

Summit on Public/Private Partnership

Taking your Partnership One Step Further:
Cross-System Collaboration to Improve
Outcomes in your State
September 2nd, 2010

Key Drivers for why to Partner Across Systems

- Federal focus
 - Collaboration
 - Use of evidence informed/evidence based programs and practices
- Reduction in resources
- Increasing focus on consumer involvement
 - Family engagement/involvement
 - Family driven and youth guided care
- Increasing availability and use of technology/systems
- Increasing expectation of Accountability
- Focus on Outcomes

Key Drivers for why to Partner Across Systems

- Children and families touch multiple services/systems at the same time
- Services across systems are provided by the same providers yet different requirements for
 - reporting, licensing, outcomes, payment, forms, etc
- Increasing need for transparency
 - CFSR/PIP
- Continued attention brought through the media
 - focus on the negative

What you can leverage to get there

- Early childhood collaborations
- Recent Affordable Care Act
 - Home Visiting
 - Money Follows the Person
- Fostering Connection Act
- System of Care – mental health, child welfare
- Building Bridges Initiative (BBI)
- Other reform efforts – health care, mental health, education, juvenile justice
- Others?

Collaboration about what?

- Funding
- Licensing
- Federal requirements/policies
- Training
- Areas of focus
- Organizational culture
- Language
- Confidentiality
- Data/systems/forms

TAKING YOUR PARTNERSHIP ONE STEP FURTHER:

Cross-System Collaboration to
improve outcomes in your state

September 1-3, 2010 San Antonio, Texas

Jim Haveman, President
Haveman Group

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MY BIAS:

- Consumers will find a welcoming integrated and collaborative system that promotes health and wellness, resiliency, recovery and the right to control one's life while experiencing and exercising the benefits and responsibilities of being members of a community.
- A bold and navigable transformational system of health care at the state, regional and local level.
- A sustainable change that has enabling legislative action and review. Which will often warrant synchronized and realigned geographical boundaries with clear benchmarks for efficiency, transparency and accountability with the pooling , enhancement and integration of funds.

ROLES BETWEEN PRIVATE AND PUBLIC ORGANIZATIONS AND DEPARTMENTS MUST BE CLEARLY DEFINED.

STATE:

- Federal and State Legislative liaison and reporting
- Contract management and monitoring of performance
- Unique, state-wide services
- Lead for public policy issues
- State wide messaging and communication

PRIVATE:

- Assessments and performance plan
- Provide all services to children and the family
- Lead for collaborative partnerships
- Integrated Systems of Care
- Community Accountability

IMPACT OF THE AFFORDABLE HEALTH CARE ACT

- Millions of additional children on Medicaid and the Exchanges
- 96% of expanded services paid for by the new ACT for 10 years
- After 10 years the burden is on the states. There is no automatic increases in the federal match for undocumented immigrants nor a trigger for increases during tough economic times.
- Coverage immediately provided for young adults up to age 26
- No longer exclusions of coverage for children with pre-existing conditions up to age 19 (In 2014 ends the era of pre-existing conditions for anyone)

2014 IS NOW!

CHANGE WILL HAPPEN FAST

- Fee-for-service days for contracting soon will be over.
- Credentialed employees are one of the keys to future financial stability
- Little description of the intersection between traditional state child welfare policy and impact of the Affordable Health Care Act..

A lot of room for innovation and creativity
in PRIVATE / PUBLIC PARTNERSHIPS.

This is a time of unprecedented change.

- Mid-level funders, carve-outs, and small agencies not part of larger collaborative organizations or systems of care will slowly disappear.
- States cannot cut back CHIP programs until 2019.
- On January 1, 2014 State exchanges will be in operation.
- Product distribution will focus more on the consumer as the purchaser

THREATS TO PRIVATE AGENCIES

- Law suits by interested persons, advocacy groups and law firms
- Loss of champions in legislatures because of term limits
- Challenge to tell positive stories in the media
- State budget shortfalls and Uncertainty over traditional funding streams
- Responding to increased complexity can leads immobilization
- Limited or no collaboration and private/public partnerships
- Complexity and lack of clarity in the Affordable Health Care Act
- Resistance to change and complacency
- Effective and creative leaders -- where are they?
- Access challenges
- Refusal to adopt new IT systems
- Lack of a focus on a clear message.

EXAMPLES OF PRIVATE AND PUBLIC COLLABORATIVE ACTIVITIES IN KENT COUNTY, MICHIGAN.

The Collaboration in Kent County is between the Kent County Family and Children's Coordinating Council.

1. County of Kent putting \$1.8 million per year annually into prevention and early intervention programs.

One of the programs is attempts to keep abused or neglected children from being removed from their homes

MORE EXAMPLES OF PRIVATE AND PUBLIC COLLABORATIVE ACTIVITIES IN KENT COUNTY, MICHIGAN.

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2. Family friends and neighbors are working with Kent 4C, Salvation Army Booth, and Kent Intermediate School District agencies to provide reading and support groups to the children receiving family care day care stipends from State Department of Human Services. These are largely unregulated and the extended family, grandparents, friends that provide day care for these young children of Medicaid recipients who often do not have resources to provide the early education services.

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3. The First Steps Commission (www.firststepskent.org) championed at least two programs of significance:
 - The Children's Healthcare Access Program - a partnership between First Steps foundation grants and Priority Health, a state wide HMO, has provided financial incentives to selected physicians and clinics to increase access to primary care physicians to avoid unnecessary Emergency Room use -- especially in the areas of asthma and typical childhood issues such as ear infections. The program provides health coaches, transportation and financial incentives for primary care sites to extend their hours of operation and encourage services to be provided to the 16,000 Priority Health Medicaid covered lives of children and youth up to age 16. The services also include mental health referrals. This experiment was evaluated and determined to be a breakeven project, which is being considered for expansion.
 - The Welcome Home Baby program is providing universal access to all first time moms in Kent County, providing them with an in-home health screening and referrals to other services as needed, including services for health, child development, mental health and other basic need services.

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4. Kent School Service Network – KSSN (www.kentisd.org/kssn) is another project of the Kent County Family and Children's Coordinating Council. The multi-source-funded service provides screening and assessment, mental health, child welfare prevention, family welfare services, health care, after school services and juvenile court services that are coordinated on site at the school and available to all families in the school system. The service will be in 20 elementary, middle and high schools this fall and encourages community resources to be a support to schools.

OPPORTUNITIES

- Integrated service organizations
- Expand those who present at collaborative meetings
- Urgency brings opportunity for change and new partnerships
- Willingness to think regionally, and across boundaries
- Learn from others
- Focusing on community-based care
- Explore starting a charter school
- Medical home health-care models implemented
- Start at the end point
- Working with federal qualified health centers
- Negotiating performance contracts with incentives
- Money follows the person

MORE OPPORTUNITIES

- More science applied in the design of services
- Educating the public and policy makers
- Services in schools
- Prevention and early intervention
- Mergers and acquisitions
- Culturally and diversified organizations needed
- Welcome consumer participation
- Seize the best technology
- Prepare for managed care
- Leadership development
- Parity is real
- Advocate and influence the FUTURE

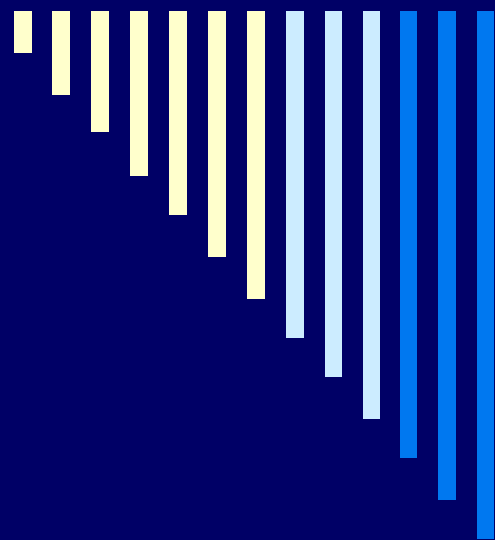
QUALITIES OF SUCCESSFUL PUBLIC/PRIVATE PARTNERSHIPS

- Leadership
- Community expectations clear
- Willingness and trust
- Open door to all to participate
- Transparency
- Letting go
- New assumptions
- Positive thinking
- Commitment to vision and mission and values
- Clear and measureable outcomes
- Welcome incentives
- Community ownership and sustainability
- Community driven -- not personality driven

WHATEVER YOU CAN DO, OR
DREAM YOU CAN, BEGIN IT.

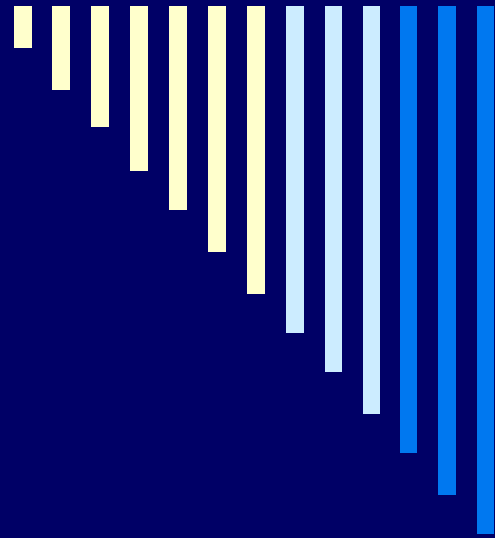
BOLDNESS HAS GENIUS,
POWER AND MAGIC IN IT!

-- Johann Wolfgang van Goethe!



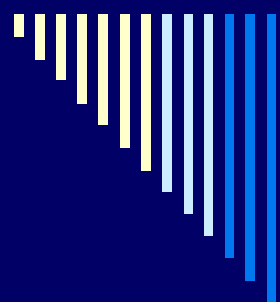
Summit on Public/Private Partnerships: Partnering with Families

Joe Anne Hust
Director of Family Involvement and Innovation
Family Involvement Center
Phoenix, Arizona



Is this collaboration...

Goals are defined by one group and then shared with another group?

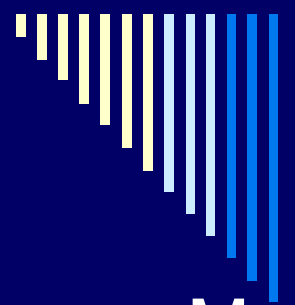


Collaborative Partnerships

“Equal partners does not mean that parents and professionals assume each others roles, but rather respect each others roles and contributions.

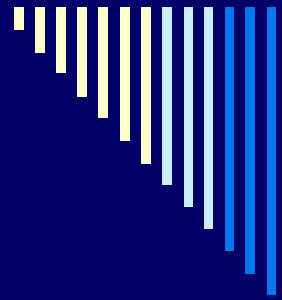
While professionals bring technical knowledge and expertise to the relationship, parents offer the most intimate knowledge of their children, and often special skills.”

(Allen & Petr, 1995)



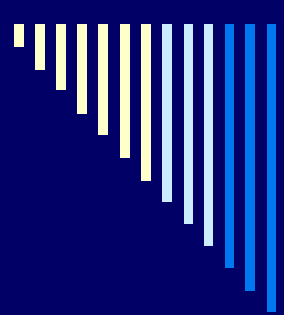
Key Elements of Partnering with Families

- ❑ Mutual respect for skills and knowledge
- ❑ Honest and clear communication
- ❑ Understanding and empathy
- ❑ Mutually agreed upon goals
- ❑ Shared planning and decision making
- ❑ Open and two-way sharing of information
- ❑ Accessibility and responsiveness
- ❑ Joint evaluation of progress
- ❑ Absence of labeling and blaming



Challenges to Effective Partnerships

- ❑ People Paid to Be With Each Other
- ❑ Having Own Agenda
- ❑ Blaming or Judgmental Attitude
- ❑ Language or Cultural Barriers
- ❑ Deadlines
- ❑ Outside Mandates
- ❑ Power Struggles



Does Family Partnership Impact Child and Family Outcomes?

- Family participation in schools is associated with children's enhanced academic performance and school competence
- Active involvement of parents in educational planning contributes to better outcomes for children with autism
- Youth with behavior problems whose parents participated in a program of intensive family support and intervention showed improvements in behavior, grade point average, attendance, and drop out rates as compared to a program that did not include parent participation



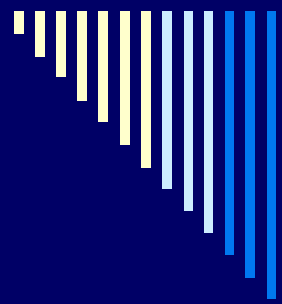
Does Family Partnership Impact Service Delivery?

- ❑ Family partnership appears to reduce the length of stay in foster care, residential treatment, and psychiatric hospitals
- ❑ Family partnership has been shown to improve child well being.
- ❑ Professionals offered more appropriate and relevant services to families that participated in their child's care
- ❑ Family participation may make service provider's jobs easier, which may result in better outcomes
- ❑ Family participation may change the family's approach to treatment



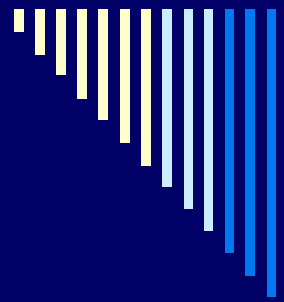
Perceived Risk of Family Involvement – Professional Perspective

- ❑ I'm afraid to have to answer to my boss for a decision I didn't make
- ❑ I'm afraid of losing my professional identity – status – ownership of the expertise
- ❑ If families take over we'll all lose our jobs
- ❑ If partnering with families doesn't work, I'll be seen as incompetent and a traitor to my profession
- ❑ I'm afraid a family will hurt their child and I'll be blamed for trying to collaborate with them
- ❑ I fear families only see us as our roles, not as human beings



Perceived Risk of Family Involvement – Family Perspective

- I'm afraid of losing custody of my child if I make too much trouble
- I'm afraid my child's provider will be angry with me and reject us
- I'm afraid family voice will not make a difference
- I'm afraid of feeling like a failure
- I'm afraid of being blamed for my child's problems

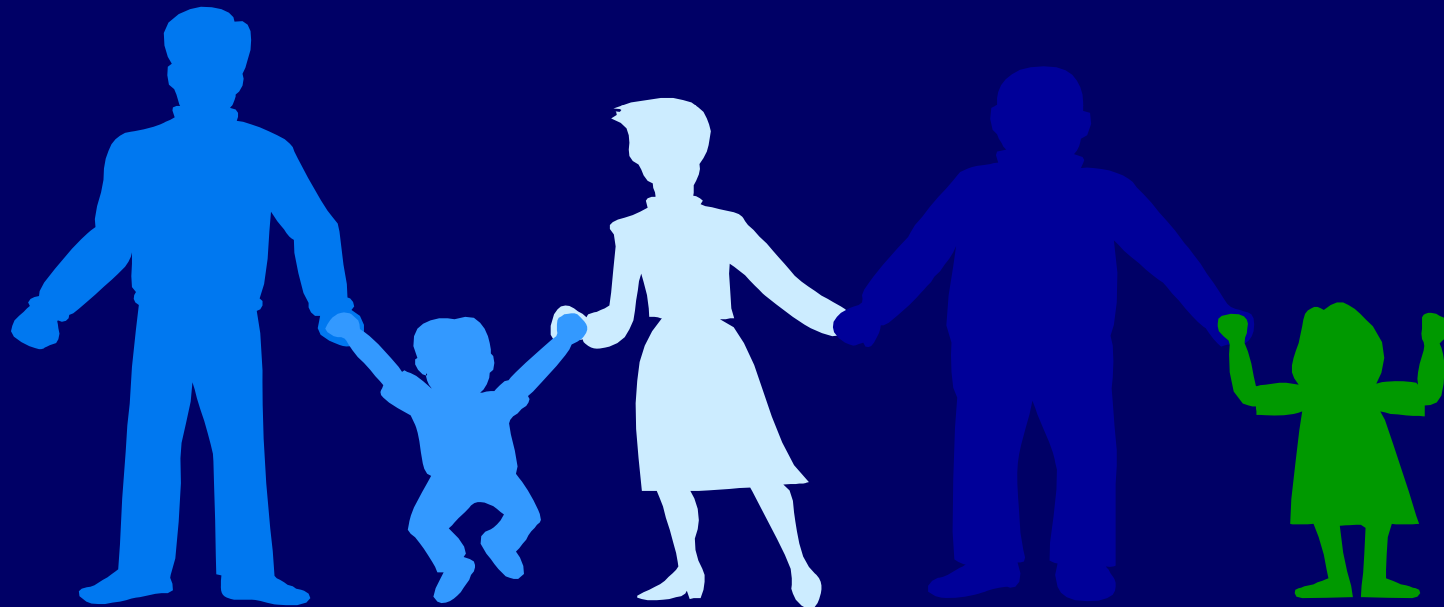


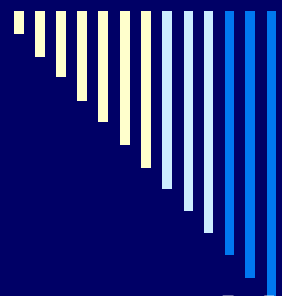
Mutual Themes Between Families & Professionals

- ❑ Fear of losing power and control
- ❑ Fear of having responsibility without authority
- ❑ Fear of loss of personal & professional identity and value
- ❑ Fear of being seen as incompetent
- ❑ Fear of isolation – of being excluded
- ❑ Fear of a child getting hurt



What elements contribute to effective partnerships?





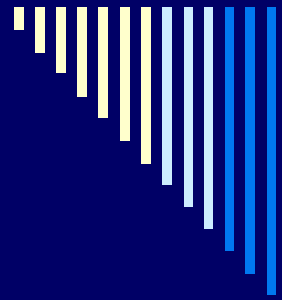
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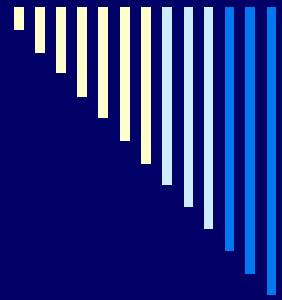
Common Mistakes in Building Partnerships

- ❑ Mistaking anger for abuse
- ❑ Keeping the parent in the “served” position/keeping the professional in the “powered” position
- ❑ Confusing barriers and boundaries
- ❑ Telling the “wrong” stories
- ❑ Mixing up service and support
- ❑ Denying differences
- ❑ Assigning motivation and intent
 - Remember that all bias is learned and unintentional
- ❑ Minimizing complexity



Key Tips for Approaching Parents

- Non-judgmental
- You don't have to think alike
- Ask them to join with you
- Value their input
- Treat them as equals
- Work together
- Facilitate involvement: time, location, childcare



How Can You Partner with Families

- ❑ Welcome families into the process respectfully
- ❑ Ask families for their opinions about their child
- ❑ Involve parents in decision making about their child and include them as an active participant
- ❑ Communicate with parents honestly and openly



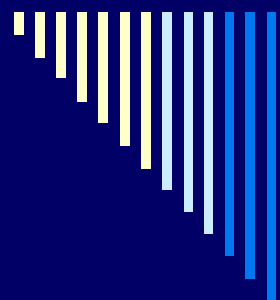
Top Ten Ways to Ruin Collaboration with Families

10. Schedule meetings during regular business hours...even if the parent works those hours
9. Ask the parent to leave the room for a portion of the meeting so that staff can “talk openly”
8. Use jargon, acronyms, and technical language
7. Say the parent cannot be informed because it will violate the child’s confidentiality
6. Call her “mother” (even though she is too young to be YOUR mother) and refer to yourself as “Dr./Mr./Ms. Smith”



Top Ten Ways to Ruin Collaboration with Families

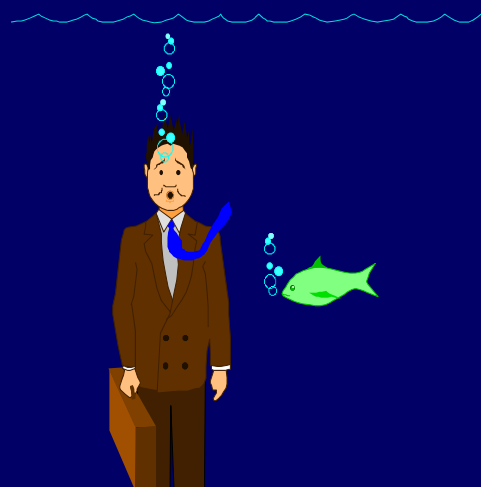
5. Refuse to have the Parent's partner in the meeting since they are not married...or refer to him/her as the "paramour" or "significant other"
4. Assume that because the provider recommended it the family has enough money to do it
3. If the parent doesn't agree, label them non-compliant, resistive, or dysfunctional. If they do, label them over dependent, passive, or dysfunctional
2. Suggest that yet another parent training class might be useful
1. Ask if insanity runs in the family

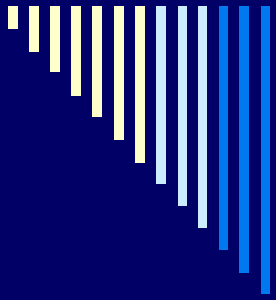


How to Stop Effective Collaboration

(With apologies to Steven Covey)

- ❑ **Find someone to blame**
 - ❑ (It's probably their fault.)
- ❑ **Avoid setting goals**
 - ❑ (They'll just change anyway.)
- ❑ **Stay in crisis mode**
 - ❑ (That way you'll always look busy.)
- ❑ **Think win/lose**
 - ❑ (It's a dog eat dog world.)
- ❑ **Seek first to be understood**
 - ❑ (Although no one really does.)
- ❑ **Seek quick compromises**
 - ❑ (That way you can move on to the next crisis.)
- ❑ **Fear change & put off improvement**
 - ❑ (The next fad is right around the corner.)





Questions

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