

System of Care Executive Committee Charter

A. PURPOSE

The purpose of the System of Care Executive Committee is to build a coordinated system of care for young children ages 0-17, with significant social/emotional and behavioral challenges, and their families.

The System of Care Executive Committee fulfills the responsibilities of the Executive Committee with the System of Care Governance Structure; Approving changes from the Collaborative Youth Action Alliance (CYAA) team fulfills the responsibilities of the Executive Committee; approving and potentially funding policy development, financing, implementation, resolving, and potentially funding barriers brought by the Advisory and Practice Level Workgroup and community partners, making recommendations to the State when necessary using a Family Driven Care model (See Appendix A).

Vision for the Future: A coordinated and sustainable system of care utilizing a cultural framework that facilitates optimal health, wellbeing, stable living environments and school success for children, youth, and young adults with serious emotional disturbances and their families.

Core Principles:

- | | |
|---------------------------|------------------------|
| ◆ Family voice and choice | ◆ Culturally competent |
| ◆ Team-based | ◆ Individualized |
| ◆ Natural supports | ◆ Strengths-based |
| ◆ Collaboration | ◆ Persistence |
| ◆ Community-based | ◆ Outcome-based |

B. BACKGROUND (WHY)

System of Care is a philosophy based on cross system collaboration that supports children, youth, young adults, and their families who have complex and significant mental health needs. Agencies, families, and youth come together to work collaboratively on committees to improve the system that serves children, youth, and young adults.

C. SCOPE (WHAT)

The System of Care Executive Committee will embody the principles and values of the System of Care in fulfilling the following purposes and roles:

- ◆ *Steering:* In collaboration with family representatives and other community partners, plan and guide the sustainable

development of children, youth, young adults and family's system of care.

- ◆ *Coordinating:* Coordinate work of all governance structure committees and providers (i.e., mental, physical/medical, developmental, intellectual health, school, legal, housing, resources)
- ◆ *Advising:* Provide input and advice to CCO, Oregon Health Authority, and other community providers on implementation of the system of care.
- ◆ *Advocating:* Transform child-serving systems, informed by youth and family voice, advocating for children and their families, by aligning local child-serving systems.

D. RESPONSIBILITY (HOW)

Purview: The System of Care Executive Committee is responsible to facilitate the process of implementing a sustainable system of care for children, youth, young adults, and their families. The System of Care Executive Committee will fulfill the following obligations:

- ▶ Seeking funding and advising to the state legislature, OHA on processes that are closely aligned with the needs of families, and the needs of children and youth;
 - ▶ Advising and implementation of programs and services to reflect the cultural, racial, ethnic and linguistic differences to facilitate access to care and services offered;
 - ▶ Implementing and funding on a system of care for children, youth, and young adults;
 - ▶ Collecting, organizing, and implementing, and funding ideas and suggestions to inform program policies;
 - ▶ Prioritizing system issues to be addressed by the project;
 - ▶ Soliciting feedback from stakeholders, families, consumers on system of care needs;
 - ▶ Utilize strengths and needs approaches in Executive Committee meetings to develop solution-based responses to identified system of care needs;
 - ▶ Employ a feedback loop to other levels of the governance structure and consumers.
- ◆ Provide input to the State Legislature on:
- ▶ Unresolved barriers requiring additional assistance or support;
 - ▶ Operational systems, processes and products;

- ▶ Collaborate and advise the Advisory Level Workgroup and Practice Level Workgroup on issues related to system of care development.

Commented [MF1]: This should probably not be under the "state legislature" heading above but be on its own.

- ◆ Plan and take group action to promote social and system change.

1. Conflicts of Interest

- ◆ Members of The System of Care Executive Committee and its subcommittees, whose vote on an issue could have direct financial impact, whether for gain or loss, on themselves, their employer or their family, are seen as having a potential conflict of interest.
- ◆ Members will declare any potential conflict prior to the vote and casting a vote on such matters.

2. Responsibilities of System of Care Executive Committee Members

- ◆ Become knowledgeable about the Deschutes County, Jefferson County, Crook County and Oregon System of Care.
- ◆ Assist in the development of agenda items.
- ◆ Identify system of care issues to be addressed by Executive Committee.
- ◆ Provide feedback to their constituency about Executive Committee activities.
- ◆ Develop an understanding of the goals of the Executive Committee and the System of Care.
- ◆ Bring and share experience and expertise as a member of the constituency represented.
- ◆ Communicate from the constituency to the Executive Committee about needs and issues and communicate back to the constituency as a representative of the Executive Committee, assuring effective two-way communication.
- ◆ Implement and advise on the state level development of System of Care policy.
- ◆ Attend Executive Committee meetings regularly; come prepared to discuss and make decisions about items on the agenda.
- ◆ Serve with the intent of creating sound, informed conscientious decisions that will best further the goals of the System of Care policy.
- ◆ Serve on at least one regular or ad hoc sub-committee during the year.
- ◆ Participate and commit to their role and team assignments.

3. Membership

- ◆ The System of Care Executive Committee will consist of an Administrative Team of no more than 4, and no less than 3. The Administrative Team will hold the position for a maximum of one year, with a 2 month overlap with the incumbent Administrative Team.

Commented [MF2]: Do we also need to call out specific Chair/Co-chair/Minutes taker positions?

Commented [DM3R2]: The committee had determined they wanted to attempt to avoid dominant western culture meeting format

- ◆ Visitors or non-members are welcome to attend to understand more about the System of Care. Visitors are open to attend and to present barriers or concerns but are not considered members or hold membership rights or responsibilities
- ◆ New members will be oriented by invite of Executive Committee members, or linked to an orientation by another Executive Committee member prior to attending.
- ◆ The Executive Committee will have diverse, meaningful youth and family voice representation. This will be achieved through active youth and family participation in meetings, and regular feedback from youth and families through barriers submissions.
- ◆ Members will be selected to represent a constituency of the System of Care— such as families that use or need access to services, or community partners that serve children and families, or staff who are responsible for implementing the project.
- ◆ Family and Consumer membership may include but not limited to: Youth Advisory Council members, family members and graduates of services, parent or family advocacy group representatives, and other under-represented parent and family voices (such as for cultural diversity).
- ◆ Community Partner representatives and CCOs will represent disciplines such as: County Mental Health, mental health providers, Child Welfare, Intellectual/Developmental Disabilities, Juvenile Justice, education/early intervention/special education, Child Welfare, medical/health, cultural service providers, and other community partnerships or planning bodies.
- ◆ All new members will receive an orientation to the System of Care, prior to being a member and agree to adhere to the values and principles of the System of Care.
- ◆ Members agree to serve a minimum of two-year terms.
- ◆ Any member may resign by submitting a written notice to the Administrative Team, or providing barriers that need to be resolved in order for their continued participation.
- ◆ Each member is expected to attend monthly meetings on a regular basis, attending at least three-fourths of the meetings each year.
- ◆ Annually existing members agree to evaluate System of Care Executive Committee members to identify missing family, youth or community partner representation.

E. DEFINITIONS

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

Family: People who are committed, “forever” individuals in the identified youth’s life with whom the youth also recognize 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.

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.

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.

F. PROCEDURES (WHEN)

4. Meetings

- ◇ Regular meetings will be on the second Tuesday of the month from 6:00-8:00pm. There will be at least 10 meetings per year, January through December. The meeting date or time may be changed if needed with notice of at least two weeks.
- ◇ Consensus building mechanisms shall guide the conduct of members at all meetings of the Committees; the goal is to reach consensus whenever possible.
- ◇ All System of Care Executive Committee meetings are open to the public. Participation in discussion by guests attending the meeting will be allowed as time permits.
- ◇ Meeting minutes will be recorded for the System of Care Executive Committee meetings by the Administrative Team and sent out via email within 7 days of the meeting.

Commented [MF4]: Is this too prescriptive? We may need to change meeting time and don't think we would want to have to change the charter.

5. Decisions

- ◇ Meeting decisions will normally be made by consensus of members present. Consensus means that all individuals agree with a decision or are willing to support it. Only one agency representative will vote per item, and all individuals with a conflict of interest will recuse themselves.
- ◇ Meeting decisions will be voted on during the meeting presented. Executive Committee members absent will have up to two weeks, after the meeting to cast their vote.
- ◇ If a consensus cannot be reached within the time available, a vote will be used as the back-up means for making the decision. A prevailing vote will be a simple majority that includes a family voice. In the case of a tie, or a vote without adequate family and youth voice, the decision will be carried over to the next meeting or a time when family and youth voice can be included.
- ◇ Voting on decisions can be achieved in person, by phone or by other electronic means, such as video, text, or email.

Commented [MF5]: Is this too ambitious? While consensus is desired state, can we make decisions without it? What would be those terms?

Commented [MF6]: I think this delays all decisions by 2 weeks, right? And maybe only those present, as long as there is a quorum, should vote? By the way, are we going to require a quorum to have a meeting with voting and if so, what are those terms?

Commented [MF7]: So I think this then means decisions are either made by consensus, or if that fails then a simple majority vote as long as family member present and voting, correct? Is that the intent?

Commented [DM8R7]: Yes

6. Compensation

◆ Family Representatives who are not paid as Agency staff or by another agency for their time at Executive Committee meetings may receive compensation for participation (meal, food or fuel).

Commented [MF9]: Change to "will be offered"??

Commented [DM10R9]: Can't guarantee until they decide who is going to provide

7. Structure

◆ **Overarching structure:** The Deschutes County System of Care functions as part of 2009 House Bill 2144, Statewide Children's Wraparound Initiative. The Deschutes County System of Care is jointly responsible to Pacific Source, Oregon Health Authority, and Portland State University.

◆ **Administrative Team** – By 07/01/2021 and thereafter, the Executive Committee will elect an Administrative Team from among the Executive Committee members, with two of these being a Youth or Family Representative, and one or two being any other Executive Team member.

- The Administrative Team will: participate in setting agendas, run the meetings (in collaboration with a facilitator if available), officially represent Executive Committee to others when needed, and other duties as developed. The Administrative Team will continue to vote as any other member.

Commented [MF11]: Reference to this team is also made above and seems to have some possible contradicting info – above it talks about 4 members where this implies perhaps 3? Because the CMHPs are contractually accountable and reimbursed for SOC implementation, should the CMHPs be at least part of the Administrative team? Just posing a question.

◆ **Sub-Committees** – Sub-committees may be developed to meet the needs of the project. All sub-committees will have Family Representatives as members, and all will appoint a liaison, one of whom will be offered to a Youth or Family Representative. Each sub-committee will appoint a liaison to Executive Committee to provide updates.

8. Amendments to these By-laws

- ◆ The Executive Committee may undertake review and/or amendment of this charter at any time.
- ◆ The Executive Committee members will be provided the opportunity to review amendments to the membership section of this charter, normally by requesting input at least one month before the proposed change will be put for a vote. If time is critical on an issue, ad hoc input may be requested from the Administrative Team.
- ◆ Members of the Executive Committee will receive proposed amendments to this charter in writing at least two weeks before the meeting in which a vote will be taken.

Appendix A

Definition of Family-Driven Care From SAMHSA System of Care Website

Family-driven means families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory, and nation. This includes:

1. Choosing supports, services, and providers;
2. Setting goals;
3. Designing and implementing programs;
4. Monitoring outcomes;
5. Partnering in funding decisions; and
6. Determining the effectiveness of all efforts to promote the mental health and well-being of children and youth.

Guiding Principles of Family-Driven Care

1. Families and youth are given accurate, understandable, and complete information necessary to set goals and to make choices for improved planning for individual children and their families.
2. Families and youth, providers and administrators embrace the concept of sharing decision-making and responsibility for outcomes with providers.
3. Families and youth are organized to collectively use their knowledge and skills as a force for systems transformation.
4. Families and family-run organizations engage in peer support activities to reduce isolation, gather, and disseminate accurate information, and strengthen the family voice.
5. Families and family-run organizations provide direction for decisions that impact funding for services, treatments, and supports.
6. Providers take the initiative to change practice from provider-driven to family-driven.
7. Administrators allocate staff, training, support, and resources to make family-driven practice work at the point where services and supports are delivered to children, youth, and families.
8. Community attitude change efforts focus on removing barriers and discrimination created by stigma.
9. Communities embrace, value, and celebrate the diverse cultures of their children, youth, and families.
10. Everyone who connects with children, youth, and families *continually advances their own cultural and linguistic responsiveness as the population served changes.*

Characteristics of Family-Driven Care

1. Family and youth experiences, their visions and goals, their perceptions of strengths and needs, and their guidance about what will make them comfortable, steer decision making about all aspects of service and system design, operation, and evaluation.
2. Family-run organizations receive resources and funds to support and sustain the infrastructure that is essential to insure an independent family voice in their communities, states, tribes, territories, and the nation.
3. Meetings and service provision happen in culturally and linguistically competent environments where family and youth voices are heard and valued, everyone is respected and trusted, and it is safe for everyone to speak honestly.
4. Administrators and staff actively demonstrate their partnerships with all families and youth by sharing power, resources, authority, responsibility, and control with them.
5. Families and youth have access to useful, usable, and understandable information and data, as well as sound professional expertise so they have good information to make decisions.
6. Funding mechanisms allow families and youth to have choices.

All children, youth, and families have a biological, adoptive, foster, or surrogate family voice advocating on their behalf.