

ARRA Crossing Borders Consortium Initiative

2010-2011

Wisconsin Department of Health Services

Waisman Center

CESA #5

Purpose of Initiative

- Improving upon our good work with children and families around relationship-based intervention in the natural environments using evidenced-based practices
 - We are moving together into a change of practice, or possibly refinement of current practices, that will unfold over the next seventeen months within the county consortia projects and that will continue with sustainability after ARRA funds are expended.

Celebrate Your Work

- Principles and Values
- Each team member brings something unique and valuable to the work of children and families
 - Expertise is invaluable
 - We are better together
- What are you most proud of in your Birth to 3 program?

Building on Existing Capacity

- With the help of your facilitator, begin exploring the big ideas from your Letters of Intent
- Consider concepts, the evidence and how it fits with where your program is in your practice
- Refinement of practice can begin with what you already have in place, what are the platforms on which to build?
- Integrate Consortium work into ongoing program development (PIPs)
- Create parallels to your work with families

Process

- Major Commitments to ARRA (Border Check Point: Timeline of Activities)

1. First Consortium Team Meetings

Baseline data – surveys will be provided, gather information from individuals with help of facilitator to identify common ground and priorities within the consortium, as a place to start

2. Monthly contacts – leaders and facilitators

3. Build team capacity

4. Examination of practice

5. Willingness to try new ideas

**Where do we begin
and how do we get
“there”**



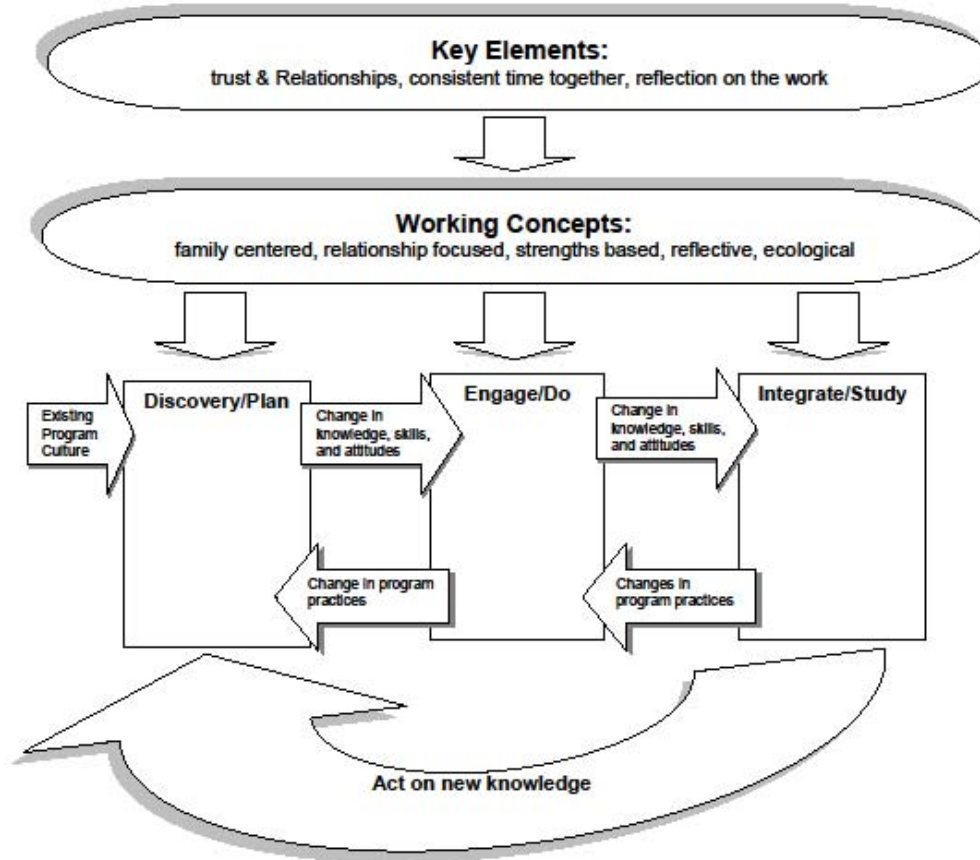
BABY STEPS

Rapid Cycle Change Process: Plan Do Study Act

- Baseline data collection
- Concrete action
- Examination of process
 - Discovery/Plan
 - Engage/Do
 - Integrate/Study
 - Act on new knowledge
- Results and Accountability

Model for professional and Organizational Change

Wisconsin ARRA Consortium Initiative



Developed by: Karen Wollenburg, (January 2010)

Model for Improvement

What are we trying to accomplish?

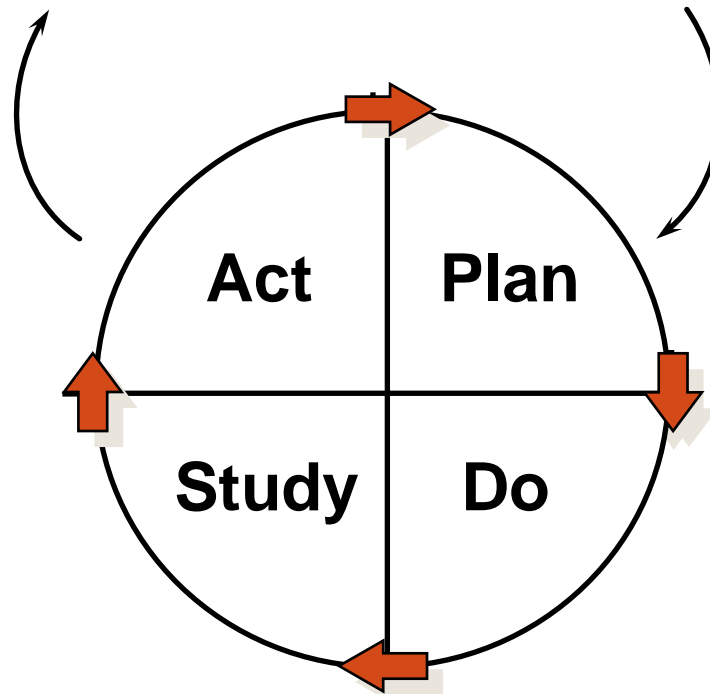
Aim

How will we know that a change is an improvement?

Measures

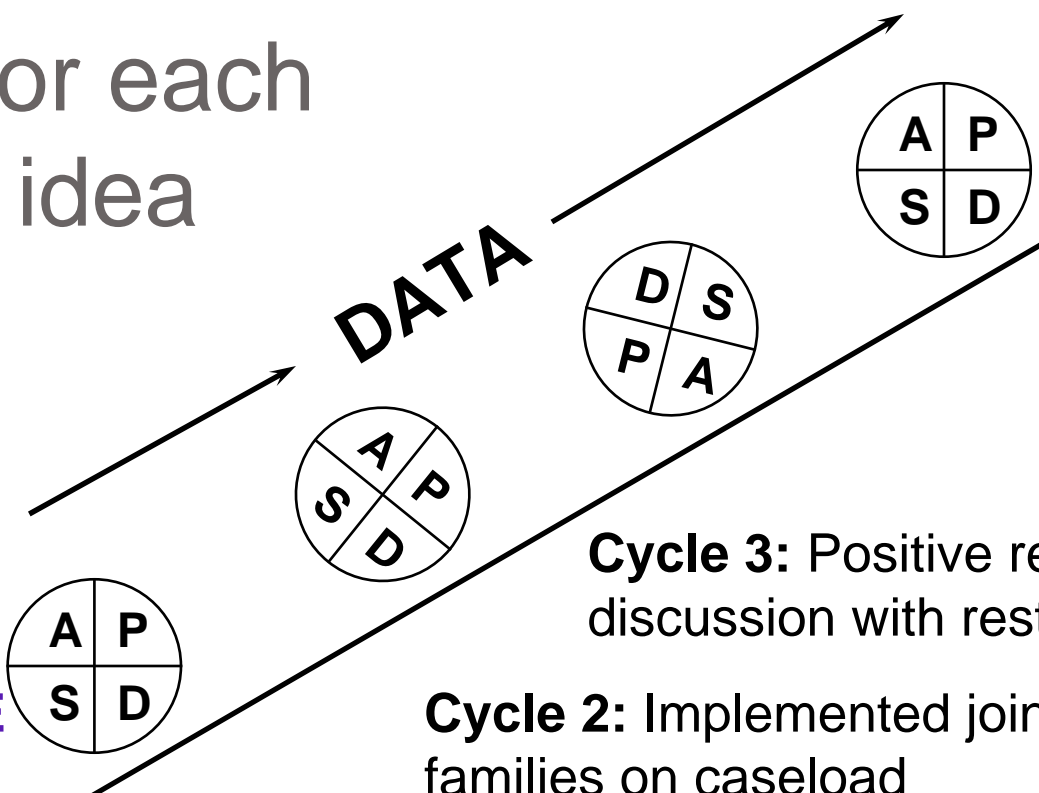
What change can we make that will result in improvement?

Ideas



Build knowledge sequentially with multiple PDSA cycles for each change idea

Changes That Result in Improvement



EXAMPLE
Implement one characteristic of coaching

Cycle 1: Leadership conference led to discussion of joint planning

Cycle 2: Implemented joint planning with two families on caseload

Cycle 3: Positive results led to bigger discussion with rest of team

Cycle 4: Other team members implemented joint planning with full caseloads

Stories from the field

- Northern Region: Leaders take joint planning idea back to the full team (Rene')
- Southern Region: Communication between family and team through various means to capture the family's own impact (Michelle)

Practice – Getting Started

- Consortium leads meet with “Border Guide” facilitator (WPDP or RESource) to define major outcomes
- Meet as a full consortium with facilitator to review big ideas
- Complete Baseline data
- Discuss implementing one characteristic in a rapid cycle change process within individual counties
- Think about what can you do in practice that does not require fiscal changes (writing outcomes around routines, use intentional language: coaching vs. therapy)
- Determine how to follow-up to review process and plan next rapid cycle change process (consortium leads and facilitators will meet monthly)

Buy-in from Community and Stakeholders

- Who do we think needs to “buy in”?
Families, consumers, child care community, physicians, other referral sources
- Why is this important?
 - Address confusion over changes in practice
 - Eliminate conflicting messages from referral sources around “what to expect”
 - Transparency around reasons for practice change and “evidence-based”
 - Preparation of families

Stakeholder Buy-in

- How to we gain input to ensure buy-in?

Invite stakeholders to be a part of team discussions, open forums, listening sessions, create new products in order to describe the work

Timelines

- April Institute Applications due March 5
- Consortia leaders meet with facilitators in March (Leaders will meet at least monthly)
- First consortium full team meeting scheduled by end of April (full consortium will meet at least quarterly)
- Mentor Applications due June 2010
- Budget and work plans due July 1 with help from facilitator to consortia leads
- Some additional funding will be available in June to include in the budget submittal
- Quarterly Reporting of ARRA Consortium dollars

Intensive Institute on Evidence-Based Practices

- 8-10 teams from throughout the state
- Requirements:
 1. team commitment (7 representatives)
 2. team readiness (joint visits, weekly meetings with the local team “doing the work”, maintaining coaching logs)
 3. using coaching as the interaction style with parents and colleagues
 4. using a primary service provider approach as the structure for teaming
- Objectives:
 - Come together to learn more about coaching, practice back home, document process, share with others in your consortium, “walk the talk” with support and TA over six months
- Possibility of a second Intensive Institute for consortia not included in first Institute, in late fall of 2010, led by State Experts

Intensive Institute (continued)

- Costs:
 - no registration fee
 - meals to be provided
 - lodging will be provided, travel expenses should be paid out of your county consortia funds
- Application due on March 5, 2010

Mentors

- Consortia work is diverse, mentors may apply for a specific “topic” of expertise: PSP and coaching, SEFEL, fiscal, etc
- Mentors and local experts will be selected by application by June 2010
- Stipends will be provided to mentors, contingent on delivery of defined mentoring activities
- Mentors will be linked with county consortium projects through topic areas
- Some “mentors in training” will evolve naturally from the Institute process with Shelden and Rush
- Mentors will attend relevant training and TA events around PSP and coaching OR relevant topic of expertise (CSEFEL, fiscal, infant mental health, etc).

Ongoing Budget Discussions around Practice

- Scheduling dynamics for efficient and practical use of staff within a teaming approach: how many children could be seen within a week by one discipline, how many joint visits might be anticipated, how does the team convene for meetings (face to face, e-mail, phone)? And does this impact billable hours for any specific discipline?
- How are joint visits and team meetings factored into a billing structure that does not currently accommodate that? Predictability of average number of visits a single child may require related to the outcomes on the IFSP (aka number of total billing units per month)?
- Considerations of continuation with contracted staff versus bringing staff "in house"? Considerations of contract language changes to include other expected participation by team members (aka team meetings, joint visits)?

Ongoing Budget Discussions Around Practice

- All of these fiscal realities will be addressed as a part of our work together over the next seventeen months. Of interest, recent research (soon to be published) by Shelden and Rush documents billable hours appear to remain fairly stable while accommodating a larger number of children, and reducing administrative oversight costs.
- Of further importance, the additional anticipated Medicaid resources through Special Educator billing and un-reimbursed therapy returns should free up Part C funds typically utilized to pay for these costs to help reimburse the team meeting and/or joint visit time.

Staying Connected & Communicating

- Opportunities within routines (networking meetings, pocket meetings)
- Consortium Blog
- Wislines
- Regional Meetings
- Leadership Events
- DHS State Team, WPDP, RESource Staff, State Mentors

Ambiguity

- Consortia work is a process that is evolving
- “Ah ha” moments will occur along the way
- “Provocative propositions” (Appreciative Inquiry term) express the best of what has been in the present tense and the best of what can be
- Transformation comes with confusion
 - Embrace some comfort in being clumsy
 - Anticipate some awkwardness in new ways of being with or talking with families
 - Expect some angst in not having all the answers
 - Take time to develop trust in the team behind you

Questions?



Acknowledgments

- Michelle Davies, CESA 5
- Carol Noddings-Eichinger, WPDP
- Rene' Forsythe, RESource Facilitator
- Elizabeth Seeliger, DHS
- Linda Tuchman, WPDP
- Elizabeth Wahl, WPDP
- Karen Wollenburg, ARRA Consortium Facilitator