

*Single Coordinated  
Care Plan Project:*

**2003 YEAR-END REPORT**

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

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## Table of Contents

|  |           |
|--|-----------|
| <b>Introduction .....</b>                                    | <b>1</b>  |
| Summary of 2003 Activities .....                             | 1         |
| Project Background.....                                      | 1         |
| Core Values.....   | 2         |
| Wraparound Approach.....                                     | 2         |
| Review of 2001-2002 Project Activities.....                  | 3         |
| <br>   |           |
| <b>Project Activities 2003 .....</b>                         | <b>6</b>  |
| PMPI Evaluation.....   | 6         |
| Funding Source Project.....                                  | 8         |
| Expansion of Consumer Subcommittee.....                      | 9         |
| Revision of the SCCP .....                                   | 10        |
| SCCP Training.....   | 11        |
| <br>   |           |
| <b>Status of SCCP .....</b>                                  | <b>12</b> |
| SCCP Committee .....   | 12        |
| SCCP Usage.....  | 13        |
| SCCP Strengths.....  | 14        |
| SCCP Concerns.....   | 15        |
| <br>   |           |
| <b>Next Steps for 2004 .....</b>                             | <b>16</b> |
| Website development.....                                     | 16        |
| Maintain a Regularly Updated Contact List .....              | 16        |
| Enhanced Consumer Participation.....                         | 16        |
| Ongoing PMPI and Built in Capacity for Data Collection ..... | 16        |
| Intersystem Coordination.....                                | 16        |
| Training & Education .....                                   | 17        |
| Core Values Assessment.....                                  | 17        |
| <br>   |           |
| <b>Attachments .....</b>                                     | <b>18</b> |

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

- Attachment A. Approach Paper and Core Values
- Attachment B. PMPI Consumer Survey
- Attachment C. PMPI Agency Survey
- Attachment D. SCCP Subcommittee Notes – 2003
- Attachment E. SCCP Revision Recommendations
- Attachment F. SCCP – Current Version
- Attachment G. SCCP Committee Minutes – 2003
- Attachment H. SCCP Contact List

# SINGLE COORDINATED CARE PLAN PROJECT 2003 YEAR-END REPORT

## Introduction

### Summary of 2003 Activities

The 2003 calendar year marks the third 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 2003 facilitating intersystem dialogue via the SCCP Committee, evaluating and improving the coordinated care plan and process, expanding the role of the SCCP Consumer Subcommittee, and providing SCCP training and education. All efforts in 2003 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 2003 include:

- Performance Measurement Process Improvement (PMPI) Project,
- Funding Source Project,
- Expansion of Consumer Subcommittee,
- Revision of the SCCP document, and
- SCCP Training for W-2 and Corrections staff.

Detailed descriptions of each of these projects are provided in Section 3 – Project Activities 2003.

### 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. A 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 (See Attachment A), 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.”<sup>1</sup>

The core values are included in Attachment A.

## **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 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 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

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<sup>1</sup> Department of Health and Family Services Coordinated Services Team Initiative – Approach Paper (May 10, 2002) 1.

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—2002 Project Activities**

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 (MWC), MetaHouse MH), Horizons, and United Community Center (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.

The committee's work in 2002 focused on five main areas:

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

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 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."

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 information, key concepts, and approaches associated with the SCCP; a description of the SCCP development process; information on 42 CFR AODA confidentiality requirements and the use of release forms; responses to frequently asked questions from consumers and other team members; and a variety of other useful materials related to the SCCP.

4. Designing an approach for measuring SCCP performance 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 included consumers, agencies participating in the SCCP, and evaluators from UWM.

A qualitative method was chosen for the study because it would provide valuable information on consumer and agency team member perceptions of the SCCP. The PMPI Subcommittee made recommendations for PMPI activities in 2003. These recommendations and 2003 project activities are described in detail on page 6.

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 the SCCP to be successful. Buy-in on this level allows agencies to consider and implement flexible responses and new interpretations of agency rules, and it supports the integration of the core values into the organizational culture of the agencies facilitating and participating in the SCCP. High-level buy-in also supports the necessary, ongoing training of case managers and frontline workers and the coordination of various funding streams that would promote flexible and equitable funding from different agencies that utilize and benefit from the SCCP.

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. The SCCP committee also initiated a discussion of the long-term goals and structure of the SCCP system and discussed a potential long-term organizational model for the SCCP system that would allow consumers to enter the SCCP process from any service system.

- In addition, 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. Major themes revealed in the 2002 interviews follow:
- Funding coordination was a major challenge for the system. Dependence on TANF funding was heavier than projected, resulting in projected shortfalls.
- AODA Confidentiality was 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 did 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.

Many of these concerns inspired project activities for 2003, which include developing a Funding Reference Guide for use by SCCP facilitators, consumers, and team participants, providing SCCP training for W-2 agencies and the Department of Corrections, and implementing the Performance Measurement Process Improvement project. These activities are described in detail on the following pages.

## **Project Activities 2003**

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 2003.

- Performance Measurement Process Improvement (PMPI) Project,
- Funding Source Project,
- Expansion of Consumer Subcommittee,
- Revision of the SCCP document, and
- SCCP Training for W-2 and Corrections staff.

### **Performance Measurement and Process Improvement (PMPI) Project**

In 2002, the SCCP Committee decided to evaluate the implementation of the SCCP to determine if the process had minimized the barriers AODA/TANF consumers experienced when receiving treatment and having involvement with multiple agencies. The Committee also wanted to know if the core values were promoted through the use of the SCCP. 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 could be improved. Subcommittee members included consumers, agencies participating in the SCCP, and the University Wisconsin-Milwaukee (UWM) evaluators working with the Milwaukee AODA/TANF Services System. In addition, TMG contracted with Barbara Goldberg, a consultant specializing in program evaluation, to assist with PMPI project design and data analysis.

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, and 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. This type of study would produce useful information for all involved and lay a foundation for future evaluations and endeavors of this project and similar initiatives within the state.

It is important to note that the PMPI study of the SCCP is distinct from the broad evaluation of the Milwaukee AODA/TANF Services system being conducted by UWM. It is focusing strictly on the SCCP, not on the entire Milwaukee AODA/TANF Services system, and it does not attempt to quantitatively measure consumer outcomes. Rather, it will use a qualitative approach to understand consumer perceptions and suggestions for improvements. The PMPI study has a strong emphasis on process analysis in order to identify areas where the SCCP document or

process can be improved.

The PMPI Subcommittee developed several recommendations for 2003 evaluation activities:

- Obtain demographic and descriptive information from the consumers who were participating in the SCCP.
- Understand consumer perceptions by:
  - Conducting a consumer focus group to determine what information and questions would be most relevant.
  - Conducting individual consumer interviews.
- Survey SCCP facilitators and other agency staff participating on the SCCP teams including W-2 agencies, Corrections, and Child Welfare.

### **Demographic and Descriptive Consumer Information**

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: Gender, marital status, age active or discharged, treatment type, racial or ethnic background, system involvement, employment status, income, and number of SCCP meetings attended.

### **Understand Consumer Perceptions**

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

The first dimension of the survey effort utilized a consumer focus group to help determine relevant issues and questions for the qualitative consumer survey. The consumer focus group was held in March 2003 and the information gathered guided the design of the consumer questionnaire (See Attachment B).

The next dimension involved conducting individual interviews with consumers. The PMPI Subcommittee chose individual interviews as the preferred method to assure the quality of the information received and a higher participation rate than a written survey. The subcommittee also 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, the survey strived to include 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.

Individual interviews were conducted in person and via the phone from October – December 2003. A total of 34 consumers were interviewed with representation from the following agencies:

- Benedict Center – 2 consumers.
- Horizons – 4 consumers.

- MetaHouse – 10 consumers.
- Milwaukee Women’s Center – 9 consumers.
- United Community Center – 9 consumers.
- Wraparound – 1 consumer.

Results from the consumer interviews are currently being analyzed.

**Survey SCCP Facilitators and Other Agency Staff**

In addition to understanding consumer perceptions of the SCCP, the PMPI Subcommittee wanted to understand the perceptions of both the SCCP facilitators and the agency staff who participated on SCCP teams including W-2 FEPs and AODA specialists, Child Welfare workers, AODA Counselors and therapists, Probation and Parole agents, and other DOC staff.

To gather this information, an agency survey was developed (See Attachment C) and sent to all of the agencies participating in the SCCP Project. Recipients of the survey were asked to complete the questions by hand and return completed surveys to TMG staff.

The agency survey was conducted from August – November 2003. TMG received a total of 115 responses from all of the agencies participating on the SCCP.

| <b>PMPI Agency Survey Response – Breakdown by Agency</b> |                            |
|--|----------------------------|
| <b>Agency</b>  | <b>Number of Responses</b> |
| AODA/TANF Providers:                                     |                            |
| • <i>Benedict Center</i>                                 | 6                          |
| • <i>Horizons</i>  | 3                          |
| • <i>MetaHouse</i>                                       | 19                         |
| • <i>Milwaukee Women’s Center</i>                        | 13                         |
| • <i>Wraparound</i>                                      | 3                          |
| • <i>UCC</i>   | 4                          |
| Bureau of Milwaukee Child Welfare                        | 32                         |
| Department of Corrections                                | 16                         |
| W-2 Agencies:  | 19                         |
| <b>Total Number of Surveys Received</b>                  | <b>115</b>                 |

Results from the agency survey are currently being compiled.

A Performance Measurement and Process Improvement (PMPI) Report describing consumer and agency findings will be provided to the Milwaukee County Division of Behavioral Health and the SCCP Committee in mid-February 2004.

**Funding Source Project**

In response to concerns about the overuse of TANF dollars in 2002 and the common questions raised about which agencies pay for what services, TMG developed the SCCP Funding Reference Guide for facilitators, consumers, and team members. Designed with input from each

of the major systems involved with the SCCP—AODA/TANF providers, Corrections, Child Welfare, and W-2—the SCCP Funding Reference Guide provides an overview of the possible services that might be available to TANF-eligible consumers participating in the SCCP.

### **Use of SCCP Funding Reference Guide**

In addition to collaborating in developing the SCCP plan, systems participating on the SCCP teams collaborate in providing funding for the services and supports the plan includes. Since the consumer is a client of all of the systems represented on the SCCP team, all of the systems should provide financial support to the plan by funding one or more plan services.

The primary service systems that participate in the SCCP are the AODA/TANF system, W-2, Child Welfare and Corrections. Each of these systems can fund a range of services and supports for its clients. The SCCP Reference Guide outlines the types of services and supports that each system can fund and describes the procedure for obtaining authorization for funding.

The SCCP Funding Reference Guide is designed as a reference for SCCP teams to help assure equitable division of financial support for SCCP plans among service systems. The guide can help teams determine which systems can potentially fund a service or support, including requests for non-traditional services or items. It is important to note that inclusion in the SCCP Funding Reference Guide does not guarantee that a system will fund a particular service. SCCP teams must assure that appropriate procedures for seeking authorization and justifying the funding request are used.

### **Expansion of Consumer Subcommittee**

In 2003, TMG contracted with Hilary Chavez to organize and facilitate the SCCP Consumer Subcommittee. The Subcommittee met regularly throughout the year, with four active members.

One of the subcommittee's primary activities in 2003 focused on finding new members. Recognizing the need to have consumers in various stages of treatment and recovery, the Consumer Subcommittee developed marketing material and a recruitment presentation. Consumers visited AODA treatment agencies and presented information about the SCCP and the consumer subcommittee to potential members, and a new member orientation was developed. Response to the presentation was very positive and several new consumers attended the next subcommittee meeting. While subcommittee members had hoped for a higher turnout, they recognized the challenge of making direct connections with consumers. All agreed that consumer subcommittee members should continue to talk with prospective consumers, sharing their insight into the SCCP and process, and encouraging new members to join.

Currently, subcommittee members are working on developing a mission statement that describes the goals of the group more clearly. This will be used as the subcommittee continues to recruit new members.

In addition, the Consumer Subcommittee continues to be instrumental in raising critical issues and recommendations for the SCCP Committee.

Consumer Subcommittee suggestions in 2003 include:

- Focusing on ways to improve AODA treatment:
  - Hire good, discerning and supportive counselors.
  - Hold a Wraparound meeting in the first week or so of treatment and then again in 4 to 5 weeks rather than wait 30 days so consumers know better what the process is.
  - Offer AODA and Wraparound screening at central intake at the county jail as in children's court.
  - Offer treatment in the county jail – detoxifying, education, and treatment options.
  - Combine probation and AODA treatment at the same site, so consumers only make one trip.
- Having a “resource person” at the AODA treatment centers. This person's primary function would be to research and share information on resources as part of long-term recovery goals.
- Focusing on consumers who have completed treatment. The Subcommittee pointed out that SCCP services end when treatment ends, despite the fact that the transition period is extremely challenging for consumers.
- Developing children's educational programs designed to break the cycle of substance abuse for children of AODA/TANF consumers.

These topics provide a glimpse of the conversations and insight the consumer subcommittee brings. See the attached subcommittee notes for a more complete description of the subcommittee's activities in 2003 (Attachment D).

A primary focus for the SCCP Committee, in collaboration with the Consumer Subcommittee, will be to develop a consistent process for the SCCP Committee to respond and react to recommendations made by the Consumer Subcommittee. This was listed as a priority for 2004.

## **Revision of the SCCP**

In 2003, SCCP Committee members recommended that the committee revisit the content and format of the SCCP. With a year and half's experience using the original form, the AODA/TANF treatment facilitators felt that the form was too complicated and needed to be streamlined and simplified to better meet the needs of consumers.

In response to this request, TMG facilitated a SCCP Revision Subcommittee to meet and discuss these recommendations. All participating agencies were invited to participate on the subcommittee. The first meeting was held in April 2003 with representatives from MetaHouse, Milwaukee Women's Center, and Horizons attending.

The Revision Subcommittee made a series of recommendations (See Attachment E), which were presented to the full SCCP Committee and approved. The most significant change in the plan occurred in the Needs/Strategies section. In the original form, specific strengths were listed to address each need. The subcommittee decided that this was too repetitive and felt that the

strengths list on the first page of the plan was sufficient. The subcommittee also suggested that strategies should be presented in narrative style, arguing that the boxes for specific details (who, what, why, when) were too small to use.

Though the format of the plan looks significantly different, key elements remain the same. In addition, the newly revised plan was reviewed and approved by the consumer subcommittee. Consumers felt that the plan was simpler to read and follow.

Several agencies field-tested the revised SCCP and made final suggestions for improving the form. These are included in final revision of the plan (See Attachment F). Some agencies have been using the new plan since fall 2003; others will begin using the revised plan in January 2004 for new SCCP consumers. Agencies using the revised plans have indicated that it is working well.

TMG has provided consultation and training on the revised plan as requested by AODA/TANF agencies.

### **SCCP Training**

Because the SCCP requires participation from systems other than the AODA/TANF system, there have been repeated requests for SCCP training, especially from the W-2 agencies and the Department of Corrections. In response, TMG developed a two-hour SCCP training that offers an overview of the SCCP and process, focuses on the teaming aspects of the SCCP by outlining expectations for team members, and emphasizes the importance of collaboration, confidentiality, and consumer-centered planning.

TMG conducted trainings in June of 2003 at the Department of Corrections and Maximus, Inc. Participants in the training included consumers, staff from CABHR, W-2 FEPs, Probation and Parole agents, and AODA/TANF treatment centers. A total of 78 people were trained.

## Status of the SCCP

### The SCCP Committee

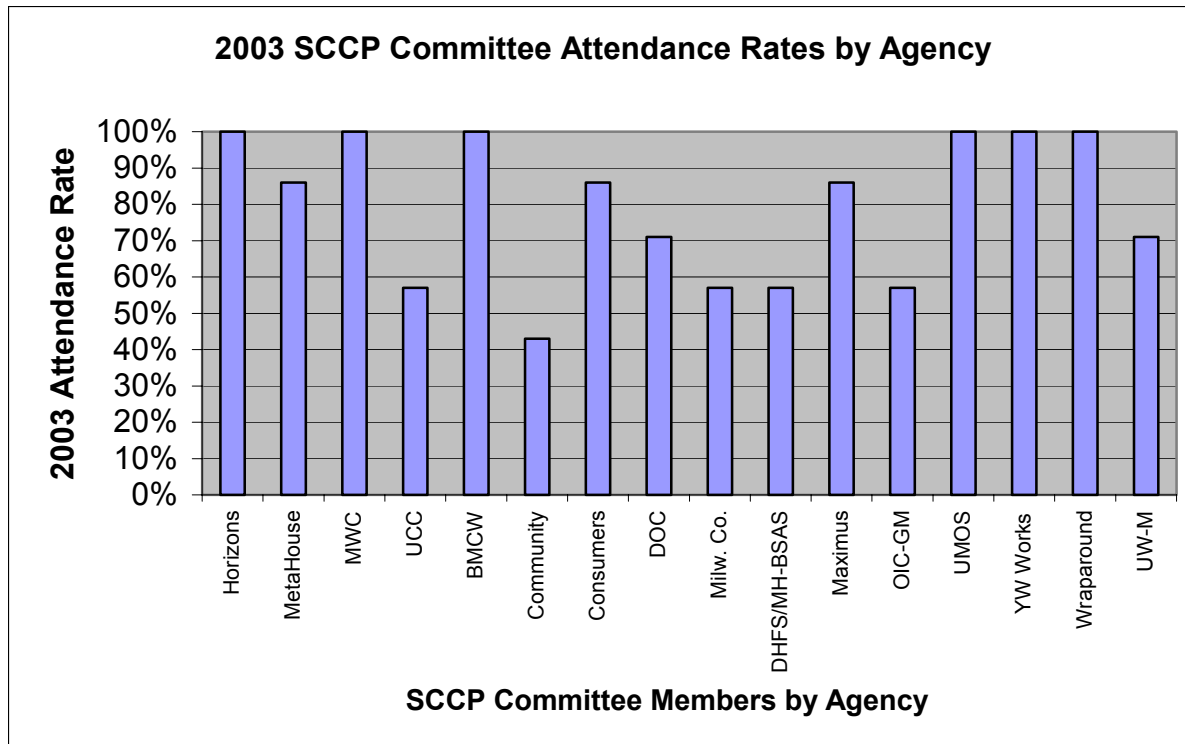
The SCCP Committee continued to have a committed core of attendees in 2003. While committee membership changed throughout the year with staffing turnovers and agency reorganizations, each system participating in the SCCP process was regularly represented at the SCCP Committee meetings.

Seven SCCP committee meetings were held in 2003, each with regular attendance from the following agencies:

- AODA/TANF Treatment Providers:
  - Benedict Center
  - Horizons
  - MetaHouse
  - Milwaukee Women's Center
  - United Community Center (UCC)
- 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
  - YW Works
- Wisconsin Department of Health and Family Services
  - Bureau of Mental Health and Substance Abuse Services
- Wraparound
- University of Wisconsin – Milwaukee/CABHR

An average of 19 members attended the SCCP Committee meetings in 2003. Consumers attended six of the seven meetings and were represented by Hilary Chavez at every meeting.

The chart in the following page outlines the 2003 attendance rates for each of the agencies above.



In addition to cross-system representations at committee meetings, the SCCP Committee also hosted a variety of guest speakers in 2003 including:

- **Liz Finn Gorski** – Representative from the court system discussed the development of SCCP initiatives in their systems.
- **Elvie Ascuncion** – Director of the YWCA Family Center and co-chair of the Family Resource Connection presented information about the services they provide.
- **Clarence Johnson** – Counselor with Associated Counseling and Training Services, Inc., presented his theories and the counseling methods he uses working with men with substance abuse problems.
- **Dr. Irving Piliavin** – Researcher from the Poverty Institute discussed the findings of a newly released study on the W-2 program in Milwaukee with a focus on consumer experience and ongoing needs.

The SCCP Committee Meeting Minutes from 2003 are provided in Attachment G.

### SCCP Usage

The SCCP continues to be used with TANF-eligible consumers in the four primary treatment centers in Milwaukee County's AODA/TANF Services System: Horizons, MetaHouse,

Milwaukee Women's Center, and the United Community Center (UCC). In addition, the SCCP is being used at the Benedict Center.

Rough estimations of SCCP usage are provided below:

- Benedict Center = not available
- Horizons = 22
- MetaHouse = 73 (From Residential Treatment Program only)
- Milwaukee Women's Center = 56
- UCC = not available
- Wraparound = not available

A priority for 2004 should be to develop an approach for gathering this information more efficiently each year.

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 three facilitators using the SCCP with TANF-eligible clients who also function as the consumers' case managers; UCC uses a similar model. Wraparound provides external facilitation and is not affiliated with one particular agency. Note that Wraparound is not using the SCCP form adopted by the SCCP Committee.

### **Strengths of the SCCP**

Consumers on the SCCP Committee consistently report that the SCCP is one of the most effective approaches to consumer-centered, collaborative care planning they have experienced. One consumer remarked that she tried a variety of ineffective treatments over a 14-year period and stated that, in the first four months of treatment and care planning, the SCCP made more of a difference in her life than all the other programs. Similarly, initial analysis of the PMPI study shows that consumers continue to respond well to having teams of people working collaboratively on one plan.

Reports from the systems using the SCCP are also positive. The agencies that are using the plan liked the changes in the format and continue to use it on TANF-eligible and non-TANF consumers. They have reported that the "word is getting out" about the SCCP, and, as a result, they do less educating when organizing new teams and bringing new members onto existing teams. W-2 FEPS, child welfare workers, and probation and parole agencies are attending SCCP meetings at a higher rate, and facilitators report that it seems to be getting easier to get system representatives to the table.

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. W-2 agencies, for instance, are training FEPs on the core values and conducting cross-system training with agencies like the Department of Corrections and AODA treatment providers.

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.

The PMPI Report, to be completed in February 2004, will address SCCP strengths and areas for improvement in more detail.

## **SCCP Concerns**

Several issues related to the SCCP arose in 2003.

- **Use of the SCCP document.** The SCCP document—developed and adopted by the SCCP Committee—is currently being used by MWC, MH, UCC, Horizons, and the Benedict Center. It is not, however, being used by Wraparound, which provides care coordination in voucher agencies and is beginning a program to provide care coordination at intake. Wraparound has continued to use the form it developed. This difference in approach should be more thoroughly considered in 2004.
- **Duplicative care plans.** Another concern raised was the duplication of care planning meetings. 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 2003, members of the SCCP 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 2003 continued to raise questions about how the seemingly concurrent processes would actually work. It will be important for the SCCP Committee to continue to have conversations about possible duplication of care plans and problem solve as needed.
- **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 would be afforded more flexibility and opportunities to change policies and practices that inhibited the success of consumers. Funding of services to SCCP consumers could also be better coordinated, and costs of care coordination could potentially be shared, rather than being paid entirely by the AODA/TANF system. While the SCCP continues to receive cross-system support, it would clearly benefit from the input and attention of high-level staff. DHFS has plans to establish a senior-level, multi-agency steering committee, which could address these types of issues. This would be very beneficial for the SCCP Project.

## **Next Steps for 2004**

SCCP Committee members recommended the following topics or projects for the committee to focus on in 2004.

### **Website development**

To support easy access to updated SCCP materials and information, including the SCCP form, Process Guide, meeting agendas and minutes, and confidentiality information, TMG will develop and maintain an SCCP Committee page on the TMG website.

### **Maintain a Regularly Updated Contact List**

The SCCP Contact List (See Attachment H) has been a useful tool especially to SCCP facilitators as they begin to organize initial SCCP meetings. Because of regular turnover, the contact list requires regular updating. A better system for regularly learning about changes in contacts needs to be developed. TMG will work with system representatives including DOC, W-2 agencies, child welfare agencies, and AODA treatment providers. The contact list will be posted on the SCCP webpage and updated by TMG every four months in 2004.

### **Enhanced Consumer Participation**

The Consumer Subcommittee has been critical in keeping the SCCP Committee focused on the needs of the consumer. TMG proposes to increase the subcommittee's role in 2004 and invite members to continue developing recruitment materials, participating in training events, and bringing critical issues to the SCCP committee. To accomplish this, TMG will develop a process in which recommendations from the subcommittee are processed to ensure that the larger SCCP committee can respond and react in appropriate ways. In addition, TMG proposes to partner subcommittee consumers with SCCP Committee representatives in providing SCCP training.

### **Ongoing PMPI and Built-in Capacity for Data Collection**

As part of the PMPI project, recommendations will be developed as to how the SCCP Committee can continually evaluate the impact the coordinated care plan and process have on consumers and systems. Specific recommendations will be provided in the PMPI Final Report and will likely include suggestions for supporting agencies to record consumer demographics more consistently, to develop built-in mechanisms in each agency to regularly get feedback on the process from consumers and team members, to link SCCP participation to the UWM's outcomes database, and to design reporting mechanisms so that information can be captured in an ongoing way.

### **Intersystem Coordination**

Efforts should be made during 2004 to assure that approaches are developed for avoiding duplication between the SCCP and the BMCW's Coordinated Service Teams initiative.

Coordination with other efforts, such as the Department of Correction's plans to start coordinated care planning for female inmates, should also be considered.

### **Training & Education**

SCCP Committee members consistently requested training in 2003. In response, TMG proposes to develop a "Train the Trainer" program for the SCCP Committee. Partnering professional representatives from the SCCP Committee with members of the consumer subcommittee, TMG proposes to train agencies to train their own staff on the SCCP, core values, process, expectations for team members and consumers, and general, up-to-date information. In addition, due to significant turnover on the SCCP Committee, there is a need for a basic SCCP orientation course for new committee members.

### **Core Values Assessment**

To ensure that the SCCP continues to embrace the core values designed by the state, it proposes to examine each of the values with the SCCP Committee throughout 2004. These discussions will focus on defining the value, identifying aspects of the SCCP that support the value, and developing ways to embrace and expand the value for 2004. Consumers would take the lead in planning and facilitating these discussions.