System of Care Wraparound Initiative

Oregon Health Plan

March 2016

Table of Contents

Introduction 4

Background 4

Overview of System of Care in Oregon 5

Overview of Wraparound in Oregon 5

Definitions 6

Target Population 9

Foundational Criteria for Implementation 9

System of Care Wraparound Initiative Best Practice Responsibilities 11

Governance Structure 11

SOCWI Governance in the Local/Regional area covered by the CCO 11

Training and Workforce Development 12

Supervision and Coaching 13

Service Array 14

Family and Youth Orientation to Wraparound 14

Required Documentation 14

Eligibility Criteria 15

Funding 15

Utilization Review 16

Fidelity Implementation 16

Fidelity Monitoring 17

Data Collection/Submission and Key Outcome Measures 17

Reporting Requirements 18

Resources 20

Appendix : RFGA (2013) 21

Appendix: SOCWI Partner Contact Information/Map 39

Introduction

The purpose of this document is to provide Coordinated Care Organizations (CCOs), Mental Health Organizations (MHOs), Community Mental Health Programs (CMHPs), other subcontractors of the CCOs, and administrative staff with guidance on System of Care Wraparound model and requirements including coding and billing information[1]. This document will be updated as appropriate to reflect the ongoing changes in policy and regulation.

Background

The System of Care Wraparound Initiative (SOCWI or "expansion") planning process coordinates and integrates care for youth with complex behavioral health needs, and is informed by system of care values as listed below:

- individualized care that is tailored to the unique needs and preferences of the youth and family;
- family and youth inclusion at every level of the clinical process and system development;
- collaboration between multiple child-serving agencies and integration of services across agencies;
- provision of culturally responsive services; and
- youth are served in their communities, or the least restrictive setting that meets their clinical needs, through providing a continuum of formal treatment and community-based supports.

The development of the SOCWI process model used in Oregon has been shaped by a unique combination of local, state, and federal innovations; contributions from individual consultants and researchers; and influential local, state, and national family organizations. Systems of Care Wraparound Initiative serves relevant populations of Oregon's youth through a model reflecting the values and principles set forth in ORS 418.975[2] and in nationally recognized standards[3,4]. Establishing an integrated system of care in Oregon requires that communities have demonstrated the ability to:

- support families and youth as primary decision-makers in the development, implementation, and modification of the local system of care;
- create partnerships to facilitate systemic planning;
- establish a process for decision-making and oversight;

---

[1] http://www.oregon.gov/oha/healthplan/pages/feeschedule.aspx

[2] http://www.oregon.gov/oha/amh/wraparound/statute-language.pdf

[3] http://www.tapartnership.org/docs/UpdatingTheSOCConcept2010.pdf

[4] http://nwi.pdx.edu/NWI-book/Chapters/Bruns-5e.4-wraparound-is-worth-doing-well.pdf

- coordinate and sustain funding;
- ensure quality assurance and utilization management; and
- access information technology systems for data monitoring ; monitor outcomes; and evaluate effectiveness.

Overview of System of Care in Oregon

A System of Care (SOC) is a coordinated network of community-based services and supports characterized by individualized care, and a wide array of services that are provided within the least restrictive environment, collaboration with system partners, full participation and partnerships with families and youth, coordination among child-serving agencies and programs, with cultural and linguistic responsiveness.

Funding of the Oregon SOCWI expansion commenced with the use of Medicaid funds and General Fund match in 2014. It built on the Statewide Children's Wraparound Initiative established through legislation in 2009. Continuity of care and continued enrollment in Oregon Health Plan (OHP) Coordinated Care Organizations is prioritized for those served. As the expansion progresses evaluation of numbers of children realistically in need, and resources needed for further population expansion are ongoing.

Grants were initially awarded to 13 CCOs in frontier, rural and urban settings, to expand the SOCWI model in Oregon, and to continue to create a statewide System of Care[5]. In regions where there is more than one CCO, all CCOs were encouraged to apply to ensure continuity of care for clients, efficiency and consistency for system partners and to reduce plan switching for the highest need and most complex youth. The Health Systems Division of OHA is proceeding with implementing SOCWI within all regions statewide in 2016.

Overview of Wraparound in Oregon

Wraparound is an intensive care coordination process for youth with emotional and behavioral disorders who are involved in multiple systems. These systems include mental health, addictions, child welfare, intellectual/developmental disabilities, juvenile justice and education. Wraparound is a team-based, strengths-based process that organizes a youth- and family-driven system of services and supports.

[5] http://www.oregon.gov/oha/amh/pages/mhinvestments.aspx

Services and natural supports are individualized for a youth and family to achieve a positive set of outcomes.

House Bill 2144 became law in 2009, creating the Statewide Children's Wraparound Initiative (SCWI). Its passage was the result of years of hard work and advocacy by youth, families, treatment providers, local and state agencies. The initiative has delivered better outcomes at lower cost by supporting the integration and reorganization of state health care services. It has provided a foundation supportive of health system transformation. It also supports changes in the structure and mission of state agencies that provide social services, education, and juvenile justice. The statute identifies the Oregon Department of Human Services, the Health Authority, Department of Education and Youth Authority as partners in implementing the initiative.

Definitions

Care Coordination: means the act of developing and organizing Child and Family Teams to identify strengths and to assess and meet the needs of youth with complex behavioral health problems and their families. Wraparound Care Coordination involves coordinating services such as access to assessments and treatment services and coordinating services and supports across the multitude of systems with which the youth is involved.

Caregiver: A family member or paid helper who provides direct care for the identified youth.

CANS: Child and Adolescent Needs and Strengths Assessment (CANS) is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. It was developed from a communication perspective so as to facilitate the linkage between the assessment process and the design of individualized service plans, including the application of evidence-based practices. More information is available at: www.praedfoundation.org

Child and Family Team: A group of people who are chosen with the family and connected to them through natural, community, and formal support relationships and who develop and implement the family's plan, address unmet needs, and work toward the family's vision and team mission.

Crisis and Safety Plan: A family friendly, one to two page document that the Wraparound team creates to address potential crises that could occur for the youth and their family and to ensure everyone's safety. It should include 24/7 response, formal and natural supports, respite/back-up care, details of what leads to crises, successful strategies that have worked in the past, as well as strengths-based strategies that prevent and avoid escalation toward a crisis.

Family: People who are committed, "forever" individuals in the identified youth's life with whom the youth also recognizes as family; a family is defined by its members, and each family defines itself.

Family Organization: A family run and family led grass roots, non-profit community organization providing connection, empowerment and education to families and their communities to assure improved outcomes for youth experiencing significant behavioral health challenges. Family organizations fulfill a significant role in facilitating family voice in local, state and national policy making.

Family Partner: A Certified Family Support Specialist (ORS 410-180) is a formal member of the Wraparound team whose role is to support the family and help them engage and actively participate on the team, make informed decisions that drive the Wraparound process, and communicate effectively with family members, their support system, and agency representatives. Family partners serve as facilitators, information brokers, coaches and they provide individual support. They are flexible and fill varied roles as requested by the family members. They assist families to maintain hope and wellness.

Family Search and Engagement: Family Search and Engagement is a structured model to build permanent, caring relationships for the youth, who otherwise would not have a permanent family, by helping adults make realistic decisions on how to be involved in a youth's life. The goal of Family Search and Engagement (FSE) is permanency, through reunification, guardianship, adoption or another form of permanent commitment.

Fidelity: Fidelity means the extent to which a program adheres to the evidence based practice model. Fidelity to the Wraparound Initiative model means that an organization participates in measuring whether wraparound is being implemented to fidelity, and will require, at a minimum, assessing (1) adherence to the principles of wraparound, (2) whether the basic activities of facilitating a wraparound process are occurring, and (3) providing supports at the organizational and system level. Fidelity to the Wraparound Initiative model is measured using the Wraparound Fidelity Index and other tools such as the Team Observation Measure (TOM) that are part of the Wraparound Fidelity Assessment System (WFAS). Information on Fidelity monitoring tools for Wraparound is available here: http://depts.washington.edu/wrapeval/WFI.html.

Flexible Funding: is funding utilized to purchase any variety of one-time or occasional goods or services needed for the youth and/or their family, when the goods or services cannot be purchased by any other funding source, and the service or good is directly tied to meeting an outcome and need. Also called flex funds, or discretionary funds. This is distinct from, and in addition to, Medicaid flexible services. Flexible funding should be available to support and purchase a range of options for and with the family.

Natural supports: Individuals or organizations in the family's own community, social, cultural or spiritual networks, such as friends, extended family members, ministers, neighbors, and other supportive individuals as identified by the family.

System of Care: is a coordinated network of community-based services and supports characterized by individualized care, and a wide array of services provided within the least restrictive environment, full participation and partnerships with families and youth, coordination and collaboration among child-serving agencies and programs, and cultural and linguistic responsiveness.

Wraparound: is a definable planning process that results in a unique set of community services and natural supports that are individualized for a youth and family to achieve a positive set of outcomes.

Wraparound Care Coordinator: One who has completed, or is completing, the requirements outlined in Section 3 of the *Oregon Best Practice Guidelines*[6]. A formal member of the Wraparound team who is specially trained to coordinate and facilitate the Wraparound process for an individual family. This person is called a Wraparound Care Coordinator. The person in this role may change over time, depending on what the family thinks works best. For example, a parent, caregiver, youth or other team member may take over facilitating CFT meetings after a period of time and experience.

Wraparound Plan of Care: A dynamic document that describes the family, the team, and the work to be undertaken to meet the family's needs, achieve the team mission and work toward the family's long-term vision. Additional specifics are included in the *Oregon Best Practice Guide* in the section titled *Planning Elements* and in *Section 3: Plan of Care Elements*. [7]

Youth: The statewide-accepted term to describe children, adolescents, teenagers, and young adults.

Youth Organization: A youth-led non-profit organization dedicated to improving the services and systems that foster and promote positive growth of youth and young adults. By utilizing peer support and uniting the voices of individuals who have experienced obstacles in child-serving systems, Youth Organizations ensure that youth voices are represented at all levels of policy and practice.

Youth Partner: A Certified Youth Support Specialist (ORS 410-180) is a formal member of the Wraparound team, has the role to support youth and help them engage, actively participate on the team and make informed decisions that drive the Wraparound process. What family partners do for adult family members, youth partners do for young persons. Many youth partners needed or have received services like those found in Wraparound. Others have participated in plans for their brothers, sisters, or parents. Their personal experience helps them understand how to effectively reach out to young people. They serve as

---

[6] See https://www.pdx.edu/ccf/sites/www.pdx.edu.ccf/files/Best%20Practice%20Guide%20Version%201.0.pdf

[7] See https://www.pdx.edu/ccf/sites/www.pdx.edu.ccf/files/Best%20Practice%20Guide%20Version%201.0.pdf

mentors and coaches. Like family partners, they are flexible and fill varied roles as requested by the youth. They assist youth to maintain hope and wellness.

Target Population

Youth 0 through 17 years of age, who have touched two or more child-serving systems including Child Welfare, youth on probation served by Juvenile Justice, youth in the custody of the Oregon Youth Authority, youth who receive Special Education services through the Oregon Department of Education, youth served by Developmental Disabilities services and Addictions and/or Mental Health. The youth served will have received a mental health assessment and are evaluated to have behavioral, emotional and /or mental health conditions severe enough to warrant direct entry into a specialized treatment service and support system or that would otherwise not meet the criteria outlined above, and their families. Young adults who have entered prior to their 18th birthday will remain served by the expansion after they turn 18.

Fidelity Based Wraparound Care Coordination shall be provided for youth 17 and younger who are placed in the Secure Adolescent Inpatient Program (SAIP), Secure Children's Inpatient Program (SCIP), Psychiatric Residential Treatment Services or the Commercial Sexually Exploited Children's residential program funded by OHA, Health Systems Division, and youth meeting local/regional System of Care Wraparound Initiative entry criteria[8]. Local/regional System of Care Wraparound Initiative entry criteria are established by the local/regional Review Committee.

Foundational Criteria for SOCWI Implementation

The following criteria are considered necessary for effective System of Care Wraparound implementation, and can guide communities in evaluating strengths and areas needing improvement to achieve a workable System of Care using the Wraparound model[9]:

- Evaluate prior and current collaborative efforts by community partners to develop a local system of care based on System of Care values, principles, and Wraparound planning processes.

---

[8] http://www.oregon.gov/oha/OHPB/docs/2016_CCO_Model_Contract.pdf

[9]CCO regions that applied for initial grant funding in 2013 would have included this information in their application. It is considered a guide for other regions.

- Clearly identify one point of contact within the CCO who will work with OHA on matters related to funding, fidelity to the Wraparound Initiative model and barriers to implementation of System of Care principles.
- Estimate the number of youth to be served on an annual basis. Outline a draft financial plan that evaluates both the monetary and in-kind resources from the CCO and other system partners that are directed to the site and population of youth identified. Examine how funding will be made available for a diversified array of services and supports, including flexible funding. Explore how the CCO will determine and monitor the cost of care per child.
- Examine how the CCO will adapt the current model of care so that services are provided in a manner compatible with a family's cultural beliefs, practices, literacy skills, and language. Identify the gaps in available culturally relevant community services and supports, plans to address the gaps, and existing availability of culturally specific and informed services.
- Identify access to health care services (such as primary care, medication management, mental health and addictions treatment) that are the responsibility of the CCO. Evaluate the efforts of the CCO to integrate behavioral and physical health care.
- Explore how the CCO will implement a governance structure that incorporates the functions of a system of care, including Memoranda of Understanding (MOUs) with system partners, and the formation of an advisory/steering committee to include child welfare, juvenile justice, Oregon Youth Authority, developmental disabilities, mental health and addiction agencies, providers and family and youth advocacy organizations and other child-serving entities.
- Establish a Review Committee comprised of families, youth and system partners, to prioritize and approve participation prior to entry into services and supports, and adhere to federal and state confidentiality requirements. The Review Committee will establish local criteria for inclusion in the System of Care Wraparound Initiative.
- Grant the child and family team the authority to authorize services identified through wraparound initiative planning process that includes a strengths-based needs assessment, child and family team facilitation, and care coordination.
- Establish a delivery system that partners with family members and youth to be primary decision makers and ensure that planning, development, and implementation of the local system of care is family and youth driven. Include family member/youth participation on child and family teams and provision of peer support/peer delivered services to families/youth participating on child and family teams.
- Include family and youth participation at all levels of governance.

System of Care Wraparound Initiative Best Practice Responsibilities

This section outlines the vision of the Oregon Health Authority for a functional System of Care. It incorporates System of Care national research contributing to best practices.

Governance Structure:

Statewide Children's Wraparound Initiative Advisory Committee: has been instituted as established under ORS 418.975. The committee is the governance authority for the expansion at a statewide level, and will have a parallel at the local level coordinated by the Coordinated Care Organizations (CCOs). This committee advises on policy development, financing, implementation, outcomes, and provides overall oversight. It uses a shared decision-making approach within the existing framework of state regulations and policies of the funding agencies. The committee consists of representatives of partner agencies, local service providers, youth and families, and advocacy organizations and has relevant cultural, ethnic, and geographic representation. At the state level, it is affiliated and joined with the Health Systems Division Children's System Advisory Committee.

State Implementation Team: State level representatives of systems including Oregon Family Support Network, Oregon Health Authority, Department of Human Services Child Welfare, Oregon Youth Authority, Oregon Department of Education, YouthMOVE, Juvenile Justice and Department of Human Services-Intellectual/Developmental Disabilities. This group is responsible for removing barriers at the statewide level.

SOCWI Governance in the Local/Regional area covered by the CCO

The goal is to insure meaningful family and youth voice and strive for membership at all levels of Governance to be 51% family and youth who are adequately prepared for participation. Meetings will be held at times to ensure meaningful family and youth participation. Families and youth are included in all phases – design, implementation, and oversight of policies, programs, and evaluation. Supports for meaningful family and youth involvement (childcare, mileage, stipends, etc.) are made available as needed.

The functions described below provide mechanisms for a local system's governance.

Executive Committee: Local communities are strongly encouraged to create an executive level System of Care group to direct and lead the expansion implementation locally. This group is comprised of the individuals who have authority to control spending decisions for their agencies and lead the local initiative,

including the Family-run Organization Director, Directors, Judges, CCO Executive, Physicians, and the Youth-run Organization Director. This group sets the strategic directions for local SOC and Wraparound, removes barriers at the policy, finance and design level and creates "one voice" to inform the State Implementation Team.

Advisory/Steering Committee[10]: This committee advises policy development, financing, implementation, reviews outcomes, and provides overall oversight using a shared decision-making model. This group will consist of mid-level managers representing coordinated care organizations, service delivery providers, partner agencies, youth and families, advocacy organizations and have relevant cultural, ethnic and geographic representation. This group resolves barriers brought by the practice level and makes recommendations to the Executive Level. The committee operates within the existing framework of state regulations and policies of the funding agencies.

Practice Level Workgroup: A group of cross sector supervisors, including Family/Youth Partner Supervisors, of those on Child and Family Teams who work to collectively address issues that arise at the practice level and remove barriers to effective Wraparound practice.

Review Committee[11]: Reviews and select entering clients according to established criteria. Referral information will be collated by the referral source and communicated to the review committee through the coordinated care organization. The review committee will include young adult/youth and families or Family/Youth Partners on a team of stakeholders that review referral into Wraparound assessment and screening information, to ensure shared decision-making. The review committee will assist in the management of the targeted number of participants, establishing a waiting list as needed, analyzing the types and mix of referrals, and looking for patterns and disparities in referrals. Federal level confidentiality standards applicable to all involved systems will be maintained. Transitions out of SOCWI will be reviewed to ensure maximal opportunity for incoming referrals to be served.

Training/Workforce Development for SOCWI Implementation

Each Expansion Site is assigned a State Site Lead. The Site Leads and the State Family Partnership Specialist provide technical assistance to the Coordinated Care Organizations and their delegated entities in activities needed to implement the expansion. Site leads are involved in on site assistance and problem solving and are the site's direct link with OHA and DHS. Direct operational involvement provides opportunity for the sites and the State to quickly solve problems and learn from the daily experiences of the expansion sites.

---

[10] Contractually required in 2016.

[11] Also contractually required in 2016.

CCOs and local service providers will work collaboratively with Portland State University (PSU)[12], Oregon Family Support Network[13] (OFSN), Youth M.O.V.E. Oregon[14] and system partners in workforce development at the community level. Effective training, support and consultation is made available to youth and family partners, facilitators/care coordinators, and system partners who are directly involved on child and family teams.

CCOs will provide workforce development through hiring or contracting with Family/Youth Partners, family members, youth, qualified staff or private provider agencies that employ them, reflective of the diversity of the communities and clients served and inclusive of peer-delivered services.

CCOs will participate in a community readiness assessment conducted in conjunction with PSU and develop a strategic plan to address gaps and needs and build on strengths, by the end of their second year of implementation.

Supervision and Coaching

Supervision and coaching of Wraparound Care Coordinators and Supervisors will include a well-defined approach that is clearly described in the Oregon Best Practice Guide[15] and the materials of the National Wraparound Initiative.[16]

Family Partners will receive both clinical and peer supervision. Youth Partners will receive both clinical and peer supervision. Care Coordinators will receive consultation from a qualified Wraparound Coach (see Section 3 of the Oregon Best Practice Guidelines) who may or may not be the clinical or organizational supervisor.

---

[12] https://www.pdx.edu/ccf/systems-of-care-wraparound-initiative-socwi

[13] http://ofsn.org/

[14] http://www.youthmoveoregon.org/#about

[15] https://www.pdx.edu/ccf/sites/www.pdx.edu.ccf/files/Best%20Practice%20Guide%20Version%201.0.pdf

[16] http://nwi.pdx.edu/

Service Array

CCOs shall insure that a wide array of services and supports are available within the local community to assist with keeping youth in the community and not sent out of area, whenever possible. CCOs are responsible for the same array of services and supports when the youth is placed outside their service area. Youth in Psychiatric Residential Treatment Services, SAGE program (commercially sexually exploited youth), Secure Children's Inpatient Program (SCIP) and Secure Adolescent Inpatient Program (SAIP) are required to be offered Wraparound care coordination. This assists in maintaining continuity of care to, during and from facility based care.

The CCO will provide services directly or through contracting services to other eligible providers within a provider network. Providers will maintain appropriate licensing and certification for the services and supports provided. Providers will maintain accurate, detailed, chronological client level notes and maintain Medicaid compliant clinical records. CCOs will provide for care coordination, family advocacy services and peer-delivered services, and create referral protocols.

The Wraparound Plan of Care should include a blend of formal and informal services and supports and include the use of flexible funding to meet needs not available under existing financial structures.

Family and Youth Orientation to Wraparound

All families and youth must be provided the NWI Document by the family partner or the entity explaining the Wraparound process: *The Wraparound Process User's Guide: A Handbook for Families*[17].

Families and youth shall be given written documents developed by the entity providing Wraparound services and supports that give comprehensive information related to Wraparound in their particular county/region. It is suggested that sites develop a local handbook for families and youth, describing how to gain entry to Wraparound and what to expect, with room for the family/youth to make notes and write down information provided at a later date.

Required Documentation

Each Wraparound site will complete the following documents for each enrolled youth and their family. The content of these documents are covered in the Wraparound Facilitation ("4 day") training offered by PSU. Sites may develop forms locally to meet the necessary information contained in the documents. For technical assistance with these documents, site should contact their training and technical assistance consultant from PSU. Items 1-3 shall be reviewed at each Child & Family Team Meeting:

[17] http://www.nwi.pdx.edu/pdf/Wraparound_Family_Guide09-2010.pdf

1. Strengths & Needs Assessment
2. Crisis & Safety Plan
3. Wraparound Plan of Care
4. Child & Family Team Meeting Minutes (CFT Minutes)
5. Progress Notes

Eligibility Criteria

Eligibility criteria are locally determined and agreed upon conditions necessary for consideration of youth/family by the Review Committee (see page 12 of this document) for inclusion in the SOCWI services and supports, including Wraparound care coordination. Target population described in this document (see page 9) is primary, and other populations may be specifically served by a site to address local needs (e.g., youth at risk of juvenile justice involvement, medically fragile youth, youth with multiple, excessive foster care placements).

Funding

CCOS will operate financial management structures to track revenue and payment of mental health, behavioral health and substance abuse claims; report encounters, process claims, track expenditures and prepare fiscal reports.

Currently the CCO funding for Wraparound is distributed per month per youth under capitation. That amount is based on a projected cost based on past years' data of a specific rate group. As one method for justifying the reimbursement or payment rate in the future, it is advisable to have encounter documentation for services assumed to be incorporated in that rate. When the cost of services provided exceed the capitated or sub-capitated rate, encounter documentation of services should also be provided. This supports the need for a future rate adjustment. An actual claim or billing should be submitted for those services for individuals not included in that capitated or sub-capitated rate.

The Wraparound code for encounters is H2021. Additional clinical (e.g. psychotherapy, medication monitoring) and non-clinical (e.g. peer support, case management, skills training) services may be documented with an encounter using the appropriate procedure codes found at http://www.oregon.gov/oha/healthplan/pages/feeschedule.aspx.

SOCWI, through OHA and local entities, seeks to work toward blended funding at the state and local level, including in kind contributions by system partners and participation by the larger community when feasible.

Utilization Review

Quality improvement drives resource utilization management. At the child and family team level, decisions are made that support youth receiving the appropriate type, level, mix and duration of treatment, making periodic adjustments as the youth and family needs and strengths change. The need for intensive resources will be authorized first by the child and family team and secondarily by the CCO, or such authority will be delegated to the care coordinator.

The CCO ensures due process rights under contract and complies with federal Medicaid Regulations regarding client rights to appeal.

Fidelity Implementation

The CCO or delegated entity accepts referrals, provides and delivers care coordination to youth who meet eligibility criteria and who are evaluated to have mental health, behavioral health and/or substance abuse conditions, or who are at risk of developing such conditions and their families.

Family Search and Engagement and other strategies should be a primary focus of the Child and Family Team for building a community of support to assist the child or youth who are without an identified family, extended family, family of choice or other individuals to whom they are attached.

The CCO or delegated entity must ensure that family members and youth are in a leadership role and are primary decision-makers in the development, implementation and modification of the local system of care.

Fidelity implementation requires the CCO to maintain a ratio of care coordinator to family served of 1:15 or fewer. Peer support services are also recommended to be 1:15 or fewer. Caseloads shall be assigned with attention to the mix and types of needs and frequency of added families to the care coordinator or family/youth support partner's caseload.

The CCO provides services and supports in a community-based, comprehensive, continuum of care that is coordinated, consistent and applied throughout the local region, that addresses the emotional, behavioral and substance abuse service and support needs of the youth beyond existing and established structures.

There shall be an assessment of each youth to determine the appropriate level of service intensity for placement, treatment and other supports. Every eligible youth receiving Wraparound should be retained until the Child and Family Team determines that services/supports within the System of Care are no longer needed.

The CCO or local entity must integrate, coordinate and participate in planning with multiple system partners in the Child & Family Team to develop a Wraparound Plan of Care. They must participate in the

development of the Child Welfare case plan, OYA reformation plan, Juvenile Justice Case Plan or ID/DD individual service plan as appropriate. Whenever possible, one Wraparound plan is the desired goal.

Fidelity Monitoring

The CCO or delegated entity shall utilize fidelity tools from the National Wraparound Initiative to measure fidelity to the Wraparound model. Adherence to the Wraparound model is measured using the Wraparound Fidelity Index (WFI EZ) and the Team Observation Measure (TOM) which are part of the Wraparound Fidelity Assessment System (WFAS). Families are invited to respond to the WFI EZ after six months of Wraparound participation. The TOM will be used by clinical supervisors and technical assistance partners to improve Wraparound facilitation in Child and Family teams. Information on Fidelity monitoring tools for Wraparound is available here: http://depts.washington.edu/wrapeval/WFI.html. Data can be viewed here for the WFI EZ: https://www.wrap-tms.org/Login.aspx

Results shall be shared in advisory groups at both the statewide and local level, and plans will be developed to enhance strengths, and address gaps and needs identified in fidelity measurement.

Data Collection/Submission and Key Outcome Measures

The Child and Adolescent Needs and Strengths (CANS) will be used among child and family teams to define strength and needs and inform the Wraparound Plan of Care. The CANS is a multi-purpose tool developed to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. CANS Oregon screenings will be provided by staff who have been credentialed by the Praed Foundation for administering the CANS Oregon as found at http://canstraining.com

CCOs will gather information and complete Children's Progress Review System (CPRS) data collection requirements at/in conjunction with the Child and Family Team meeting so that these outcome data can be submitted by the CCO on a quarterly basis to OHA.
Data are to be submitted to: https://aix-xweb1p.state.or.us/amh_xweb/amh/

Each Wraparound site will:

- Define cross-sector outcomes for the project with input from community stakeholders, system partners, family and youth.
- Track project outcomes and report annually to their Advisory/Steering Committee
- Develop an outcomes and evaluation committee or workgroup consisting of community stakeholders, system partners, family and youth.

Key Outcome Measures

The overarching goal for outcomes is summarized by the phrase "Youth are at home, in school, with friends, and are out of trouble."

1. Youth are getting their treatment needs met: Increase the number of at risk youth who are screened and receive mental health assessments and behavioral health services.

2. **Youth are able to reside in a stable, homelike environment:** Increase family finding efforts, minimize placement disruptions, support adoptions, reduce number of youth/number of days in substitute care, decrease use of facility-based care and increase percentage of youth served in their home community, with the goal of finding the most permanent community-based situation and most home-like environment feasible.

3. **Youth are safe:** Determine that a child/youth has not experienced documented abuse or re-abuse. Document screening for trauma. Youth are assessed for suicide, substance use and aggression risk.

4. **Youth are receiving culturally responsive services:** Services are provided in a language the youth and family can understand and are culturally responsive.

5. **Youth are not engaged in problematic behavior:** Decrease child/youth externalizing (unsafe) behaviors. Monitor the reduction of youth's antisocial behavior.

6. **Youth are making educational/vocational progress:** Children and youth are attending/engaged at school and progressing toward educational and/or vocational goals.

7. **Youth are receiving social/interpersonal support:** Support the child/youth and family to develop/maintain positive and healthy attachments to each other and in the community.

8. **Youth are experiencing improved behavioral health:** Increase the number of youth who receive mental health/ addictions services according to their needs. Monitor mental health and substance use outcomes.

Reporting Requirements for CCOs

Report on Wraparound system clinical outcomes by submitting a completed Children's Progress Review System (CPRS) report. The complete report consists of the Progress Review and responses from the BERS-2. While the member is involved with Wraparound, completed entries will be administered upon entry, quarterly and upon exit. Data shall be reported no later than 30 days after entry into Wraparound, every

90 days after the initial report and on exit from Wraparound. Data shall be submitted electronically to the following web address: https://aix-xweb1p.state.or.us/amh_xweb/amh/

Technical assistance and training for the CPRS system can be obtained by e-mailing cprs.help@state.or.us.

All individuals receiving services with funds provided through SOCWI must be enrolled within two (2) business days of admission and disenrolled within one (1) business day of discharge and that client's record maintained in the Measures and Outcome Tracking System (MOTS) as specified in OHA's MOTS manual located at: http://www.oregon.gov/OHA/amh/pages/compass/electronic-data-capture.aspx, and as it may be revised from time to time.

Resources

OAR 418.975, Youth Services Wraparound Initiatives, signed into law 2009 retrieved from http://www.oregon.gov/oha/amh/wraparound/statute-language.pdf

Request for Grant Application # 3689, State of Oregon, Oregon Health Authority, issued November 22, 2013 (excerpt in Appendix)

Wraparound Best Practice Guidelines, version 1.0, State of Oregon/ Portland State University, March 2014, retrieved from https://www.pdx.edu/ccf/sites/www.pdx.edu.ccf/files/Best%20Practice%20Guide%20Version%201.0.pdf

2015 Statewide Wraparound Initiative Legislative Report, December 4, 2014, retrieved from http://www.oregon.gov/oha/amh/wraparound/Report%20-%2014.pdf

Oregon Health Authority, 2016 Coordinated Care Organization Contract Template, retrieved from http://www.oregon.gov/oha/OHPB/docs/2016_CCO_Model_Contract.pdf

Appendix

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

THE STATE OF OREGON
OREGON HEALTH AUTHORITY

ISSUES THE FOLLOWING

REQUEST FOR GRANT APPLICATIONS

for

System of Care, Wraparound Initiative and
Assertive Community Training Investment Grants

RFGA #3689

Date of Issuance: **November 22 2013**

Applications Due by: **3:00 P.M. Local Time, December 23, 2013,** at the Issuing Office.

Application Public Opening: **3:15 P.M. Local Time, December 23, 2013,** at the Issuing Office in Suite 640.

Issuing Office: Contracts and Procurement
John Gardner, Contracts Specialist
800 NE Oregon St, Ste 640
Portland, Oregon 97232
Telephone: (971) 673-1257
Fax: (971) 673-0583
E-mail: john.gardner@state.or.us

SECTION 1 – PURPOSE/OVERVIEW

Introduction

The State of Oregon, Oregon Health Authority (OHA), Addictions and Mental Health Division (AMH), requests separate Applications from qualified Applicants to provide services to expand the System of Care, Wraparound Initiative (SOCWI) and Assertive Community Training (ACT) Investment Program Activities as described below in Section 3, "Scope of Program Activities." In accordance with the budget approved by the Oregon legislature for the 2013-2015 biennium, only Coordinated Care Organizations (CCOs) that are operating under a current Coordinated Care Organization Contract (CCO Contract) with OHA as of October 1, 2013 may apply for this RFGA. To apply, these CCO's must also submit two letters of support from community-based organizations (CBOs). See Section 2 - Minimum Qualifications.

OHA expects to award multiple Grants to those Applicants that are selected to receive a Grant for SOCWI Program Activities, or ACT Program Activities, or both, in accordance with the selection criteria set forth in RFGA Section 6, "Application Review." The period of the SOCWI and ACT grants that OHA expects to award to each CCO is approximately January 1, 2014 through June 30, 2015. (See Section 1.2.1 below for additional information regarding Phase One and Phase Two). Applicants are invited to submit Applications for SOCWI investment funding or ACT investment funding, or both. The initial Grant amounts will be up to $75,000 per Applicant for SOCWI and $500,000 per Applicant for ACT. The initial Grant amount may be increased by subsequent amendments.

Each Applicant shall attest in its Application that Applicant will not finance the same project activities under more than one contract or agreement and that Applicant will not supplant or duplicate existing local, state, or federal funding for any activities within the Scope of Work of this RFGA, as stated in the Application Cover Sheet.

Those Applicants that are selected to receive a SOCWI or ACT grant, or both, pursuant to this RFGA will be offered an amendment to the Grant Agreements that each CCO executed with OHA as a result of RFGA #3655 "Health System Transformation Fund Grants".

Each CCO submitting an Application is referred to as Applicant in this Request for Grant Applications (RFGA); after execution of the Grant, the awarded Applicant is designated as Recipient.

The scope of the Grant Program Description elements (Program Description Element) for both SOCWI and ACT grant activities, and the deliverables for each Program Description Element is described in Section 3, "Scope of SOCWI and ACT Program Activities." The parties will

negotiate the final accountability and payment terms, payment disbursal schedule, and financial reporting conditions to be included in the Grant.

Background and Overview

Oregon is investing in a coordinated System of Care for children, youth, adults and families by strengthening partnerships, expanding services and supporting innovation. As the state continues to transform its health care system, OHA AMH is working with community partners to enhance behavioral health services and support health for all Oregonians

The budget that the Oregon Legislature approved for OHA for the 2013-2015 biennium included the mental health investment funding for expansion and enhancement of the System of Care, Wraparound Initiative and Assertive Community Training programs.

1.2.1 System of Care, Wraparound Initiative (SOCWI) Background and Overview

The SOCWI planning process coordinates and integrates care for children with complex behavioral health needs, and is informed by system of care values as listed below:

1) individualized care that is tailored to the individual needs and preferences of the child and family;

2) family and youth inclusion at every level of the clinical process and system development;

3) collaboration between multiple child-serving agencies and integration of services across agencies;

4) provision of culturally responsive services; and

5) serving youth in their communities, or the least restrictive setting that meets their clinical needs through providing a continuum of formal treatment and community-based supports.

The development of the SOCWI process model has been shaped by a unique combination of local, state, and federal innovations; contributions from individual consultants and researchers; and influential local, state, and national family organizations

Fidelity to the Wraparound Initiative model means that an organization participates in Measuring whether wraparound is being implemented to fidelity, and will require, at a minimum, assessing (1) adherence to the principles of wraparound, (2) whether the basic activities of facilitating a wraparound process are occurring, and (3) supports at the organizational and system level. Fidelity to the Wraparound Initiative model is measured using the Wraparound Fidelity Index and other tools that are part of the Wraparound Fidelity Assessment System (WFAS). Information about measuring Wraparound fidelity can be obtained here: http://www.nwi.pdx.edu/NWI-book/Chapters/Bruns-5e.1-(measuring-fidelity).pdf.

Information on fidelity monitoring tools for Wraparound is available here: http://depts.washington.edu/wrapeval/WFI.html.

Funding of the Oregon System of Care, Wraparound Initiative is commencing with the use of Medicaid funds and General Fund match. Continuity of care and continued enrollment in Oregon Health Plan (OHP) Coordinated Care Organizations is a priority. As the expansion progresses, evaluation of numbers of children realistically served within these limits, and resources needed to move into and through further population expansion will be ongoing.

Grants will be awarded to CCOs in frontier, rural and urban settings, to expand the SOCWI model in Oregon, and to continue to create a statewide System of Care. AMH is planning to implement SOCWI within regions around the state. In regions where there is more than one CCO, all CCOs are encouraged to apply to ensure continuity of care for clients, efficiency and consistency for system partners and to reduce plan switching for the highest need and most complex children. CCOs that are partially funded for regions originally in the demonstration sites are encouraged to apply to expand beyond those regions.

At least one site per CCO will be designated in either frontier, rural and/or urban settings, as defined by the Oregon Health Sciences University Office of Rural Health at http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/rural-definitions/upload/orh-rural-map.png .

Implementation of the SOCWI and the continuation of the creation of a statewide System of Care will entail two stages of development for Applicants awarded a Grant:

Phase One: Initial funding of up to $75,000 will be awarded for the period of January 1 through June 30, 2014. This six month period will allow for the completion of a site readiness plan, facilitated by Portland State University (PSU), to determine if the key elements of SOCWI fidelity are evident, in progress, or are in place. Designated communities will be assisted by PSU, the Oregon Family Support Network (OFSN), YouthMOVE, and the AMH designated site lead in implementing System of Care Principles. Sufficient progress must be made by the Recipient in adopting SOCWI to fidelity for OHA to continue funding the Grant. OHA reserves the right to shift funding to a more qualified Applicant.

Phase Two: If the site readiness plan has been completed and the Recipient has made sufficient progress, the Grant between OHA and the selected CCOs will be amended on July 1, 2014 to reflect the rate increase necessary for SOCWI implementation and extend the term of the Grant to June 30, 2015.

Definitions

For purposes of this RFGA and the resulting Grant(s), the terms below shall have the following meanings:

1.3.1 Applicant means the person or entity that submits an Application in response to this RFGA.

1.3.2 Application means a written application submitted to OC&P in response to this RFGA.

1.3.3 CCO Agreement means the Agreement awarded by the Transformation Center to a CCO from RFGA #3655 "Health System Transformation Fund Grants."CCO Agreements will be amended to add Grant funding from this RFGA for successful Applicants.

1.3.4 CCO Contract means a Contract awarded to a CCO by the Oregon Health Authority pursuant to Request for Applications (RFA) #3402 Coordinated Care Organizations

1.3.5 Coordinated Care Organization (CCO) means a corporation, governmental agency, public corporation or other legal entity that is certified as meeting the criteria adopted by the Oregon Health Authority under ORS 414.625 to be accountable for care management and to provide integrated and coordinated health care for each of the organization's members. (OAR 410-141-3000(21)).

1.3.6 Cultural Competence means the process by which individuals and systems respond respectfully and effectively to people of all cultures, language, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientation and other diversity factors in a manner that recognizes, affirms and values the worth of individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes.

1.3.7 Fidelity means the extent to which a program adheres to the evidence based practice model. The current model used by Options of Southern Oregon and OSH to determine fidelity for ACT is the: U.S Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) Assertive Community Treatment, Evidence Based Practices KIT http://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4345

Fidelity to the Wraparound model means that an organization participates in Measuring whether wraparound is being implemented to fidelity, and will require, at a minimum, assessing (1) adherence to the principles of wraparound, (2) whether the basic activities of facilitating a wraparound process are occurring, and (3) supports at the organizational and system level. Fidelity to the Wraparound model is measured using the Wraparound Fidelity Index and other tools that are part of the Wraparound Fidelity Assessment System (WFAS), which can be obtained here: http://depts.washington.edu/wrapeval/WFI.html.

1.3.8 Grant means the amendment to the CCO Agreement awarded as a result of this RFGA.

1.3.9 Key Personnel or Key Persons means the person or persons on Applicant's staff to be assigned to perform the activities included in Grant Program Description under the Grant. For Key Persons not identified prior to Application submission, a position description must be submitted.

1.3.10 Member means a Client who is enrolled with Contractor under a CCO Contract.

1.3.11 Office of Contracts and Procurement (OC&P) means the entity that is responsible for the procurement process for OHA.

1.3.12 Program Description means the required activities, tasks, deliverables, reporting, and invoicing requirements, as described in Section 3-Scope of Program Activities of this RFGA.

1.3.13 Recipient means the Applicant selected through this RFGA to enter into a Grant with OHA to perform the Work.

1.3.14 "Region" means the geographical boundaries of the area served by a CCO as well as the governing body of each county that has jurisdiction over all or part of the Service Area.

1.3.15 RFGA means Request for Grant Application.

1.3.16 Service Area means the geographic area in which services and supports are provided. For those applying for SCW/SOC, service areas shall be designated as urban, rural or frontier as defined by the Oregon Health Sciences University Office of Rural Health at http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/rural-definitions/upload/orh-rural-map.png.

1.3.17 System of Care (SOC) means a coordinated network of community-based services and supports characterized by individualized care, and a wide array of services provided within the least restrictive environment, full participation and partnerships with families and youth, coordination among child-serving agencies and programs, and cultural and linguistic competence.

1.3.18 Wraparound means a definable planning process that result in a unique set of community services and natural supports that are individualized for a child and family to achieve a positive set of outcomes.

SECTION 2 – MINIMUM QUALIFICATIONS

2.1 As of October 1, 2013, Applicant must be a Coordinated Care Organization operating under a current CCO Contract with OHA and a Health Transformation Fund Grant Agreement issued pursuant to RFGA #3655.

2.2 Applicant shall submit two letters of support from community-based organizations (CBOs), including but not limited to the following system partners: DHS Child Welfare, local Juvenile Justice, Community Corrections, Oregon Youth Authority (OYA), and local Developmental Disabilities, that will be directly involved with planning for the System of Care and Wraparound or ACT services. The support letters shall describe the nature of the relationship between the Applicant and the organization and how the community-based organization will collaborate with respect to the goals, objectives, and approaches described in Sections 3.1-3.2 below.

Note: Applicants submitting applications for both SOCWI and ACT Program Activities must submit two letters from CBO's that are responsive to the above requirements for *both* SOCWI and ACT. This may require that an Applicant submit more than two letters depending on the scope of the CBO's involvement in SOCWI and ACT.

However, if a CBO will collaborate with the Applicant on both SOCWI and ACT Program Activities, a letter from that CBO will qualify as a single letter of support for both SOWCI and ACT.

SECTION 3 – SCOPE OF PROGRAM ACTIVITIES

The Applicant bears the responsibility of describing how Applicant will satisfy the operational and administrative requirements and perform the Program activities for the SOCWI or ACT Project Description Elements, or both, under the Grant awarded through this RFGA. The Work must satisfy the requirements stipulated by the legislature in its 2013-2015 OHA budget, and by OHA for the award of a Grant to perform Grant activities using the SOCWI and ACT investment funding. In addition to the requirements comprising an acceptable Application set forth in RFGA sections 5.2 and 5.3, the following guidance applies:

Use of Funds

Funded activities may include, but are not limited to: personnel, travel expenses, meetings and supplies, consultants, and indirect expenses affiliated with the project such as administrative support, telephone, and computers.

Applicants shall note that the SOCWI and ACT investment funds cannot be used to enhance reimbursements nor support state covered services. These Funds may be used for projects for the enhancement and expansion of SOCWI and ACT programs.

3.1 Program Description Element: System of Care, Wraparound Initiative (SOCWI)

3.1. Population

Children 0 through 17 years of age, who have touched two or more child serving systems including Child Welfare, youth on probation served by Juvenile Justice, youth in custody of the Oregon Youth Authority, children served by Developmental Disabilities services AND Addictions and/or Mental Health; and who have received a mental health assessment and are evaluated to have behavioral, emotional and /or mental health conditions that are severe enough to warrant direct entry into a specialized treatment service and support system that would otherwise not meet the criteria outlined above, and their families. Young adults who have entered prior to their 18th birthday will remain served by the Expansion after they turn 18. AMH expects that all children frequently using the highest levels of care (Secure Children's Inpatient Program (SCIP) and Secure Adolescent Inpatient Program (SAIP)) will be ensured SOCWI planning processes under this model, should the CCO serving them prior to admission be the awarded entity under this RFGA.

Applicants shall submit a written description of a structured allocation or projected utilization model proposed for each of the child serving systems that will promote and support implementation and utilization of the SOCWI model with their Application.

3.1.2 Site Readiness Criteria

Systems of Care, Wraparound Initiative will serve relevant populations of Oregon's children through a model reflecting the values and principles set forth in ORS 418.977 and in nationally recognized standards.

Establishing an integrated system of care in Oregon will require that interested communities have demonstrated the ability to:

1. support families and youth as primary decision-makers in the development, implementation, and modification of the local system of care;

2. create partnerships to facilitate planning;

3. establish a process for decision-making and oversight;

4. coordinate and sustain funding;

5. ensure quality assurance and utilization management; and

6. access information technology systems; monitor outcomes; and evaluate effectiveness.

Applicants are encouraged to partner with a statewide family run organization in preparing their Applications to ensure that family voice informs development from inception.

3.1.3 Selected sites shall address and submit with their Application a description of the following readiness criteria:

1. Describe prior and current collaborative efforts by community partners to develop a local system of care based on System of Care values, principles, and wraparound planning processes. Describe lessons learned if applicable. Describe how current efforts will be coordinated with the System of Care, Wraparound Initiative, include collaboration with CCO's in regions identified to be target sites.

2. Estimate the number of children to be served on an annual basis. Provide a draft financial plan that outlines both the monetary and in-kind resources from the CCO and other system partners that are directed to the site and population of children identified. Describe how funding will be made available for a diversified array of services and supports, including flexible funding. Describe how the CCO will determine and monitor the cost of care per child.

3. Identify the CCO that will be heading up the expansion site and the lead individual within the CCO who will work with AMH on matters related to funding, fidelity to the Wraparound Initiative model and barriers to implementation of System of Care principles. Clearly identify one point of contact for any clarification needed of the application materials.

4. Describe how the CCO will adapt the current model of care so that services are provided in a manner compatible with a family's cultural beliefs, practices, literacy skills, and language. Describe the gaps in available culturally relevant community services and supports, plans to address the gaps, and existing availability of culturally specific and informed services.

5. Describe access to health care services (such as primary care, medication management, mental health and addictions treatment) that are the responsibility of the CCO. Describe the efforts of the CCO to date to integrate behavioral health care.

6. Describe how the expansion site will implement a governance structure that incorporates the functions of a system of care, including Memoranda of Understanding (MOUs) with system partners to include child welfare, juvenile justice, Oregon Youth Authority, developmental disabilities, mental health agencies, providers and family and youth advocacy organizations and other child serving entities. Applicants shall describe a structured allocation or projected utilization

model proposed for each of the child serving systems that will promote and support implementation and utilization of the Wraparound Initiative model.

7. Describe how the CCO will establish a Review Committee to prioritize and approve participation prior to entry into services and supports, and adhere to federal and state confidentiality requirements.

8. Describe how the service delivery provider will implement a wraparound initiative planning process that includes a strengths-based needs assessment, child and family team facilitation, and care coordination. How will the CCO ensure that the child and family team has the authority to authorize services identified through the planning process?

9. Describe how the CCO/service delivery provider will establish a delivery system that partners with family members and youth to be primary decision makers and ensure that planning, development, and implementation of the local system of care is family and youth driven. Include family member/youth participation on child and family teams and provision of peer support/peer delivered services to families/youth participating on child and family teams.

3.1.4 Key Outcome Measures:

Implementation will include the measurement of outcomes for children receiving care, and reviewing system outcomes, particularly in examining costs, decreased numbers of non- family-based living arrangements, and decreased use of facility-based care. The overarching goal for outcomes is summarized by the phrase "Children are at home, in school, with friends, and are out of trouble." Listed below are some key indicators for children being served through the initiative:

1. **Children are getting their treatment needs met:** Increase the number of at risk children who are screened and receive mental health assessments and behavioral health services.

2. **Children are able to reside in a stable, homelike environment:** Increase family finding efforts, minimize placement disruptions, support adoptions, reduce number of children/number of days in substitute care, decrease use of facility-based care and increase percentage of children served in their home community, with the goal of finding the most permanent community-based situation and most home-like environment feasible.

3. **Children are safe:** Determine that a child/youth has not experienced documented abuse or re-abuse. Document screening for trauma. Children are assessed for suicide and aggression risk.

4. **Children are receiving culturally responsive services:** Services are provided in a language the child and family can understand and are culturally responsive.

5. **Children are not engaged in problematic behavior:** Decrease child/youth externalizing (unsafe) behaviors. Monitor the reduction of children's antisocial behavior.

6. **Children are making educational/vocational progress:** Children and youth are attending/engaged at school and progressing toward educational and/or vocational goals.

7. **Children are receiving social/interpersonal support:** Determine whether the child/youth and family have positive and healthy attachments to each other and in the community.

8. **Children are experiencing improved behavioral health:** Increase the number of children in substitute care who receive mental health/ addictions services who need it. Monitor mental health and substance use outcomes.

3.1.5 System of Care, Wraparound Initiative Model Expectations:

The following model for the Oregon System of Care reflects the values and principles set forth in ORS 418.975, the recommendations of the Statewide Wraparound Advisory Committee, and is congruent with national standards set out for Systems of Care and Wraparound as a practice model to implement a System of Care.

3.1.5.1 State level accountability

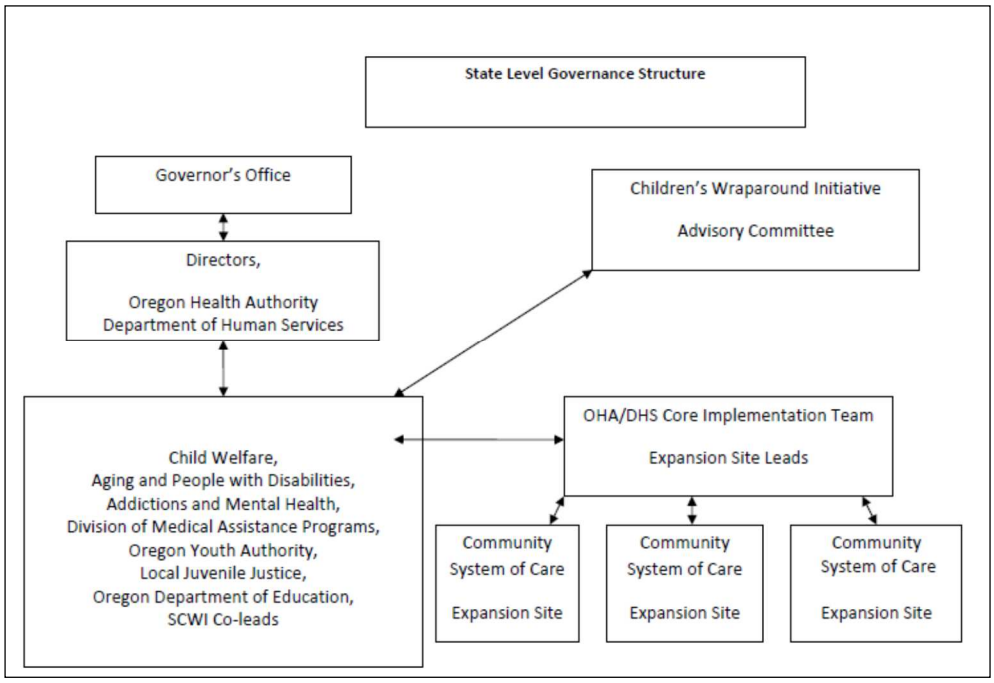
A. A Statewide Children's Wraparound Initiative Advisory Committee has been instituted as established under ORS 418.975. The committee is the governance authority for the expansion at a statewide level, and will have a parallel at the local level coordinated by the Coordinated Care Organizations (CCOs). This committee advises on policy development, financing, implementation, outcomes, and provides overall oversight. It uses a shared decision-making approach within the existing framework of state regulations and policies of the funding agencies. The committee consists of representatives of partner agencies, local service providers, youth and families, and advocacy organizations and has relevant cultural, ethnic, and geographic representation. At the state level, it is affiliated and joined with the AMH Children's System Advisory Committee. *See Table 1 State Level Governance Structure below.*

B. Technical Assistance by the Addictions and Mental Health (AMH)-Child Welfare (CW) Site Leads: Each Expansion Site will be assigned a Site Lead. The Site Leads will provide technical assistance to the Coordinated Care Organizations and service delivery providers in activities needed to implement the expansion. Site leads will be involved in on site assistance and problem solving and be the site's direct link with OHA and DHS. Direct operational involvement provides opportunity for the sites and the State to quickly solve problems and learn from the daily experiences of the expansion sites.

C. OHA/DHS will exercise its responsibility under ORS 418.975, to engage other systems to partner in stages of the expansion to include: the Oregon Youth Authority, local Juvenile Justice, Developmental Disabilities and the Department of Education.

D. OHA/DHS will comply with all applicable Federal regulations and require compliance with state regulations for all expansion sites.

Table 1: State Level Governance Structure:



3.1.5.2 (Regional) Coordinated Care Organization Responsibilities

A. Administrative:

Create and enter into Memoranda of Understanding (MOU) to link with all child-serving partners within the community, promoting information dissemination, shared decision-making, collaborative partnerships, and effective care of children; ensure that providers embrace the concept of sharing decision-making authority and responsibility for outcomes with families and youth. MOUs may also be developed with early learning hubs, youth hubs, parenting hubs.

1) Contract with service delivery providers to operate a diversified array of services and supports through a provider network and/or a contracting and procurement process.

2) Establish a local governance body within the defined region. The local governance structure will create an advisory group (or modify an existing group) in the implementation of the Expansion, informing policy development, funding decisions and general oversight of the local Expansion using a shared decision-making model. This group will consist of representatives of the coordinated care organization, service delivery providers, partner agencies, youth and families, advocacy organizations and have relevant cultural representation. Additionally, local communities are strongly encouraged to create an executive level System of Care Steering group to lead and direct the expansion implementation locally.

3) Manage the expansion site with a targeted number of agreed upon participants and within established expansion site budget.

4) The CCO will create policies:

a) describing authority for service coordination plan implementation;

b) describing procedures that exist to resolve placement disputes effectively when caseworker, family, child and family team and/or the coordinated care organization cannot come to effective resolution on the disposition of a particular case.

5) Implement policies on service development:

a) Facilitate development of culturally appropriate resources. Provide services that are strength-based, family-driven and youth driven.

b) Incorporate services and expertise of current system partners and providers to maximize existing resources and facilitate a smooth transition from the current system.

c) Provide access to professional foster homes and other skilled residential options within the provider network, which are culturally and linguistically appropriate.

6) Quality improvement drives resource utilization management. At the child and family team level, decisions are made that support children receiving the appropriate type, level, mix and duration of treatment, making periodic adjustments as the child and family needs and strengths change. Need for intensive resources will be authorized first by the child and family team and secondarily by the CCO, or such authority will be delegated to the care coordinator.

7) A mechanism will exist to resolve service authorization disagreements in the event of conflicting decisions within the local service system.

B. Service Planning:

1) Conduct planning for actual delivery of services and supports. Service plans should include a blend of formal and informal supports and include the use of flexible funding to meet needs not available under existing financial structures.

2) Provide for care coordination, family advocacy services and peer-delivered services. Create referral protocols that include the use of screening and assessment tools. These tools will be utilized prior to entrance into the expansion site population.

3) Referral and access into services will be established through a review committee which will be used to review and select entering clients according to established criteria. Referral information will be collated by the referral source and communicated to the review committee through the coordinated care organization. Federal level confidentiality standards applicable to all involved systems will be maintained.

4) The review committee will assist in the management of the targeted number of participants. The review committee will include young adult/youth and families on a team of stakeholders that review referral into Wraparound assessment and screening information, to ensure shared decision-making. Federal level confidentiality standards applicable to all involved systems will be maintained.

C. State and Federal Requirements:

1) Provide program evaluation (collection and dissemination) information in conjunction with OHA at client and system levels, including outcome measurement activities. Report outcome (Children's Progress Review System (CPRS)) data semi-annually to OHA.

2) Ensures due process rights under contract; complies with federal Medicaid Regulations regarding client rights to appeal.

3) Operate financial management structures to track revenue and payment of mental health, behavioral health and substance abuse claims; report encounters, process claims, track expenditures and prepare fiscal reports.

4) Compliance with applicable state and federal regulations.

D. Technical Assistance:

1) Participate in a community readiness assessment conducted in conjunction with Portland State University (PSU). Develop a plan to address gaps and needs and build on strengths.

2) Work collaboratively with PSU, Oregon Family Support Network (OFSN),[18] Youth M.O.V.E. Oregon[19] and system partners in workforce development at the community level. Effective training, support and consultation is made available to youth and family partners, facilitators/care coordinators, and system partners who are directly involved on child and family teams.

3) Provide workforce development through hiring or contracting with family members, youth, qualified staff or private provider agencies that employ them, reflective of the diversity of the communities and clients served and inclusive of peer-delivered services.

4) Policy development and implementation.

3.1.5.3 Service Delivery Provider Responsibilities

Key service delivery provider responsibilities include provision of care coordination services, facilitation of child and family teams, empowering significant family and youth voice and involvement in the local system of care, provision of services in a community-based continuum of care, assuring comprehensive yet seamless services, and assuring access to flexible funding so that service provision can be based on the individualized needs of the child and family.

A. Administrative structure:

1) Provide services directly or through contracting services to other eligible providers within a provider network.

2) Providers will maintain appropriate licensing and certification for the services and supports provided.

3) Maintain accurate, detailed, chronological client level notes. Maintain Medicaid compliant clinical records.

4) Gather information and complete CPRS data collection requirements at/in conjunction with the Child and Family Team meeting so that these data can be submitted by the CCO on a quarterly basis to OHA.

---

[18] See http://ofsn.org/about-us/ for more information about Oregon Family Support Network.

[19] See http://youthmoveoregon.org/about/ for more information about Youth M.O.V.E. Oregon.

5) Develop a process to provide rapid access to crisis and emergency services related to placement, treatment and service provision of a therapeutic nature.

6) Participate in treatment reviews.

7) Submit claims to CCO.

B. Fidelity Implementation:

1) Ensure that family members and youth are in a leadership role and are primary decision-makers in the development, implementation and modification of the local system of care.

2) For referred children and youth who do not have identified family, extended family or other individuals to whom they are attached, this must be a primary focus of the team through Family Finding and other strategies to build a community of support.

3) Fidelity implementation requires the CCO to maintain a ratio of care coordinator to family served of 1:15 or fewer.

4) Assessment of child for appropriate level of service intensity determination for placement, treatment and other supports. Retain every eligible child receiving services until the Child and Family Team determines that services/supports within the System of Care are no longer needed.

5) The local system of care is inclusive of both services and supports including any that are needed beyond existing and established structures.

6) Accept referrals, provide and deliver care coordination to children who meet population criteria and who are evaluated to have a mental health, behavioral health and/or substance abuse condition, or who are at risk of developing such conditions and their families.

7) Facilitate Child and Family Teams using the wraparound process to develop and implement comprehensive individualized service coordination plans for youth and their families, and make decisions over time about readiness for movement of a child out of the system of care.

8) Integrate, coordinate and participate in planning with multiple system partners in the Child & Family Team to develop service coordination plan.

9) Participate in the development of the Child Welfare case plan, OYA reformation plan, Juvenile Justice Case Plan or DD individual service plan as appropriate. Whenever possible, one Wraparound plan is the desired goal.

10) Provide services and supports in a community-based, comprehensive, continuum of care that is coordinated, consistent and applied throughout the local region of the Coordinated Care Organization, that address the emotional, behavioral and substance abuse service and support needs of the child.

11) Utilize fidelity tools from the National Wraparound Initiative to measure fidelity to the Wraparound model. Results will be shared in advisory groups at both the statewide and local level, and plans will be developed to enhance strengths, and address gaps and needs identified in fidelity measurement.

C. Additional requirements:

1) Provide peer delivered services directly or through contracting.

2) Access flexible funds so that service provision can occur based on individualized needs of the child and family. These flexible funds may be generated from the contributions of local system partners.

3) Utilizes the Child and Family Team to change living arrangements for the child when needed. The most natural, least restrictive, community-based setting shall be the targeted ideal setting for the child.

3.1.6 Required Reporting:

1. Prepare and submit electronic quarterly reports as described in 'Regional Coordinated Care Organization Responsibilities, State and Federal Requirements, 1' to OHA as required under the CCO Contract, throughout the term of the Grant.

2. All individuals receiving services with funds provided under the Grant must be enrolled within two (2) business days of admission and disenrolled within one (1) business day of discharge and that client's record maintained in either:

A. the Client Processing Monitoring System (CPMS as specified in OHA's CPMS manual located at: http://www.oregon.gov/OHA/amh/training/cpms/index.shtml, and as it may be revised from time to time.

B. the Measures and Outcome Tracking System (MOTS) as specified in OHA's MOTS manual located at: http://www.oregon.gov/OHA/amh/pages/compass/electronic-data-capture.aspx, and as it may be revised from time to time.

Over the next two years, AMH will be closing the CPMS system and replacing it with the MOTS system. Providers will be notified of the change.

Updated: 2.3.16

Oregon Statewide Systems of Care Wraparound Initiative

Contact Sheet

Leadership and Liaison Contacts – Overall State Leads of the Oregon Statewide Systems of Care Wraparound Initiative, within each organization.

Oregon Health Authority – Health Systems	Manager **TBA**	Family Partnership Specialist **Frances Purdy** Frances.s.purdy@state.or.us	
Portland State University - Systems of Care Institute	Director **Brooke Rizor** brizor@pdx.edu	Assistant Director of Training & Consulting **Dan Embree** dembree@pdx.edu	Program Coordinator **Melissa Maebori** Maebori@pdx.edu
Oregon Family Support Network (OFSN)	Executive Director **Sandy Bumpus** sandy.bumpus@ofsn.net	Statewide Training Program Manager **Tammi Paul** tammip@ofsn.net	
Youth M.O.V.E. Oregon	Wraparound Initiative Project Lead **Caitlin Baird** caitlin@youthmoveoregon.com	Training & Communications Specialist **Vanessa Frias** vanessa@youthmoveoregon.com	

Coordinated Care Organizations	Counties	General Information	CCO Staff Assigned	OHA Staff Assigned	PSU Consultant Assigned	YMO Staff Assigned	OFSN Staff Assigned
Columbia Pacific	Clatsop, Columbia, Tillamook	www.colpachealth.org Contact: Mimi Haley haleym@careoregon.org	Jamie Hamsa Jamie.hamsa@gohbi.net	Kathleen Burns Kathleen.m.burns@state.or.us	Ermila Rodriguez Ermila@pdx.edu	No additional contacts (please refer to the leadership and liaison contacts page)	No additional contacts (please refer to the leadership and liaison contacts page)
Family Care	Clackamas, Washington, Multnomah	www.familycareinc.org Phone: 503-222-2880	Sherri Sims SherriS@familycareinc.org	Angela Leet angela.leet@state.or.us	Ermila Rodriguez Ermila@pdx.edu	No additional contacts (please refer to the leadership and liaison contacts page)	Carrie Leavitt Carriel@ofsn.net
Health Share	Clackamas, Washington, Multnomah	www.healthshareoregon.org Phone: 503-416-1460	Cheryl Cohen cheryl@healthshareoregon.org	Angela Leet angela.leet@state.or.us	Ermila Rodriguez Ermila@pdx.edu	Wash. County- Danni Gorden danni@youthmoveoregon.com Mult. County- Vicky Scott Vicky@youthmoveoregon.com Clack. County- Lauren Conn lauren@youthmoveoregon.com	Lisa Butler Lisa.butler@ofsn.net Shannon Boyette Shannon@ofsn.net
Yamhill County CCO	Yamhill, (parts of Clackamas Washington, Polk, Marion, Tillamook)	www.yamhillcco.org Phone: 1-855-722-8205	Zoe Pearson pearsonz@co.yamhill.or.us	Kathleen Burns Kathleen.m.burns@state.or.us	Ermila Rodriguez Ermila@pdx.edu	No additional contacts (please refer to the leadership and liaison contacts page)	Carrie Leavitt Carriel@ofsn.net
Willamette Valley Community Health	Marion, Polk	www.wvchealth.org Contact: Jan Buffa	Kathleen Horgan khorgan@mvbcn.org	Kathleen Burns Kathleen.m.burns@state.or.us	Ermila Rodriguez Ermila@pdx.edu	Lara Carranza lara@youthmoveoregon.com	Lisa Butler Lisa.Butler@ofsn.net
Inter-Community Health (IHN CCO)	Benton, Lincoln, Linn	www.samhealth.org E-mail: IHN-CCO@samhealth.org	Joy Yeoman jyeoman@samhealt.org	Angela Leet angela.leet@state.or.us	Mark Zubaty mzubaty@pdx.edu	No additional contacts (please refer to the leadership and liaison contacts page)	Brandy Hemsley brandy@ofsn.net

Coordinated Care Organizations	Counties	General Information	CCO Staff Assigned	OHA Staff Assigned	PSU Consultant Assigned	YMO Staff Assigned	OFSN Staff Assigned
Umpqua Health Alliance	Douglas	www.umpquahealthalliance.org Contact: Pattie LaFreniere Phone: 541-464-6291 plafreniere@architraveh ealth.com	Tracy Livingston tlivingston@chaoregon.org	Alex Palm Alex.j.palm@state.or.us	John Pavlack pavlack@pdx.edu	No additional contacts (please refer to the leadership and liaison contacts page)	No additional contacts (please refer to the leadership and liaison contacts page)
Western Oregon Advanced Health (WOAH)	Coos, Curry	Lonnie Scarborough Phone: 541-269-7400 x.128	Susan Chappelear susan.chappelear@chw.coos.or.us	Kathleen Burns Kathleen.m.burns@state.or.us	John Pavlack pavlack@pdx.edu	No additional contacts (please refer to the leadership and liaison contacts page)	No additional contacts (please refer to the leadership and liaison contacts page)
Western Oregon Advanced Health (WOAH) & AllCare Health Plan	Curry	Please refer to the AllCare Health Plan and WOAH rows.	Jan Barker barker@currych.org	Kathleen Burns Kathleen.m.burns@state.or.us	John Pavlack pavlack@pdx.edu	No additional contacts (please refer to the leadership and liaison contacts page)	No additional contacts (please refer to the leadership and liaison contacts page)
Trillium Community Health Plan	Lane	www.trilliumchp.com Shannon Conley Phone: 541-485-2155 x1133 sconley@trillium.chp	Loree Holmes loree.holmes@co.lane.or.us	Angela Leet angela.leet@state.or.us	John Pavlack pavlack@pdx.edu	Aaron Stansbury Stansbury@youthmoveoregon.com	Annette Marcus annettem@ofsn.net
Eastern Oregon CCO	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler	www.eocco.com Sean Jessup Phone: 503-265-4748 jessups@odscompanies.com	Bruce Bailey bruce.bailey@gobhi.net	Alex Palm Alex.j.palm@state.or.us	John Pavlack pavlack@pdx.edu	No additional contacts (please refer to the leadership and liaison contacts page)	No additional contacts (please refer to the leadership and liaison contacts page)

Coordinated Care Organizations	Counties	General Information	CCO Staff Assigned	OHA Staff Assigned	PSU Consultant Assigned	YMO Staff Assigned	OFSN Staff Assigned
Pacific Source Community Solutions Inc. (Columbia Gorge)	Wasco and Hood River	www.communitysolutions.pacificsource.com	No official contact for this site	Kathleen Burns Kathleen.m.burns@state.or.us	Samantha Goodson goodson2@pdx.edu	No additional contacts (please refer to the leadership and liaison contacts page)	No additional contacts (please refer to the leadership and liaison contacts page)
Pacific Source Community Solutions Inc. (Central Oregon)	Jefferson, Deschutes and Crook	www.communitysolutions.pacificsource.com	No official contact for this site	Kathleen Burns Kathleen.m.burns@state.or.us	Samantha Goodson goodson2@pdx.edu	No additional contacts (please refer to the leadership and liaison contacts page)	No additional contacts (please refer to the leadership and liaison contacts page)
AllCare Health Plan	Josephine, Jackson and Curry	www.allcarehealthplan.com Phone: 541-471-4106	No official contact for this site	Angela Leet angela.leet@state.or.us	John Pavlack pavlack@pdx.edu	Jackson and Josephine only: Jackie Buy Jackie@youthmoveoregon.com	No additional contacts (please refer to the leadership and liaison contacts page)
Cascade Health Alliance LLC	Klamath	www.cascadehealthalliance.com Phone: 541-883-2947	No official contact for this site	Angela Leet angela.leet@state.or.us	Samantha Goodson goodson2@pdx.edu	No additional contacts (please refer to the leadership and liaison contacts page)	No additional contacts (please refer to the leadership and liaison contacts page)
Primary Health of Josephine County / AllCare Health Plan	Josephine	www.primaryhealthjosephine.org	No official contact for this site	Angela Leet angela.leet@state.or.us	John Pavlack pavlack@pdx.edu	Jackie Buy Jackie@youthmoveoregon.com	No additional contacts (please refer to the leadership and liaison contacts page)
Jackson CareConnect, LLC / AllCare Health Plan	Jackson	www.jacksoncareconnect.org	No official contact for this site	Angela Leet angela.leet@state.or.us	John Pavlack pavlack@pdx.edu	Jackie Buy Jackie@youthmoveoregon.com	No additional contacts (please refer to the leadership and liaison contacts page)

Coordinated Care Organizations Service Areas