
Statewide Children's Wraparound Initiative

Communication #2: November 30, 2009

The Children's Wraparound Initiative has begun the initial phase of implementation, and the Department of Human Services (DHS) is committed to keeping all our partners informed every step of the way. Today's communication reviews some of the core decisions that have been made to assist communities in their preparation to become demonstration project sites. Communities may use this opportunity to evaluate their own interest as a system of care project site and decide if they are ready to partner with the Department on this project.

The Department is committed to working closely with project sites to conduct business and deliver services with a focus on efficiency and effectiveness. We will assist and support the development and implementation of local and state level processes that promote administrative efficiency. Further, project sites will provide critical information as we work with our Federal and State partners to gain necessary approvals and authorizations.

DHS will distribute a set of documents in early December that will outline the project scope, model, financing, governance, outcomes and measurement, and readiness criteria. These documents will form the department's request for community applications to become wraparound project sites. The application will be due by mid January 2010. The department intends to select community projects sites by February 2010.

Outlined below is the current status of decisions made to date:

Cohort: Initial efforts will focus on children, from birth to age 18, who have been in the custody of DHS for more than one year and have had at least four placements or who come into custody and immediately need specialized behavioral health services and supports. Children who are involved with DHS child welfare through voluntary agreements will be included in the project. Communities may propose additional population groups into their project as long as the associated resources are also identified.

Statewide Purchasing Collaborative: A Statewide Purchasing Collaborative (SPC) will be established which is inclusive of state, federal and local funds to be sustainable within the local communities and from which braided funds will be administered. The SPC is responsible for braiding funding from multiple child-serving agencies. In Phase I this will include DHS Children, Adults & Families (CAF-child welfare), DHS Addictions and Mental Health (AMH) and DHS Division of Medical Assistance Programs (DMAP) for Medicaid funding. The SPC is also responsible for contracting with the Administrative Services Organization (ASO) for local administration of the services and supports needed to deliver the wraparound program, and to manage, monitor and evaluate contracted providers.

State Governance Structure: Children's System Advisory Committee will serve as the Statewide Wraparound Project Advisory Committee as described in the law. This will avoid duplication of committee work and capitalize on an existing structure to serve the advisory function. A formative meeting was held in November and ongoing Advisory Committee meetings will occur on a monthly basis beginning in December.

ASO/CMO Structure: The local project administration and provider network is valued as a local decision. DHS will set out what the ASO and Care Management Organization (CMO) functions are and not dictate which entity carries out these functions. These structures must balance the administrative expense of creating a new structure and delivery of current contract requirements and investment in the current administrative and service delivery structure. The ASO is accountable to DHS through contracts and assertive oversight through data, outcomes, and active involvement in the project sites. There is a need to establish multiple points of contact and influence in decision making with new system partners. The family voice will have equal value through each level of the demonstration project.

Referrals, Access, and Transitions: The goal is to ensure that the ASO makes decisions with community stakeholders and to maintain a balance between project financing stability and the needs of the cohort of children in the project. Therefore, the local project governance structure designs a system to make final case decisions about referrals, access, and transitions. The state governance group will set out baseline functions and the local project (with approval from DHS) will determine service level based on a team decision making model. Once a referral is received by ASO, they administratively move referral to a “review committee” and this will include discharge and transition decisions.

Services Included in Phase 1: Phase 1 will include mental health and behavioral health services and may include alcohol and drug, physical health, and dental services. When selected, project sites will have responsibility for coordination of healthcare services. DHS child welfare will retain legal responsibility for the child. Project proposals must reflect the cultural diversity of their communities. Services will be culturally and linguistically appropriate to the community and cohort receiving services and supports.

Continuity of Care: The project is designed to maintain continuity of care and enrollment in Oregon Health Plan managed care. Financing and community project site design and implementation need to be based on these qualities.

Partnership with Tribal Governments: DHS will engage in specific discussion with Oregon Tribes to develop system of care project design for the tribal communities. However, we encourage community project proposals to include Tribal collaboration when indicated.

Finally, the HB 2144 work group must present its findings and a progress report to the legislature. This is an opportunity for the legislature to learn from the work group and offer further direction and recommendations to guide continues work. Streamlining services will lead to a more efficient use of our resources and less delay for families and children in need of services and supports. We believe that an integrated system of care for children is crucial to the health of those we serve.

For the most up to date information on implementation please log onto:
<http://egov.oregon.gov/DHS/mentalhealth/wraparound/main.shtml>.

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