumer involvement on various workgroups, input on committee meeting presentations, and offering the consumer perspective on various SCCP issues.

Funding Source Project

In response to concerns about how to best use or access TANF money and which agencies pay for what services, TMG worked with the SCCP Committee to develop the SCCP *Funding Reference Guide* for facilitators, consumers, and team members. The *Funding Reference Guide* uses input from each of the major systems involved with the SCCP—AODA/TANF providers, Corrections, Child Welfare, and W-2. The guide serves as a reference for SCCP teams to help assure equitable division of financial support for SCCP plans among service systems. The guide also helps teams identify and determine which systems can potentially fund a service or support, including requests for non-traditional services or items.

Performance Measurement and Process Improvement (PMPI)

The PMPI was an attempt to make a qualitative evaluation of the SCCP program two years after the program's inception. The project surveyed consumers and agency representatives about their experience with the SCCP process. Thirty-five consumers participated in telephone or in-person interviews. One hundred twelve agency representatives responded to a written survey about their SCCP experience. An extensive evaluation followed. The overall results of the surveys were quite positive. Consumers and agency representatives gave insight into the helpful effect the SCCP process has had on participants. Consumers and agency respondents indicated the SCCP has enhanced coordination among agencies and consumers to promote consumer-centered, strength-based care. The PMPI is posted online at www.tmg-wis.com.

Assuring Confidentiality Compliance

In its efforts to assure that the SCCP process complies with state and federal confidentiality requirements, TMG and the Committee developed consent for release forms for the SCCP process. These forms are compliant with 42CFR confidentiality requirements. In 2002, the Milwaukee AODA/TANF Services System and the DHFS Bureau of Substance Abuse Services co-sponsored a conference 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 record. The conference was followed by a half day Special Working Session for SCCP Committee members titled: "AODA Confidentiality and the Single Coordinated Care Plan."

SCCP Training

The SCCP is a formalized, team-based process. Due to the many systems involved in the program, staff experience on care teams is varied and inconsistent. To that end, TMG developed a two-hour SCCP training that offers an overview of the care plan and the SCCP process. The training focuses on expectations for the team, the importance of collaboration, confidentiality issues, and consumer-centered planning. Throughout the history of the program, TMG has conducted a number of these trainings when requested.

Project Activities 2004

To sustain and enhance the successful implementation of the SCCP in the Milwaukee County AODA/TANF Services System, the SCCP Committee focused on the following activities in 2004.

- Performance Measurement Process Improvement (PMPI) Project Evaluation;
- Review of Milwaukee-area Programs that are Similar to the SCCP;
- Expansion and Continued Involvement of Consumer Subcommittee;
- Revision of the SCCP document;
- Development of the SCCP website; and
- Providing a Forum for Continuing SCCP Discussion.

Performance Measurement and Process Improvement (PMPI) Project Evaluation

The PMPI report presented findings of the Single Coordinated Care Plan (SCCP) Performance Measurement and Process Improvement (PMPI) study. The PMPI study was designed to provide insight into how the SCCP is working from the perspective of consumers and agency representatives, and to suggest areas where the SCCP process could be improved. Interviews were completed by December 2004. Evaluation followed. The PMPI report is available at www.tmg-wis.com.

A subcommittee of the SCCP Committee, with members representing consumers, agencies participating in the SCCP, and the University of Wisconsin–Milwaukee Center for Addiction and Behavioral Health Research (UWM-CABHR), developed the PMPI approach.

The PMPI Subcommittee recommended a study that would focus on the experiences of program participants and provide opportunity for open-ended comment. Specifically, it would provide insight on:

- Demographic and descriptive information of the population served;
- Consumer perceptions of the SCCP; and
- Agency team members' perceptions of the SCCP.

The PMPI Subcommittee determined that this approach would:

- Provide valuable information on consumer and agency team member perceptions of the SCCP and satisfaction with the process;
- Give participants and funding sources an indication of the acceptance and buy-in of consumers and team members;
- Help the SCCP Committee determine where the process needs improvement in order to sustain and develop the SCCP; and
- Lay a foundation for future evaluations of this project and similar initiatives within the state.

Separate survey tools were designed for consumer respondents and for agency staff who participated on SCCP teams. The consumer survey was administered using an interview format, with either in-person or telephone interviews. The agency survey was distributed in a written format. Some 35 consumers and 112 agency staff responded to the survey.

Key Findings-Consumer Respondents

The demographic profile of consumers responding to the survey can be summarized as follows:

- Some 94% of consumer respondents were female.
- Most consumer respondents did not currently have partners. Only 20% of consumer respondents reported having partners.
- African Americans predominated in the survey group, as 66% of respondents, followed by Caucasians (17%) and Hispanics (17%).
- Some 57% of consumer respondents were unemployed, with the remainder working either full- or part-time. Most consumer respondents (69%) had income of less than \$5,000 over the last twelve months. No consumer had income above \$10,000.
- All of the consumer respondents were involved in the AODA treatment system. In addition, 74% were involved with W-2, 45% with Child Welfare, and 26% with Department of Corrections.
- The average age of a respondent was 32, and 89% of the consumer respondents were between the ages of 25 and 44.
- The average age of consumer respondents' children was 10. On average, respondents had 3.7 children.

The findings of the Consumer Interviews were very favorable for the SCCP and the treatment experience in general. A high percentage of consumer respondents agreed that the SCCP has had a beneficial influence on their treatment and on their lives. In fact, 80% (28) of respondents gave an "A" or "A+" when asked what grade they would give the SCCP process.

The general accomplishments noted by consumer respondents include:

- The SCCP enhanced team collaboration and consistency on behalf of consumers.
- Consumer respondents thought they were at the center of their care plan and were encouraged by having the team support their skills and strengths.
- Many consumer respondents said they felt successful in making progress toward their goals.
- The majority thought families were involved as much as the consumer respondents wanted them to be.
- Consumer respondents offered thoughtful recommendations for continuing and improving the process.

The area where consumer respondents expressed most concern about the SCCP process was family involvement. Consumer respondents' families were not always involved in the coordinated care process the way the consumer wanted them to be.

Key Findings-Agency Respondents

Of the 112 surveys returned, 44 (39%) were from employees of AODA treatment agencies, 16 (14%) were from DOC, 30 (27%) were from Child Welfare, and 19 (17%) were from the W-2 system. In addition, Wraparound Milwaukee care coordinators returned three questionnaires (3%).

The findings of the Team Member Questionnaire were generally very favorable about the SCCP. There was an overall perception that it has been helpful to everyone involved in the process. Based on team member responses:

- The SCCP and the strength-based, consumer-centered philosophy have been very valuable to consumers in a number of ways.
- The SCCP has been very useful as a tool in consumer recovery.
- The SCCP team approach is serving consumers better than previous approaches.
- Interagency communication has been improved due to the SCCP process and plan.
- Interagency understanding and knowledge of other agencies' responsibilities and functions have improved.

Respondents identified the following challenges to be addressed:

- Team members experienced different levels of demand on their time in using the SCCP depending on their role and agency association.
- Respondents expressed some need for training on the SCCP. Again, the need seemed to vary based on agency and role on the SCCP team.
- Many respondents said that they used the SCCP in addition to other care plans, which suggests duplication of efforts and increased time spent.
- Sometimes, team members did not receive copies of the SCCP plan from the facilitator.

Follow-up for the PMPI

Results from the PMPI survey were presented to the SCCP Committee. Discussion focused on:

1. More fully integrating the whole family into the SCCP process. Included in this discussion were suggested areas of improvement. The committee took these areas under consideration and discussed them at a follow-up committee meeting.
2. Approaches for assuring that the plan document is given to all team members.
3. The need for additional SCCP training, including training on Wraparound Philosophy, the SCCP process and facilitation skills.

The committee will continue to work on these issues in 2005.

Review of Milwaukee Area Programs That Are Similar to the SCCP

The use of coordinated care planning teams is growing significantly. Whether they use the NEXUS SCCP or were developed independently of the SCCP program, the rise in the number of these service plans indicates a burgeoning acceptance of a team-based, consumer-centered philosophy. It is a trend that is moving across most human services agencies.

In 2004, the SCCP Committee reviewed a variety of coordinated care planning programs currently being used in Milwaukee County. These programs included:

- The Bureau of Milwaukee Child Welfare;
- Wisconsin Department of Corrections – The Ellsworth Project;
- Making Connections Milwaukee Child Protection Pilot;
- Milwaukee Public Schools;
- Milwaukee TANF;
- Wisconsin Department of Corrections Female Offender Treatment Alternative Program; and
- Milwaukee County Behavioral Health Division Wraparound Milwaukee.

These organizations met with the committee to discuss how their care planning process worked. Based on these presentations, a comparison table grid was developed by TMG that showed basic elements of each program. The comparison tables are available at www.tmg-wis.com.

After surveying this range of programs, it became evident that coordinated care planning approaches now serve a variety of populations: Milwaukee public school children; incarcerated women who have children; children and adolescents with severe mental health issues; residents rebuilding their neighborhoods; single mothers with substance abuse issues, and families in crisis.

Not surprisingly, there is tremendous variation in care plan training, team staffing, consumer requirements, and service coordination from program to program. There is also, at times, a duplication of coordinated care plans and potential conflicts between the SCCP and other coordinated service plans. Still, there seem to be many more similarities than disparities.

“Competing Care Plans” and Potential Conflicts

Coordinating services from multiple agencies in one care plan is a primary goal of the SCCP. However, some agencies using the SCCP also continue to employ their own agency care plans as well. For example, both W-2 and Child Welfare have their own requirements for formal care plans. While the key elements of these plans should be reflected in the SCCP, this does lead to some duplication and potential for inconsistency.

Perhaps a more significant concern is “single” plan initiatives operating independently in separate systems. This creates the potential for conflicting plans, and duplicative services and family care teams. In some cases, a Child Welfare Coordinated Service Team (CST) is made up of family-based coordinated service team members nearly identical to SCCP family teams

developed by a consumer's AODA treatment facilitator. The same family may have two "single" plans.

This has the potential to confuse family team members serving on both teams as well as the consumer involved in both plans. Moreover, agency staff serving on both teams may find that they are devoting twice as much work time for team meetings as they normally would. Assuring that these processes complement and coordinate with each other, and that they are not duplicative or competing, is an issue that will be addressed by the SCCP committee in 2005.

Expansion and Increased Involvement of Consumer Subcommittee

Since the inception of the SCCP, consumer involvement has been an integral part of the program. In 2004, the SCCP consumer subcommittee continued to be a vital and influential contributor to the larger SCCP Committee. While it has been a challenge to help the group expand its membership and further define its role, the group's activities last year suggested that the subcommittee is evolving into a more proactive and influential component of the program.

Expanding and Marketing Membership

The Consumer Subcommittee took major steps in 2004 to expand its membership. The result was that by year's end the group had added several new members and was going to continue to try to bring in more. To that end, Consumer Subcommittee members started giving presentations at AODA agencies. They discussed the benefits of being an SCCP consumer subcommittee member, and how committee membership can offer positive benefits for all consumers. They presented at the Star Group, UMOS, and planned discussions for Meta House and UCC. Response was favorable and at least one new member joined as a result of these sessions. Equally important, they had begun the process of disseminating information about the SCCP.

Raising Practical Issues and Making Recommendations

Giving first-hand, experiential observations and suggestions about the SCCP program and ways it can be improved are some of the most valuable contributions the consumer subcommittee members can provide. The subcommittee met regularly in 2004 and contributed a number of very useful suggestions. Following are some consumer suggestions raised:

- More focus on children. This would include information and education on AODA issues for consumers caring for children, such as foster parents and family members. Also information for children themselves about having a parent with substance abuse problems.
- Expanding the program's definition of 'families' to include friends and relatives beyond immediate family members.
- Expanding the definition of 'after-care' to mean that consumers have access to resources, both informal and formal. This is considered vital for relapse prevention and long-term sobriety.

- Identifying consumer triggers and providing sensitivity training for teams.
- Counselors and team members need to be aware that while consumers are trying to get help with their own issues, they're reluctant to divulge things that could hurt them or be used against them. Past issues such as a mental illness diagnosis or incarceration could prevent people from having their children returned to their care.
- Due to many hidden issues, all consumers should be seeing a therapist.
- Because removing a child from the home is an extremely stressful experience—a stressor than can lead to a relapse— parents should be able to get preventative help before a decision about the child is made.
- Consumers involved in both the SCCP and the Child Welfare CST process expressed confusion about the duplication of services.

Developing New Tools as Supports

The consumer subcommittee expressed the desire to develop a support tool that would help them compile and easily access their program achievements. This is consistent with the strength-based focus of the SCCP. Consumers involved with the SCCP could be encouraged to develop and maintain a personal portfolio for compiling and organizing their achievements—completion of parenting classes, job training certificates, anger management course completion, personal letters of recommendation, etc. This type of support tool would function for consumers as a kind of resume. The Subcommittee proposed to test it on a handful of consumers first, and then expand usage for all SCCP consumers. This concept will be raised with the full SCCP Committee early in 2005.

Consumer subcommittee meeting notes can be found in Attachment B.

Revision of the SCCP Document

The development and revision of the SCCP form has been an ongoing process. Throughout the development of the SCCP program, two different workgroups have made major form revision recommendations that have been accepted and implemented by the SCCP Committee. Most recently, the form was revised in 2003. However, in mid 2004, the DHFS Bureau of Mental Health and Substance Abuse Services (BMHSAS) of the Milwaukee County Behavioral Health Division expressed concern that the "new" version of the SCCP form that was revised in 2003 does not request the informational detail that the state and county need for their purposes. They said they were concerned that the most recent revised form might make it more difficult to access payment from Medicaid or other sources.

Consequently, a 2004 form revision workgroup was established and met in Milwaukee in August. It was agreed that BMHSAS staff would revise the original 2002 form to include the fields necessary to capture more information. This revision should be completed in early 2005. In the meantime, SCCP teams are using the 2002 form.

The 2002 SCCP form is provided in Attachment C.

Development of the SCCP Website

TMG created an SCCP web page and link on the TMG website. Along with giving the program a presence on the World Wide Web, the SCCP website provides the opportunity to access to basic SCCP information from anywhere, at any time. To access it, first go to www.tmg-wis.com, and then choose the Single Coordinated Care Plan link.

The site contains an SCCP overview, the SCCP Form, Instructions for Using the Form, a Contact List of up-to-date program contacts, Initial Consent for Release forms, the SCCP Process Guide, the PMPI, and 2001, 2002, 2003, and 2004 Year End Reports. These files are all in PDF format. They can be printed, or the link can be e-mailed, but users cannot open the files or download them and work within them as interactive documents. The website is periodically updated to reflect changes in the program and contact information. As part of the SCCP website, *The SCCP Process Guide* has been converted into an electronic document and posted on the SCCP website. Updates are now made in the electronic version.

Providing a Forum for Continuing SCCP Discussion

SCCP Committee meetings continued to provide a forum for discussion of current and evolving issues regarding the SCCP, and for persons involved in the process to share experiences and learn from one another. The SCCP committee met seven times in 2004.

Status of the SCCP

The SCCP Committee

The SCCP Committee continued to have a committed core of attendees in 2004. While committee membership changed throughout the year with staffing turnovers and agency reorganizations, each system participating in the SCCP process was regularly represented at the SCCP Committee meetings. In addition, the SCCP Committee reached out to invite new members from Milwaukee Public Schools, the Making Connections program, and Wisconsin Community Services.

Seven SCCP committee meetings were held in 2004, each with regular attendance from the following agencies:

- AODA/TANF Treatment Providers:
 - Benedict Center
 - Horizons
- MetaHouse;
- Milwaukee Women's Center;
- Bureau of Milwaukee Child Welfare ;
- Consumers;

- Department of Corrections;
- Milwaukee County Department of Human Services;
 - Division of Behavioral Health
 - Division of Economic Support
- W-2 Agencies;
 - Maximus, Inc.
 - OIC-GM
 - UMOS
- Wisconsin Department of Health and Family Services, Bureau of Mental Health and Substance Abuse Services;
- Wraparound Milwaukee;
- University of Wisconsin – Milwaukee/CABHR; and
- Making Connections Milwaukee.

An average of 20 members, including consumers, attended the SCCP Committee meetings in 2004.

In addition to cross-system representations at committee meetings, the SCCP Committee also hosted a variety of guest speakers and topics in 2004, including:

Paul Radomski – Director Adult Community Services, Milwaukee County Division of Behavioral Health, presented on the redesign of AODA services for Milwaukee County.

Daysi Jimenez – St. Rose Youth and Family Center Family Transition Facilitator, presented on the Aftercare Demonstration project, which was created to help incarcerated women reunite with their families and successfully reintegrate into the community.

Dick Theado and Tamara Grigsby – Consultants with the Making Connections Milwaukee community program, they discussed a community initiative that focuses on family strengthening and neighborhood transformation.

Kevin Boland – Program Manager for Wisconsin Community Service Network (WCSN), spoke about the organization of the Bureau of Milwaukee Child Welfare, the role of WCSN at Sites 1 and 2, and how Coordinated Service Teams have been integrated into services the agency provides.

Barb Parisi – Milwaukee Public Schools (MPS) Coordinator for Social Services, Transition and Community Services and School-to-Work presented on the school systems' use of coordinated service teams with individual education plans (IEPs) and collaborative service teams (CSTs).

The SCCP Committee Meeting Minutes from 2004 are provided in Attachment D.

SCCP Usage

The SCCP continues to be used with TANF-eligible consumers in the five primary treatment centers in Milwaukee County's AODA/TANF Services System: Horizons, MetaHouse, Milwaukee Women's Center, the United Community Center (UCC), and The Benedict Center.

Different facilitation models are being used in each agency. MetaHouse's facilitators are drawn from a pool of trained facilitators who may or may not be providing direct case management services to SCCP consumers; Milwaukee Women's Center has dedicated facilitators using the SCCP with TANF-eligible clients; UCC uses a similar model. Outside of the five primary agencies, Wraparound Milwaukee provides SCCP facilitation for TANF-eligible clients of "voucher" AODA agencies.

Strengths of the SCCP

Consumers on the SCCP Committee consistently report that the SCCP is a very effective approach to care planning and that they would like to see its use expand. Similarly, PMPI survey data shows that consumers continue to respond well to having teams of people working collaboratively on one plan and focus on their particular strengths and needs.

Reports from the systems using the SCCP are also positive. The agencies that are using the plan have liked the changes in the format and continue to use it with TANF-eligible and non-TANF consumers. W-2 Financial and Employment Planners, Child Welfare workers, and Corrections staff are attending SCCP meetings at a higher rate. Facilitators report that it seems to be getting easier to get system representatives to the table.

The SCCP website is very heavily used. Google, Yahoo, Lycos and MSN searches using key words for "single coordinated care plan" put the site at the top of the results list. Google entries are ordered according to the number of references and links a site receives.

In addition, the systems continue to respond well to having regular opportunities for cross-system dialogue and learning. This is reflected in consistently strong attendance rates at the SCCP Committee meetings. SCCP Committee members are working hard to improve the SCCP process in their agencies and embrace the core values embedded in the process.

Another strength of the SCCP Committee is its capacity to identify and resolve problems in the system quickly. Because agencies share their successes and concerns at each meeting, problems raised can be quickly addressed because of the connections established through the committee and through the SCCP team meetings themselves. The opportunities for networking and regular problem solving between systems are two notable benefits of the SCCP project.

SCCP Concerns

Several issues continued to be important in 2004.

Duplicative care plans.

Continuing concern has been the duplication of single care planning initiatives. The primary purpose of the SCCP was to eliminate multiple care plans. With the introduction of Community Service Teams (CSTs) by the Bureau of Milwaukee Child Welfare in late 2003, members of the SCCP have voiced concern that consumers could be required to attend both CSTs and SCCPs, resulting again in multiple, possibly conflicting plans. Milwaukee County Division of Behavioral Health asked AODA/TANF provider agencies to address this issue in their contracts with the county, but discussions throughout 2004 continued to raise questions about how the seemingly concurrent processes are working. It will be important to continue to have conversations about possible duplication of care plans and, ultimately, devise a strategy for having co-existing, even complementary, care plans. Ultimately, high-level administrators from the appropriate agencies will need to be involved in the discussion.

Continued Involvement of High-level Administrators.

From the beginning of the SCCP project, one of the most important objectives was to have buy-in from high-level administrators at the state and in each of the systems that were being asked to participate on SCCP teams. With this high-level collaboration, systems involved in the SCCP are afforded more flexibility and opportunities to change policies and practices that inhibited the success of consumers. In 2004, the SCCP continued to enjoy cross-system support and benefit from the input and attention of high-level staff. With the SCCP being used as an integral part of the Wiser Choice program in 2005, high-level support is even more crucial.

Changes to the Plan Document.

At the end of 2004, the original SCCP form, developed in 2002, was being used. The “revised” 2003 form was no longer in use. Facilitators raised concerns that the 2002 form is somewhat time-consuming and cumbersome to complete, while BMHSAS and the Milwaukee Division of Behavioral Health raised concerns that the 2003 revision did not include all-important information. Revision of the form to reflect the needs of all parties is a high priority in 2005.

Focus on the Family.

The Consumer Subcommittee has pointed out that the SCCP would be more effective if it broadened its emphasis to encompass the whole family, rather than its current primary focus on the adult consumer receiving substance abuse services.

Next Steps for 2005

As the SCCP evolves and expands, TMG and the SCCP Committee continue to address both new and existing issues and topics. Following are potential topics or projects that the SCCP committee may wish to consider for 2005.

Expansion of the SCCP to the Wisser Choice Program.

The Milwaukee County Behavioral Health Division is requiring use of the SCCP for the Wisser Choice Program. The SCCP will constitute the plan of care for this program and will trigger authorization of payment for services. Adapting the SCCP form and process to the Wisser Choice Program and providing training to contract agencies that will be providing SCCP facilitation through Wisser Choice will be a major priority for 2005.

Cross-system collaboration.

During 2004, the SCCP Committee identified and discussed multiple “SCCP-like” programs, including programs in Corrections and Child Welfare. It identified issues regarding duplication and the need for coordination of these efforts. A priority for 2005 could include working with the systems sponsoring these “SCCP-like” programs to assure coordination and prevent duplication. However, to be fully effective, this will require active participation and input from top management of each system.

Developing new consumer tools.

The Consumer Subcommittee has suggested development of “SCCP portfolios” for consumers with SCCP teams. These portfolios would give consumers a place where they can record accomplishments and collect and display their personal achievements, pulling together in one place information that will help them develop resumes and monitor achievement of their personal goals.

Incorporation of Core Values into the SCCP Process.

The SCCP is built around the Core Values—however it is sometimes challenging to incorporate the Core Values into actual teamwork. The SCCP Committee could provide an opportunity for facilitators, consumers and agency team members to come together to discuss practical approaches and real experiences in incorporating the core values into SCCP practice. This could be done at the full meetings of the SCCP, or, if there is interest from participating agencies, a subcommittee with facilitators, consumers and agency staff could meet regularly to discuss and share approaches for incorporating the core values. For example:

- What are strategies for building plans around consumer strengths?
- How can teams more effectively use natural and community supports?
- How can teams best address the needs of the whole family?

SCCP Form Design.

Efforts are continuing to redesign the SCCP form in a way that provides information needed by the State and County, is efficient to fill out, and is easily understandable by all involved.

Training for TANF-SCCP participants.

There is an ongoing need for training on the SCCP values and process for facilitators, team members and consumers. During 2005, the SCCP Committee could work on developing recommendations for how this training system could be structured and funded, and how it would relate to training under Wisser Choice.

Attachments

- Attachment A. Core Values
- Attachment B. Consumer Subcommittee Meeting Notes
- Attachment C. The SCCP “Original” Care Plan Form
- Attachment D. SCCP Meeting Notes