A. **PURPOSE**

The Practice Level Workgroup is comprised of youth, family, and supervisor’s /program managers from youth serving providers and system partners. The Practice Level Workgroup receives, and tracks identified barriers, looking for themes that may need to be resolved. Once a barrier is recognized as needing resolution, the group makes recommendations either to the supervisors and managers able to address the barrier within their system or up to the Collaborative Youth Action Alliance where a group of leaders focus on resolving issues that are across more than one system. If resolution cannot be found at CYAA, then it will be submitted to the Executive Committee for review.

B. **RELATED POLICY**

PSCS/OHA CCO Agreement, January 2016

House Bill 2144 Statewide Children’s Wraparound Initiative (SCWI), 2009
ORS 418.975

C. **SCOPE**

The scope of the Practice Level Workgroup includes the following:

Services and Supports
- Review concerns about availability, quality, and accessibility of services and supports and make recommendations.
- Review concerns about the Wraparound care coordination practice and make recommendations for quality improvement.
- Review concerns about availability, quality, and accessibility of services and supports for culturally and linguistically diverse populations and make recommendations.

System Collaboration and Coordination
• Review concerns about agency and provider utilization of system of care values and principles and make recommendations.
• Review and resolve or make recommendations regarding concerns about interagency conflict and disagreements.
• Review concerns about system collaboration and resolve or make recommendations.

Governance Structure
• Record and maintain a tracking log of identified barriers, concerns and needs.
• Triage/analyze barriers, concerns, needs for practice, system, and policy level resolution.

D. **Responsibility**

**Meeting Frequency**
The Practice Level Workgroup will meets weekly on Mondays.

**Facilitator:** Deschutes County Health Services

**External members:** Family Partner and Youth Partner. Rotating DHS Child Welfare, I/DD, Juvenile Community Justice, Education, Youth Villages, Pacific Source Community Solutions.

E. **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](http://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:
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. 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.

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 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.

**Communication with other system of care governance partners**

**Role of Practice Level Committee Members**
Each member is responsible for representing the local system within which they work (ie. DHS, Juvenile Justice, I/DD, School District, Oregon Family Support Network, Mental Health). Each member has the following specific duties as part of their role:

- Commit to understand and apply the Systems of Care and Wraparound core values and principles.
- Attend meetings regularly
- Identify situations that are a potential conflict of interest and alert the Committee members.
- Come prepared to discuss possible solutions for practice level system barriers.
- Provide education to the Committee about their particular system when it makes sense – for example, understanding the different goals and types of youth placement options via different systems, such as Child Welfare, DD, and Mental Health- or understanding options for alternative education plans in each school district and ESD.
- Increase community knowledge of Wraparound and the Committee efforts of youth-serving systems in Deschutes County through informal sharing and training needs requests and referrals.
- Complete and adhere to all confidentiality and conflict of interest agreements (See Appendix A)
- Promote the values and principles of Wraparound and Systems of Care as a means for systems change.

**Family and youth members of Practice Level Workgroup**
Family and youth members of the Review Committee have a specialized role. In addition to the specific duties described above, youth and family members are encouraged to have an active role in promoting a family driven and youth led system of care. Youth and family Committee members may share their unique perspective as it relates to a specific referral, ask provocative questions to encourage thoughtful discussion and creative solutions, and provide feedback about how decisions may impact families and youth in Deschutes County. Youth and family members will maintain equal decision making power with all other Committee members, including voting on Wraparound referrals.

G. **RECORDS**

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H. **RELATED DOCUMENTATION**

- System of Care Wraparound Initiative
- Wraparound Best Practice Guidelines State of Oregon Version 1.0

I. **REVISION LOG**

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J. **AUTHORIZATION**

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Appendix A

**FOR MEMBERS OF DESCHUTES COUNTY**

**YOUTH WRAPAROUND SYSTEM OF CARE GOVERNANCE**

**NON-EMPLOYEE CONFIDENTIALITY AND CONFLICT OF INTEREST AGREEMENT**
**DEFINITION**
Protected health information: Information created, received, transmitted, or maintained by Deschutes County in *any form* that relates to:

- a) An individual’s past, present or future physical or behavioral/mental health or condition, or
- b) Provision of health care services to an individual; or
- c) Past, present or future payment for the provision of health care services to an individual; and
- d) Identifies the individual, or for which there is reasonable basis to believe that the information can be used to identify the individual.

**POLICY**
It is the policy of Deschutes Behavioral Health that any and all Protected Health Information (PHI) relating to health plan members and clients is highly confidential. You understand that in the course of your service as a member of Deschutes County Wraparound Review Committee, you will have access to this highly confidential information. This access to PHI may occur by means of paper documents, telephonic and in-person communication, and electronic mail (email), among others.

Accordingly, as a condition of your service on the Deschutes County Wraparound Review Committee, you agree to the following:

- To only access PHI for which you have a legitimate need to know and have appropriate authority to access;
- To hold PHI in the strictest confidence and not to disclose or use PHI. This means that you:
  - Will not in any way disclose, copy, release, sell, loan, review, alter, or destroy any PHI except as properly authorized within the scope of your service as a member of the Deschutes County Wraparound Review Committee.
- To prevent unauthorized use of PHI and to promptly report any unauthorized use to your designated county contact.
- Not to remove PHI from the location where it is maintained or from any wraparound community partners, including Deschutes County Mental/Behavioral Health, offices at any time.
- Not to disclose to any individual or organization, except as required for law enforcement and other lawful purposes.
- To promptly consult with your designated county contact in the event of any ambiguity or uncertainty related to use and disclosure of PHI.

**Examples of inappropriate disclosure or use of PHI include:**

- Discussing or revealing confidential information to friends or family members.
• Discussing or revealing confidential information to co-workers who do not have a legitimate need for the information.
• Disclosure of the provision of health care services to a particular individual, without that individual’s consent, to an unauthorized party without a legitimate need for the information.
• Using confidential information for marketing or other business or personal purposes without express permission from Deschutes County Wraparound and Behavioral/Mental Health and the individual.

Under Oregon law, Deschutes County Wraparound and Behavioral/Mental Health and/or your employer may be held liable for your actions that occur within the scope of your service as a member of the County Wraparound Review Committee. However, if it is determined that your actions were outside this scope, you may be held personally liable, and Deschutes County Wraparound and Behavioral/Mental Health and/or your employer may refuse to defend you in the event of legal action, such as a claim of improper disclosure or misuse of PHI.

**CONFLICT OF INTEREST**
A conflict of interest exists when a person’s knowledge about a family/individual comes from professional relationships, client and patient relationships, outside employment, board or commission memberships, or expert witness activities and provides a separate perspective regarding the youth/family/individual considering engagement in the Wraparound Planning Process, and may also exist in the potential use of information gained from participation in the Review Committee for personal gain. All potential conflict-of-interest situation are unique and must be brought up the Review Committee immediately when recognized by any member of the Review Committee.

Review Committee members may not use their positions in connection with any clients, patients, family members of clients or patients, vendors, providers, contractors, or co-workers to, in the course of Review Committee work:

• Gain favors or other personal consideration.
• Grant favors or unwarranted benefits.
• Establish personal relationships with clients or patients.

Review Committee member shall notify and receive approval from Deschutes County Wraparound and Behavioral/Mental Health representative and your employer before providing services that could create a conflict of interest (reviewing consumers, clients, patients, or family members of individuals with whom they have or have had personal or family relationships) concerning their participation on the Review Committee. Examples include working for County/DHS clients or patients as:

• Foster parents, relative caregivers, respite providers, adoptive parents, or guardians for children in DHS custody.
• Child care providers
• Home Care Providers
• Employees of an agency that contracts with Deschutes County Wraparound and Behavioral/Mental Health
• Authorized representatives or payees for Deschutes County Wraparound and Behavioral/Mental Health consumers or clients or patients

If there is any member of the Review Committee who feels that the situation represents a conflict of interest, the person with the dual relationship will be asked to not participate for the review of that particular youth/family/individual and/or to resign from the Committee dependent on the nature of the conflict of interest.

You agree that your obligations contained in this Agreement shall continue after termination/completion of your service to Deschutes County Wraparound and Behavioral/Mental Health.

By signing below, you indicate that you have read and understand this policy.

________________________________________  ______________________________
Signature                                      Date

________________________________________
Printed Name                                      Affiliation/Agency