



# CORPORATE POLICY & PROCEDURE

	Policy Name: Wraparound
Department: Clinical Engagement	Policy Number: CE03
Version: 6	Creation Date: 1/26/2017
Revised Date: 1/22/18, 7/28/19, 1/2/20, 7/9/20, 11/12/2021	Review Date:
Line of Business: <input type="checkbox"/> All <input checked="" type="checkbox"/> Umpqua Health Alliance <input type="checkbox"/> Umpqua Health Management <input type="checkbox"/> Umpqua Health - Newton Creek <input type="checkbox"/> Umpqua Health Network	
Signature: <i>Nancy Rickenbach</i> Approved By: Nancy Rickenbach, Chief Operating Officer <span style="float: right;">Date: 12/31/2021</span>	

## POLICY STATEMENT

Umpqua Health Alliance (UHA) will provide a framework for UHA Wraparound care in compliance with Oregon Administrative Rules (OAR) 309-019-0324 and OAR 309-019- 0326

## PURPOSE

The purpose of this policy is to provide an outline of how Wraparound care will be tailored to meet the unique needs of each youth that is a UHA member and the youth's family, or member representative, in accordance with the Coordinated Care Organization (CCO) Contract between UHA and the Oregon Health Authority (OHA).

## RESPONSIBILITY

Clinical Engagement

## DEFINITIONS

"Child and Adolescent Needs and Strengths Assessment" has the meaning provided in OAR 309-019-034.

"Child-Serving Systems" has the meaning provided in OAR 309-019-034. "Crisis and Safety Plan" has the meaning provided in OAR 309-019-034.

“Culturally responsive services” are those that are respectful of, and relevant to, the beliefs, practices, culture and linguistic needs of diverse [individuals], populations and communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. Cultural responsiveness describes the capacity to respond to the issues of diverse communities. It



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thus requires knowledge and capacity at different levels of intervention: systemic, organizational, professional, and individual” (Curry-Stevens et al., 2014).

"Family Partner" (also called Wraparound Family Partner- WFP) has the meaning provided in OAR 309-019-034.

"Fidelity" has the meaning provided in OAR 309-019-034.

"Formal Supports" has the meaning provided in OAR 309-019-034.

"Informal Supports" has the meaning provided in OAR 309-019-034.

"Linguistic Responsiveness" has the meaning provided in OAR 309-019-034.

"Natural Supports" has the meaning provided in OAR 309-019-034.

"Peer Partner Supervisor or Coach" has the meaning provided in OAR 309-019-034.

"Phases of Wraparound" has the meaning provided in OAR 309-019-034.

System of Care (SOC): A coordinated network of services and supports, including education, child welfare, public health, primary care, pediatric care, juvenile justice, behavioral health treatment, substance use treatment (SUD), developmental disability services and any other services and supports to the identified population that integrates care planning and management across multiple levels, that is culturally responsive and linguistically competent, that is designed to build meaningful partnerships with families and youth in the delivery and management of services and the development of a supportive policy and management infrastructure (CCO Contract, Exhibit A).



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"Strength-based" has the meaning provided in OAR 309-019-034.

"Strengths and Needs Summary" has the meaning provided in OAR 309-019-034.

"Ten Wraparound Principles" has the meaning provided in OAR 309-019-034.

"Wraparound" has the meaning provided in OAR 309-019-034.

"Wraparound Care Coordinator (WCC)" has the meaning provided in OAR 309-019-034.

"Wraparound Coach" has the meaning provided in OAR 309-019-034.

"Wraparound Flexible Funding" has the meaning provided in OAR 309-019-034.

"Wraparound Plan of Care" has the meaning provided in OAR 309-019-034.

"Wraparound Review Committee" has the meaning provided in OAR 309-019-034.

"Wraparound Supervisor" has the meaning provided in OAR 309-019-034.

"Wraparound Team" has the meaning provided in OAR 309-019-034.

"Wraparound Team Meeting" has the meaning provided in OAR 309-019-034.

"Youth" has the meaning provided in OAR 309-019-034.

"Youth Partner" (also called Wraparound Youth Partner- WYP) has the meaning provided in OAR 309-019-034.

"Youth Support Specialist" has the meaning provided in OAR 309-019-034.

### PROCEDURES

#### General Requirements

1. UHA will maintain written Wraparound policies and procedures.
2. The Wraparound policies are updated in accordance with UHA policy CO25, OAR's, and per contract requirement.



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3. UHA's delegated provider delivers Wraparound to youth members and their families who are determined to meet eligibility through the Wraparound Review Committee. Portions of the Wraparound process, including the Wraparound Review Committee, may be delegated to other entities, however, UHA remains ultimately responsible for ensuring that Wraparound is available to all eligible members.
4. All services and supports available through Wraparound are available to youth and families without referral or enrollment in Wraparound Program. Youth and family engagement in services and supports is not predicated upon referral, eligibility, or enrollment in Wraparound. Members may access all in-network outpatient services equivalent to those available through Wraparound without referral or prior authorization, except for IIBHT (which requires prior authorization). The assigned Wraparound Care Coordinator (WCC) will assess the youth and family's needs during the initial outreach following receipt of Wraparound referral and ensure connection to commensurate services and supports.
5. Engagement in Behavioral Health services is *not* required to be eligible for Wraparound.
6. UHA ensures the implementation of fidelity Wraparound by requiring subcontractor to hire and train the following staff:
  - a. Wraparound Care Coordinator;
  - b. Wraparound Supervisor;
  - c. Wraparound Coach;
  - d. Youth Partner;
  - e. Family partner; and
  - f. Peer Partner Coach.
7. UHA will track and monitor the staff hiring and training via Quarterly Wraparound Staff Reports submitted by delegated provider.
8. UHA will submit its Wraparound policies and procedures to OHA for review and approval as follows:
  - a. Annually, by January 31st of each contract year.
    - i. If no changes have been made since OHA's last approval, UHA may, submit an attestation to OHA signed by UHA's Chief Executive Officer (CEO) or Chief Financial Officer (CFO) stating that no changes have been made. UHA shall make the attestation using the Attestation form located on the CCO Contract Forms Website.
      1. OHA will notify UHA of the approval status within 30 days from submission.
      2. OHA will notify UHA within the same period if additional time is needed for review.



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- ii. In the event that OHA does not approve UHA’s Wraparound policies and procedures, UHA shall follow the processes set forth in Ex. D, Sec. 5 to this contract.
  - b. Upon any material change to such policies and procedures,
  - c. Within five business days of the OHA’s request.
  - d. UHA will not implement its Wraparound policies and procedures until it has received an approval in writing by OHA.
- 9. UHA requires the delegated provider to adhere to the following process when selecting services and supports:
  - a. WCCs are required to maintain a working knowledge of and ability to identify services and supports that require prior authorization.
  - b. Wraparound program maintains a list of services and supports requiring prior authorization (see Forms section (1) Wraparound Program Brochure).
  - c. Wraparound program has a clear and easy to read handout that describes the process for requesting prior authorization for services and (see Forms section (1) Wraparound Program Brochure)
    - i. The handout used by the Wraparound program is provided at first contact with wraparound staff and available on UHA website. This handout additionally details the services and supports that require prior authorization and/or referral.
  - a. WCC and youth’s chosen team discuss the services and supports to collectively decide on next steps. The youth and family drive the decision-making process.
  - b. If a recommended service or support agreed upon by the Wraparound team requires PA:
    - i) The WCC refers the youth to the delivering provider.
    - ii) The delivering provider completes the PA form, which is faxed directly to UHA for review and determination.
    - iii) The Wrap Supervisor and Facilitator works with UHA as appropriate, depending on the services requested to process and secure prior authorizations.
    - iv) In the event a prior authorization is denied, UHA contacts wraparound supervisor and facilitator to ensure youth’s wrap team is aware of the determination and provides supplementary information on the denial reason, discuss alternatives, and/or provide support in pursuing other options.
  - c. WCC discusses alternative planning while waiting for determination, if appropriate.



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- d. WCC will engage the UHA Behavioral Health Care Coordinator and other key system partners in the process including DHS and OHA resources, if applicable.
  - e. WCC will provide periodic updates to the Wraparound team on the status of referrals.
10. UHA requires Wraparound teams, and the youth and families they serve, to receive prior authorization for select services as outlined in the follow resources:
- a. Member Handbook published on UHA's website.
    - i. The Member Handbook is currently available in English, Spanish, and Audio.
    - ii. The Member Handbook is updated periodically.
    - iii. Wraparound teams and members are encouraged to utilize the published Member Handbook for up-to-date information.
  - b. Prior Authorization Grid published on UHA's website.
    - i. The Prior Authorization Grid is updated regularly.
    - ii. Wraparound teams and members are encouraged to utilize the published Prior Authorization Grid for up-to-date information.
  - c. Provider Handbook published on UHA's website.
    - i. The Provider Handbook is updated periodically.
    - ii. Wraparound teams and members are encouraged to utilize the published Provider Handbook for up-to-date information.
  - d. The Wraparound Program Brochure published on UHA's Website (see Forms section (1) Wraparound Program Brochure)
    - i. The Wraparound Program Brochure is provided to youth and families by Wraparound Care Coordinators during initial outreach upon receipt of referral.
    - ii. Wraparound teams and members are encouraged to utilize the Wraparound Program Brochure to understand the prior authorization process, including the services in which they would be required, how to obtain one from a provider, and what entities may assist them with their request(s).
11. UHA's delegated provider will staff and provide the Wraparound program appropriately to meet the needs of youth in UHA's service area who are eligible to receive Wraparound services in compliance with the following:
- a. The delegated provider is funded in a method that allows the program to expand and contract in accordance with the community needs.
  - b. WCCs shall facilitate the Wraparound process for no more than 15 families at any time when in a full-time position



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- c. The delegated provider will seek to employ additional WCCs when the ratio of WCC to youth nears the 1:15 ratio for all full-time actively employed WCCs.
- d. The delegated provider submits quarterly Wraparound Staffing Reports to UHA including each WCC, hire date, training dates, and caseload of Wraparound providers.
- e. The delegated provider tracks the youths' phase of wraparound and progress toward mission on a continuous basis to ensure the WCC is working with the youth and family to identify unmet needs and develop strategies for supporting the youth and family.
- f. UHA monitors and reviews the delegated provider's Wraparound Client Tracking Report which details youth progress in phases of wraparound.
- g. UHA and the delegated provider will meet following the quarterly reporting to review both the Wraparound Staff and Client Tracking Reports to review overall program flow and capacity, ensuring a sustainable Wraparound program.
- h. UHA utilizes the quarterly reports to monitor Wraparound capacity to ensure the delegated provider is able to meet the needs of youth in UHA's service area who are eligible to receive Wraparound.
  - i. Wraparound Supervisor will notify UHA within seven (7) days if program capacity reaches 90%.
  - ii. UHA and the delegated provider will collaborate in developing a plan to addressing the capacity needs, which may include the delegated provider adding more staff to accommodate increased demand.
- i. The Wraparound Review Committee, per Charter, will also: monitor program capacity, identify and review barriers, analyze the types and mix of referrals received, look for patterns and disparities, monitoring transitions out of the program and ensuring reasonable access. This is an additional monitoring to the monitoring and tracking UHA conducts, which is separate, but informed by the oversight provided through the Wraparound Review Committee.
- j. UHA staff, trained in Wraparound values and principles, participate on the Wraparound Review Committee. UHA staff are able to ensure fidelity to the model, provide support to the Wraparound team, monitor case progress to ensure quality and continued program capacity.
- k. If UHA lacks provider capacity to deliver Wraparound, UHA shall notify OHA and develop a plan to increase provider capacity. The expectation is that the various processes incorporated within this policy will safeguard against such a circumstance.
- l. UHA shall maintain sufficient funding and resources to implement Wraparound to fidelity for members.



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12. In accordance with OAR 309-019-0326 and the CCO Contract, UHA’s delegated provider:
- a. Makes eligibility and referral process available to the public. Eligibility criteria includes:
    - i. Youth served in two (2) or more child serving systems and experiencing complex needs; and
    - ii. Youth who have been approved by a Wraparound Review Committee.
  - b. Obtains a mental health assessment within 60 days of the Wraparound referral for youth being served under Medicaid;
  - c. Provides capacity to implement peer delivered services in accordance with OAR chapter 410 division 180 requirements and OAR 309-019-0105 for youth and families participating in Wraparound;
  - d. Screen for any complex needs and any other factors identified by the Wraparound Review Committee in the local community;
  - e. Ensures that sufficient funding and resources are maintained to implement Wraparound to fidelity for members 17 and younger, who are Medicaid eligible, enrolled at Secure Children’s Inpatient Program (SCIP), Secure Adolescent’s Inpatient Program (SAIP), Psychiatric Residential Treatment Services (PRTS), or the Commercial Sexually Exploited Children’s residential program funded by the OHA have access to Wraparound; and
  - f. Ensures that program staff, contractors, volunteers, and interns providing Wraparound are trained in and familiar with strategies for delivery of trauma informed and culturally and linguistically responsive treatment services. At a minimum, completion of an online foundational course for trauma informed care approved by the OHA shall be required of program staff, contractors, volunteers, and interns. Providers are also required to complete the CCO required CLAS training as well as the delegated entities internal annual training on Diversity, Equity, and Inclusion.
  - g. Ensures that youth partner and family partner services have been offered to the youth and family and that any selected partners attend Wraparound team meetings.
  - h. Ensures behavioral health providers (including day treatment, PRTS, SAIP and SCIP providers) are trained in Wraparound values and principles and the provider’s role within the Wraparound process and Wraparound child and family team.
13. UHA and the delegated provider are committed to Wraparound in a manner that is reflective and effective for every youth and family, regardless of their race, nationality, gender, sexuality, religion or languages spoken. UHA will work with the delegated



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provider to ensure procedures and strategies are in place with may include, but not limited to:

- a. Utilizing MFT data to analyze responses by demographics to assess variations in outcomes and responses.
  - b. Partnering with other organizations around cultural engagement with populations who have not been engaging in or receiving wraparound
  - c. Culturally responsiveness surveys
14. UHA and the delegated provider are committed to ensuring Wraparound supports youth, families, and Wraparound staff in receiving culturally and linguistically responsive coaching, supervision and care per the Wraparound OAR's and Best Practice Guide. UHA will work with the delegated provider to ensure procedures and strategies are in place with may include, but not limited to:
- a. Youth and Families
    - i. The Wraparound planning process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
    - ii. Natural supports may be a part of the youth's and family's cultural background and including them in the plan is an important part of being culturally responsive.
    - iii. Wraparound Crisis and Safety Plans shall at be culturally and linguistically responsive.
    - iv. To uphold the Wraparound principle of cultural and linguistic responsiveness, it's imperative each Wraparound staff (WCC, WYP, WFP) have their own way of seeking information about the youth and their family's culture, strengths, needs, and vision.
    - v. Wraparound Care Coordinator (WCC):
      1. Meets with the youth and family in collaboration with the WFP and WYP to hear about the youth and family's experiences including collective strengths, needs, culture, goals/vision, natural and formal supports.
      2. In first Wraparound Team Meeting; Prepares materials—including the document summarizing family members' individual and collective strengths, and their needs, culture, and vision—to be distributed to team members.
      3. Celebrating the End of the Formal Wraparound Planning Process- Celebrate success in culturally appropriate, meaningful way that recognizes their accomplishments
    - vi. Wraparound Family Partner (WFP):



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1. Participates or facilitates discussions with family, gathering their experiences, strengths, needs, culture, goals/vision; natural and formal supports.
  2. Support the family in sharing their perspective and ensure that the family’s culture and beliefs are understood and incorporated in the planning process by the team.
  3. Communicate the family’s cultural norms, language, and spiritual needs
  4. Celebrate success in culturally appropriate, meaningful way that recognizes their accomplishments
- vii. Wraparound Youth Partner (WYP):
1. Participates or facilitates discussions with youth, gathering their experiences, strengths, needs, culture, goals/vision; natural and formal supports.
  2. When meeting with the youth in a 1:1 setting, be curious and adventurous in conversations asking about how the youth and their identified family celebrate holidays, what are their spiritual beliefs, and what does “better” look like for them? Seeking information like this through conversation will show strengths and needs.
  3. Collaborate with the youth to create a plan that will be responsive to their culture and will be realistic for them to implement.
  4. The youth should choose how they personally would like to celebrate, and the celebration should honor their culture and identity.
- b. Wraparound Staff
- i. Coaching is expected to be as culturally responsive as possible for each Wraparound practitioner serving youth and families.
  - ii. All coaches and supervisor will receive training which may include, but is not limited to: training on equity and inclusion practices, understanding privilege and biases, how to identify and dismantle white supremacy characteristics, and the impacts of oppression on historically marginalized communities.
  - iii. Clinical Supervision- Practitioners are expected to work with their supervisor to identify strategies to work with families who have different cultural perspectives of mental health, keeping in mind to advocate for family voice and choice regarding treatment.



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iv. Peer Partner Coaches shall:

1. Create documentation that demonstrates: coaching is responsive to diverse cultural beliefs, practices, languages, learning styles, and communication as evidenced by written feedback from the Youth and Family Partner and the Peer Delivered Service Supervisor.
2. Make Peer coaches available to provide coaching in the language spoken by the family when possible to bilingual Youth and Family Partners, and be able to observe meetings and perform document review in the family’s primary language without impact on the youth, family, or WCC.
3. Seek out additional resources when the Peer Coach does not have lived experience to provide culturally specific coaching to the Youth or Family Partner.

v. Wraparound Coaches shall:

1. Create documentation that demonstrates coaching is responsive to diverse cultural beliefs, practices, languages, learning styles, and communication as evidenced by written feedback from the WCC and Wraparound Supervisor.
2. Provide coaching to bilingual WCC’s in the language spoken by the family when possible and be able to observe meetings and perform document review in the family’s primary language without impact on the youth, family, or WCC.
3. Seek out additional resources when the Coach does not have lived experience to provide culturally specific coaching to a WCC.

vi. Wraparound Supervisors shall:

1. Ensure that the provision of Wraparound is culturally and linguistically responsive to the needs of WCCs, Youth Partners, Family Partners, youth, and families.
2. Adapt caseload size to provide adequate time to complete tasks if a WCC is working with a youth or family that requires an interpreter, bilingual services, and other accessibility needs.
3. Ensure Wraparound coaches implement coaching plans that are culturally and linguistically responsive.

15. UHA and the delegated provider *do not*:

- a. Require Medicaid eligible youth to receive services or supports prior to applying for Wraparound; or



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- b. Exclude a youth who are not a UHA member from receiving Wraparound when funding is available from other payers; or
  - c. Place youth on a waitlist to receive Wraparound.
- 16. The delegated provider gathers and compiles the strengths and needs summary that is complemented by the CANS Oregon assessment tool approved by OHA.
  - a. Strengths and needs information include:
    - i. Documentation of face-to-face meetings with the youth and family at a time and location chosen by the youth and family;
    - ii. Documentation of interviews with current formal and natural supports;
    - iii. A review of referral documentation;
    - iv. Consideration of each one of the following domains:
      - 1. Family and relationships;
      - 2. Home and a place to live;
      - 3. Psychological and emotional;
      - 4. Health and medical;
      - 5. Crisis and safety;
      - 6. Financial;
      - 7. Educational and vocational;
      - 8. Legal;
      - 9. Cultural and spiritual;
      - 10. Daily living;
      - 11. Substance abuse and addictions; and
      - 12. Social and recreational.
  - b. The strengths and needs summary must be completed during the first phase of Wraparound.
- 17. The delegated provider conducts a strengths and needs assessment tool for each youth enrolled in Wraparound. The assessment tool:
  - a. Is completed within 30 days of documented participation in Wraparound and is updated every 90 days thereafter, and upon a change in clinical circumstances or other significant event;
  - b. Is a strengths and needs assessment tool approved by the OHA;
  - c. Is completed by a WCC, family partner or youth partner certified in the strengths and needs assessment tool approved by the OHA;
  - d. Includes strengths and needs of the youth;
  - e. Incorporates input from the youth, family, and all team members; and
  - f. Assists in developing a Wraparound Plan of Care.
- 18. The delegated provider ensures only providers who have been certified by the Praed Foundation for administering the Children and Adolescent Needs and Strengths



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Comprehensive Screening – Oregon (“CANS Oregon”) (as found at <https://www.schoox.com/login.php>) administer CANS Oregon to UHA’s members.

- a. UHA will ensure a CANS Oregon is administered to each member enrolled in Fidelity Wraparound.
  - i. The delegated provider shall complete a CANS Oregon:
    - 1. Within 30 days of initial program enrollment,
    - 2. Every 90 days thereafter,
    - 3. After a significant event, and
    - 4. Upon exit from the fidelity Wraparound program.

19. A Wraparound Plan of Care:

- a. Includes a family vision statement developed by the youth and family during the engagement phase;
- b. Includes a team mission statement developed by the Wraparound team;
- c. Includes a list of strengths and needs derived from the youth, family, the Child and Adolescent Strength and Needs Assessment, and the strengths and needs summary;
- d. Includes goals for each prioritized need;
- e. Includes strategies to achieve the desired outcomes, including identified strategies implemented by youth and family peer support specialists;
- f. Includes action steps that team members shall undertake to meet the needs identified by the youth and family, including identified action steps implemented by youth and family peer support specialists;
- g. Is reviewed and updated at each team meeting;
- h. Is culturally and linguistically responsive;
- i. Is approved by the youth and family;
- j. Is made available to the youth and family within five business days of the Wraparound meeting in the format and language chosen by the youth and family;
- k. May include a blend of formal and informal supports;
- l. Includes a list of team members and contact information; and
- m. Is present and discussed at each team meeting.

20. Wraparound team meetings:

- a. Are facilitated face-to-face, by two-way audio-visual conference, or by telephone in the preferred language of the youth and family. Meetings are scheduled and decisions are to be made only with the youth and family’s direct involvement and approval;
- b. Use professional interpretation services, if requested by the youth and family;
- c. Are conducted at a minimum of two (2) times each month during phase two of Wraparound while youth is enrolled in Wraparound; and



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- d. Convene at a minimum of one time per month, and as necessary, to meet the needs of the youth and family, as determined by the youth, family, and Wraparound team when not in phase two of Wraparound.
21. Wraparound Crisis and Safety Plans at a minimum:
- a. Are developed and approved by the youth and family in consultation with the Wraparound team;
  - b. Are completed during the engagement phase of Wraparound and include, at a minimum in the initial crisis and safety plan, at least one strategy to prevent a crisis situation and one strategy to use during a crisis situation;
  - c. Document the youth and family’s definition of crisis;
  - d. Include a list of triggers, warning signs, and recommended de-escalation strategies and supports identified by the youth and family in consultation with the Wraparound team;
  - e. Document strategies for risk prevention for existing or anticipated safety concerns, to include lethal means counseling, that includes strategies to help individuals at risk for suicide and their families, and reduce access to lethal means, including but not limited to firearms;
  - f. Include strength-based strategies for addressing the youth and family’s needs when in crisis;
  - g. Document natural and formal supports approved by the youth and family for crisis response;
  - h. Are updated when clinical circumstances change, following any placement change, psychiatric crisis, overdose, suicide attempt, police involvement, other situations identified by the youth or family, or at the request of the youth or family;
  - i. Document safety requirements from other child-serving or legal systems;
  - j. Are culturally and linguistically responsive;
  - k. Include contact information for resources that the youth and family may use before or during a crisis event;
  - l. Are provided to the youth and family in a format chosen by the youth and family; and
  - m. Are available to Wraparound team members.
22. A Fidelity Monitoring Tool (FMT) approved by the Division shall be used to assess fidelity to Wraparound in accordance with OAR 309-019-0326(15):
- a. Monitoring fidelity to the Wraparound model includes assessing:
    - i. Adherence to the core values and principles of Wraparound;
    - ii. Whether the basic activities of facilitating a Wraparound process: Phases, core elements, and activities are occurring; and



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- iii. Supports at the organizational and system level.
  - b. Participates in measuring whether Wraparound is being implemented to fidelity, and has implemented Wraparound as recommended through training, consultation, and best practices dissemination.
  - c. The FMT is implemented no sooner than six (6) months after a youth is enrolled in Wraparound;
  - d. Any youth over the age of 11 may complete the FMT;
  - e. A parent, legal guardian, or legal caregiver who knows the youth best and has also participated in Wraparound may complete the FMT;
  - f. The FMT shall be offered to Wraparound team members when approved by the youth or family;
  - g. The youth and parent, legal guardian, or legal caregiver may complete the FMT without the team's WCC present; and
  - h. The FMT shall be administered electronically, or in written form, as chosen by the youth and family.
  - i. Data collected through fidelity monitoring, including the use of the FMT will be submitted quarterly to UHA's Behavioral Health Department for review and feedback. The results will be shared with the Wraparound Review Committee as well as the System of Care Advisory Committee. UHA will include the fidelity data as a program quality indicator.
- 23. Transitions from Wraparound:
  - a. Upon the achievement of completing the team's mission statement during the fourth phase of Wraparound, the Wraparound team creates a transition plan outlining the tasks required for Wraparound to be completed and implement the plan;
  - b. The Wraparound transition plan:
    - i. Outlines the mix of formal and natural supports that the youth and family have chosen;
    - ii. Includes a post transition crisis management plan;
    - iii. Includes referrals and coordination of formal services; and
    - iv. If a youth and family have chosen to no longer participate in Wraparound, they are reminded intensive care coordination is available through UHA.
  - c. Youth, family members, or a chosen community member may conduct the facilitation of Wraparound meetings;
  - d. The WCC supports the team in creating a transition document that summarizes and highlights the youth and family's functional strengths, lessons learned, and successfully used strategies.



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- e. The team conducts a meaningful and culturally appropriate activity that acknowledges the end of formal Wraparound.
  - f. A young adult is not made to transition out of Wraparound solely due to attaining the age of 18. Young adults age 18 and older shall be offered the option to remain in Wraparound until their mission statement is achieved or they reach the age of 21.
24. Flexible funding is available to be used to supplement available resources, in order to carry out the Wraparound plan of care, and will be documented as related to a need on the Wraparound plan of care.
25. Health-Related Services (HRS) are also available to youth and families through UHA. The goals of HRS are to promote the efficient use of resources and address members' social determinants of health and equity (SDOH-E) to improve health outcomes, alleviate health disparities, and improve overall community well-being. WCC's are trained in the process of submitting requests. Members and providers have direct access to both the Health-Related Services Request Flyer (see Forms section (2) Health-Related Services Request Flyer) and the Health-Related Services Request Form (see Forms section (3) Health-Related Services Form) on the UHA website.

### Wraparound Team and Other Wraparound Staff

1. The Wraparound Team is approved by the youth and family and at a minimum is comprised of:
  - a. The youth;
  - b. Parents or legal guardians of the youth and any additional family members as requested by the youth;
  - c. Youth partners or Family partners, if chosen by the youth or family;
  - d. Wraparound Care Coordinator;
  - e. System partners or formal supports; and
  - f. Natural and informal supports as requested by the youth and family.
2. Ratio for WCCs, family support specialists, and youth support specialists to families served should not be greater than 1:15.
  - a. UHA will monitor the 1:15 ratio via quarterly caseload assignment reporting by contracted provider.
3. Family Partners:
  - a. Are required to complete an OHA approved Wraparound foundation training within 90 days of the hire date;
  - b. Training is tracked and monitored through the Quarterly Wraparound Staff Report.
  - c. Receive peer supervision in accordance with OAR 309-019-0130;



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- d. Provide peer delivered services and supports to up to 15 families at any time when in a full-time position.
  - e. Support family members and guardians to navigate the child, youth, and family serving systems, communicate effectively with family members and their support system and agency representatives, and make informed decisions to direct the Wraparound process;
  - f. Provide individual and group support to enable and facilitate meaningful engagement with Wraparound team and service providers;
  - g. Assist in connecting the family to resources within the community, support the family through barriers, help family members to acquire tools and strategies for success, and advocate for the family’s needs, interests, voice, and vision to be heard and thoughtfully considered; and
  - h. Receive support or technical assistance from a family organization.
4. Youth Partners:
- a. Are required to complete an OHA approved Wraparound foundational training within 90 days of the hire date;
  - b. Training is tracked and monitored through the Quarterly Wraparound Staff Report.
  - c. Receive peer supervision in accordance with OAR 309-019-0130;
  - d. Provide service and supports to up to 15 youth at any time in a full-time position;
  - e. Have at least one year of lived experience, knowledge of the child and youth serving systems, and the ability to navigate the system;
  - f. Assist the youth to engage in the Wraparound process and support them in expressing themselves to members of their Wraparound team;
  - g. Assist the youth in identifying community resources, navigating barriers, acquiring tools and strategies for success, and bridging the gap between the youth and the adults on the Wraparound team;
  - h. Advocate for the youth’s needs, interests, voice, and vision to be heard; and
  - i. Receive support or technical assistance from youth organizations.
5. Wraparound Care Coordinators:
- a. Facilitates the Wraparound process to fidelity standards, in accordance with any procedures and standards established by the Authority;
  - b. Implement the Wraparound process in collaboration with youth partners, family partners, and other Wraparound team members;
  - c. Facilitates the wraparound process for up to 15 families at any time when in a full-time position;
  - d. Provide other service or support roles for youth on the Wraparound team they facilitate only when a variance is approved;



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- e. Complete an OHA approved Wraparound foundational training within 90 days of the hire date;
  - f. Training is tracked and monitored through the Quarterly Wraparound Staff Report.
  - g. Receive clinical supervision in accordance with OAR 309-019-0130; and
  - h. Receive orientation and shadowing opportunities, be observed, have documents reviewed, and be coached by a Wraparound Coach as defined in OAR 309-019-0324.
6. Peer Partner Coaches:
- a. Are certified Family Support Specialist or a certified Youth Support Specialist who has, at a minimum, two (2) years of experience as a Traditional Health Worker as defined in OAR 410-180-0305;
  - b. Demonstrate understanding of the 10 Wraparound principles, the four phases of Wraparound, and the facilitation components associated with each phase of Wraparound;
  - c. Provide individual and group coaching electronically or in person to youth or family partners at a minimum of one time per month;
  - d. Provide peer supervision in accordance with OAR 309-019-0130;
  - e. Uphold Wraparound principles as evidenced by coaching notes;
  - f. Are rater certified in use of the assessment tool approved by the OHA for ages zero to five (0-5) and six to twenty (6-20);
  - g. Ensure that youth and family partners are delivering Wraparound to youth and families in a culturally and linguistically responsive manner;
  - h. Create documentation that demonstrates coaching is responsive to diverse cultural beliefs, practices, languages, learning styles, and communication as evidenced by written feedback from the youth and family partner and the Peer Delivered Service Supervisor;
  - i. Are able to provide coaching in the language spoken by the family, when possible, to bilingual youth, and family partners, and be able to observe meetings and perform document review in the family's primary language, without impact on the youth, family, or WCC; and
  - j. Seek out additional resources when the Peer Coach does not have lived experience to provide culturally specific coaching to the youth or family partner.
7. Wraparound Coaches:
- a. Have at a minimum two years of experience as a WCC;
  - b. Demonstrate understanding of the ten Wraparound principles, the four phases of Wraparound, and the activities and facilitation components associated with each phase of Wraparound;



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- c. Complete an OHA approved Wraparound coaches and supervisors training within 90 days of the hire date;
  - d. Meet with the Wraparound Supervisor monthly;
  - e. Provide 15 hours of individual coaching, 10 hours of group coaching, and five (5) hours of document review to WCCs with less than one (1) year of Wraparound experience, using the coaching model approved by the OHA and within one year of the hire date;
  - f. Observe four Wraparound meetings, one for each phase of the Wraparound process, within one (1) calendar year;
  - g. Provide and document five (5) hours of additional coaching within the 90-day period before a WCC receives the OHA approved foundational training; if the OHA approved foundational training is not available, or if the WCC is unable to attend during the first 90 days of employment, the WCC must receive biweekly individual coaching until the foundational training takes place;
  - h. Provide 10 hours of individual coaching, 10 hours of group coaching, and two (2) to four (4) Wraparound meeting observations within one (1) calendar year for WCCs with one (1) year or more of Wraparound experience;
  - i. Create and utilize the coaching plan created with the Wraparound Coach and document to include the names of the Coach and the WCC and the date and the content of the coaching session;
  - j. Create documentation that demonstrates coaching is responsive to diverse cultural beliefs, practices, languages, learning styles, and communication as evidenced by written feedback from the WCC and Wraparound Supervisor;
  - k. Provide coaching to bilingual WCC's in the language spoken by the family when possible and be able to observe meetings and perform document review in the family's primary language without impact on the youth, family, or WCC;
  - l. Seek out additional resources when the Coach does not have lived experience to provide culturally specific coaching to a WCC; and
  - m. Be rater certified in use of the assessment tool approved by the OHA for ages zero to five (0-5) and six to twenty (6-20).
8. Wraparound Supervisors:
- a. Demonstrate, through experience, the ability to understand and articulate the 10 Wraparound principles, the four (4) Wraparound phases, and facilitation components associated with each phase of Wraparound;
  - b. Are informed of and implement their agency's Wraparound policies and procedures;
  - c. Complete an OHA approved Wraparound foundational training and Wraparound coaches and supervisors training within 90 days of the hire date;



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- d. Training is tracked and monitored through the Quarterly Wraparound Staff Report.
- e. Conduct or provide for clinical supervision in accordance with OAR 309-019-0130 of WCCs, Wraparound Coaches, family partners and youth partners; and uphold Wraparound principles as evidenced by notes in a supervision log that includes name, date, and content of supervision;
- f. Coordinate coaching provided by the Wraparound Coach and Peer Support Coach;
- g. Ensure a coaching plan is written for each WCC, family, and youth partner per the Division-approved coaches and supervisor training;
- h. Ensure that the provision of Wraparound is culturally and linguistically responsive to the needs of WCCs, Youth Partners, family partners, youth, and families;
- i. Adapt caseload size to provide adequate time to complete tasks if a WCC is working with a youth or family that requires an interpreter, bilingual services, and other accessibility needs;
- j. Ensure Wraparound coaches implement coaching plans that are culturally and linguistically responsive; and
- k. Are rater certified in use of the assessment tool approved by the OHA for ages zero to five (0-5) and six to twenty (6-20).

### Forms

1. Wraparound Program Brochure (accessed on UHA's website at <https://www.umpquahealth.com/wp-content/uploads/2021/09/wraparound-program-brochure.pdf>)
1. Health-Related Services Request Flyer (accessed on UHA's website at <https://www.umpquahealth.com/wp-content/uploads/2020/07/health-related-services-request-flyer.pdf>)
2. Health-Related Services Request Form (accessed on UHA's website at [https://www.umpquahealth.com/wp-content/uploads/2020/12/updated-hrs-request-form\\_final.12.7.20.pdf](https://www.umpquahealth.com/wp-content/uploads/2020/12/updated-hrs-request-form_final.12.7.20.pdf))



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