



Virtual Information Executives, LLC

Statewide Children's
Wraparound Initiative

Information Management
System Assessment

For



CareOregon

For

IT Subcommittee of
Statewide Children's
Wraparound Initiative

As of

April 7, 2009



**Oregon Statewide Wraparound Initiative
Information Management System Assessment**

Contents

Executive Summary 3

System Requirements..... 10

 Mission 11

 Functionality 12

 Typical Groups of Functions for an IT Application 12

 Functions and Processes 13

 Data 16

 Technical 20

 Implementation and Cost 23

Overview of IT Systems Related to Wraparound..... 24

 Current Information Systems in Use in Oregon..... 24

 Summary of Oregon Systems..... 26

 Approaches to Wraparound / Systems of Care in Other States 30

 Summary of Approaches in Other States 31

 IT Systems Overview 33

 Summary of IT Systems Relevant to Wraparound 34

Options and Recommendations 35

 Next steps 41

Appendices 42

 Project Summary 42

 Review of Performance to Schedule and Budget 42

 Work Plan 43

 Process 43

 Project Contact List..... 44

 Web Site References 49

 Background for Wraparound 50

 Background on Child-Serving Systems in Oregon 52

 Background on Wraparound / Child-serving Programs 57

 Background on IT Systems 66



Executive Summary

In December 2008, CareOregon contracted with Virtual Information Executives LLC (VIE) to assist Oregon's Statewide Children's Wraparound Initiative in defining requirements for an IT system, to research options both in Oregon and in use in other states, and to provide recommendations for next steps.

Based on interviews and system research, this document summarizes a general set of requirements, the IT systems used in selected states, and a recommendation for next steps. This resulting document is not a design for a system but rather a survey of what is needed and what is available.

A comprehensive draft report was provided the week of 20 March 2009 with the final edited version provided in early April. This executive summary presents the key elements of the total report.

The constraints and challenges facing the Oregon Wraparound rollout include:

- The economy – with the serious global economic slowdown, all state agencies will be struggling to maintain their services under pressure of inadequate funding
- Funding – while it is clear that funds currently used for children with high-intensity service needs could be more effectively and efficiently used in a Wraparound approach, whenever a new organizational structure is put in place, there are significant start-up costs for basic administrative services and IT costs. These have been to a greater or lesser extent donated or funded by grants. It is unclear if merely re-directing a per capita amount from various sources will be adequate to cover overhead for a new organization.
- Cultures of existing organizations – Whether Wraparound is separate or becomes “embedded” in an existing agency, if Wraparound is not a clear mandate, agencies will fall back on what they have always done.
- Necessity to focus on high needs / high cost when prefer broader approach – Because cost savings are a significant driver, Wraparound is targeting high needs children. This limited targeting can delay the wider use of the Wraparound approach (for Early Childhood, for comprehensive family services, and for preventive services) and make extension to these areas more challenging to achieve
- Managing a program for kids that in many cases must also consider family / adult issues – As the Wraparound approach reaches across child-serving agencies, it is self-defining itself to not address whole-family services.
- Funding for those with no insurance or private insurance – While Medicaid and State funds can be targeted to Wraparound, it is more challenging to assure that private sources of funding are also “on board” with paying for services.
- Assuring that all legal privacy requirements are met – Restrictions on access to information required by the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) and the need for Intergovernmental Agreements is a challenge, both to assure that proper approvals are in place to share information and to enforce that only necessary information is shared properly.



Until these challenges are addressed and the organizational structure and responsibilities for the rollout of the Statewide Children's Wraparound Initiative is more concrete, the IT system Requirements in this document are intended to be broad so an IT solution can support success of the entire approach. In general, it is intended for different Oregon regions or communities to have flexibility in determining which specific services to provide and to be able to identify specific local resources but to have a common system with a base of common definitions, and of course, consistent fidelity to the Wraparound process and principles.

Requirements were developed with the IT subcommittee for the Statewide Children's Wraparound Initiative and are presented under the following topics:

- Mission -- how well the system supports the values and principles of Wraparound
- Functionality – what processes and areas of information need to be addressed, stressing the requirements for supporting the Wraparound facilitation steps as well as the need to handle financial aspects of providing services
- Data – elements to be collected for providing care and for reporting of outcomes and performance
- Technical – requirements related to IT and IT best practices
- Implementation and Costs – overview of the steps, effort and cost to acquire and implement a solution

As part of a formal system selection process, these detail requirements can be prioritized and it can be determined how many may need to be contractually required as part of a IT system.

In reviewing IT systems, VIE has researched three reference points related to Wraparound:

1. Systems in use in Oregon for various child-serving purposes primarily at the State level
2. Approaches used by other states in the US which have implemented Wraparound
3. Information on the specific IT systems used by those states

The State of Oregon systems serve many programs and initiatives and are challenged to be both specific to those initiatives and yet not have to re-invent wheels to do so. The legacy systems in place tend to require redundant data entry and lack the ability to share data easily (without intricate one-to-one interfaces between systems.)

However, the State of Oregon Department of Human Services (DHS) has IT-based initiatives to streamline and rationalize the many separate IT systems currently in use. Providing a single reference point (the Client Index) to know for any client what programs and services they are enrolled in may be a starting place for determining those who touch several systems and could be candidates for Wraparound. Similarly, plans for a single approach to determining which of the many sets of eligibility requirements a client may fit could also be of help if Wraparound eligibility criteria could be included. The challenge is timing – the improved systems may not be ready when Wraparound begins to be more state-wide.

Key to leveraging State of Oregon systems is to recognize what already exists that might be adapted. For example, both Oregon Youth Authority (OYA) and the Department of Education already provide data interfaces to DHS that could be used both for statistical analysis and potentially for “alerts” to a Wraparound program



The other key IT system in Oregon is the Multnomah County Wraparound IT system being used for the Multnomah County pilot Wraparound program. This application is being developed and supported by the IT group at ChristieCare. This system provides the basic tools to plan and manage care and is very well tied to the Wraparound process and principles in how it is intended to be used. Its chief deficiency is that it would require additional development to take advantage of IT tools for efficiency, to adapt to interfaces or data alerts, and to add missing functionality.

There is also a risk in having a core IT system supported in an environment where the primary mission is to support ChristieCare services – it is likely and normal that their needs would take precedence over Wraparound’s if there were priority conflicts.

In other places in the US, Wraparound programs have been implemented with varying “homes” in state government. While Oregon is looking to couple tightly with Mental Health in serving children with serious emotional difficulties, other communities have centered wraparound services in juvenile justice or the schools.

- Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide (MPG) for the US Department of Justice advocates Wraparound as a complex, multifaceted intervention strategy designed to keep delinquent youth at home and out of institutions whenever possible
- Court Coordination Programs use features of wraparound in Miami, New Orleans, Albany NY
- Public schools are the center of wraparound efforts in Illinois through the Positive Behavior Interventions and Supports project (PBIS)

While not out-of-state and having no unique IT system to support it, Clackamas County has embedded facilitators within an MHO to implement much of the Wraparound approach.

The general context for Wraparound across the country is that various organizational models are being tried with IT support systems ranging from paper-only through full-scale HMO-like systems. Many IT systems have been “home-grown” by agencies or Universities; others are commercially sold / supported.

Several IT systems were reviewed for this report. Where users have indicated limitations or issues with the systems, these are indicated. All contain functionality to meet most of the defined Requirements, though a detailed assessment against each requirement was not made at this time.



The IT systems reviewed are summarized in the following table.

EScore (Electronic Service Coordination, Outcomes, Research, and Evaluation)	Ohio State University is developing extensions to this data collection and analysis application to provide Wraparound care planning and management. Ohio is cancelling this contract over a dispute over data ownership.
ETO (Efforts to Outcomes)	Vendor developed, this system has been modified for Maryland Wraparound and is primarily focused on the provision of services under Wraparound principles
Multnomah County Wraparound (ChristieCare supported)	Developed for Wraparound in Multnomah County, this system focuses on the care process and its documentation. It continues to be enhanced by an IT programmer based at ChristieCare where the application is also hosted.
SIMEO (Systematic Information Management for Education Outcomes)	Developed and used in Illinois, this system is primarily for capturing data and providing analytical outcome and performance reports. Wraparound services are provided with schools as the central agency.
Synthesis	Developed in Milwaukie WI, this system provides comprehensive support to their HMO-model Wraparound program. This system is also being used in other counties in other states.
TCM (The Clinical Manager)	Initially in use in Minnesota and then modified for the Dawn Project in Indiana, this system also provides a wide spectrum of Wraparound functionality
ValueOptions	Vendor developed, this system has been used in New Jersey for more than 5 years. NJ has an RFP process underway to review if this is the best solution for them.

Before further research on IT systems is appropriate, Oregon Wraparound needs to confirm its organizational model and where specific responsibilities and functions will be vested. There are advantages if the approach does not add additional administrative entities and overhead but will leverage existing care organizations (and their IT systems) and establish partnerships with Wraparound-trained facilitators in many agencies.

Three ways to address functionality are described in this document:

1. In a comprehensive model, the Wraparound organization would be responsible for all functionality described.
2. In a targeted model, Wraparound would focus on the functions of care planning, facilitation, and outcome analysis and would use other systems and organizations for the more administrative functions. This model would be most likely if Wraparound services and training were to be a separate service with “partner” organizations that might vary from community to community.



3. In a distributed model, a Care Management Entity would function as a central organization for the administrative functions, in conjunction with a separate but integrated application for Wraparound care.

A fourth Model could be envisioned if Wraparound were embedded as a way of providing services in one or more already existing care providing organizations. For example, if care coordinators in various agencies are trained and supported in the Wraparound approach, they could provide Wrap services from within their “home” organization. In this case, modifications to IT systems for existing care plans would be required, or an additional piece of software for Wraparound care activities would need to be integrated to current systems

Potential costs are in a wide range depending on which groups functions outlined in the Requirements section are to be addressed.

Another factor for any of the models outlined above is determining how data is to be shared and acquired from other child-serving systems. These data interfaces are a separate decision from the general model and can take any one of several forms, singly or in combination:

1. Individual technical interfaces addressing each separate 1-1 data exchange such as Wraparound -- juvenile justice, Wraparound – schools, Wraparound – DHS. A technical interface is most likely to be batch (where data is exchanged on a schedule usually once a day) or real-time (where data is exchanged as it is updated)
2. A single connection to a common data store / database, such as KIDS, from which Wraparound would have access to analyze, review or potentially download information through queries
3. Using database functionality to set up alerts so that if information is changed in a non-Wraparound system (again, such as schools or juvenile justice) a message is sent to Wraparound so that the information can be manually reviewed
4. Purely manual review and entry of pertinent data which requires view privileges into other databases.

These options are listed in roughly decreasing order of technical complexity. In all cases the specific data needed requires explicit definition so technical solutions can be constructed. Changes or additions to these data usually require additional programming work to assure the data is collected and any of the supporting tools (interfaces, queries, alerts, or Wraparound system data fields) are in place to handle the information.

In continuing to assess costs, the functional model and required interfaces are key factors for the Application (the functional software part of an IT system). However there are two other components of an IT system and each has its associated costs: Infrastructure and Data. It is relatively easy and often less expensive in the long run to outsource infrastructure and core applications responsibilities, An organization is usually better off retaining “ownership”, access, and personnel to enter and analyze data.



The following recommendations are summarized from the discussion section on Options and Recommendations

A: For the long term, seek IT solutions that are used by multiple Wraparound programs with the most solid basis of support. Unique IT systems initially appear less expensive but are unable to leverage multiple sources of development funds and overall tend to have less robust functionality.

B: Seek an IT system that is flexible and that can be used for multiple levels of care (so the principles of Wraparound can become part of a continuum of care) and is not constrained to youth-only or Medicaid-only populations. If data or functionality is too tightly focused, an IT investment loses the ability to address future needs.

C: Seek an IT system that can be implemented on a subscription service (annual or user fees) or is hosted in a fully staffed data center. This avoids the need to fund IT startup costs for hardware and staff with broader IT expertise.

D: While the IT model chosen is based on the overall organizational structure of Wraparound, consider the total IT system and cost impacts as well as the functional needs.

E: Delay implementing more complex technical data exchanges until what is needed is very clear. The best solution is to require no data exchanges at all but to embed the Wraparound process and data into a “home system” that already exists and has the needed data capture mechanisms. It is possible that DHS, which already gets data from Juvenile Justice and from the school systems, could ultimately be that “home.” Alternatively an MHO and its IT systems could be adapted.

The following steps are suggested to build on where this IT assessment document leaves off:

1. Confirm organizational model and responsibilities to be supported by an IT system
2. Update the Requirements list to exclude what is not needed and prioritize what is
3. Secure commitment from State systems for the functions, links, and alerts required
 - Define additional data and links (from DHS and OYA in particular)
 - Assure that an indicator to identify a child as having been in Wraparound is in data warehouses (KIDS etc) so statistical analysis can use this information – dates and outcomes may also be required
4. Conduct a formal IT system selection process
 - Develop RFP requiring plans and costs for implementation, ongoing support, interfaces, data conversions, with testing and training outlined in detail and acceptance testing specified and contractual
 - Identify candidate systems
 - Complete demos, reference checks, site visits (include actual hands-on users)
5. Complete contracting, including rights to data, exit options/costs



For step 1, the state-wide business model of what entities will have what responsibilities also needs to take into account how different communities will demonstrate readiness and be set up to move forward.

Once step one is complete, step two can be completed within a week or two.

Step 4 can take from three to nine months and needs to address how different regions will be included in the process and in the IT system as rollout continues.

Step 5 is begun during the selection process and, if there are no major problems, can be completed within a few weeks

Elapsed time for Step 3 will vary considerably based on what is needed from State systems and how required changes fit into development schedules.

F: It is recommended to include experienced assistance or consultants for the detail of steps 3, 4 and 5. These are areas where expertise saves both time and money (particularly in minimizing risks).

VIE has enjoyed contributing to the discussion on appropriate IT options for the Statewide Children's Wraparound Initiative and is available to discuss the above recommendations and their ramifications as needed.



System Requirements

The purpose of this section is to confirm the functional and technical requirements for an Information System to be used by the Oregon Wraparound Initiative.

Requirements are discussed under the following topics:

- Mission -- how well the system supports the values and principles of Wraparound
- Functionality – what processes and areas of information need to be addressed
- Data – elements needed for providing care and for reporting of outcomes and performance
- Technical – requirements related to IT and IT best practices
- Implementation and Costs – overview of the steps, effort and cost to acquire and implement a solution

Until the “business model” for Wraparound Oregon is more concrete, the requirements are intended to be broad so an IT solution can support success of the entire approach.

As part of a formal system selection process, these requirements can be prioritized and it can be determined how many may need to be contractually required as part of a IT system.

In general, it is desirable for different Oregon regions or communities to have flexibility in determining which specific services to provide and to be able to identify specific local resources but to have a common system with a base of common definitions, and of course, consistent fidelity to the Wraparound process and principles.



Mission

The IT system selected to support the Wraparound program in Oregon needs to support the fundamental principles of the Wraparound process and provide ease of use for the Wraparound team for each child -- including families, care providers, community resources, and facilitators.

Key principles include:

1. culturally appropriate (culturally competent)
2. child-guided and family-driven, respecting client and family dignity
3. community-based care, collaborative and coordinated
4. unconditional care
5. supports evidence-based treatments and interventions to provide effective services
6. early intervention

The Wraparound process is further described in the Functionality section.

1) Provide a mechanism for regular measures of Fidelity to the Wraparound process to be gathered and trended

- a) Utilize the most current Wraparound Fidelity Index measures
- b) Capture results of external audits / reviews of manuals, staffing, budgets, case files, observations etc
- c) Incorporate checklists for staff
- d) Incorporate satisfaction surveys, checklists and interviews for all participants
- e) Categorize measures by type of supports -- Community Partnership, Collaborative Action, Fiscal Policies and Sustainability, Access to Needed Supports & Services
- f) Provide tools to compile data on procedure or reimbursement codes and costs

2) Provide ease of use for families, care providers, and facilitators

- a) Avoid or minimize redundant data entry
- b) Provide friendly, web-based access
 - i) Families can review and also add notes to their child's information if they want to
 - ii) Care providers can add progress notes, assessments, task updates
 - iii) Emergency providers can access crisis plans
 - iv) Facilitators can update and then lock records as well as send email / reminders
- c) Incorporate information from multiple child-based sources
- d) Support required forms and documentation

A key part of the vision is to provide a way for families to both view information on their child and to add information and notes so that the records are complete and correct. Additions rather than changes are to protect data integrity and legal documentation.



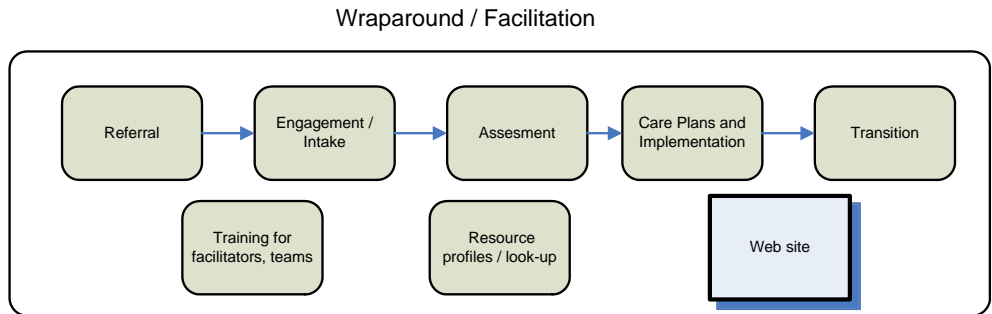
Functionality

The key functional areas of Wraparound may be a part of other IT systems or may be included in the Wraparound IT system, depending on the final organizational model that is implemented.

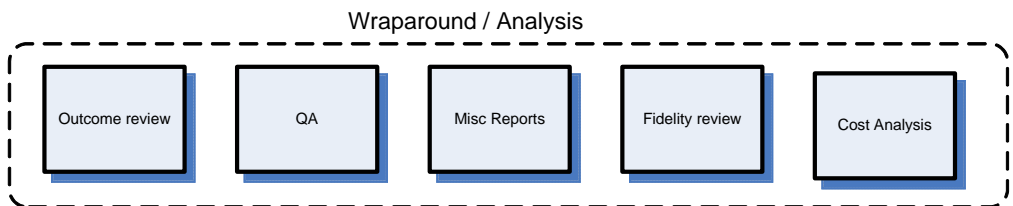
Typical Groups of Functions for an IT Application

The adjacent graphic illustrates how IT systems might group functions into separate applications or modules.

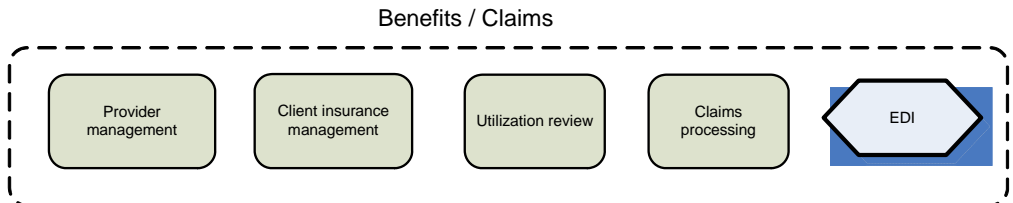
Wraparound Facilitations shows those functions specific to Wraparound.



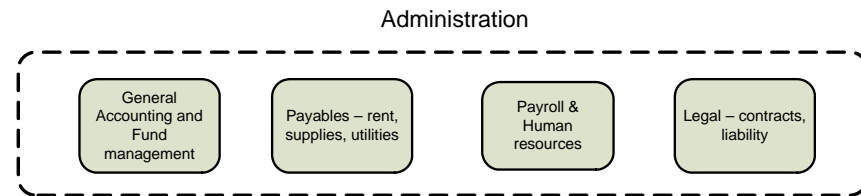
Analysis groups functions based on data review.



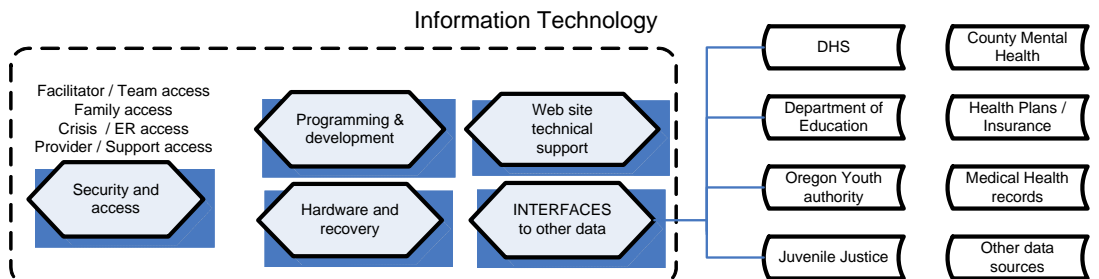
Benefits / claims are insurance / managed care-like functions.



Administration groups the general management tasks and *Information Technology* the functions for an IT support group.



The specific functions to be addressed are elaborated below.





Functions and Processes

1) Support the provision of care consistent with the Wraparound approach

- a) ENGAGEMENT Manage referral and enrollment
 - i) Capture key eligibility information from multiple service agencies including education, DHS, juvenile justice, primary health care providers
 - ii) Assess appropriateness of child / family for enrollment in the program
 - iii) Support processes defined for referrals to capture and track that each referral is properly addressed and eligibility criteria are met
 - iv) Provide for Intake and assignment of facilitator
 - v) Document response to any immediate crisis

- b) PLANNING and assessment
 - i) Engagement of family and other team members
 - ii) Document Strengths and Needs Assessment
 - iii) Document Crisis / Safety Planning
 - iv) Document Strategy and Service Planning
 - (1) with built in links between needs and strategies, and strategies and actions
 - (2) With both text and numeric values for trending
 - v) Document key parameters related to child's home and family, progress in school, encounters with juvenile justice, etc

- c) IMPLEMENTATION
 - i) Capture summaries of activities
 - (1) Progress notes, updates to plans
 - (2) Logging / capture of email and phone communications
 - (3) Task lists, minutes, attendees from meetings
 - (4) Calendar functions
 - ii) Capture assessment data
 - (1) Updated values for how needs are being met that can be trended from meeting to meeting
 - (2) Formal scores from designated assessment tools
 - iii) Timely updates to data from other agencies
 - (1) Alerts that significant events have occurred or data in other systems has been updated
 - (2) Direct updates to designated data to be tracked, such as current grade point average from school / classes
 - iv) Provide benefits and support that are "outside the box"
 - (1) To those families not eligible for Medicaid
 - (2) To "orphan" conditions such as Fetal Alcohol Syndrome or Autism Spectrum Disorders
 - (3) For care activities outside the typical such as respite and in-home support
 - v) Communication
 - (1) Calendars by person
 - (2) Task Tracking including email reminders



- (3) Access to Care plans and reports for all team members, including the family, emergency rooms
- (4) Ability to share and attach secure documents
- vi) Satisfaction and complaint entry and tracking for resolution
 - (1) Ability to record and follow-up on issues where there is a conflict between agencies on a course of treatment
 - (2) Ability to detect and respond to delays in providing services
 - (3) Ability to track and respond to situations where professional staff or family training needs improvement
- vii) Ability to email from contact information
- viii) Support tools and care reports of Wraparound, such as
 - (1) Genogram
 - (2) Strengths and Needs summary
 - (3) Plan of Care
 - (4) Task / To Do list from Team meeting
 - (5) Trend reports showing values for key goals over time
- d) TRANSITION as child leaves Wraparound
 - i) Document plan for cessation of formal wraparound process and specific discharge criteria
 - ii) Document Commencement / celebration – date, description, attendees, cost
 - iii) Follow up with family including periodic reminders to facilitators
 - iv) Follow up to determine current status for key indicators such as living at home or grade point average

2) Provide outcome / performance / QA reporting

- a) Structure the care plan and other measures so that progress can be trended
 - i) 1-10 scale
 - ii) “anchor” points defined for each child and scale
- b) Track and report
 - i) Individual progress against plan / goals
 - ii) Statistical progress over the served population to general goals for educational progress, stable environment, safety, needs met etc
 - iii) Process adherence to Wraparound principles
 - iv) Timeliness and completeness of data records, activities such as assignment of facilitator or occurrence of supervision meetings
 - v) Follow-up reports after transition to measure if discharge criteria were “good enough” for positive ongoing outcomes
 - vi) Services and costs by diagnosis / intensity of care or other categorization
 - vii) Ad hoc reports from facilitators, State, etc
 - viii) Care plans and other documentation in formats required by other agencies (e.g. Child Welfare Service Plan)



- 3) Provide administrative support for payment for services – claims, costs**
 - a) Identify providers of services, both contracted and informal
 - b) Manage contracts, fee schedules, credentialing, sources of payment for providers, both contracted and informal
 - c) Submit / track authorizations for services
 - d) Submit / track claims for services (submit via EDI)
 - e) Pay / track claims and payments for services
 - f) Manage multiple sources of payment assuring all qualifications are met, budgets are not overspent, etc

- 4) Provide administrative support for the Program – fund management and accounting, staffing and training**
 - a) Track service expenditures across child-serving agencies and systems
 - b) Track program expenditures such as office rent, supplies, etc
 - c) Identify specific funding sources and track budgets
 - d) Support team training including tracking, online tools for training, QA for professional staff and for families
 - e) Provide for general accounting, payroll, and management services tracking and payment
 - f) Provide tools for maintaining compliance with changing Administrative Rules, Federal and State law, and case law
 - g) Provide mechanism for assuring that legal releases are tracked and updated before expiring (document management with reminders)

- 5) Provide mechanism to look-up resources and providers**
 - a) Accessible to facilitators and families
 - b) With sufficient profile information to help make good choices for a specific child
 - c) Include formal and informal resources including community-based services and organizations
 - d) Provide for lookup by type of service, by provider name, by organization, by location (zip code), by cost, and other parameters

- 6) Stage system for extension to preventive care and other target populations**
 - a) Provide for sections of data to be required for Wraparound but optional for other uses as established by program or by team



Data

The list of data elements below is intended as a starting place and is not inclusive of all data to be captured.

The system should be flexible enough to add values to fields and fields to records. It is necessary to track the usage (access) to the data as well to avoid over-collecting information that is not useful.

All information should be reportable with the ability for users to define the population and data required. Standard reports (for example team lists, care plans) should follow national guidelines as much as possible. All reports should be available on screen as well as in printed form.

1) Demographic / identifying information for child

- a) Name including AKAs, nickname, “prefers” indicator
- b) Date of birth
- c) SSN
- d) Social network contacts (Facebook page, etc)

2) Insurance and health information

- a) Insurance
 - i) Member
 - ii) IDs
 - iii) Carrier
 - iv) Coverage
- b) Healthcare
 - i) Primary physician
 - ii) Key medical conditions
 - iii) Medications
 - iv) Link to Electronic Health Records

3) Reference IDs for other agencies

- a) Medicaid number
- b) Education system id number
- c) Child Welfare case numbers
- d) Juvenile justice case numbers

4) Contact / person information (also for child)

- a) Name
- b) Occupation
- c) Address and type of residence
 - *NOTE In some cases an actual address must be kept confidential. In these cases there will be a mailing address (PO Box) and there must be sufficient warnings and penalties to avoid having the actual address given out inappropriately.*
- d) Email, phone numbers, and preferred method of contact
- e) Age / birth date (may be year only for confidentiality)
- f) Cultural factors



- g) Contact relationship to child
 - i) Category – family, community
 - ii) Description (parent, guardian, facilitator, best friend, therapist, aunt, pastor, peer counselor, etc)
 - iii) Member of child's team (from date, through date)
- h) Provider information
 - i) Credentials
 - ii) Specialties / services
 - iii) Contract type and id, with from-thru dates
 - iv) Fee schedule

5) Care and support activities

- a) Time spent and Service Units (for billing and reporting)
- b) Type of activity by category, linked to child, care plan and goal (at home, in school, out of trouble)
- c) Strengths and needs linked to strategies and to activities / services in care plan
- d) Payer source for activity

6) Strengths, needs, strategies -- scored with range of 1 to 10, with bounds developed by the Wrap Team

- a) Strengths and needs link to strategies
- b) Strategies link to actions
- c) Progress rated at each team meeting and retained for trending

7) Crisis plan

- a) Services, supports, strategies for stabilization
- b) Record each crisis and which elements were invoked

8) Event and service data from other agencies

- a) Court Orders
- b) Probation Conditions
- c) Time in jail, on probation, etc
- d) Whether probation was successfully completed
- e) Police reports (as an Alert that such exists)
- f) Other agency service plans – DHS, OYA, Mental Health
- g) Mental Health plans from therapists
- h) School – school attended, teacher(s), grade in school, grades in classes, overall GPA, attendance, performance issues, IEP
- i) Developmental disability care plans
- j) Foster care moves
- k) “Family finding” information
- l) Medical health – health issues, medication, treatment plans, primary care provider

9) Optional Quality of Life indicators – scored with range of 1 to 10, with bounds developed by the Wrap Team, such as

- a) Stable job or stable public assistance
- b) Mental health and addictions treatment if needed (therapy, medications)
- c) General physical health



- d) Stable living situation with appropriate space for youth
- e) Acceptable living conditions: hygiene, safety, furniture and goods
- f) Quality of relationships with all key family members
- g) Ability to access services, knowledge of services
- h) Friends, social life, social community
- i) Ability to set boundaries, earn trust, and establish authority over household

10) Standard Reports

- a) Team list
- b) Current care plan for child
- c) Current trend report for child
- d) Team meeting agenda

11) Assessments and scores – while all sites are to use the same tool(s), the assessments listed below are options

- a) Child and Adolescent Functional Assessment Scale (CAFAS)
- b) Child Behavior Checklist (CBCL)
- c) Child and Adolescent Needs and Strengths (CANS)
- d) DSM diagnostic information

12) Disenrollment information

- a) Date
- b) Category -- Needs Met, Correctional Placement, Services No Longer Wanted

13) Fidelity measures – program and staff levels, satisfaction measures such as

- a) Wraparound Fidelity Index (WFI)
- b) Family Centered Behavior Scale (FCBS)
- c) Youth Services Survey for Families (VSS-F)
- d) Youth Services Survey (YSS)

14) Quality measures – such as

- a) Level of family satisfaction
- b) Timeliness of services – are they being provided, how soon after identified, reasons for any delay
- c) Facilitator assigned in 72 hours
- d) Family meeting and crisis plan completed within targeted time frame
- e) First team meeting in 30 days

15) Outcome measures such as

- a) **Educational/vocational progress:** Indicate whether children and youth are attending/engaged at school and progressing toward educational and/or vocational goals.
 - i) Improvement in % school days attended
 - ii) Improvement in grade point, classes completed
- b) **Stable, homelike environment (attainment of permanency):** Monitor whether changes in living situation are minimized and are the result of the child's needs, with the



goal of finding the most permanent community-based situation and most home-like environment feasible.

- i) Return to community from non-home care facility
 - ii) Reduction in restrictions
- c) **Safety:** Determine whether the child/youth and family feel safe and do not experience abuse, neglect or trauma.
- d) **Problematic behavior:** Track whether the child/youth has or reduces delinquent behavior.
- i) Increase in days with no “in trouble” incidents at school or with juvenile justice
- e) **Social/interpersonal support:** Determine whether the child/youth and family have positive and healthy attachments to each other and in the community, and whether the child/youth and family have the opportunity to engage in positive social/recreational activities.
- f) **Mental/behavioral health:** Monitor mental health/substance use outcomes.
- g) **Needs met:** Determine whether individualized needs as identified in the care/treatment planning process are met to at least a satisfactory level

16) Provider / Resources Information and Profiles

- a) Type of resource
- b) Location
- c) How long in business
- d) Number of providers
- e) Services
- f) Hours of operation
- g) How to get in contact

17) Claims management

- a) Billing codes
- b) Authorization – for, from, what, dates



Technical

As alternatives are reviewed for a final selection, the status of the applications for technical requirements can be assessed in more detail.

- 1) **Platform** – stable / reliable, growth-oriented
- 2) **Infrastructure** – network and workstation management
- 3) **Compatibility** – with any designated systems where information is exchanged
- 4) **Minimize hardware / technology required**
 - a) Web-based capabilities for input, reporting, analysis
 - b) Hosted solutions if economically feasible
- 5) **Word processing / editing capability in text portions**
(e.g. FCKEditor for web browsers or the tools embedded in Microsoft products)
 - a) Paragraphs, indents
 - b) Fonts, character size
 - c) Bullets, numbering
 - d) Spell-check
- 6) **Data entry efficiencies**
 - a) Data entry needs to follow how data is collected (same format as forms or other documents) to ease keying
 - b) Screens should be intuitive to use for entry and for training
 - c) Ability to add attachments, identifying document date, date of attachment, source of document
 - d) Auto-fill and default values where possible (e.g. option to use the same address for a team member/family as the client without re-keying)
 - e) Maximize data entry options – voice-to-text, scanning, copy/paste
- 7) **Flexibility in screen and report design**
 - a) to adapt to new processes and information needed
 - b) to provide visual organization to the information and data entry flow
 - c) to assure readability for the visually impaired or color-blind (for example, this implies the standard browser capabilities of increasing font size without losing functionality and the ability to change color schemes to at least some extent)
- 8) **Security**
 - a) Access by individual id and confidential password
 - b) Access to defined sets of screens, functions, data controlled by roles and individual id
 - c) Identity management *
 - d) Ability to “lock” progress notes and plans against changes
 - e) Ability to de-identify data for aggregate statistical analysis



- f) Ability to secure selected information (such as a secure address or confidential survey sources) to a subset of users / managers

9) All entries and changes “stamped” with date/time and user id and previous data element value **

10) Recoverability

11) IT organization, support environment

12) IT system performance and operational metrics, archiving

13) Leverage shared / common applications

- a) Ability to transfer key referral information electronically from key state child-serving systems to the Wraparound system

14) Database design – functionally normalized ***

15) Value lists for all category selections

- a) Easily updated to add additional values
- b) Key data captured as values rather than solely in narrative

16) Links among key related information such as strengths/needs, strategies, actions, progress scores

17) Intrinsic or integrated messaging tool for email and calendaring with the ability to attach secure documents to messages and appointments

18) Documentation

- a) How-to documentation for implementation and maintenance
- b) Online “help”
- c) Training materials for users, programmers, administrators
- d) Metadata documentation (data schema, data dictionary, values and relationships among elements)

** Identity management*

This covers the setup, tracking, and deletion of who has access to a system. It can manage multiple access levels for a single individual and may automatically analyze access patterns and alert management to those activities when required. Identity management can also include secure verification that the individual is who they say they are through security questions or other means.

*** Date/time stamps*

Whenever a change is made to a data item (and in some situations, even if something is viewed), the database needs to be set to log what was changed, by whom, and when. This logged information is to be easily accessible for administrative review to determine when information was last updated for security and training purposes.



Access to prior information (such as previous address) can also be useful if there may have been a change made in error or the previous information has value for tracking, for example if a child has runaway and a prior address may be relevant.

Logged information is also then available for historical reporting, for example number of days at home vs in residential care. Note: a “re-up” of foster care would be the same data but a different start date, so it could be recognized as a renewal but counted as continuous residence.

*** *Normalization*

For example, each person/name is entered only once for the entire system
Information for each includes the same set of information such as name, address, email, phones

Each child/client is linked to other persons via a primary role designation
e.g. Parent, guardian, therapist, case worker, teacher
A single person may have different links / roles to different children
e.g. Parent of one child, teacher to another



Implementation and Cost

The goal is to utilize an IT system that is cost-effective and leverages current applications as much as possible. As specific options are considered, costs can be reviewed in the following areas.

1) Cost to acquire/develop, to implement, to support

- a) Acquisition cost items: licensing/development, hardware/network/workstations, core software (operating system, database, email etc), testing and QA time
- b) Implementation cost items: training, data loads / conversions, interfaces
- c) Support cost items: ongoing license / maintenance / upgrade costs for all components, programming / database / security / web support, training support, data center management (power, recoverability, physical security)

2) Ability for communities to join in as readiness is achieved – what is required to “join in”

- a) IT equipment required
- b) IT system training required
- c) Data imports – populating data that is already in paper documents or IT sources
- d) Additional fees, support staff, and other IT operating expenses

3) Options to minimize start-up and ongoing costs

- a) Hosted solution
- b) Shared database

4) Project prioritization process for enhancements and changes

Note: Whatever IT solution is selected, there will be changes needed as Wraparound itself grows and changes. How those changes are prioritized, paid for, executed, and quality checked needs to be defined at the time the IT system is acquired to avoid misunderstandings and unexpected costs.



Overview of IT Systems Related to Wraparound

Three reference points for IT systems related to Wraparound are

4. Systems in use for various child-serving purposes primarily at the State level
5. Approaches used by other states in the US which have implemented Wraparound
6. Information on the specific IT systems used by those states

Current Information Systems in Use in Oregon

The purpose of this section is to review key information systems currently in use in Oregon that track information useful to the Oregon Wraparound Initiative.

Systems were selected for review based on recommendations from the Wraparound Initiative IT Subcommittee and from other contacts within the State of Oregon departments related to supporting children.

In general, the State systems serve many programs and initiatives and are challenged to be both specific to those initiatives and yet not have to re-invent wheels to do so. The legacy systems in place tend to require redundant data entry and lack the ability to share data easily (without intricate one-to-one interfaces between systems.)

However, the State of Oregon Department of Human Services (DHS) has IT-based initiatives to streamline and rationalize the many separate IT systems currently in use. Providing a single reference point (the Client Index) to know for any client what programs and services they are enrolled in may be a starting place for determining those who touch several systems and could be candidates for Wraparound. Similarly, plans for a single approach to determining which of the many sets of eligibility requirements a client may fit could also be of help if Wraparound eligibility criteria could be included. The challenge is timing – the improved systems may not be ready when Wraparound begins to be more state-wide.

The other challenge is to leverage core functionality that exists in separate agencies – for example, Oregon Youth Authority (OYA) has care plans and outcome tracking functionality which, in general structure, might serve Wraparound but the IT system is designed for more directive interventions and uses specific characteristics tied to potential criminal behaviors.

Key to leveraging State of Oregon systems is to recognize what already exists that might be adapted. For example, both OYA and the Department of Education already provide data interfaces to DHS that could be used both for statistical analysis and potentially for “alerts” to a Wraparound program

In general, DHS has several IT systems that provide a plan of care. Building a variation for Wraparound or a common core for care plans across several systems is a possibility. Per the contacts in the DHS IT department, there are statistical tools which could be leveraged to support Wraparound. For example, DHS has an Integrated Client Data Store as a consolidated data warehouse for statistical analysis of its client populations. It was developed specifically to identify where there is crossover of services for the same clients. This system could be extended to incorporate the Wraparound population.



The other key IT system in Oregon is the Multnomah County Wraparound IT system being used for the Multnomah County pilot Wraparound program. This application is being developed and supported by the IT group at ChristieCare. This system provides the basic tools to plan and manage care and is very well tied to the Wraparound process and principles in how it is intended to be used. Its chief deficiency is that it would require additional development to take advantage of IT tools for efficiency, to adapt to interfaces or data alerts, and to add missing functionality. There is also a risk in having a core IT system supported in an environment where the primary mission is to support ChristieCare services – it is likely and normal that their needs would take precedence over Wraparound’s if there were priority conflicts.

The information in the table below highlights the child-serving systems in Oregon and notes some of the projects that have targeted multi-dimensional, multi-agency service programs to reduce costs and improve outcomes for children and families. Supplemental detail on these systems is included in the Appendix.



Summary of Oregon Systems

AGENCY	SYSTEM	PURPOSE	STATUS	VALUE TO WRAPAROUND
Department of Education	KIDS (K12 Integrated Data Warehouse)	Goal "provide the department of education and stake-holders with a single, accurate, and authoritative data structure that streamlines data acquisition and reporting within the enterprise of education in the state, while enhancing students' transcript exchange across schools and districts, promoting operational efficiency, and satisfying key NCLB & AYP reporting requirements"	Pilot completed (4 school districts) In Phase III to integrate the remaining 196 districts, expected to be complete in the next biennium	At the Data Warehouse level, information is de-identified. Potentially very useful for research and analysis for de-identified data IF there is a way to indicate which individuals have participated in Wraparound and with what outcome.
Department of Education	EJIS	Tracks attendance, school plans, behavior,		Provides data to DHS nightly Includes Special Education Plans
Department of Human Services (DHS)	Client Index	Single look up by client shows all programs in which client is enrolled	Improving accuracy and completeness of links to DHS systems	Possible use to identify candidates for Wraparound
Division of Medical Assistance Programs (DMAP)	HRB (Health Record Bank Oregon)	Goal "develop and build a health record bank (HRB Oregon) that will electronically store Medicaid clients' health information and make it available on a secure-web site"		Could provide physical health information / indicators



AGENCY	SYSTEM	PURPOSE	STATUS	VALUE TO WRAPAROUND
Lane County Commission on Children and Families Lane County Department of Children and Families		Goal: "process oriented community, with a significant tradition of collaborative planning, funding and provision of services to bring to life the vision articulated in SB555 This legislation was a call to action for local communities to work in partnership with state agencies to plan together to provide programs that address needs, strengths and assets. Through a local coordinated, comprehensive planning process, communities will engage in examining their capability to support and nurture children, youth, and families."		Partner Wraparound program
Multnomah County Wraparound	Developed system	Centralize information about Wraparound children and families, care plans and services		Trained facilitators and prototype care planning IT system



AGENCY	SYSTEM	PURPOSE	STATUS	VALUE TO WRAPAROUND
Oregon Youth Authority County Juvenile Justice Departments	Juvenile Justice Information System (JJIS)	Provides a comprehensive view of information about juvenile offenders across Oregon's state and county juvenile justice agencies; Provides comprehensive support for managing individual juvenile offender cases and tracking juveniles through the juvenile justice process; Provides the capacity for and aids in the overall planning, development, and evaluation of programs designed to reduce juvenile crime; and Recognizes and supports the common needs of juvenile justice partnership agencies	Case plan includes <ul style="list-style-type: none"> • Problem statement • Strengths / assets • Long term goals • Competencies • Short term goals • Interventions For the following domains <ul style="list-style-type: none"> • Education • Family • Life/social skills • Mental health • Offense specific • Substance abuse • Vocation • Medical 	Potential for common care plan structure with local variations Partnership between county and state established
Oregon Youth Authority County Juvenile Justice Departments	"Mental Health server" documents	Integrate MH Server mental health documents into JJIS youth Notebook		When integrated to JJIS, provides single source for key progress note information
Portland Public Schools (PPS)	Direction Services DB	Track students returning from Juvenile Justice, Day and Residential Treatment, and Drug and Alcohol placements for anyone out of PPS system for more than 20 days		Most useful if these data can be integrated into a common system – either in school system or DHS



AGENCY	SYSTEM	PURPOSE	STATUS	VALUE TO WRAPAROUND
Public consortium funded by grant from Gates Foundation		Goal “citizens to connect every young person to school, work and community by the age of 25”		Coordination for pre 18 population; follow through for 18-25
State Commission on Children and Families		Scope “education (inclusive of early care through high school), child care, child welfare, public health, primary care, pediatrics, juvenile justice, mental health, substance abuse, and developmental disabilities”		Potential oversight organization



Approaches to Wraparound / Systems of Care in Other States

The purpose of this section is to review key IT systems currently in use by Wraparound programs in other states. Programs were selected based on suggestions from the IT Subcommittee and from contacts derived from their suggestions. It is not a detailed review of how responsibilities and Care Management Organizations are structured.

Wraparound programs have been implemented with varying “homes” in state government. While Oregon is looking to couple tightly with Mental Health in serving children with serious emotional difficulties, other communities have centered wraparound services in juvenile justice or the schools.

- Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide (MPG) for the US Department of Justice advocates Wraparound as a complex, multifaceted intervention strategy designed to keep delinquent youth at home and out of institutions whenever possible
- Court Coordination Programs use features of wraparound in Miami, New Orleans, Albany NY
- Public schools are the center of wraparound efforts in Illinois through the Positive Behavior Interventions and Supports project (PBIS)

While not out-of-state and having no unique IT system to support it, Clackamas County has embedded facilitators within an MHO to implement much of the Wraparound approach.

Additional information gathered on approaches and other States is available in the Appendix.



Summary of Approaches in Other States

LOCATION		APPROACH	SYSTEMS
Alabama	Camellia Project	DHS-based Starting with publically-accessible provider and eligibility resource directory	developed
California - Kern County	Kern County Network for Children (KCNC)	County as administrative and fiscal agent as well as managing data capture	ETO
Illinois - PBIS	wraparound	Based in schools	SIMEO
Illinois - McHenry County	wraparound		Synthesis
Indiana - Marion County (Indianapolis)	Dawn Project	CME operated by Choices	ValueOptions
Maryland – Baltimore County, Montgomery County, St Marys County	wraparound	CME managed by Choices	TCM
Maryland – Wicomico County	wraparound	CME managed by New Transitions	ETO
Nebraska - Central (Region 3)	Integrated Care Coordination Unit (ICCU),	CME	
New Hampshire			SIMEO
New Jersey	wraparound	Contracted Systems Administrator (ASO) for all children's behavioral health	ValueOptions
Ohio - Cuyahoga County (Cleveland)	wraparound		Synthesis



LOCATION		APPROACH	SYSTEMS
Ohio (other counties)	wraparound	In the beta testing stages of an internet-based information management system for Wraparound efforts. Note there has been a dispute with Ohio State University on who owns the data.	EScore
Texas	Community Resource Coordination Groups (CRCGs)		
Wisconsin - Milwaukee County	Milwaukee Wraparound	HMO capitated model	Synthesis



IT Systems Overview

The purpose of this section is to overview IT systems prominent in Wraparound to provide information on their general fit to the Wraparound Mission and Functional requirements. The specific Data and Technical Requirements are not reviewed, but the general fit to the Wraparound Mission and Functionality requirements is summarized. Where available, approximate costs are noted.

After determining the range of functions required, the next major decision is whether to Build or Buy (or some of both). In all cases, the total cost of ownership as well as the risk of losing the underlying support structure (company goes out of business, university loses funding for the system, local staff quit...) need to be assessed.

In general, in-house developed systems have a reputation for providing more opportunities for customization and for cost savings. These cost savings are often due to development costs that are not charged for or in having an IT system that is incomplete. Mature in-house systems (developed over many years), however, can be similar to vendor-supported systems in functionality.

In general, IT systems that are supported by vendors and are in use in multiple comparable settings tend to be more robust and secure, and with the development tools available today, they often do not have serious problems adapting to specific requirements. There is also less risk of losing support for an application when a vendor has invested in competent staff.

In comparing costs, the full extent of IT Best Practices needs to be considered – often in-house systems do not have sufficient disaster recovery capabilities or cannot easily be scaled to add additional users or sites. In this aspect, IT systems developed for multiple constituencies by counties or universities can be comparable to vendor-supported systems.

The table following summarizes IT systems used by Wraparound programs (as of this document. New Jersey, for example, has an RFP and may or may not change IT systems.) For all except The Clinical Manager and SIMEO, a demo version was available for review. All these systems have web-based access and are built on generally reliable platforms.

More information on these systems is included in the Appendix.



Summary of IT Systems Relevant to Wraparound

SYSTEM	MISSION	FUNCTIONALITY	DEVELOPED BY	IMPLEMENTATION
Synthesis	Developed for Wraparound	All except basic accounting functions	Milwaukee Wraparound	\$5k/ month to subscribe \$160,000 to purchase PLUS the server to run it on and additional s/w such as MS SQL Server, Crystal Reports
ValueOptions	Adapted for Wraparound	All except basic accounting functions	ValueOptions	Used in 13 states as part of ASO \$250,000 hosted without ASO
TCM (The Clinical Manager)	Developed for care management	Care planning and tracking Some provider management	Wimoco County Maryland	Tiered pricing based on number of users. 1-50 \$66,000 50-75 \$88,000 75-100 \$110,000
ETO (Efforts to Outcomes)	Tailored for Wraparound (Maryland)	Care planning and tracking	Social Solutions	\$25,000 one-time license \$1000 per agency/year for access Hosted solution
Multnomah Wraparound	Developed for Wraparound	Care planning and tracking	ChristieCare IT	Current support is \$30,000 per year plus additional costs for further development
SIMEO (Systematic Information Management for Education Outcomes)	Developed for education	Assessment tools and outcome measures for home risk, school risk, community risk factors Includes Wraparound Fidelity tool	University of Illinois	Hosted at U of I Costs not available
EScore (Electronic Service Coordination, Outcomes, Research, and Evaluation)	Developed as research tool	Assessment scores, care plans, basic referral data Had been in process of extending to Wraparound for Ohio. A dispute has arisen on data ownership	Ohio State University	Development cost to date is \$335,000 Hosted at Ohio State Licensing by number of users



Options and Recommendations

The purpose of this section is to review how various alternatives might work for Wraparound Oregon and to recommend directions and next steps.

The general context for Wraparound across the country is that various organizational models are being tried with IT support systems ranging from paper-only through full-scale HMO-like systems. Many IT systems have been “home-grown” by agencies or Universities; others are commercially sold / supported.

Recommendation: For the long term, seek IT solutions that are used by multiple Wraparound programs with the most solid basis of support. Unique IT systems initially appear less expensive but are unable to leverage multiple sources of development funds and overall tend to have less robust functionality.

The constraints and challenges facing the Oregon Wraparound rollout include:

- The economy – with the serious global economic slowdown, all state agencies will be struggling to maintain their services under pressure of inadequate funding
- Funding – while it is clear that funds currently used for children with high-intensity service needs could be more effectively and efficiently used in a Wraparound approach, whenever a new organizational structure is put in place, there are significant start-up costs for basic administrative services and IT costs. These have been to a greater or lesser extent donated or funded by grants. It is unclear if merely re-directing a per capita amount from various sources will be adequate to cover overhead for a new organization.
- Cultures of existing organizations – Whether Wraparound is separate or becomes “embedded” in an existing agency, if Wraparound is not a clear mandate, agencies will fall back on what they have always done.
- Necessity to focus on high needs / high cost when prefer broader approach – Because cost savings are a significant driver, Wraparound is targeting high needs children. This limited targeting can delay the wider use of the Wraparound approach (for Early Childhood, for comprehensive family services, and for preventive services) and make extension to these areas more challenging to achieve
- Managing a program for kids that in many cases must also consider family / adult issues – As the Wraparound approach reaches across child-serving agencies, it is self-defining itself to not address whole-family services.
- Funding for those with no insurance or private insurance – While Medicaid and State funds can be targeted to Wraparound, it is more challenging to assure that private sources of funding are also “on board” with paying for services.
- Assuring that all legal privacy requirements are met – Restrictions on access to information required by the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) and the need for Intergovernmental



Agreements is a challenge, both to assure that proper approvals are in place to share information and to enforce that only necessary information is shared properly.

Recommendation: Seek an IT system that is flexible and that can be used for multiple levels of care (so the principles of Wraparound can become part of a continuum of care) and is not constrained to youth-only or Medicaid-only populations. If data or functionality is too tightly focused, an IT investment loses the ability to address future needs.

Before further research on IT systems is appropriate, Oregon Wraparound needs to confirm its organizational model and where specific responsibilities and functions will be vested. There are advantages if the approach does not add additional administrative entities and overhead but will leverage existing care organizations (and their IT systems) and establish partnerships with Wraparound-trained facilitators in many agencies. Below is an overview of potential costs, tied back to the groups of functions outlined in the Requirements section.

Typically, IT systems have three general areas of functionality and associated costs.

Area	Which includes	And requires
Infrastructure <i>Which provides the place to run the</i> ▼	<ul style="list-style-type: none"> • Physical / technical components such as servers network devices (such as routers) • Core software for using the devices such as operating systems • High speed connections, software, services for secure web access 	<ul style="list-style-type: none"> • IT staff to support, troubleshoot and upgrade the devices who are experienced with networks and with web security • A physical place or data center
Application(s) <i>Which is used to capture</i> ▼	<ul style="list-style-type: none"> • Functional software • Data base software • Web site software / tools • Reporting software • Interfaces or data exchanges with other IT systems 	<ul style="list-style-type: none"> • IT staff for programming support, who can troubleshoot and upgrade / enhance the application(s) and reports • And to handle administrative database management functions • And to develop and manage web site(s)
Data	<ul style="list-style-type: none"> • All the specific information entered to be able to use the IT system 	<ul style="list-style-type: none"> • People to enter and analyze the data – not IT folks • IT staff to assure data backup and recovery

Each of these areas may be “owned” by different parties – a service bureau may own the data center and equipment, a vendor may license the application, and the data is “owned” by the organization using the overall functionality.

Costs in the following table are estimates based on no shared sources of expertise or IT systems (that is, a Wraparound organization takes on all the functions in the Requirements and



acquires software and staff to execute those responsibilities). These estimates can vary considerably (plus or minus 25% or more) based on specific capabilities required and software products used.

The Options column indicates ideas of how staffing or IT systems can be shared so costs are reduced. For example, if an existing organization provides administrative support, there would not be a need for a separate Director position.

FUNCTIONS	STAFFING	IT ACQUIRE	ONGOING	OPTIONS TO REDUCE COST
Wraparound – facilitation	<ul style="list-style-type: none"> • 1 per approx 10 active clients • 1 supervisor per ? facilitators 	\$25,000 (software)	10% - 20% / year	<ul style="list-style-type: none"> • Collaborative – allocation of existing care managers • Embedded in existing organization – additional or specialized staff but no additional supervisory need
Wraparound - Analysis	<ul style="list-style-type: none"> • 1-2 part time analysts 	\$25,000 (software)	10% - 20% / year	<ul style="list-style-type: none"> • Allocation of existing data analysts – e.g. OYA staff • Contracted – e.g. PSU
Benefits / Claims	<ul style="list-style-type: none"> • Authorization • Claims processor • UR 	\$50,000 (software)	10% - 20% / year	<ul style="list-style-type: none"> • Contracted – e.g. ASO • External – e.g. MHO • Wrap to manage only informal providers
Administration	<ul style="list-style-type: none"> • Director • Admin assistant 	\$15,000 (software)	10% - 20% / year	<ul style="list-style-type: none"> • Contracted – e.g. ASO • Shared – if Wrap is embedded as part of an existing organization
Information Technology - software	<ul style="list-style-type: none"> • Programmer • Web developer 	\$15,000 (software)	10% - 20% / year	<ul style="list-style-type: none"> • Contracted – e.g. ASO • Contracted – e.g. consultants
Information Technology – Infrastructure	<ul style="list-style-type: none"> • Hardware & workstation support, backup, recovery 	\$15,000 (hardware) \$5,000 (system software)	10% - 20% / year	<ul style="list-style-type: none"> • Contracted – e.g. ASO • Contracted – e.g. hosted

The table above indicates that to include all functions indicated in the Requirements may cost \$150,000 with an ongoing annual support cost of approximately 10% (\$15,000) to 20% (\$30,000).

IT staffing, not including the administrative costs of space and climate-controlled data center areas, can require annual salaries of between \$45,000 and \$80,000 depending on expertise required. If three to four positions are needed, fully loaded costs could range from approximately \$175,000 to \$415,000.



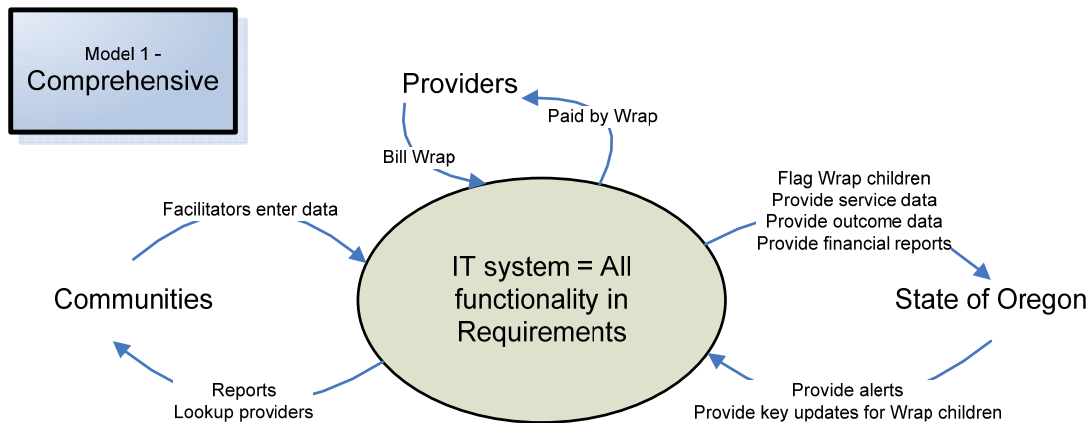
Costs for other staffing positions would need to be included in the Wraparound budget but are not estimated here.

Recommendation: Seek an IT system that can be implemented on a subscription service (annual or user fees) or is hosted in a fully staffed data center. This avoids the need to fund IT startup costs for hardware and staff with broader IT expertise.

For illustrative purposes, below are some possible options for how functions (and associated IT system features) could be distributed to support different organizational models.

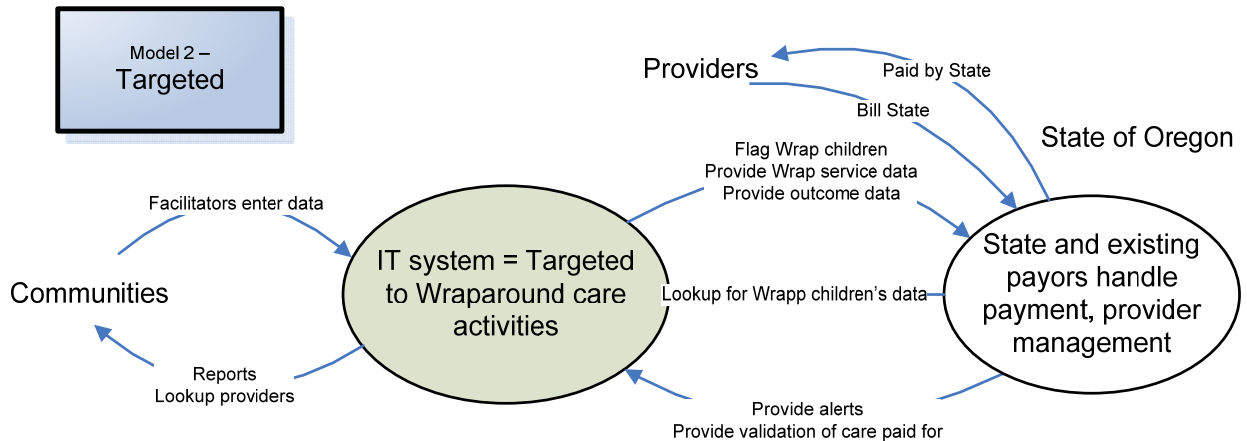
In Model 1, Wraparound takes on all functionality and responsibility (and probably risk) in a comprehensive IT system. This model is similar to a full service managed care organization, including claims management, with the additional features of Wraparound process and management of flexible spending funds.

Since this model requires the most extensive software and potentially IT support costs, it is likely to be the most expensive approach on a per client basis.



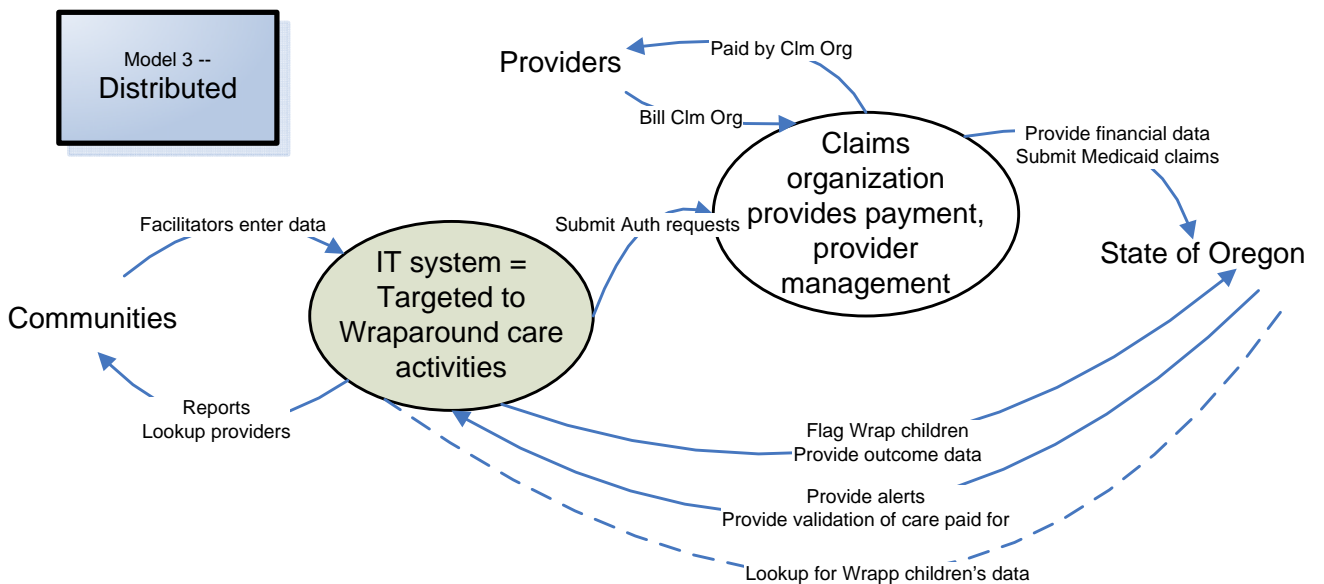
In Model 2, Wraparound uses an IT system targeted only to support the specific care management aspects of the Wraparound process and relies on external systems such as MHOs and the State to handle all other functions and data gathering. All data is channeled central databases at the State level, including Wraparound care activity data and assessments, to be available for analysis of costs and outcomes.

This model has the least requirements and cost for the Wraparound effort itself but requires a good deal of cooperation and coordination with other organizations. That cooperation would need to be well-defined and contractual.



Model 3 represents various organizational structures that separate Wraparound care services from another organization which bears risk and pays claims, distributing responsibilities between them. The assumption is that even if the claims-paying organization only handles Wraparound providers and claims, it will use existing IT systems, possibly with adaptations.

The cost of this model will vary by the unit cost for the claims-paying organization. In Model 2 many claims (not just Wraparound) would likely reduce the per unit cost. Also if an IT system for the claims-paying organization does not already exist, this is just a variant of Model 1.



A fourth Model could be envisioned if Wraparound were as a way of providing services in one or more already existing care providing organizations. For example, if care coordinators in various agencies are trained and supported in the Wraparound approach, they could provide Wrap services from within their "home" agency. In this case, modifications to IT systems for existing



care plans would be required, or an additional piece of software for Wraparound care activities would need to be integrated to current systems.

This option would require the most individualized tailoring to care plans but would leverage existing IT systems and administrative and IT structures.

Recommendation: While the IT model chosen is based on the overall organizational structure of Wraparound, consider the IT system and cost impacts as well as the functional needs.

Key to any of the models outlined above is determining how data is to be shared and acquired from other child-serving systems. These data interfaces are a separate decision from the general model and can take any one of several forms, singly or in combination:

1. Individual technical interfaces addressing each separate 1-1 data exchange such as Wraparound -- juvenile justice, Wraparound – schools, Wraparound – DHS. A technical interface is most likely to be batch (where data is exchanged on a schedule usually once a day) or real-time (where data is exchanged as it is updated)
2. A single connection to a common data store / database, such as KIDS, from which Wraparound would have access to analyze, review or potentially download information through queries
3. Using database functionality to set up alerts so that if information is changed in a non-Wraparound system (again, such as schools or juvenile justice) a message is sent to Wraparound so that the information can be manually reviewed
4. Purely manual review and entry of pertinent data which requires view privileges into other databases.

These options are listed in roughly decreasing order of technical complexity. In all cases the specific data needed requires explicit definition so technical solutions can be constructed. Changes or additions to these data usually require additional programming work to assure the data is collected and any of the supporting tools (interfaces, queries, alerts, or Wraparound system data fields) are in place to handle the information.

Recommendation: Delay implementing more complex technical data exchanges until what is needed is very clear. The best solution is to require no data exchanges at all but to embed the Wraparound process and data into a “home system” that already exists and has the needed data capture mechanisms. It is possible that DHS, which already gets data from Juvenile Justice and from the school systems, could ultimately be that “home.” Alternatively an MHO and its IT systems could be adapted.



Next steps

The following steps are suggested to build on where this IT assessment document leaves off:

1. Confirm organizational model and responsibilities to be supported by an IT system
2. Update the Requirements list to exclude what is not needed and prioritize what is
3. Secure commitment from State systems for the functions, links, and alerts required
 - Define additional data and links (from DHS and OYA in particular)
 - Assure that an indicator to identify a child as having been in Wraparound is in data warehouses (KIDS etc) so statistical analysis can use this information – dates and outcomes may also be required
4. Conduct a formal IT system selection process
 - Develop RFP requiring plans and costs for implementation, ongoing support, interfaces, data conversions, with testing and training outlined in detail and acceptance testing specified and contractual
 - Identify candidate systems
 - Complete demos, reference checks, site visits (include actual hands-on users)
5. Complete contracting, including rights to data, exit options/costs

For step 1, the state-wide business model of what entities will have what responsibilities also needs to take into account how different communities will demonstrate readiness and be set up to move forward.

Once step one is complete, step two can be completed within a week or two..

Step 4 can take from three to nine months and needs to address how different regions will be included in the process and in the IT system as rollout continues. For example, the IT system can have a single database, multiple “instances” of the database, or completely separate installations of both software and database.

Step 5 is begun during the selection process and, if there are no major problems, can be completed within a few weeks.

Elapsed time for Step 3 will vary considerably based on what is needed from State systems and how required changes fit into development schedules.

Recommendation: Include experienced assistance or consultants for the detail of steps 3, 4 and 5. These are areas where expertise saves both time and money (particularly in minimizing risks).



Appendices

Project Summary

Review of Performance to Schedule and Budget

The purpose of this document is to review the work plan and budget status for this project.

The Statement of Work describes the services as follows:

- a. VIE will schedule a kick-off meeting with the IT sub-committee and other key stakeholders to:
 - i. Develop a better understanding of the Wraparound Initiative.
 - ii. Identify key stakeholders and others who will/may participate.
 - iii. Collect background documentation on both the Wraparound Initiatives target population and performance measures and the information systems currently in use to track relevant information for the child-based system of care.
 - iv. Clarify CareOregon's expectations for this contract including key components/outcomes required for contract success.
 - v. Review this preliminary task list to develop a more detailed and specific work plan.
- b. VIE will review documentation provided by the Wraparound Initiative and partner organizations and conduct interviews with designated stakeholders to:
 - i. Develop an understanding of the goals, objectives, performance expectations, and desired end state.
 - ii. Understand the current systems in place, known gaps in the systems, any issues that need to be resolved, and perceived risks.
 - iii. Understand stakeholders' priorities, concerns about and hopes for a coordinated system.
 - iv. Identify constraints with potential impact on the project including deadlines, project dependencies, staff availability, social/cultural issues, political issues, current technology standards and future technology architecture direction.
- c. Following completion of initial interviews, VIE will review its understanding of the specific objectives and priorities under the contract, and proposed next steps, with the project team. VIE will provide a preliminary written assessment of the current information systems used to track, monitor and report on youth within the target population to be served. This document will be reviewed by key stakeholders to ensure a common understanding before proceeding.
- d. Upon agreement of the findings from the interviews, VIE will prepare a general requirements document to be approved by the appropriate stakeholders.
- e. Upon requirements document acceptance VIE will begin its research of systems alternatives. VIE will include research into programs in other states as recommended by the Wraparound Initiative and will also work with its extensive network of CIOs and partners to review other in-place options and qualified vendors in use in other "system of care" communities.. VIE will prepare a preliminary document identifying and describing these approaches.
- f. Once alternative approaches have been identified, VIE will discuss the findings with the project team and will present an outline approach for proceeding, whether the direction is to build, modify, or acquire system tools. VIE will offer recommendations on which options may work best for the Wraparound Initiative and will facilitate initial decision-making on appropriate next steps.. Discussion around an internal application vs an outsourced solution may be discussed.



- g. The outcome from the discussion in “f” above will enable the Wraparound Initiative to make the best next step decision about which systems to review and under what conditions a decision would be made.
- h. At this point, VIE would write up a project closeout document that summarizes:
 - i. Deliverables documents
 - Assessment of Current Information Systems in Use
 - Alternatives from other “system of care” communities
 - Options and recommendations
 - ii. Summary of Performance to schedule and to budget

VIE estimates this project to be approximately \$28,000 - \$32,000. A 25% discount will be applied.

Work Plan

DATE (DEC 2008-MAR 2009)	PHASE	DELIVERABLE	BILLING
12 Dec – 31 Dec	Initiation	Kickoff meeting Work plan Outline of final document	\$3000
1 Jan – 15 Jan	Research	Contacts to date Interviews with facilitators Review meeting	\$3500
16 Jan – 31 Jan		Requirements draft Contacts summary	\$3500
1 Feb – 15 Feb		Review meeting Final requirements	\$3500
16 Feb – 28 Feb	Assessment	Alternatives draft Review meeting	\$3500
1 Mar – 15 Mar		Final report draft Review meeting	\$3500
16 Mar – 31 Mar	Wrap up	Final report	\$3500
		Total	\$24,000

Process

VIE followed the above work plan, building on contacts provided from the IT subcommittee to contact others and also using the Internet for research and background. The final conference call with the subcommittee was held 3 April.

All IT subcommittee meetings were conducted by conference call approximately every two weeks with the final call on 3 April. Interim materials were provided for each call so that by the final call, the subcommittee had reviewed and provided comments on the entire document except the appendices. VIE also met with Marcia Hille several times to assure the project was on track to meet the subcommittee’s needs.



Project Contact List

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Web Site References

A selection of the web sites referenced for this report are included below.

Adult and Child (Indianapolis)	adultandchild.org
Center for Effective Collaboration and Practice (Minnesota)	http://cecp.air.org/teams/prospectors/minnesota_wrap_around_initiative.asp
Choices	http://www.choicesteam.org/choicesmodelhifiwrap.html
Circle Around Families (Indiana)	http://www.circlearoundfamilies.org/contact.html
Community Connection for Child Care (California)	http://kcsos.kern.org/cccc
Connected by 25	connectedby25.org
DHS Transformation Initiative	http://www.dhs.state.or.us/tools/transformation/index.html
EScore (Ohio)	escoreohio.org/
ETO (Efforts to Outcomes)	www.socialsolutions.com
Federation of Families for Children's Mental Health	ffcmh.org/
Institute for Mental Health Research (Arizona)	http://www.imhr.org/knowledge-arizona.html
Kern County Network for Children (California)	http://www.kcnc.org/About_Us
KIDS project	www.ode.state.or.us/search/page/?id=1489
Louisiana Youth Enhanced Services (YES)	http://www.dhh.louisiana.gov/offices/page.asp?ID=142&Detail=3687
National Mental Health Information Center	http://mentalhealth.samhsa.gov/cmhs/childrenscampaign/grantcomm.asp
National Wraparound Initiative	rtc.pdx.edu/nwi/
Network for Children (California)	kcnc.org
Ohio Wraparound	www.wraparoundohio.org/
Oregon Family Support Network	ofsn.org
Oregon Statewide Wraparound Initiative	http://www.oregon.gov/DHS/mentalhealth/wraparound/main.shtml
SAMHSA	www.samhsa.gov/
SIMEO system (Illinois)	www.pbisillinois.org/
Synthesis	www.synthesistrain.wrapmilw.org
Value Options (New Jersey)	www.vonewjersey.com/
Web text editor software	www.fckeditor.net/
Westchester Community Network (New York)	http://www.westchestercommunitynetwork.com/index.html
Wraparound Interagency Agreement	http://www.docstoc.com/docs/2937271/Wraparound-Oregon-Interagency-Agreement-REVISION-July-This-Agreement-made-and
Wraparound Milwaukee (Wisconsin)	milwaukeecounty.org/WraparoundMilwaukee7851.htm
Wraparound Oregon	www.wraparoundoregon.org/
Wraparound Process	cecp.air.org/wraparound/intro.html



Background for Wraparound

Wraparound is a practice model that has been in use for 15 years. It is currently targeted to address the needs of high-end youth who are involved with several agencies, such as Child Welfare, Mental Health, or Juvenile Justice. It is an approach to service planning that involves the family, the community, and the child-serving agencies involved. A key element of Wraparound is that it does not merely focus on problems or deficits, but also identifies strengths and supports. It needs to be supported by a system of care that addresses the service providers and coordination required for funding from multiple sources.

There is a National Wraparound Initiative Mission encouraging the wraparound process to become a widely-implemented approach to community-based treatment for children with emotional and behavioral disorders and their families. The National Wraparound Initiative is an attempt to engage experts nationally in a process of defining standards and compiling specific strategies for conducting high-quality wraparound. Some SAMSHA and other grants have been available to initiate Wraparound programs.

Care coordinators may also be called facilitators and are instrumental in connecting families to services and helping the child's care team to work together, rather than as one on one service providers. A "Care Management Entity" is often formed to provide a focus for providing training and facilitators, for registering and paying providers, for coordinating with family and community advisory groups, and for assessing outcomes and fidelity to the Wraparound process.

Ten Principles of the Wraparound process

- 1. Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspective, and the team strives to provide options and choices such that the plan reflects family values and preferences.
- 2. Team based.** The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.
- 3. Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.
- 4. Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspective, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.
- 5. Community-based.** The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive



settings possible; and that safely promote child and family integration into home and community life.

- 6. Culturally competent.** The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
- 7. Individualized.** To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.
- 8. Strengths based.** The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.
- 9. Persistence.** Despite challenges, the team persists in working toward the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required.
- 10. Outcome based.** The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.



Background on Child-Serving Systems in Oregon

The information below is extracted from material provided by contacts with minimal editing.

Addictions and Mental Health -- Family Navigator

The Family Navigator program is contracted with Addictions and Mental Health Division in Oregon to assist families to get to resources. Data sharing agreements are in place. This is Medicaid billable but is not yet set up to automatically bill Medicaid for services and supports.

Connected by 25

Connected by 25 harnesses the energy of Portland citizens to connect every young person to school, work and community by the age of 25. It is sponsored by a grant from the Gates Foundation.

By age 25, most young adults have made the transition to higher education or the workforce. Connected by 25 was created to give the young people most at risk for not making this transition the resources they need to be successful, recognizing that these young people need support much earlier in their lives, support within and outside of school, to keep them connected.

Connected by 25 focuses on producing real results for these young Portlanders by implementing research-driven initiatives and coordinating a citywide network of programs and services that improve the lives of at-risk youth through best practices and a hands-on strategy

The program involves educators, business and community leaders with organizations already have strong, effective programs in place – but until now, those programs have been operating independently. Connected by 25 aims to coordinate and integrate all of these individual parts into a citywide network of programs and services that irrefutably improve the lives of at-risk youth.

Young people need more than a strong education. What happens outside of the classroom and off school-grounds is equally important.

VIE did not learn of any IT systems yet in place to support this program.

Department of Education – K-16 Integrated Data Systems (KIDS)

The purpose of Phase III is to fully implement PK-16 Integrated Data Systems (KIDS) project by integrating the remaining 196 School Districts into a data warehouse, following a successful demonstration of the phase II pilot project integration of four major School Districts.

The overall mission is to provide the Department of Education and stake-holders with a single, accurate, and authoritative data structure that streamlines data acquisition and reporting within



the enterprise of education in the state, while enhancing students' transcript exchange across schools and districts, promoting operational efficiency, and satisfying key NCLB & AYP reporting requirements.

Data is collected from charter schools but not from private schools or home schools.

To provide information as a child transfers, it is necessary for the receiving district to request the records to comply with FERPA requirements.

For statistical reporting, all data is de-identified. The data store may in future be housed at a state university for long term research access by authorized users.

Department of Human Services (DHS)

DHS has recently completed the first step in an application inventory to identify opportunities for consolidating functionality across their many IT systems. This effort is part of the general Transformation Initiative to enable Oregon DHS along with our partners and providers, to provide world-class, efficient and effective services to our citizens and clients so that Oregonians can be healthy, independent and safe. One aspect is to assure that clients reach the correct services no matter where they enter the system – “No wrong door”.

The audience for the application inventory is the IT governance council. An underlying concern is that departments with specialized systems do not want to lose their features to an over-generalized solution, yet the advantage of functions being consolidated for support and for client ease of use is strong. Some options for consolidation include: eligibility, provider registry, care plans.

There are several systems that establish plans of care within DHS which might be adapted to Wraparound. The OR-Kids application will be the SACWIS compliant application used by Child Welfare for all of the CW case management activities, though it may not contain plans of care in its initial implementation. Other applications where POCs are established include:

OACCESS - The Senior and People with Disabilities case management application. One function of the application is to begin establishing a POC for SPD clients.

MMIS - MMIS receives POC information to establish benefit packages for Medicaid Clients

CBC (Community Based Care) - A mainframe system for managing SPD clients served by community programs

For statistical analysis, DHS currently receives data from other agencies which is incorporated into statistical analysis processes. Processes would need to be expanded for specific Wraparound reporting, but these tools could be leveraged to analyze and to support the Wraparound needs. For example, the Integrated Client Data Store is essentially a series of ETL processes using standard tools and processes to build a consolidated data mart/warehouse for the purpose of statistical analysis of our client populations. The primary business need driving this system was the need to identify where there was client services



crossover between programs. This type of system could be extended to include the Wraparound population.

Grids of functions by system are available for all applications in the inventory.

DHS -- Health Record Bank

Oregon's Medicaid agency, the Division of Medical Assistance Programs (DMAP), has developed a health record bank (HRB Oregon) that will electronically store Medicaid clients' health information and make it available on a secure-web site.

Oregon Family Support Network -- Youth to Youth program

Oregon Family Support Network is starting a youth to youth program; which plans to incorporate a social networking type of web site.

Oregon Wraparound -- Multnomah County Wraparound IT System

The pilot program for Wraparound in Multnomah County has been serving youth for more than four years. It is currently grant-funded and has donated services and facilities from a number of agencies, companies, and community groups. For the IT system supporting the care services, see the description of this system under "Background on IT Systems".

Oregon Youth Authority -- Juvenile Justice Information System (JJIS) and "Mental Health Server" documents

The primary OYA IT system is JJIS but many care documents are stored separately on the MH server. The goal is to integrate within the year the MH server into the JJIS youth notebook once the security and rights access issues are addressed to guarantee confidentiality for the youth.

The number of OYA youth that meet the definition of SED and are under 18 years are very small. OYA provides some mental health type services including psychological and psychiatric assessments/evaluations and medication management services by psychiatrists and psychiatric nurse practitioners. The documentation for these services are in the clinic hard copy charts and/or a stand alone system called the MH server which basically houses word documents.

OYA has Qualified Mental Health Professionals, master prepared staff, on most living units. And certainly they provide crisis intervention services, individual support and problem solving along with group interventions. Most of their documentation is in the JJIS youth notebook or on the MH server.

The juvenile departments use JJIS and enter youth who have been referred to the juvenile departments, track referrals, decision points (as the case moves through the court process), dispositions, conditions, detention admissions, some services. They use all the features



including assessments (they track the Juvenile Crime Prevention Assessment), documents and other things using the features available in JJIS.

JJIS provides a data feed to DHS nightly for cases which involve child support payments which are paid to OYA if the child is in a residential center.

Some counties are using the JJIS Case Plan to track their case planning work in JJIS, others do not. So the short answer is they use JJIS for all youth. Only a very small percentage of all the cases referred to and served by juvenile departments are committed to OYA.

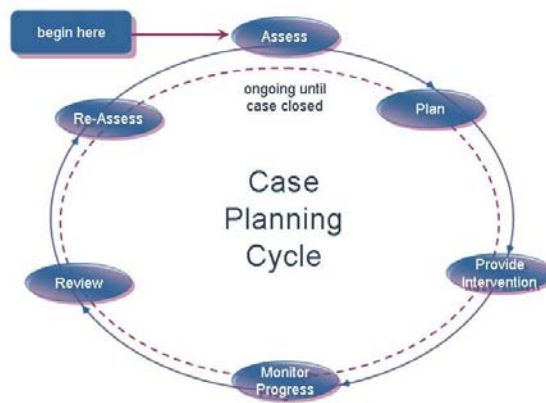
JJIS includes case planning.

The case plan includes

- Problem statement
- Strengths / assets
- Long term goals
- Competencies
- Short term goals
- Interventions

For the following domains

- Education
- Family
- Life/social skills
- Mental health
- Offense specific
- Substance abuse
- Vocation
- Medical



Defined competencies are ranked with the following rating system:

1 Almost Never

The youth shows little or no ability to demonstrate the competency.

2 Seldom

The youth is able to demonstrate the competency at least 25% of the time, but less than 50% of the time.

3 Sometimes

The youth is able to demonstrate the competency at least 50% of the time, but less than 75% of the time.

4 Often

The youth is able to demonstrate the competency at least 75% of the time, but less than 90% of the time.

5 Almost Always

The youth is able to demonstrate the competency at least 90 to 100% of the time.

The care plan cycle is illustrated below.



Portland Public Schools

Per SB414, all public schools are to report on student attendance, grades, problems, etc to DHS on a nightly basis. A copy of the IEP is also sent to DHS.

The Portland Public School system has been providing these data for more than a year from their regional database. Other areas are at differing progress points in achieving this data exchange.

Portland Public Schools -- Directions Services Database

The Direction Services data base tracks students who are returning to public school from residential and day treatment (Juvenile Justice, Mental Health, and Drug and Alcohol) to assure proper placement in any special programs needed. It includes children coming into Oregon from out of state residential placement. Anyone gone from the school system for more than 20 days and who were placed in their previous program by a non-school community partner is tracked.

There is approximately 2 years of data. The data does not interface to any other system but is provided in reports as needed.

State Commission on Children and Families

The scope for the State Commission on Children and Families includes education (inclusive of early care through high school), child care, child welfare, public health, primary care, pediatrics, juvenile justice, mental health, substance abuse, and developmental disabilities.

VIE did not contact the State Commission to see if they have child-serving IT systems.



Background on Wraparound / Child-serving Programs

The information below is extracted with minimal editing from web sources, reports, and phone and email responses from participants in these projects.

Alabama -- Camellia Project

The Camellia project started in Alabama in 2007 to provide a more connected health and human services framework. The goal was to establish Family Resource Centers to assist in integrating services across agencies, community programs, and resources.

It is also targeted to improving accountability and efficiency, leveraging existing assets, reducing duplication of efforts, measuring effectiveness across programs, and easing access to services

The design was to provide a common client view across agencies, support business performance management, connect case managers, and simplify intake and access to services.

phase I – web based eligibility wizard ==> programs available to user

phase II - “middleware” further information on eligibility and option to submit as referral for agency follow-up

The project is based on the following principles:

- strong families produce strong children and build strong communities
- HHS has a responsibility to provide services that work
- all HHS partners are accountable for producing the greatest possible impact with public resources
- moving clients toward self-sufficiency is the goal
- no one should fall through the cracks
- coordinated consistent services promote better outcomes
- continuous measurement of outcomes and performance provides the knowledge for improving policy and practice
- the HHS system should address simple needs before they become complex issues and keep routine problems from plunging families into crisis
- all work of the system must be client centered

California – Kern County

Kern County Network for Children (KCNC) uses ETO in supporting projects benefiting children and families. KCNC acts as administrative and fiscal agent for the following programs

- Promoting Safe and Stable Families (PSSF).
- Child Abuse Prevention, Intervention, and Treatment (CAPIT)
- Community Based Child Abuse Prevention (CBCAP) grant and the county's Children's Trust Fund.
- Foster Youth Services program and AB490 liaison activities.



KCNC is also the contracted provider for

- Coordinating intra-agency projects, including Kern's Wraparound Services program for youth.
- Training and evaluation services in Kern County for Strategies, the California Endowment, and Kern Community Foundation.
- Oversight, coordination, and technical assistance to Kern County's system of Accredited Local Community Collaboratives..

Improved service integration is the primary goal of all KCNC's policy-related activities.

Indiana -- Marion County, The Dawn Project

The Dawn project was setup for cross-system care coordination, case management, safety and crisis planning, development of a plan of care, comprehensive strength-based discovery and assessment, assistance in developing community supports, activities of daily living training, facilitation of the child and family team process, and family and child centered care.

It provides access to community providers who can provide mentoring services, respite services, transportation services, community supervision, placement services, education services, therapies, social/recreational opportunities, specialized camps, independent living services, psychiatric services, psychological evaluations, medical needs services, parent support groups, mentoring, and education, and medication management

The Dawn Project is run by Choices, Inc., the same parent organization that operates the CME in three Maryland jurisdictions. The business structure for the Dawn Project is essentially the same as Maryland's CME model.

Louisiana – Youth Enhanced Services

LA-Y.E.S. is a program that incorporates a comprehensive and coordinated system of care for children with serious emotional behavioral disorders. It is a community based services system that is family friendly and culturally competent. The program recognizes every family's cultural heritage and the differences that may exist.

La-Yes Goals and Objectives For The “System Of Care” from The Cooperative Agreement:

Goal 1 --Incorporate culturally competent practices for serving children, young adults and their families from racial and ethnic populations represented in each funded community.

Objective 1a. Cultural competency training for all individuals participating in the planning, governance, program development and service delivery of the system.

Objective 1b. Develop the internal operating procedures to insure that wraparound services are provided in a culturally competent, accessible and quality-based manner with a child-centered, family-focused orientation.



Objective 1c. Have governance and management structures and processes that reflect community interests and culture, including the Residential Support and Services Governing Body.

Goal 2 --Involve the community including the target population and their families in all levels of the system including planning, governance, program development and service delivery.

Objective 2a. Develop a consortium bringing together the target population and their families, municipal officials, private providers, non-profit service agencies, advocates, community leaders, public child-serving agencies and other stakeholders to plan and implement the system of care in the target area.

Objective 2b. Enhance and empower the consortium through organization development activities, support of planning and training to become the driving force for the development, implementation and sustainment of the LA-YES system of care.

Goal 3 -- Increase access from 6% to 10% of the target population in the targeted geographic area.

Objective 3a. Improve access by creating a single point of entry to the system and creating a mental healthcare home for youth entering the system.

Objective 3b. Integrate categorical programs and funding streams at the state, local and program level so that funding saved can be used to serve more of the target population.

Objective 3c. Demonstrate that a system of care can be implemented with full family involvement and serve as a cost containment opportunity.

Objective 3d. Increase access for children and families by providing services in the community, school and home.

Goal 4 -- Develop a comprehensive system of care for the defined target population of children and youth ages 3-21, with a serious emotional disturbance and their families.

Objective 4a. Establish an Administrative Service Organization (ASO) entity to oversee and administer the system of care as it develops across the targeted area.

Objective 4b. Create a seamless, integrated mental health system by establishing care management organizations to integrate services through care management and the development of integrated individualized service plans.

Objective 4c. Develop a comprehensive, well-oriented and integrated provider network to provide wraparound services and to implement individualized plans of care to address the clinical and non-mental health needs of the target population and their families.

Objective 4d. Coordinate services and policies across child serving systems, especially juvenile justice, child welfare, mental health and education.

Objective 4e. Create an integrated management information system across participating agencies.



Goal 5 -- Generalize evidence-based practices to the target area and target populations.

Objective 5a. Identify evidence-based practices that are specific to the target population.

Objective 5b. Develop strategies to ensure fidelity to identified best practices.

Objective 5c. Identify promising practices in Louisiana and implement the process to make them best practices.

Goal 6 -- Early Intervention and Prevention of Emotional and Behavioral Problems.

Objective 6a. Implement the Louisiana Early Childhood Support and Services Program in the targeted parishes. This is a program operating in six communities state wide that focuses on the early intervention and prevention of emotional, behavioral or developmental issues in youth birth through five.

Objective 6b. Develop and implement eligibility criteria that initiate interventions before youth are suicidal, homicidal, or gravely disabled.

Goal 7 -- Evaluate effectiveness of the system of care and its component services.

Objective 7a. Create a clinical monitoring and evaluation system for tracking the effectiveness of the wraparound services that shall be offered to at risk youth in Orleans and other targeted parishes in the system of care. The family and child will show clinical functional improvement.

Objective 7b. Institute a monitoring (quality assurance/ utilization review) process to improve quality of wraparound services.

Objective 7c. Perform a cost benefit analysis.

Objective 7d. Implement individualized plans of care with fiscal accountability through budgets linked to projected need and utilization.

Goal 8 -- Facilitate the provision of a broad array of mental health and other related services, treatments, and supports to the target population.

Objective 8a. Prevent children from being placed out of home and being placed in the custody of the child welfare and or juvenile justice system.

Objective 8b. Expand the service array and available community supports.

Objective 8c. Serve children in the least restrictive, clinically appropriate settings.

Goal 9 -- Increase awareness in the geographic target area that mental illness does affect children and youth and decrease the stigma and socio-cultural barriers associated with mental illness in the target population.



Objective 9a. Develop and implement a social marketing plan. Investigate and develop strategies to break through the socio-cultural barriers associated with mental illness.

Maryland

Wraparound in Maryland is targeted to the high risk youth population.

Choices is contracted by the Local Management Boards in three Maryland jurisdictions (Baltimore City, Montgomery County, and St. Mary's County) to provide Care Coordination using a Wraparound practice model. They, in turn, contract with local providers to meet individualized needs in plans of care for services that are not otherwise available. New Transitions is the CME in Wicomico County.

Maryland Choices is a Care Management Entity that uses the wraparound model to coordinate an array of opportunities, services, and assistance for children with serious emotional disorders and their families, while building on their strengths, remaining family-focused, family-driven, culturally relevant, and community-based.

The Department of Human Services & Children's Cabinet started a statewide system with a SAMHSA grant initially in two communities. RFP created five care management entities each serving about 400 children. Contracts are fee for service / expense based with all costs billed back to Maryland Dept. of Human Services.

Nebraska -- Central (Region 3)

Central Nebraska has been implementing systems of care initiatives since 1989, under the Child and Adolescent Services System Program (CASSP). There are several different programs currently operating in Central Nebraska to serve children and youth with differing needs.

One of these programs is Integrated Care Coordination Unit (ICCU), which is intensive care management based on Wraparound and family-centered practice for children and youth who are in state custody and have complex behavioral health needs and multiple agency involvement (Stroul et al, 2008).

The ICCU functions as a CME and is supported by a case rate financed from child welfare, behavioral health and juvenile justice dollars.

New Hampshire

New Hampshire trained Wraparound facilitators now have access to SIMEO, Illinois' comprehensive data input and summarization system designed for use with tools associated with the Wraparound process.

Involvement with SIMEO has allowed New Hampshire Wraparound to begin building an evidence basis for the impact of implementing the Wraparound process with fidelity. Our partnership with Illinois and use of SIMEO allows us to provide a genuine contribution to the



national database and to be a part of the evolution of an authentic research base for Wraparound.

New Jersey

All children's behavioral health IT is managed through Value Options, the Contracted Systems Administrator for New Jersey Behavioral Health. An RFP is in process to determine if this will continue and the terms for all aspects of statewide wraparound.

DCF provides families with a virtual single point of contact that registers, tracks and coordinates care for children who are screened – at any level - into its Children's Behavioral Health Service System of Care. This approach has been in place for approximately 10 years.

The following services are available:

- Mobile Response and Stabilization Services
- Care Management Organizations
- Youth Case Management Services
- Family Support Organizations
- Provides 24 hour assistance to help families get services.

The program establishes access to same quality of services across the state, facilitates a single approach to pay providers regardless of whether a child is Medicaid eligible or not, tracks eligibility, connects care across providers and levels for all children rather than just for children with the most severe disturbances, provides a systematic way to ensure children and their families receive appropriate treatment for an appropriate length of time while remaining as close to home as possible, keeps all child and family information in one record for all Children's Behavioral Health, identifies the different intensity of services given by providers and assists DCF to adjust rates to reflect these differences, reports on effectiveness of services and child and family satisfaction, complaints and grievances. reviews children placed in psychiatric hospitals to assure appropriate discharge planning and after care services are in place so that children are linked to a community network of care, tracks and reports on a system of outcome measurements so that the state can determine and measure the improvements made by the Division of Children's Behavioral Health Services.

There are 15 care management organizations statewide.

Case rate from the state of \$1,000/month/family.

\$250,000 in flex funds.

\$200,000,000/year serving over 7000 children.

New York - Westchester County

Westchester County Department of Community Mental Health has a system-of-care for children who experience emotional, social and behavioral challenges, and their families. Westchester has a strong tradition of offering quality community-based, hospital and residential services. All



of the services share common core values, which include: individualized, family-driven, strength-based, culturally competent, unconditional care.

In 1999 Westchester County Children's Mental Health Services was awarded a six-year 8-million dollar grant by the United States Department of Health and Human Services through the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant was one of 24 awarded nationwide. The grant, known as the Westchester Community Network, supports efforts to provide quality community-based care for Westchester County children with serious emotional disorders and their families.

Westchester Children's Mental Health Services is designated by the federal government (SAMHSA) as a Team Learning Center. State and county officials from all over the United States are visiting Westchester to observe and learn about the unique principles that guide Westchester's children's mental health system.

Ohio

Wraparound Ohio is largely county-based. As of 2008, one county (Cuyahoga County) was using Synthesis and several dozen others were contracted with Ohio State University for the technology to support their program. There is a dispute with OSU on data ownership at this time.

Wraparound Ohio was developed by the Ohio State University Center for Family Research in response to an expressed need by families and local providers in Ohio for a system that would aid in the tracking and monitoring of high fidelity wraparound services.

The Wraparound Ohio platform currently provides users with the ability to:

- Compile census information on multi-need youth and families involved in high fidelity wraparound services.
- Organize and monitor referral information from multiple youth and family serving agencies seeking to utilize the high fidelity model of wraparound.
- Document invitations, attendance and notes from wraparound team meetings.
- Track the financial resources used in the provision of high fidelity wraparound services.
- Record types and amounts of services provided to youth and families in high fidelity wraparound programs.
- Monitor the quality of the wraparound process as experienced by youth, families and wraparound team members.

Oregon -- Clackamas MHO

Clackamas County, Oregon, has trained staff within their MHO to provide Wraparound services. Not all staff are equally trained at this time.

They use a lot of the principles of Wraparound in our team meeting. Although there is focus and practice on inclusion of natural supports, most teams still have primarily professionals with the child and family present.



The perspective is to focus on intensive service being an episode of care to address the 1 or 2 issues getting in the way “today” of the child and family being successful. The intent is not to have families engaged in intensive services long term but rather move back to usual and customary services that will address more long term issues such as trauma.

Clackamas MHO has contractual relationships with programs and agencies to provide intensive treatment services offering adequate and sufficient capacity to provide the ISA. These contractual relationships include providers of psychiatric residential treatment programs, psychiatric day treatment programs, and community-based services, including behavioral consultation, skills training, family training, in-home supports, community inclusion and respite services.

Clackamas MHO ensures that participating providers are appropriately licensed and certified under the applicable Oregon Administrative Rules for the program.

Clackamas MHO has policies and procedures in place to ensure timely reimbursement to providers participating in the ISA. Should Clackamas MHO authorize services to a non-contracted provider of Psychiatric Day Treatment Services or Psychiatric Residential Treatment Services, Clackamas MHO shall reimburse the provider at no less than the amount paid by the Addictions and Mental Health Division for the same services.

Clackamas MHO monitors services authorized and claims paid to assure that funding intended and allocated for children’s mental health services is used for that purpose.

Advisory Groups

Clackamas MHO has established a Children’s Mental Health System Advisory Council. The Council advises the MHO and provides oversight of local mental health policies and programs for the ISA.

The Council has representation from child welfare, juvenile justice, education, ISA providers, families and child advocates, and local community partners among others.

Representation by consumers, family members and child and family advocates on the Council is targeted to be a minimum of 51% of total membership. Half of the consumer representation is targeted to be from members who are adolescent consumers and family members of child and adolescent consumers.

Clackamas MHO has established a Community Care Coordination Committee. The Committee is a community level planning and coordinating body that provides practice level consultation on the coordination and delivery of intensive mental health services to enrolled children and adolescents. The Committee identifies needed community services and supports, and provides a forum for problem solving to the MHO, providers and child-serving agencies.

The Committee has representation of the local system of care that includes consumer and family members, child serving providers, child and family advocates, and other local stakeholders representative of the local system of care.



Texas

In the late 1980's, efforts were launched in Texas to introduce the federal Child and Adolescent Service System Program (CASSP) principles as the standard for children's services. State block grants were awarded from legacy agency Texas Department of Mental Health/Mental Retardation to community mental health centers through the Texas Children's Mental Health Plan to support the development of children's services in an effort to address the needs of children with serious emotional disturbance (SED).

The recognition that serving children could not be done in isolation but requires cross system planning and coordination resulted in the establishment of Community Resource Coordination Groups (CRCG) across the state in the early 1990's. Child welfare, juvenile justice, education, mental health and community-based agencies have often worked together on local or state children's mental health initiatives, with varying results, for many years.

Texas' first exploration into blended funding for children's services occurred in 1996, when the Texas Department of Mental Health and Mental Retardation and the Texas Health and Human Services Commission conducted a pilot study supported by a Robert Wood Foundation grant, to determine the effectiveness of community-based service options in decreasing the use and duration of residential treatment. Travis and Brown Counties comprised the initial Texas Integrated Funding Initiative (TIFI).

This foundational work was influential in the success of Austin Travis County's 1998 application to the division of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) for federal funds to build a System of Care model of service delivery. In 1999, the Texas Legislature passed Senate Bill 1234 expanding the system of care effort through funding of TIFI to support more communities by launching a system of care service delivery approach. In 2002, El Paso and Ft. Worth became the next cohort of Texas sites funded by SAMHSA to develop Systems of Care communities. In October 2005, Harris County became the newest Texas community to assume a key role in mental health system transformation for children and families in Texas.

Wisconsin – Milwaukee

The Wraparound Initiative in Milwaukee, WI, has a contracted administrative core that subcontracts care to other agencies on a capitated HMO model. The program is approximately 10 years old. It operates on pooled funding (Medicaid, child welfare, juvenile justice) to serve all SED kids who cross multiple systems.

The program is run on an HMO model with all services subcontracted.

Case rate of \$4,200/youth/month.
Serving 900 children and youth.



Background on IT Systems

The information below was extracted with minimal edits from material provided by the vendors or developers.

ETO (Efforts to Outcomes)

Efforts-to-Outcome is a complete web-based solution for case management, data collection and reporting. ETO is set up to your specifications and can also be enhanced for special functions. The Maryland version has been modified to fit Wraparound.

ETO is built on a Microsoft platform--SQL Server, Web Services, etc. All that is needed from the client side is a computer that is running Internet Explorer browser.

ETO is a hosted solution. For Maryland, System Source of Hunts Valley, MD, supplies the data center. It is being used by over 6,000 non-profits/agencies to measure the impact of their programs; track clients across programs; aggregate data across programs and sites for timely reporting. ETO allows you to not only track data and outcomes related to your direct clients, but also families, staff, donors, volunteers and other third parties associated with your programs.

ETO customers that have services similar to Wraparound Oregon include:

- Treehouse (Seattle): services to foster kids.
- Harlem Children's Zone (NYC)
- Family & Children Services (Cambridge & Roxbury, MA)
- Silicon valley Community Foundation

In the Northwest, customers include: Center for Human Services, SAMHSA of Clark County , State of Oregon Competitive Employment Project, Oregon Advocacy Center, Tacoma Goodwill, Crystal Judson Family Justice Center, Seattle Goodwill, Treehouse, Low Income Housing Institute, Atlantic Street Center, and Friends of Youth. ETO has recently been awarded a contract by the Gates Foundation to implement ETO for the Washington State Thrive by 5 Initiative to improve pre-school readiness.

ETO license options:

- Professional License: allows for an unlimited number of programs with reporting by site/location providing the services. A site could be a city or county or region
- Limited Enterprise License: If outside agencies are providing services, this license allows for each agency to have a copy of your template implementation of ETO. The template is the specific implementation you want your partners to use to enter demographic, efforts/outcome data, assessments etc

The pricing below is assuming that Wraparound is a 501(c)(3).



- One-Time License for either Professional or Limited Enterprise: \$25,000

- One-Time Implementation Fee: this is dependent on number of programs, sites/agencies, users, form pages. But generally, it is in the ball park of \$8k-10k for the professional and \$10-12k for the limited enterprise.

- Annual Site/Agency Fees: \$995 per year per site or agency. This includes hosting, updates, and back-up of your ETO implementation; user support (email or phone), on-going user training (recorded sessions or live web sessions) and 5 unique userids per site. Additional userids are \$150 per user per year.

EScore

EScore and other application modules were developed by Ohio State University to aggregate data and assess statewide programs such as FAST (Family and System Teams). It has been extended to Wraparound capabilities as of late 2008. Counties may not be using the systems due to a dispute over data ownership.

The system includes tracking of payments and funding sources. It is based on collecting information in highly structured formats to assist in analysis, beginning with a screen to handle referrals. It employs an address-checker to be sure each address exists and is correctly formatted.

The Asset Inventory module collects assessment data for the following areas:

- Family -- The family module focuses on parents/guardians, other adults in the home, and extended family that are supportive of the youth; parent/guardian involvement in the youth's school; and monitoring of the youth's friends by adults in the home.
- Youth Development -- The youth development module is concerned with the youth's sense of belonging to family and community; a positive self image; and awareness of their behavior on others and consideration of the feelings of others.
- Peers -- The peer module focuses attention on the positive aspects of the youth's friendships with others. Questions focus on friends who are supportive, trustworthy, pro-social, and have positive regard for the youth.
- Leisure -- The leisure module gathers information about the types of activities the youth participates in.
- Community/Neighborhood -- The Community/Neighborhood module identifies positive adults or neighbors available to the youth. It also includes community work experience and participation in activities sponsored by faith organizations.
- School -- The school module identifies if there are school staff available to help the youth. This module also explores the youth's feelings related to enjoyment, learning, belonging, and connection to education and school.

The Case Planning module is used to enter information based on the assessment and referral information. It includes data on

- The "Active Youth" -- Once the GRAD assessment is completed the system will automatically score the assessment and provide the worker with a set of assessment



results. All assessment results are maintained for each individual youth/family on the youth report page. Assessment reports are time stamped with the date and the report (youth, adult, child or professional) for ease in reading and tracking reports.

- Case Plan and the Domain Selection Process -- If the user has conducted more than one GRAD assessment (i.e. youth, adult caregiver, or professional) for the current case, the system will require the user to make a decision about the perspective that will “drive” the case plan. Once the perspective is decided, the system will re-direct the user to the domain selection page of the case plan template. This perspective or domain is tied to the primary agency from which the child was referred.
- Selecting Issues -- to choose the presenting issues for the current domain selection.
- Building the Case Plan -- to build the case plan the user is asked to complete the overall objectives, the actions / programs / behaviors expected from the youth, the actions etc expected from agencies, and actions etc from the team members including family members.
- Progress Notes and Reporting -- Progress on the case plan can be recorded in the two-section progress notes area.. Section one is an open text box to enter information on domain specific progress. Section two is a scoring key for the user to make a professional judgment to quantify the youth’s progress on the domain for the programming period.

Licensing is based on number of users. To date approximately \$335K has been spent on development.

Multnomah County Wraparound

Oregon Wraparound, the pilot Wraparound program in Multnomah County, developed an IT system that is focused on a needs-based plan. It was originally developed at Albertina Kerr but has been supported, enhanced and hosted at ChristieCare for the last several years. It has been in use for the School Age Project for four years. It may be extended to the Early Childhood project and to the project for the Native American Rehabilitation Association.

The management information system centralizes information about the youth in Wraparound Oregon and information about their families and services provided. The database is a resource both for tracking the progress of individual cases and for analyzing the cost-effectiveness of various approaches to treating complex problems. It handles eligibility and registration, care plans, service/progress notes, and general reporting.

The Management Information System is a web-based, open source system with tight security features. It is based on MS SQLserver, ASP.Net, and VisualStudio.net. The system has been carefully designed to use language and fields that tie closely with the philosophy, values and beliefs of a wraparound System of Care approach to service delivery.

Initial reports include profiles of individual cases and summaries of services provided by the agencies involved. Users can run their own versions of these reports by selecting parameters to restrict data to what they need. As the system evolves, more detailed information will be added, links between various segments will be built, and the reports will become more complex.



Facilitators using the system report that it is well-tied to their care process but needs enhancement to make entering data more structured and direct. In the past reliability of data integrity has been an issue but it is believed that has been resolved.

The system records time spent on each service but does not as yet bill for those services.

Through December 2008, approximately \$70K has been spent in development and support.

SIMEO (Systematic Information Management for Education Outcomes)

SIMEO is used by the school systems in Illinois as a tool to assess and track factors for home risk, school risk, and community risk. It was initially developed for children with autism spectrum disorders

It includes the following

- Referral disposition tool
- Educational assessment tool
- Home school community tool
- Parent satisfaction tool
- Youth satisfaction tool
- Wraparound integrity tool

It is multidisciplinary and family-focused, designed to increase ability to access and use data to make decisions across initiatives

Synthesis

Synthesis is a comprehensive mental health care management application that manages nearly every aspect relating to the procurement of mental health services. Milwaukee serves approximately 1000 children per day involving 100 care coordinators; 220 provider agencies; 1800 providers – mentors, tutors, care providers – for serious emotional & health problems. It includes mobile crisis services.

The application is secure and web-based. It is written primarily in classic asp and utilizes SQL Server as the database. Other technologies that have roles within the application include Crystal Reports XI, javascript, COM (Wintertree), Asp.Net (report upload and viewer) and remote scripting (dynamic reporting).

The application was developed in Milwaukee, Wisconsin, starting in 1995 and is now also being used in the Cleveland, Ohio, area (Cuyahoga County), in Massachusetts, and in McHenry County, Illinois.

Subscription Options

- 75-User License - \$5,000 per month
- Over 75 Users - \$1,000 per month for each additional 50 users.



*The above prices are exclusive of hardware and internet service provider hosting fees. User-count is based on the number of active login I.D.s.

Source Code Purchase

Under a separate Agreement, purchase of the source code would be \$160,000. One-half of any monthly licensing payments made would be credited toward the purchase price.

Additional Service Options

Training/Support -- On-Site Staff Training - \$800 per day per trainer + expenses
Help Desk Support – \$500 per month

Developer Consultation / Enhancements --- \$800 per day + expenses (on site) or \$100 per hour per developer (phone support/consultation or system enhancements)

Synthesis Report Creation/Modification -- \$75 per hour

Data Conversion can be provided at an additional cost.

Above prices effective as of 12/1/08.

TCM (The Clinical Manager)

TCM was developed in Madison Wisconsin, as a system that was user friendly for the care coordinators, able to manage the clinical side (be a medical record) and also integrate the authorization of care. The goal was to make it seamless for the staff doing the work.

It is owned by Clinical Data Solutions, out of Chicago. Knute Rotto is a consultant for CDS and also has been an end user at Maryland Choices for 12 years.

It runs on the OMNIS software platform, a cross platform relational database. It requires people to know how to program in OMNIS to maintain it. However if you have staff who know SQL and understand query language you can get at ALL of the info in TCM without paying for the programmers to do it. For further information on OMNIS, see the omnis.net website.

TCM has various versions – Maryland uses MS SQLserver as the backend and then Metaframe for the web access for staff. The latest innovation is the integration of the CANS into the software so it is seamless for the care coordinators, yet allowing a clinical tool to measure progress and accountability thus strengthening the care planning process.

ValueOptions

ValueOptions runs on an ABSolute Information System Platform as an EMR on a DB2 database which is HIPAA compliant with SSL encrypted communications for provider access.



It is customized to meet specific client requirements as needed. The functionality has been highly customized for New Jersey Wraparound as well as providing unique access and forms for

1. Care Management Organizations (CMO)
2. Children's Crisis Intervention Services Providers (CCIS)
3. Division of Child Behavioral Health Services (DCBHS)
4. Division of Youth and Family Services (DYFS)
5. Family Support Organizations (FSO)
6. Family Functional Therapy Providers (FFT)
7. Mobile Response and Stabilization Services Providers (MRSS)
8. Multi-Systemic Therapy Providers (MST)
9. Out-of-Home Service Providers (OOH)
10. Partial Hospital Providers (PHP)
11. Unified Case Management Providers (UCM)
12. Youth Case Management Providers (YCM).

ValueOptions® has custom designed for NJ, 13 Demographic Fields, 8 Assessments, 10 Treatment Plans, 54 Progress Note Types, 2 Service Tracking Modules, and among the multiple ways of Managing Outcomes through treatment plans there is also a Child Assessment Outcomes Report. The application includes

- Statewide Electronic Behavioral Healthcare Record – accessible by all authorized DCBHS providers to access clinical treatment plans, progress notes and other supporting documentation
- Residential Bed Tracking with an RBT report is generated and sent to the DCF commissioner daily.
- Web Reports Portal.
- AutoFax Initial Needs Assessment forms into ABSolute by DYFS workers
- Eligibility Soundex Programming – developed business rules and programming to support matching a child's name, address, and Social Security Number to the Medicaid Eligibility System for authorization of services for children needing care. The major impact is in assisting providers with payment for services rendered.

ValueOptions® currently uses the ABSolute system in New Jersey and Connecticut. In addition, VO has another platform that is used in North Carolina, Colorado, Illinois and Massachusetts that encompasses the same functionality. ValueOptions® is not a software licensing company so the technology platforms are the infrastructure that supports Braided Funding and Managed Behavioral Health Care Services.

For reporting, VO has a three tier reporting system plan as outlined below.

1. Standard Reports (Unchangeable report file): VO presently provides production reports run automatically on a schedule using Microsoft Access and Microsoft BI tool reporting services. The results are e-mailed or made accessible through the Web-Report Portal with the ability to print, or view online with scrolling and downloading ability. Currently the reports portal supports the State users only. The Web Reports Portal infrastructure must be upgraded to support all providers and case management agencies if required by DCF/DCBHS. The case management agencies receive their report via email and do not currently access the Web Reports Portal.



2. Parameter Driven Reports (Reports with filters that change the report data): VO currently uses Microsoft Access and Microsoft BI suite product Reporting Services to generate production reports and also provide internal VO users with the ability to run parameterized reports with the ability to print and view the reports online, on a web browser with scrolling capability, and render the reporting into various formats, including spreadsheets, that can be saved by the user.

3. Ad Hoc Reporting (Building reports from scratch starting from the data tables and data Models.

Security is managed by role definition tied to job function after a request for access is approved. Access to information divided into “inquiry only” or “update.”. User changes are date stamped and identified with their user profile.