

Department of Human Services  
Statewide Children's Wraparound Initiative  
Model  
December 16, 2009

The Statewide Children's Wraparound Initiative legislation details requirements for biennial updates to the legislature regarding progress that has been made toward implementation and projected costs of full implementation of this Initiative.

Funding of the Initiative is commencing with the use of Medicaid funds and General Fund match. Continuity of care and continued enrollment in Oregon Health Plan (OHP) managed care is a priority. Financing and community projects will be based on these qualities. As the project progresses, evaluation of numbers of children realistically served within these limits, and resources needed to move into and through successive phases will be ongoing. Reinvestment strategies of existing funds will be carefully examined as one mechanism for expansion into successive phases.

**Cohort population groups**

Phase 1: Children 0-18, in custody of Child Welfare, who have touched two or more child serving systems including Child Welfare and Addictions and/or Mental Health, who have had 4 or more placements while in the custody of child welfare, with a total length of custody in excess of one year, OR those who 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 Phase 1 criteria outlined above, and their families. This includes children currently in the custody of Child Welfare receiving Behavior Rehabilitation Services (BRS) and other children who currently receive services under the Intensive Community Based Treatment Services Oregon Administrative Rule.

Phase 2: Children 0-18, in custody of Child Welfare, who have touched two or more child serving systems including Child Welfare and Addictions and/or Mental Health and who have received a mental health assessment and are evaluated to have or be at risk of developing emotional, behavioral, and/or substance abuse related conditions, OR those who 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 Phase 2 criteria outlined above, and their families.

Phase 3: Children 0-18 who are eligible for the Oregon Health Plan and who have or are at risk for having a mental health, behavioral health and or substance abuse condition, and who have touched two or more child serving systems, OR those who 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 Phase 3 criteria outlined above, and their families.

Phase 4: Children 0-18 who are residents of the state of Oregon who have or are at risk for having a mental health, behavioral health and/or substance abuse condition and who have touched two or more child serving systems and their families.

## **Model**

The following constitutes a model for the Oregon Statewide Children's Wraparound Initiative system of care; it reflects the values and principles set forth in House Bill 2144, the recommendations of the Statewide Wraparound Advisory Committee, the recommendations of the Interagency Strategy Team and the DHS Wraparound Workgroup.

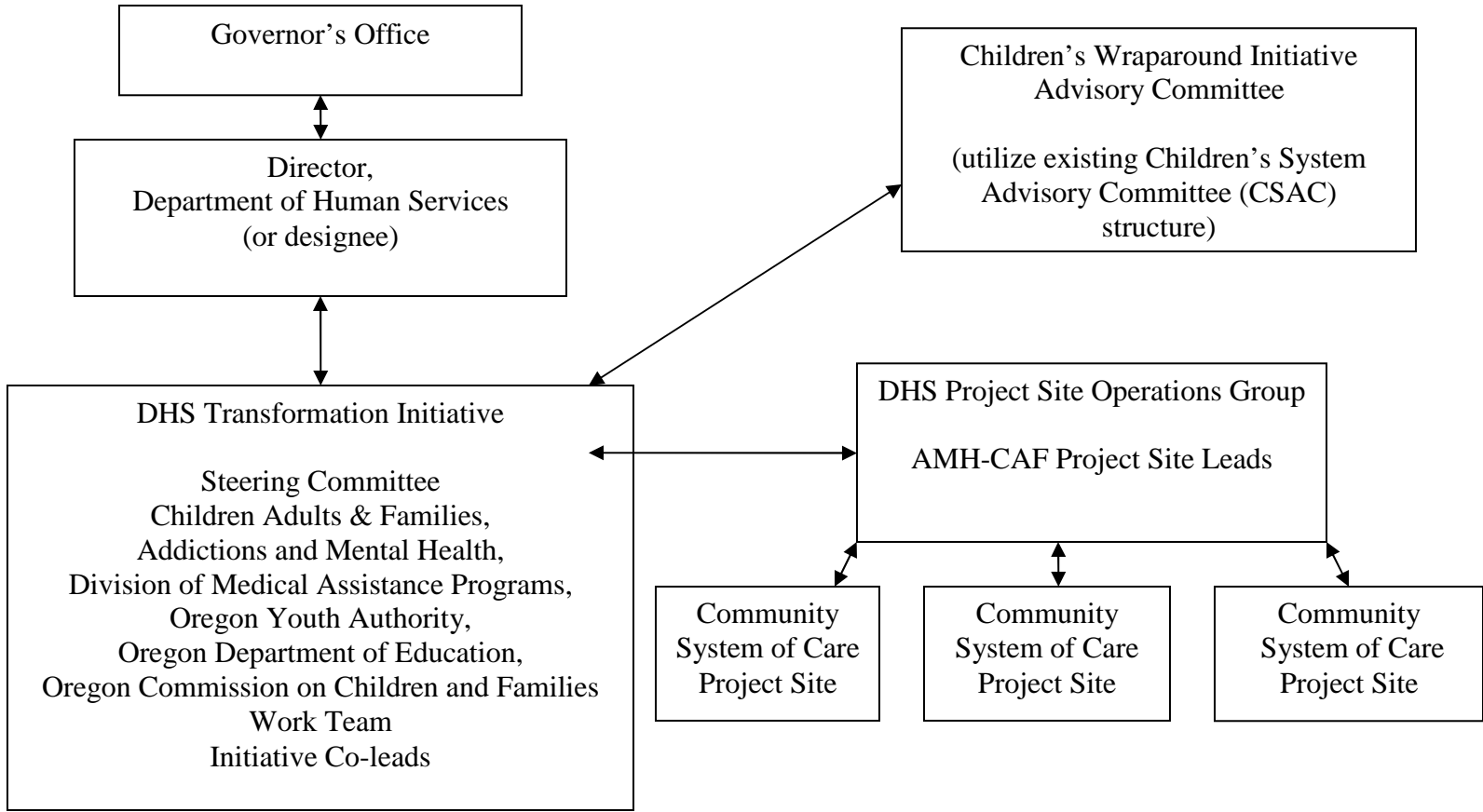
### **State level accountability**

- As established under HB 2144, a Children's Wraparound Initiative Advisory Committee has been instituted. The committee will serve as the governance authority for the wraparound project at a statewide level, and will have a parallel at the local project level coordinated by the Administrative Service Organizations (ASOs). This committee will advise on policy development, financing, implementation, outcomes, and provide overall oversight. It will use a shared decision-making approach within the existing framework of state regulations and policies of the funding agencies. The committee will consist of representatives of partner agencies, local service providers, youth and families, and advocacy organizations and have relevant cultural, ethnic, and geographic representation. At the state level it will be affiliated and joined with the AMH Children's System Advisory Committee.
- The Statewide Purchasing Collaborative (SPC) will be established at a later date.
- Project Management by the Addictions and Mental Health (AMH)-Children, Adults and Families (CAF) Project Site Leads:

Each Project Site will be assigned a Project Site Lead. The Project Site Leads will provide technical assistance to the Administrative Service Organizations and Care Management Organizations in activities needed to implement the projects. Project site leads will be involved in on site assistance and problem solving and be the project site's direct link with the Department. Direct operational involvement will provide an opportunity for the project sites and the Department to quickly solve problems and learn from the daily experiences of the project sites.

- DHS will exercise its responsibility under the Statewide Children's Wraparound Initiative statute to engage other systems to partner in subsequent stages of the Initiative, to include: the Oregon Youth Authority, Commission on Children and Families, Developmental Disabilities and the Department of Education.
- DHS will comply with all applicable Federal regulations and require compliance with state regulations for all project sites.

**State Level Governance Structure**



### **(Regional) Administrative Service Organization Responsibilities**

- Establish a Care Management Organization (CMO) system and provide oversight to its activities.
- Create/enter into Memoranda of Understanding (MOU) to link together 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.
- Contract with Care Management Organization(s) (CMO) to operate a diversified array of services and supports through a provider network and/or a contracting and procurement process.
- Establish a local governance body within the defined region. The local governance structure will have an advisory group in the implementation of the Wraparound Initiative informing policy development, funding decisions and general oversight of the local Initiative using a shared decision-making model. This group will consist of representatives of the administrative service organization, the care management organization, partner agencies, local service providers, youth and families, advocacy organizations and have relevant cultural representation.
- Manage the project site within the agreed upon minimum number of project participants and within established project budget.
- Implement policies on service development:
  1. Incorporate services/expertise of current system partners and providers to maximize existing resources and facilitate a smooth transition from the current system.
  2. Facilitate development of culturally appropriate resources. Provide services that are strength-based, family-driven and youth guided.
  3. Recruit/retain professional ( BRS sponsored) foster homes and other skilled placements within the provider network, which are culturally and linguistically appropriate.
  4. The ASO will create policies: 1) describing at what level in the system the authority for a service coordination plan exists; 2) outlining a dispute resolution process when caseworker, family,

child and family team and/or CMO cannot come to resolution on the disposition of a particular case.

Planning functions:

5. Conduct planning for actual delivery of services and supports.
6. Provide capability for future service development directed toward prevention, early intervention, and intervention for any youth and family in need, for use in future phases of project.

Administrative functions for services and supports delivery:

7. Referral and access into services will be established through a “no wrong door” process. A review committee will be used to review entering clients prior to entry and transitioning clients prior to transition out of the project. Referral information will be collated by the ASO and communicated to the review committee. The review committee will approve project entries and transitions out of the project. Federal level confidentiality standards applicable to all involved systems will be maintained.
  8. The review committee will assist in the management of the minimum number of participants in the project through utilization management of the incoming and outgoing cases.
  9. The review committee will include young adult/youth and families with foster care experience on a team of stakeholders that review referral assessment, screening and outcome measurement information, to ensure shared decision-making. Federal level confidentiality standards applicable to all involved systems will be maintained.
  10. Create referral and assessment protocols that include the use of screening and assessment tools and outcome measurement tools. These tools will be utilized prior to entrance into, transition from and progress while in the wraparound project. Report Statewide Children’s Wraparound Initiative Progress Review data quarterly to DHS.
  11. Provides for care coordination, family advocacy services and peer-delivered services.
  12. Ensures due process rights under contract; complies with federal Medicaid regulations regarding client rights to appeal.
- Fiscal management: 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.

- Create a comprehensive, sustainable workforce development plan.
- Provide training and coaching on the wraparound planning process in conjunction with DHS; 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.
- Policy development and implementation.
- Quality assurance and utilization management.
- Provide program evaluation (collection and dissemination) information in conjunction with DHS at client and system levels.
- Outcomes measurement activities.
- Compliance with state and federal regulations.

**DRAFT Statewide Wraparound Initiative  
Pilot Site Governance Structure  
November 18, 2009**

**State Governance Structure**

- HB 2144 lead agencies: DHS, OYA, ODE, OCCF
- SWI Advisory Committee
- DHS Transformation Initiative (AMH/CAF)
- Statewide Purchasing Collaborative

**ASO Advisory Group**

- 51% Families/Youth
- Local Child-Serving Partner Agencies, including Child Welfare, Mental Health, Substance Abuse, OYA, OCCF, Education, Juvenile Justice, Developmental Disabilities, Primary Care, etc.
- Other interested community partners

**Administrative Service Organization (ASO)**

Establish Policies & Procedures for:

- Referral/Access/Screening/Assessment
- Financing
- Benefit design/service array/contracting
- Family/Youth Involvement
- Information Technology (IT)
- Workforce Development
- Quality Assurance/Quality Improvement & Utilization Review
- Evaluation

**Entries & Transitions  
Approved by Review  
Committee**

**Care Management Organization (CMO)**

- Provide care coordination
- Organize and facilitate Child & Family Team meetings
- Identify strengths & needs through wraparound planning process
- Document service coordination planning that summarizes and organizes planning by all providers
- Participate in planning by other providers
- Facilitate and coordinate access to the service array
- Establish goals and transition criteria, monitor progress, revise planning as needed
- Ensure meaningful family involvement

**Care Coordinator**

**Child & Family  
Team**

**Service  
Coordination Plan**

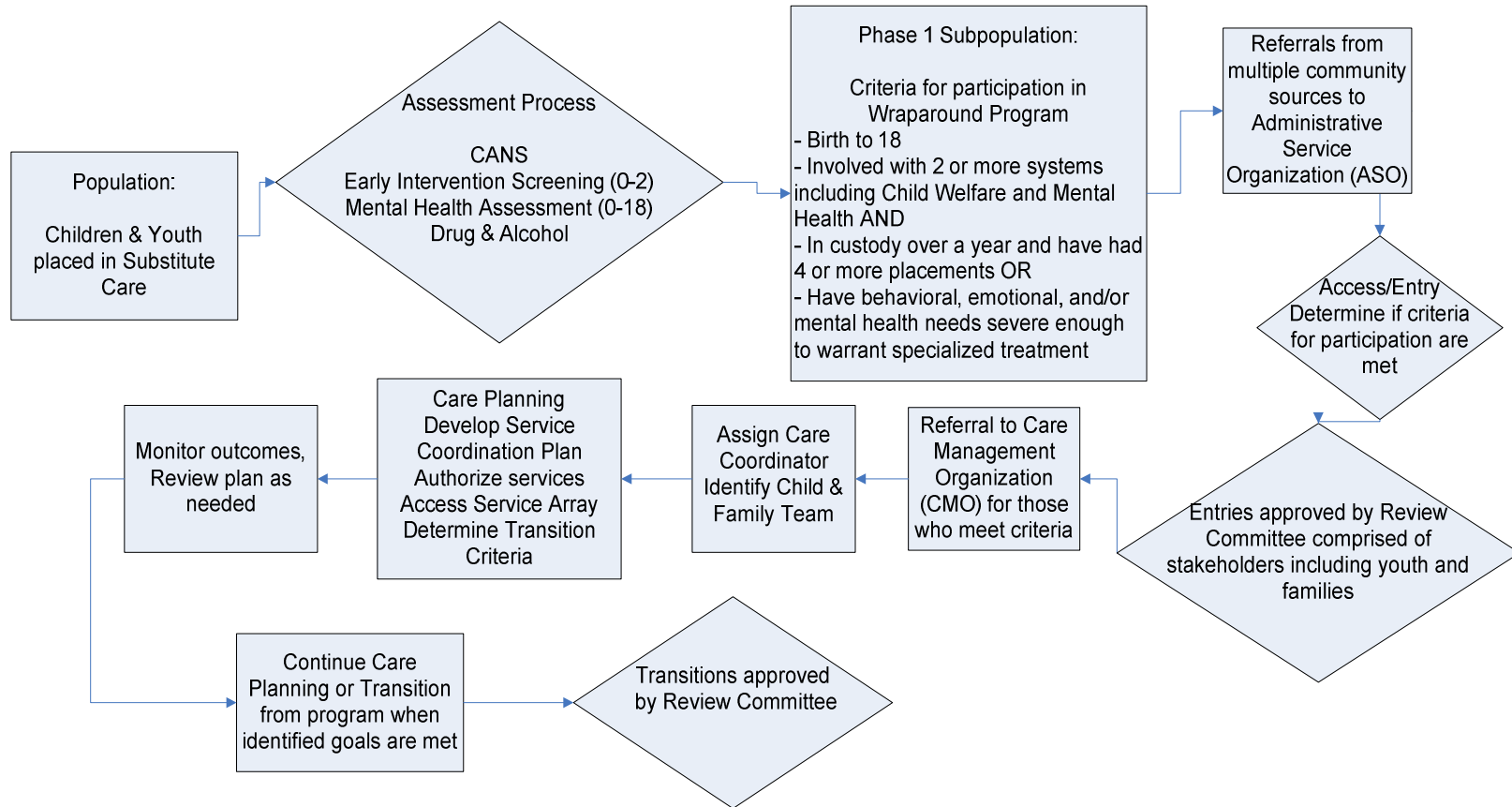
## **Care Management Organization (CMO) Responsibilities**

Care management 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/family. Utilization review, management of flexible funding, data collection and outcome monitoring, and use of evaluation mechanisms to sustain the system are key administrative responsibilities.

- Accept referrals of children who meet DHS established eligibility criteria, relative to the identified project population and respective phase of implementation, 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, for participation in service coordination.
- Integrate, coordinate and participate in planning with multiple system providers.
- Provision and delivery of care coordination services for children who have (or are at risk of developing) emotional, behavioral or substance abuse related needs relative to the identified project population and respective phase of implementation. Work with Child & Family Team to develop service coordination plan. Participate in the development of the Child Welfare case plan.
- Maintain an optimal ratio of care coordinator to family served, preferably 1:15 or fewer in accordance with available resources.
- Engaging with birth parents as appropriate.
- Ensure that family members and youth are primary decision-makers in the development, implementation and modification of the local system of care.
- Provide peer delivered services directly or through contracting.
- Provide services and supports in a community-based, comprehensive, continuum of care that is coordinated, consistent and applied throughout the local region of the CMO, that address the emotional, behavioral and substance abuse service and support needs of the child.
- Provide services directly or through contracting services to other eligible providers within a provider network.

- With Child Welfare, set up mechanisms for monitoring parental visits. Address familial needs as appropriate to support the needs of the child in care, including cultural and linguistic needs.
- Providers will maintain appropriate licensing and certification for the services and supports provided.
- Maintain accurate, detailed, chronological client level notes. Maintain Medicaid compliant clinical records.
- Facilitate Child and Family Teams which use the wraparound process to develop and implement comprehensive individualized service coordination plans for youth and their families, and make decisions about readiness for movement of a child out of the system of care.
- Gather information and complete the Statewide Children’s Wraparound Initiative Progress Review at the Child and Family Team meeting so that these data can be submitted by the ASO on a quarterly basis to DHS.
- Assessment of child for appropriate level of service intensity for placement, treatment and other supports. Retain every eligible child receiving services through the CMO and ensure that they continue to receive service coordination and delivery until an objective evaluation by the review committee determines that the services within the system of care are no longer needed. The objective evaluation shall not be based on just one measurement tool.
- Develop a process to provide rapid access to crisis/emergency services related to placement, treatment and service provision of a therapeutic nature.
- Ensures that the local system of care is inclusive of both services and supports that wrap around the child for any needed placement change when an objective level of service intensity determination indicates that services and supports beyond the regular foster care system are necessary. The most natural, least restrictive, community-based setting shall be the targeted “placement” for the child.
- Utilizes the Child and Family Team to change placements when needed. The team will proactively select the most natural, least restrictive, community-based setting when a move is necessary for the child. The Child and Family Team will move information to the review committee in the event of disputes over placement changes, and the final authority for this decision-making shall remain with the CMO.
- Provide intakes, make referrals, and arrange transport for substitute care placement as a part of the service coordination planning process.

# Wraparound Initiative Case Flow Model



- Participate in treatment reviews.
- Ensure planning and financial responsibility for any needed successive placements, treatments and supports.
- Submits claims to ASO.
- Has access to 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.

### **Coordinating Functions, facilitated by the CMO**

- Family/youth driven teams; coordination of family involvement in placement and treatment.
- Coordination of parent and sibling visitation.
- Coordination of educational needs.
- Coordination of physical and dental needs, and referrals/coordination of specialized services such as alcohol and substance use treatment, medication management, occupational or speech therapy.
- Participation in development of case plan and service coordination plan.
- Develop reunification recommendations for children served under voluntary custody agreements.

### **Child Welfare Worker**

*All duties related to providing services to the parents and the siblings of project identified children remain with the child welfare worker, for those children legally mandated to child welfare custody.*

- Court preparation and involvement.
- Monthly face-to-face contact with project identified child.
- Monthly face-to-face contact with parents.
- Participation in family meetings.
- Developing and documenting case plan; relevant information is contributed to service coordination plan.
- Safety assessments.
- Protective capacity assessments.
- Accountable and responsible for reunification when feasible.
- Complete all required narrations.

## **Mental Health Service Provider of Direct Service to Child**

*Role clarity is important to ensure that child and family teams are effective. For example, team members may perform case management duties related to the responsibilities within their respective system. Task distribution (specifying who is doing what) and rationale (why) must be discussed and decided upon within the team planning process and documented in the Service Coordination Plan.*

*Services that are traditionally provided by the publicly funded mental health system along a continuum of care include:*

- Outpatient and intensive community-based outpatient services including but not limited to: mental health, psychological, and psychiatric assessments; individual, family, and group therapies; case management; care coordination; skills training; peer-delivered services; respite care; consultation; and medication management.
- Services may be provided at flexible locations like school and home or other locations that are preferable to the child and family.
- Intensive treatment services including psychiatric day treatment and psychiatric residential treatment,
- Acute psychiatric hospitalization and subacute services,
- Long-term psychiatric care.