

EVALUATION DATA COLLECTION PROCEDURES

This document describes the shared care planning evaluation procedures for local health departments (LHDs). The evaluation protocol has been approved by Oregon Health & Science University's (OHSU) Institutional Review Board (IRB) and involves two data collections:

- Shared Care Plan Information Form (SIF)
- LHD Shared Care Planning End of Year Report

All data are collected through a HIPAA compliant, secure web application for online surveys, called Qualtrics. The following sections describe the procedures for each data collection. If you have any questions about the shared care planning evaluation, please contact OCCYSHN's Assessment & Evaluation unit.

Alison J. Martin, Ph.D.
Principal Investigator
Assessment & Evaluation Manager
(503) 494-5435
martial@ohsu.edu

Lindsey Patterson
Project Manager
Senior Program Evaluation Associate
(503) 494-6559
pattelin@ohsu.edu

SHARED CARE PLAN INFORMATION FORM (SIF)

Following the creation or re-evaluation of each shared care plan, LHD staff will complete a short form, the Shared Care Plan Information Form (SIF), online via Qualtrics. OCCYSHN will use these data to track the number of new care plans developed, the number of existing care plans re-evaluated, the number of care plans that serve transition-aged youth (12 years old up to their 21st birthday), the number of care plans for transition-aged youth that included transition goals, and the number of children served. SIF data will also help us understand which family-centered shared care plan values are easy to address and which are most challenging to address in shared care plan meetings. The results will be used (a) for required Federal Title V Block Grant reporting, (b) to monitor LHD progress in completing their required shared care plans, and (c) to describe elements of the shared care planning process. For your reference, a copy of the SIF is attached to this document.

The procedures for completing each SIF follow.

1. Every month, OCCYSHN will send the SIF web link to all LHD shared care planning participants who are recorded in our database.
 - This web link will always be the same. The purpose for sending the link to you monthly is so that you will have easy access to the SIF.
 - If there are other LHD staff developing shared care plans, please share this web link with those staff.
 - A new Shared Care Plan Information Form (SIF) may be accessed any time through this web link.

2. Following the creation or re-evaluation of each shared care plan, LHD staff will click on the web link to complete the SIF. LHD staff should enter the child or young adult's initials, date of birth, and other required information into the SIF.
3. The SIF consists of 2 pages of questions.
 - The first page includes general questions about the child and family for which the shared care plan meeting was held.
 - Depending on your responses to the first page, you will then be taken to questions about a new child care plan, child care plan re-evaluation, new young adult care plan, or young adult care plan re-evaluation.
 - Once you move to the second page of questions, you will not be able to return to the first page of questions. If you need to edit your submission on the first page, please email Lindsey Patterson (pattelin@ohsu.edu).
 - After completing the second page of questions, click the Next button to submit the SIF to us.
4. After submitting your responses on the SIF, a summary of your responses will appear. From this page, you can download your SIF submission responses if you choose by clicking on the "Download pdf" in the middle of the screen.

Other Important SIF Information: The SIF collects the child/young adult's initials and date of birth. If your data are entered accurately, we will be able to track re-evaluations of shared care plans within and across contract years.

LHD SHARED CARE PLANNING END OF YEAR REPORT

LHD staff will complete this end of year report online via Qualtrics. The purpose of this report is to describe the shared care planning implementation process in detail including communication methods, service gaps and redundancies, barriers, and infrastructure developed to support shared care planning.

1. Around *September 15 of every year*, OCCYSHN will email your shared care planning lead a unique web link to complete the end of year report. This is a unique web link to track responses and should not be forwarded to others.
 - Multiple staff may provide input into the report. For example, if multiple LHD staff members are involved in the shared care planning process, these staff may discuss report questions as a group.
 - Responses may be prepared outside of the online survey (e.g., in MS Word) and then copied and pasted into Qualtrics for submission by the recipient of the web link. We will email a copy of the questions to your shared care planning lead.
2. The shared care planning lead will submit the LHD's report. OCCYSHN expects the end of year report to be completed by *November 5*.

Please note that the attached Shared Care Plan End of Year Report is for the grant period ending in September 2024. These questions are subject to change for the grant period between October 1, 2024 and September 30, 2025.

ATTACHMENTS:

Copies of all data collection instruments for your reference

OCCYSHN requires that the following set of questions be completed for each shared care plan created or re-evaluated. OCCYSHN will use the results of this data collection to track local health departments' and other organizations' completion for Federal grant reporting purposes and to describe elements of the shared care planning process.

If you have questions about this data collection, please contact:

- Lindsey Patterson, PhD, OCCYSHN Assessment & Evaluation Senior Research Associate at pattelin@ohsu.edu or
- Alison Martin, PhD, OCCYSHN Assessment & Evaluation Manager, martial@ohsu.edu

Thank you!

Introductory Questions

1. Which organization do you represent?

- Community-based organization (CBO)
- Coordinated Care Organization (CCO)
- Local Health Department/CaCoon
- Primary Care
- Other: _____

2. What is your role? _____

3. What county is your organization located in? (Please check all that apply.)

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baker | <input type="checkbox"/> Lake |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Lane |
| <input type="checkbox"/> Clackamas | <input type="checkbox"/> Lincoln |
| <input type="checkbox"/> Clatsop | <input type="checkbox"/> Linn |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Malheur |
| <input type="checkbox"/> Coos | <input type="checkbox"/> Marion |
| <input type="checkbox"/> Crook | <input type="checkbox"/> Morrow |
| <input type="checkbox"/> Curry | <input type="checkbox"/> Multnomah |
| <input type="checkbox"/> Deschutes | <input type="checkbox"/> Polk |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Sherman |
| <input type="checkbox"/> Gilliam | <input type="checkbox"/> Tillamook |
| <input type="checkbox"/> Grant | <input type="checkbox"/> Umatilla |
| <input type="checkbox"/> Harney | <input type="checkbox"/> Union |
| <input type="checkbox"/> Hood River | <input type="checkbox"/> Wasco |
| <input type="checkbox"/> Jackson | <input type="checkbox"/> Wallowa |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Josephine | <input type="checkbox"/> Wheeler |
| <input type="checkbox"/> Klamath | <input type="checkbox"/> Yamhill |

4. What are the initials of the child or young adult for whom you are reporting? (Please enter one letter in each space.)

First Middle Last

5. **What is the date of birth for this child or young adult?** *(Please type the date in the space below using mm/dd/yyyy format.)*

____ / ____ / ____

6. **What is your first name?** *(Please type the name of the person entering the data in the space below.)*

7. **What is your last name?** *(Please type the name of the person entering the data in the space below.)*

8. **Did you facilitate the shared care planning meeting?** *(Please check one response.)*

- Yes
- No, the shared care planning meeting was part of an IEP/IFSP, Wraparound, or other meeting

9. **To the best of your knowledge, does the child or young adult experience any of the following conditions?** *(Please check one for each.)*

Condition	Yes	No	I don't know
a. Medical (e.g., cystic fibrosis, muscular dystrophy, seizures, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Behavioral/mental (e.g., ADHD, anxiety, depression, substance abuse, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Developmental (e.g., autism spectrum disorder, developmental delay, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social complexity (e.g., domestic violence, food insecurity, homelessness or housing instability, joblessness or underemployed, parental incarceration, parental mental health conditions, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other, <i>please specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. **Are you reporting about a shared care plan for a child or young adult?** *(Please check one response.)*

- CHILD: Less 12 years old
- YOUNG ADULT: 12 years old up to the child's 21st birthday

11. Are you reporting the initiation of a new shared care plan or the re-evaluation of an existing shared care plan? *(Please check one response.)*

- New → *Continue to Question 12 (Child) or Q34 (Young Adult)*
- Re-evaluation → *Skip to Question 58 (Child) or 77 (Young Adult)*

Child New Shared Care Plan

12. The following questions will ask about the child for whom the shared care plan was created. On what date was the shared care planning meeting held? *(Please type the date in the space below using mm/dd/yyyy format.)*

___ ___ / ___ ___ / ___ ___ ___ ___

13. Which of the following are members of the child's health team? *(Please check one response for each.)*

*If yes
 →*

14. If yes, how did the team member participate in the shared care planning meeting? *(Please check one response for each.)*

	Yes	No	NA *	In Person	By Phone	By Video	Written comment	Did not participate
a. Dental or Orthodontic Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. DHS Child Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. DHS Developmental Disabilities (DD) Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Early Intervention/Early Childhood Special Education (EI/ECSE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Early childhood education – Child care provider or Preschool (e.g., Head Start, Pre-K Programs, private, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Education –School (e.g., classroom or special education teacher, school nurse, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Family member(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Insurer – OHP (CCO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Insurer – OHP (Fee for Service/Open Card)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Insurer – Commercial/Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Insurer – Tricare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Local Public Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Mental/Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Primary medical care (e.g., MD, RN, care coordinator, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Relief Nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Specialty medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Specialty therapy (e.g., acupuncture; dialysis; occupational, physical, respiratory, or speech therapies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Other, <i>please specify:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Please spell out “Not Applicable” in Qualtrics.

15. [Note: This question appears only if “Yes” is checked for Q13h] Which CCO is represented on the child’s health team?

- Advanced Health
- AllCare CCO
- Cascade Health Alliance
- Columbia Pacific Coordinated Care Organization
- Eastern Oregon Coordinated Care Organization
- Health Share of Oregon
- InterCommunity Health Network Coordinated Care Organization
- Jackson Care Connect
- PacificSource Community Solutions – Central Oregon Region
- PacificSource Community Solutions – Columbia Gorge
- PacificSource Community Solutions – Lane
- PacificSource Community Solutions – Marion/Polk
- Trillium Community Health Plan – Southwest
- Trillium Community Health Plan – Tri-County
- Umpqua Health Alliance
- Yamhill Community Care
- Other, please specify: _____

16. [Note: This question appears only if “Yes” is checked for Q13n AND “Primary Care” is NOT checked on Q1] Did a representative from primary care help your organization prepare for the shared care planning meeting?

- Yes → Continue to Question 17
- No → Skip to Question 18

17. How did the primary care representative help prepare for the shared care planning meeting? (Please enter your response in the space below.)

18. During this shared care plan meeting, to what extent did the benefits of collaboration among the child’s health team members outweigh the costs (for example time, resources, effort)?

- Benefits definitely outweighed the costs

- Benefits somewhat outweighed the costs
- Benefits were about the same as the costs
- Costs somewhat outweighed the benefits
- Costs definitely outweighed the benefits

19. Share one goal created in this meeting that demonstrates collaboration among the child’s health team members. How does this goal demonstrate collaboration? If no goals demonstrate collaboration, please tell us why.

20. [Only presented if response to Q1 is LHD] Is this child currently part of your LHD’s CaCoon caseload?

- Yes
- No

21. Did someone outside of your organization refer this child to you to receive shared care planning?

- Yes → Continue to Question 22
- No → Skip to Question 23

22. Who referred this child to you to receive shared care planning? (Please check all that apply)

Source	Yes	No
a. Child care provider	<input type="checkbox"/>	<input type="checkbox"/>
b. Preschool teacher (e.g., Head Start, Pre-K Programs, private, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
c. DD Services staff	<input type="checkbox"/>	<input type="checkbox"/>
d. Early Intervention/Early Childhood Special Education (EI/ECSE) staff	<input type="checkbox"/>	<input type="checkbox"/>
e. Insurer – OHP (CCO)	<input type="checkbox"/>	<input type="checkbox"/>
f. Insurer – OHP (Fee for Service/Open Card)	<input type="checkbox"/>	<input type="checkbox"/>
g. Insurer – Commercial/Private	<input type="checkbox"/>	<input type="checkbox"/>
h. Insurer – Tricare	<input type="checkbox"/>	<input type="checkbox"/>
i. Local Health Department	<input type="checkbox"/>	<input type="checkbox"/>
j. Mental/behavioral health provider	<input type="checkbox"/>	<input type="checkbox"/>
k. School staff (e.g., classroom or special education teacher, school nurse, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
l. Primary care provider	<input type="checkbox"/>	<input type="checkbox"/>
m. Hospital or tertiary care center staff	<input type="checkbox"/>	<input type="checkbox"/>

n. Other, please specify:

23. What were the reasons a shared care plan was created for this child? (Please check all that apply.)

- The child is a CaCoon client .
- The child’s medical conditions are complex.
- The child or family has considerable unmet basic needs or environmental risks.
- There are unresolved concerns that the team-based approach could help identify and address.
- The child’s family experiences difficulty getting the services or supports that they need.
- The child’s family encounters barriers to making, keeping, or getting to appointments.
- Systems do not adequately support families in completing agreed upon actions or plans.
- The child has an undiagnosed condition.
- The family indicated that they need more help or support.
- Other, please specify: _____

24. Which of the following family-centered shared care planning values, if any, were addressed in this Shared Care Plan meeting:

- Equity** (The Shared Care Planning team actively applies an equity lens to its work, acknowledging that historically, racism has pervasively and negatively impacted health care for children and families.)
- Respect and trust** (Shared Care Planning is dependent on mutual trust and respect among all team members.)
- Transparency** (The process of Shared Care Planning, and the plan itself, are continuously accessible to families and/or youth.)
- Responsive** (The Shared Care Planning process is fluid and flexible. It responds to families’ and/or youth needs and concerns. Neither process nor the participants are rushed.)
- Trauma-informed** (The team recognizes that racism and prejudice are traumatizing. The team understands that the barriers families face can be traumatizing. The team members are aware and responsive to the possibility that others on the team may have experienced trauma.)
- Strengths-based** (Shared care plans recognize the strengths of families, children, and youth, and builds on them to move the care plan forward.)
- Empowering** (The Shared Care Planning process contributes to the families’ and/or youths’ knowledge and skills to advocate for their needs. When the team members share power and offer information and choices, it can facilitate healing from trauma and prevent re-traumatization.)
- Validating and supportive** (The team values families’ and/or youths’ wisdom. They look for opportunities to help families and/or youth find the additional supports they want.)
- Efficiency** (The Shared Care Planning process is efficient for everyone, and families feel it is a good use of their time. The right people are invited to the table at the right time, resulting in families and/or youth coming away with a powerful tool they can use to achieve their goals.)
- Rewarding** (Shared Care Planning is rewarding. It is collaborative, optimistic, and innovative.)

25. **[If any value is selected in Q24] Which two family-centered shared care planning values were easiest to address in this Shared Care Plan meeting? (Please select 2 values.)**

- Equity**

How did this value show up in this meeting? (Please provide 1-2 examples.)

- Respect and trust**

How did this value show up in this meeting? (Please provide 1-2 examples.)

- Transparency**

How did this value show up in this meeting? (Please provide 1-2 examples.)

- Responsive**

How did this value show up in this meeting? (Please provide 1-2 examples.)

- Trauma-informed**

How did this value show up in this meeting? (Please provide 1-2 examples.)

- Strengths-based**

How did this value show up in this meeting? (Please provide 1-2 examples.)

- Empowering**

How did this value show up in this meeting? (Please provide 1-2 examples.)

- Validating and supportive**

How did this value show up in this meeting? (Please provide 1-2 examples.)

- Efficiency**

How did this value show up in this meeting? (Please provide 1-2 examples.)

- Rewarding**

How did this value show up in this meeting? (Please provide 1-2 examples.)

26. **Which two family-centered shared care planning values were most challenging to address in this Shared Care Plan meeting? (Please select 2 values.)**

- Equity**

What challenges did you encountered in addressing this value in this meeting? (Please provide 1-2 examples.)

- Respect and trust**

What challenges did you encountered in addressing this value in this meeting? (Please provide 1-2 examples.)

- Transparency**

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

Responsive

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

Trauma-informed

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

Strengths-based

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

Empowering

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

Validating and supportive

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

Efficiency

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

Rewarding

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

27. [If Q1 is LPHD and Q8 is “No”] How were family-centered shared care planning values addressed differently because this was a meeting facilitated by someone outside of the LPHA?

28. Did the family receive a copy of the shared care plan?

- Yes
- No

29. To the best of your knowledge, how does the child’s family identify the child’s race or ethnicity? (Please check all that apply.)

- American Indian / Alaska Native (This includes American Indians; Alaska Natives; Canadian Inuit, Metis, or First Nation; Indigenous Mexican, Central American, or South American.)
- African American / Black (This includes African American; African [Black]; Caribbean [Black]; Other Black.)

- Asian (This includes Asian Indian; Chinese; Filipino/a; Hmong; Japanese; Korean; Laotian; South Asian; Vietnamese; Other Asian.)
- Caucasian / White (This includes Eastern European; Slavic; Western European; Other White.)
- Hispanic or Latino/a (This includes Hispanic or Latino Central American; Hispanic or Latino Mexican; Hispanic or Latino South American; Other Hispanic or Latino.)
- Middle Eastern/North African (This includes Egyptian; Iranian; Iraqi; Lebanese; Moroccan; Saudi; Syrian; Tunisian; Other Middle Eastern; Other North African)
- Native Hawaiian / Pacific Islander (This includes Guamanian or Chamorro; Micronesian; Native Hawaiian; Samoan; Tongan; Other Pacific Islander.)
- Other (Please specify: _____)
-- -- --
- I don't know

30. What is the gender identity of the child? (Please check one response.)

- Girl
- Boy
- Non-binary
- Agender/no gender
- Questioning
- Not listed, please specify: _____
-- -- --
- I don't know

31. What is the primary language of the child's family? (Please check one response.)

- Cantonese
- English
- Mandarin
- Russian
- Spanish
- Vietnamese
- Other, please specify: _____

32. Which of the following language supports did the family need in preparation for or during the Shared Care Plan meeting?

If yes →

33. Which language supports were provided in preparation for or during the Shared Care Plan meeting?

	Yes	No	I don't know	Yes	Tried to provide but encountered barriers	No
a. Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Translation of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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c. Materials in plain language
d. Other, please specify: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Young Adult New Shared Care Plan

Context for Q30:
 Sheryl and S&W use this data for TA issues (e.g., if counties submit a SIF really late)

34. The following questions will ask about the young adult for whom the shared care plan was created. On what date was the shared care planning meeting held? (Please type the date in the space below using mm/dd/yyyy format.)

___ ___ / ___ ___ / ___ ___ ___ ___

35. Which of the following are members of the young adult's health team? (Please check one response for each.)

If
 yes
 →

36. If yes, how did the team member participate in the shared care planning meeting? (Please check one response for each.)

	Yes	No	NA		In Person	By Phone	By Video	Written comment	Did not participate
a. The young adult (for whom the shared care plan is being created)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dental or Orthodontic Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. DHS Child Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. DHS Developmental Disabilities (DD) Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. School (e.g., classroom or special education teacher, school nurse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Family member(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Insurer – OHP (CCO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Insurer – OHP (Fee for Service/Open Card)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Insurer – Commercial/Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Insurer – Tricare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Local Public Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Mental/Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Primary medical care (e.g., MD, RN, care coordinator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Specialty medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Specialty therapy (e.g., acupuncture; dialysis; occupational, physical, respiratory, or speech therapies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. [Note: This question appears only if “Yes” is checked for Q35g] Which CCO is represented on the child’s health team?

- Advanced Health
- AllCare CCO
- Cascade Health Alliance
- Columbia Pacific Coordinated Care Organization
- Eastern Oregon Coordinated Care Organization
- Health Share of Oregon
- InterCommunity Health Network Coordinated Care Organization
- Jackson Care Connect
- PacificSource Community Solutions – Central Oregon Region
- PacificSource Community Solutions – Columbia Gorge
- PacificSource Community Solutions – Lane
- PacificSource Community Solutions – Marion/Polk
- Trillium Community Health Plan – Southwest
- Trillium Community Health Plan – Tri-County
- Umpqua Health Alliance
- Yamhill Community Care
- Other, *please specify:* _____

38. [Note: This question appears only if “Yes” is checked for Q35m AND “Primary Care” is NOT checked on Q1] Did a representative from primary care help your organization prepare for the shared care planning meeting?

- Yes → Continue to Question 39
- No → Skip to Question 40

39. How did the primary care representative help prepare for the shared care planning meeting? (Please enter your response in the space below.)

40. During this shared care plan meeting, to what extent did the benefits of collaboration among the young adult’s health team members outweigh the costs (for example time, resources, effort)?

- Benefits definitely outweighed the costs
- Benefits somewhat outweighed the costs
- Benefits were about the same as the costs
- Costs somewhat outweighed the benefits
- Costs definitely outweighed the benefits

41. Share one goal created in this meeting that demonstrates collaboration among the young adult’s health team members. How does this goal demonstrate collaboration? If no goals demonstrate collaboration, please tell us why.

42. Do one or more of the young adult’s goals address transitioning to an adult model of health care?

(Please check one response.)

- Yes → Continue to Question 43
- No → SKIP to Question 44

43. What is the transition goal(s)? *(You can repeat the same goal from Question 41, if necessary. Please write the goal(s) in the space that follows.)*

a.
b.
c.
d.

44. [Only presented if response to Q1 is LHD] Is this young adult currently part of your LHD’s CaCoon caseload?

- Yes
- No

45. Did someone outside of your organization refer this young adult to you to receive shared care planning?

- Yes → Continue to Question 46
- No → Skip to Question 47

46. Who referred this young adult to you to receive shared care planning? *(Please check one for each.)*

Source	Yes	No
a. DD Services staff	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurer – OHP (CCO)	<input type="checkbox"/>	<input type="checkbox"/>
c. Insurer – OHP (Fee for Service/Open Card)	<input type="checkbox"/>	<input type="checkbox"/>
d. Insurer – Commercial/Private	<input type="checkbox"/>	<input type="checkbox"/>
e. Insurer – Tricare	<input type="checkbox"/>	<input type="checkbox"/>
f. Local Health Department	<input type="checkbox"/>	<input type="checkbox"/>
g. Mental/behavioral health provider	<input type="checkbox"/>	<input type="checkbox"/>
h. School staff (e.g., classroom or special education teacher, school nurse, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

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- | | | |
|---|--------------------------|--------------------------|
| i. Primary or specialty provider | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Hospital or tertiary care center staff | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Other, <i>please specify</i> : _____ | <input type="checkbox"/> | <input type="checkbox"/> |

47. What were the reasons a shared care plan was created for this young adult? (Please check all that apply.)

- The young adult is a CaCoon client.
- The young adult’s medical conditions are complex.
- The young adult or family has considerable unmet basic needs or environmental risks.
- There are unresolved concerns which the team-based approach could help identify and address.
- The young adult or their family experiences difficulty getting the services or supports that they need.
- The young adult’s family encounters barriers to making, keeping, or getting to appointments.
- Systems do not adequately support the young adult’s family in completing agreed upon actions or plans.
- The young adult has an undiagnosed condition.
- The young adult is in need of support to transition from a pediatric to an adult model of health care (e.g., young adult cannot yet explain their medical needs to others; recognize symptoms of their conditions, including those indicating a medical emergency; identify an adult care provider; make their own medical appointments or arrange transportation to appointments).
- The family requires support to understand changes that will occur when their child transitions from a pediatric to an adult model of health care (e.g., legal changes, such as changes in decision-making, privacy, and consent when their young adult turns 18; changes in insurance and access to care when their young adult turns 18).
- The family indicated that they need more help or support.
- Other, *please specify*: _____

48. Which of the following family-centered shared care planning values, if any, were addressed in this Shared Care Plan meeting:

- Equity** *(The Shared Care Planning team actively applies an equity lens to its work, acknowledging that historically, racism has pervasively and negatively impacted health care for children and families.)*
- Respect and trust** *(Shared Care Planning is dependent on mutual trust and respect among all team members.)*
- Transparency** *(The process of Shared Care Planning, and the plan itself, are continuously accessible to families and/or youth.)*
- Responsive** *(The Shared Care Planning process is fluid and flexible. It responds to families’ and/or youth needs and concerns. Neither process nor the participants are rushed.)*
- Trauma-informed** *(The team recognizes that racism and prejudice are traumatizing. The team understands that the barriers families face can be traumatizing. The team members are aware and responsive to the possibility that others on the team may have experienced trauma.)*
- Strengths-based** *(Shared care plans recognize the strengths of families, children, and youth, and builds on them to move the care plan forward.)*
- Empowering** *(The Shared Care Planning process contributes to the families’ and/or youths’ knowledge and skills to advocate for their needs. When the team members share power and*

offer information and choices, it can facilitate healing from trauma and prevent re-traumatization.)

Validating and supportive *(The team values families' and/or youths' wisdom. They look for opportunities to help families and/or youth find the additional supports they want.)*

Efficiency *(The Shared Care Planning process is efficient for everyone, and families feel it is a good use of their time. The right people are invited to the table at the right time, resulting in families and/or youth coming away with a powerful tool they can use to achieve their goals.)*

Rewarding *(Shared Care Planning is rewarding. It is collaborative, optimistic, and innovative.)*

49. **[If any value is selected in Q48] Which two family-centered shared care planning values were easiest to address in this Shared Care Plan meeting? (Please select 2 values.)**

Equity
How did this value show up in this meeting? (Please provide 1-2 examples.) _____

Respect and trust
How did this value show up in this meeting? (Please provide 1-2 examples.) _____

Transparency
How did this value show up in this meeting? (Please provide 1-2 examples.) _____

Responsive
How did this value show up in this meeting? (Please provide 1-2 examples.) _____

Trauma-informed
How did this value show up in this meeting? (Please provide 1-2 examples.) _____

Strengths-based
How did this value show up in this meeting? (Please provide 1-2 examples.) _____

Empowering
How did this value show up in this meeting? (Please provide 1-2 examples.) _____

Validating and supportive
How did this value show up in this meeting? (Please provide 1-2 examples.) _____

Efficiency
How did this value show up in this meeting? (Please provide 1-2 examples.) _____

Rewarding
How did this value show up in this meeting? (Please provide 1-2 examples.) _____

50. Which two family-centered shared care planning values were most challenging to address in this Shared Care Plan meeting? (Please select 2 values.)

- Equity**

What challenges did you encounter in addressing this value in this meeting?
(Please provide 1-2 examples.)

- Respect and trust**

What challenges did you encounter in addressing this value in this meeting?
(Please provide 1-2 examples.)

- Transparency**

What challenges did you encounter in addressing this value in this meeting?
(Please provide 1-2 examples.)

- Responsive**

What challenges did you encounter in addressing this value in this meeting?
(Please provide 1-2 examples.)

- Trauma-informed**

What challenges did you encounter in addressing this value in this meeting?
(Please provide 1-2 examples.)

- Strengths-based**

What challenges did you encounter in addressing this value in this meeting?
(Please provide 1-2 examples.)

- Empowering**

What challenges did you encounter in addressing this value in this meeting?
(Please provide 1-2 examples.)

- Validating and supportive**

What challenges did you encounter in addressing this value in this meeting?
(Please provide 1-2 examples.)

- Efficiency**

What challenges did you encounter in addressing this value in this meeting?
(Please provide 1-2 examples.)

- Rewarding**

What challenges did you encounter in addressing this value in this meeting?
(Please provide 1-2 examples.)

51. [If Q1 is LPHD and Q8 is "No"] How were family-centered shared care planning values addressed differently because this was a meeting facilitated by someone outside of the LPHA?

52. Did the young adult and family receive a copy of the shared care plan?

- Yes
- No

53. To the best of your knowledge, how does the young adult identify their race or ethnicity? (Please check all that apply.)

- American Indian / Alaska Native (This includes American Indians; Alaska Natives; Canadian Inuit, Metis, or First Nation; Indigenous Mexican, Central American, or South American.)
- African American / Black (This includes African American; African [Black]; Caribbean [Black]; Other Black.)
- Asian (This includes Asian Indian; Chinese; Filipino/a; Hmong; Japanese; Korean; Laotian; South Asian; Vietnamese; Other Asian.)
- Caucasian / White (This includes Eastern European; Slavic; Western European; Other White.)
- Hispanic or Latino/a (This includes Hispanic or Latino Central American; Hispanic or Latino Mexican; Hispanic or Latino South American; Other Hispanic or Latino.)
- Middle Eastern/North African (This includes Egyptian; Iranian; Iraqi; Lebanese; Moroccan; Saudi; Syrian; Tunisian; Other Middle Eastern; Other North African)
- Native Hawaiian / Pacific Islander (This includes Guamanian or Chamorro; Micronesian; Native Hawaiian; Samoan; Tongan; Other Pacific Islander.)
- Other (Please specify: _____)

- I don't know

54. What is the gender identity of the young adult? (Please check one response.)

- Girl
- Boy
- Non-binary
- Agender/no gender
- Questioning
- Not listed, please specify: _____

- I don't know

55. What is the primary language of the young adult? (Please check one response.)

- Cantonese
- English
- Mandarin
- Russian
- Spanish
- Vietnamese
- Other, please specify: _____

56. Which of the following language supports did the family need in preparation for or during the Shared Care Plan meeting?

If yes →

57. Which language supports were provided in preparation for or during the Shared Care Plan meeting?

	Yes	No	I don't know	Yes	Tried to provide but encountered barriers	No
a. Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Translation of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Materials in plain language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child Re-evaluation Shared Care Plan

58. The following questions will ask about the child for whom the shared care plan was re-evaluated. On what date was the shared care plan re-evaluated? (Please type the date in the space below using mm/dd/yyyy format.)

___ ___ / ___ ___ / ___ ___ ___ ___

59. On what date was this child's shared care plan initially created? (Please type the date in the space below using mm/dd/yyyy format.)

___ ___ / ___ ___ / ___ ___ ___ ___

60. Which of the following are members of the child's health team? (Please check one response for each.)

If
 yes
 →

61. If yes, how did the team member participate in the shared care plan meeting? (Please check one response for each.)

	Yes	No	NA	In Person	By Phone	By Video	Written comment	Did not participate
a. Dental or Orthodontic Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. DHS Child Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. DHS Developmental Disabilities (DD) Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Early Intervention/Early Childhood Special Education (EI/ECSE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Early childhood education – Child care provider or Preschool Preschool (e.g., Head Start, Pre-K Programs, private, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Education – School (e.g., classroom or special education teacher, school nurse, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Family member(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Insurer – OHP (CCO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Insurer – OHP (Fee for Service/Open Card)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Insurer – Commercial/Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Insurer – Tricare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Local Public Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Mental/Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Primary medical care (e.g., MD, RN, care coordinator, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Specialty medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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p. Occupational, physical, or speech therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Relief Nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Other, <i>please specify:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. [Note: This question appears only if “Yes” is checked for Q60h] Which CCO is represented on the child’s health team?

- Advanced Health
- AllCare CCO
- Cascade Health Alliance
- Columbia Pacific Coordinated Care Organization
- Eastern Oregon Coordinated Care Organization
- Health Share of Oregon
- InterCommunity Health Network Coordinated Care Organization
- Jackson Care Connect
- PacificSource Community Solutions – Central Oregon Region
- PacificSource Community Solutions – Columbia Gorge
- PacificSource Community Solutions – Lane
- PacificSource Community Solutions – Marion/Polk
- Trillium Community Health Plan – Southwest
- Trillium Community Health Plan – Tri-County
- Umpqua Health Alliance
- Yamhill Community Care
- Other, *please specify:* _____

63. [Note: This question appears only if “Yes” is checked for Q60n AND “Primary Care” is NOT checked on Q1] Did a representative from primary care help your organization prepare for the shared care planning meeting?

- Yes → Continue to Question 64
- No → Skip to Question 65

64. How did the primary care representative help prepare for the shared care planning meeting? (Please enter your response in the space below.)

65. What were the reasons the shared care plan was re-evaluated for this child? (Please check all that apply.)

- The family requested another shared care plan meeting.
- To check in the progress of previously identified goals.
- New issues have emerged since the last shared care plan meeting.
- The first plan did not work, and we needed a new approach.
- Other, please specify: _____.

66. Did the child health team create new goals when this shared care plan was re-evaluated? (Please check one response.)

- Yes
- No

67. Which of the following family-centered shared care planning values, if any, were addressed in this Shared Care Plan meeting:

- Equity** (The Shared Care Planning team actively applies an equity lens to its work, acknowledging that historically, racism has pervasively and negatively impacted health care for children and families.)
- Respect and trust** (Shared Care Planning is dependent on mutual trust and respect among all team members.)
- Transparency** (The process of Shared Care Planning, and the plan itself, are continuously accessible to families and/or youth.)
- Responsive** (The Shared Care Planning process is fluid and flexible. It responds to families' and/or youth needs and concerns. Neither process nor the participants are rushed.)
- Trauma-informed** (The team recognizes that racism and prejudice are traumatizing. The team understands that the barriers families face can be traumatizing. The team members are aware and responsive to the possibility that others on the team may have experienced trauma.)
- Strengths-based** (Shared care plans recognize the strengths of families, children, and youth, and builds on them to move the care plan forward.)
- Empowering** (The Shared Care Planning process contributes to the families' and/or youths' knowledge and skills to advocate for their needs. When the team members share power and offer information and choices, it can facilitate healing from trauma and prevent re-traumatization.)
- Validating and supportive** (The team values families' and/or youths' wisdom. They look for opportunities to help families and/or youth find the additional supports they want.)
- Efficiency** (The Shared Care Planning process is efficient for everyone, and families feel it is a good use of their time. The right people are invited to the table at the right time, resulting in families and/or youth coming away with a powerful tool they can use to achieve their goals.)
- Rewarding** (Shared Care Planning is rewarding. It is collaborative, optimistic, and innovative.)

68. **[If any value is selected in Q67]** Which two family-centered shared care planning values were easiest to address in this Shared Care Plan meeting? (Please select 2 values.)

Equity
How did this value show up in this meeting? (Please provide 1-2 examples.) _____

- Respect and trust**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Transparency**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Responsive**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Trauma-informed**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Strengths-based**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Empowering**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Validating and supportive**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Efficiency**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Rewarding**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____

69. Which two family-centered shared care planning values were most challenging to address in this Shared Care Plan meeting? (Please select 2 values.)

- Equity**
What challenges did you encountered in addressing this value in this meeting? (Please provide 1-2 examples.) _____
- Respect and trust**
What challenges did you encountered in addressing this value in this meeting? (Please provide 1-2 examples.) _____
- Transparency**
What challenges did you encountered in addressing this value in this meeting? (Please provide 1-2 examples.) _____
- Responsive**
What challenges did you encountered in addressing this value in this meeting? (Please provide 1-2 examples.) _____
- Trauma-informed**

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

Strengths-based

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

Empowering

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

Validating and supportive

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

Efficiency

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

Rewarding

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

70. [If Q1 is LPHD and Q8 is "No"] How were family-centered shared care planning values addressed differently because this was a meeting facilitated by someone outside of the LPHA?

71. Did the family receive a copy of the re-evaluated shared care plan?

- Yes
- No

72. To the best of your knowledge, how does the child’s family identify the child’s race or ethnicity? (Please check all that apply.)

- American Indian / Alaska Native (This includes American Indians; Alaska Natives; Canadian Inuit, Metis, or First Nation; Indigenous Mexican, Central American, or South American.)
- African American / Black (This includes African American; African [Black]; Caribbean [Black]; Other Black.)
- Asian (This includes Asian Indian; Chinese; Filipino/a; Hmong; Japanese; Korean; Laotian; South Asian; Vietnamese; Other Asian.)
- Caucasian / White (This includes Eastern European; Slavic; Western European; Other White.)
- Hispanic or Latino/a (This includes Hispanic or Latino Central American; Hispanic or Latino Mexican; Hispanic or Latino South American; Other Hispanic or Latino.)
- Middle Eastern/North African (This includes Egyptian; Iranian; Iraqi; Lebanese; Moroccan; Saudi; Syrian; Tunisian; Other Middle Eastern; Other North African)
- Native Hawaiian / Pacific Islander (This includes Guamanian or Chamorro; Micronesian; Native Hawaiian; Samoan; Tongan; Other Pacific Islander.)

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Other (Please specify: _____)

I don't know

73. What is the gender identity of the child? (Please check one response.)

Girl

Boy

Non-binary

Agender/no gender

Questioning

Not listed, please specify: _____

I don't know

74. What is the primary language of the child's family? (Please check one response.)

Cantonese

English

Mandarin

Russian

Spanish

Vietnamese

Other, please specify: _____

75. Which of the following language supports did the family need in preparation for or during the Shared Care Plan meeting?

If yes →

76. Which language supports were provided in preparation for or during the Shared Care Plan meeting?

	Yes	No	I don't know	Yes	Tried to provide but encountered barriers	No
a. Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Translation of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Materials in plain language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Young Adult Re-evaluation Shared Care Plan

77. The following questions will ask about the young adult for whom the shared care plan was re-evaluated. On what date was the shared care plan re-evaluated? *(Please type the date in the space below using mm/dd/yyyy format.)*

___ ___ / ___ ___ / ___ ___ ___ ___

78. On what date was this young adult's shared care plan initially created? *(Please type the date in the space below using mm/dd/yyyy format.)*

___ ___ / ___ ___ / ___ ___ ___ ___

79. Which of the following are members of the young adult's health team? *(Please check one response for each.)*

*If yes
 →*

80. If yes, how did the team member participate in the shared care planning meeting? *(Please check one response for each.)*

	Yes	No	NA	In Person	By Phone	By Video	Written comment	Did not participate
a. The young adult (for whom the shared care plan is being created)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dental or Orthodontic Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. DHS Child Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. DHS Developmental Disabilities (DD) Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. School (e.g., classroom or special education teacher, school nurse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Family member(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Insurer – OHP (CCO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Insurer – OHP (Fee for Service/Open Card)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Insurer – Commercial/Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Insurer – Tricare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Local Public Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Mental/Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Primary medical care (e.g., MD, RN, care coordinator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Specialty medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Specialty therapy (e.g., acupuncture; dialysis; occupational, physical, respiratory, or speech therapies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Other, <i>please specify:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

81. [Note: This question appears only if “Yes” is checked for Q79g] Which CCO is represented on the child’s health team?

- Advanced Health
- AllCare CCO
- Cascade Health Alliance
- Columbia Pacific Coordinated Care Organization
- Eastern Oregon Coordinated Care Organization
- Health Share of Oregon
- InterCommunity Health Network Coordinated Care Organization
- Jackson Care Connect
- PacificSource Community Solutions – Central Oregon Region
- PacificSource Community Solutions – Columbia Gorge
- PacificSource Community Solutions – Lane
- PacificSource Community Solutions – Marion/Polk
- Trillium Community Health Plan – Southwest
- Trillium Community Health Plan – Tri-County
- Umpqua Health Alliance
- Yamhill Community Care
- Other, please specify: _____

82. [Note: This question appears only if “Yes” is checked for Q79m AND “Primary Care” is NOT checked on Q1] Did a representative from primary care help your organization prepare for the shared care planning meeting?

- Yes → Continue to Question 83
- No → Skip to Question 84

83. How did the primary care representative help prepare for the shared care planning meeting? (Please enter your response in the space below.)

84. What were the reasons the shared care plan was re-evaluated for this young adult? (Please check all that apply.)

- The family requested another shared care plan meeting.
- To check in the progress of previously identified goals.
- New issues have emerged since the last shared care plan meeting.
- The first plan did not work, and we needed a new approach.
- Other, please specify: _____.

85. Did the child health team create new goals when this shared care plan was re-evaluated? (Please check one response.)

- Yes → Continue to Question 86
- No → Skip to Question 88

86. Does one or more of the new shared care plan goals address transitioning to an adult model of health care? (Please check one response.)

- Yes → Continue to Question 87
- No → SKIP to Question 88

87. What is the new transition goal(s)? (Please write the goal(s) in the space that follows.)

- a. _____
- b. _____
- c. _____
- d. _____

88. Which of the following family-centered shared care planning values, if any, were addressed in this Shared Care Plan meeting:

- Equity** (The Shared Care Planning team actively applies an equity lens to its work, acknowledging that historically, racism has pervasively and negatively impacted health care for children and families.)
- Respect and trust** (Shared Care Planning is dependent on mutual trust and respect among all team members.)
- Transparency** (The process of Shared Care Planning, and the plan itself, are continuously accessible to families and/or youth.)
- Responsive** (The Shared Care Planning process is fluid and flexible. It responds to families' and/or youth needs and concerns. Neither process nor the participants are rushed.)
- Trauma-informed** (The team recognizes that racism and prejudice are traumatizing. The team understands that the barriers families face can be traumatizing. The team members are aware and responsive to the possibility that others on the team may have experienced trauma.)
- Strengths-based** (Shared care plans recognize the strengths of families, children, and youth, and builds on them to move the care plan forward.)
- Empowering** (The Shared Care Planning process contributes to the families' and/or youths' knowledge and skills to advocate for their needs. When the team members share power and offer information and choices, it can facilitate healing from trauma and prevent re-traumatization.)
- Validating and supportive** (The team values families' and/or youths' wisdom. They look for opportunities to help families and/or youth find the additional supports they want.)
- Efficiency** (The Shared Care Planning process is efficient for everyone, and families feel it is a good use of their time. The right people are invited to the table at the right time, resulting in families and/or youth coming away with a powerful tool they can use to achieve their goals.)
- Rewarding** (Shared Care Planning is rewarding. It is collaborative, optimistic, and innovative.)

89. **[If any value is selected in Q88]** Which two family-centered shared care planning values were easiest to address in this Shared Care Plan meeting? (Please select 2 values.)

- Equity**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Respect and trust**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Transparency**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Responsive**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Trauma-informed**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Strengths-based**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Empowering**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Validating and supportive**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Efficiency**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____
- Rewarding**
How did this value show up in this meeting? (Please provide 1-2 examples.) _____

90. Which two family-centered shared care planning values were most challenging to address in this Shared Care Plan meeting? (Please select 2 values.)

- Equity**
What challenges did you encountered in addressing this value in this meeting? (Please provide 1-2 examples.) _____
- Respect and trust**
What challenges did you encountered in addressing this value in this meeting? (Please provide 1-2 examples.) _____
- Transparency**
What challenges did you encountered in addressing this value in this meeting? (Please provide 1-2 examples.) _____

- Responsive**

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

- Trauma-informed**

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

- Strengths-based**

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

- Empowering**

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

- Validating and supportive**

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

- Efficiency**

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

- Rewarding**

What challenges did you encountered in addressing this value in this meeting?
(Please provide 1-2 examples.)

91. **[If Q1 is LPHD and Q8 is “No”]** How were family-centered shared care planning values addressed differently because this was a meeting facilitated by someone outside of the LPHA?

92. Did the young adult and family receive a copy of the re-evaluated shared care plan?

- Yes
- No

93. To the best of your knowledge, how does the young adult identify their race or ethnicity? (Please check all that apply.)

- American Indian / Alaska Native (This includes American Indians; Alaska Natives; Canadian Inuit, Metis, or First Nation; Indigenous Mexican, Central American, or South American.)
- African American / Black (This includes African American; African [Black]; Caribbean [Black]; Other Black.)
- Asian (This includes Asian Indian; Chinese; Filipino/a; Hmong; Japanese; Korean; Laotian; South Asian; Vietnamese; Other Asian.)
- Caucasian / White (This includes Eastern European; Slavic; Western European; Other White.)
- Hispanic or Latino/a (This includes Hispanic or Latino Central American; Hispanic or Latino Mexican; Hispanic or Latino South American; Other Hispanic or Latino.)

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- Middle Eastern/North African *(This includes Egyptian; Iranian; Iraqi; Lebanese; Moroccan; Saudi; Syrian; Tunisian; Other Middle Eastern; Other North African)*
- Native Hawaiian / Pacific Islander *(This includes Guamanian or Chamorro; Micronesian; Native Hawaiian; Samoan; Tongan; Other Pacific Islander.)*
- Other *(Please specify: _____)*

- I don't know

94. What is the gender identity of the young adult? *(Please check one response.)*

- Girl
- Boy
- Non-binary
- Agender/no gender
- Questioning
- Not listed, *please specify:* _____

- I don't know

95. What is the primary language of the young adult? *(Please check one response.)*

- Cantonese
- English
- Mandarin
- Russian
- Spanish
- Vietnamese
- Other, *please specify:* _____

96. Which of the following language supports did the family need in preparation for or during the Shared Care Plan meeting?

If yes →

	Yes	No	I don't know
a. Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Translation of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Materials in plain language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

97. Which language supports were provided in preparation for or during the Shared Care Plan meeting?

	Yes	Tried to provide but encountered barriers	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LHD Shared Care Planning Process End of Year Survey
(To be administered online via Qualtrics)

The following questions pertain to the Shared Care Planning End of Year Report. The foundation of shared care planning is to identify and meet family goals by eliminating gaps, barriers and redundancies in care. This process requires LHDs to practice family centered care and to get the right people to the table at the right time. The purpose of having local health departments (LHDs) complete this end of year survey is to learn about your experiences with the shared care planning process. The Shared Care Planning Lead is responsible for submitting this end-of-year survey. However, we recognize that in some counties, there are multiple individuals implementing shared care planning (SCP). In this case, the SCP Lead should gather input from these team members to complete the survey and provide the fullest picture of SCP in your county.

Thank you!

1. **How many LHD staff participate on your SCP team?**
2. **What barriers have your child health teams encountered in collaborating to create shared care plans?**
(Please be specific and provide examples, but do not include names or other identifiable information. We're expecting at least 3 sentences.)
3. **How has your LHD identified and met family goals by eliminating gaps, barriers and redundancies in care through the shared care planning process?** *(Please provide at least two examples.)*
4. **Has your child health team implemented shared care planning for a transition-aged youth (i.e. youth aged 12 years or older) this year?**
 - Yes → Answer Question 4a
 - No → Answer 4b

4a. **If yes, what has been your child health team's experience implementing shared care planning for transition-aged youth (i.e. youth aged 12 years or older)?** *(Please be specific and provide examples, such as resources that helped your team serve youth and/or challenges that your team experienced serving youth).*

4b. **If no, are you considering implementing shared care planning for transition-aged youth (i.e. youth aged 12 years or older) next year? If so, what supports will you need from OCCYSHN to do this?**
5. **Does your LHD plan to continue implementing shared care planning during 2024-2025?**
 - Yes → Continue to Question 6
 - No → Go to Question 5a

5a. **If your LHD does not plan to continue implementing shared care planning in this next year, why not? What are the barriers that led to this decision?** *(Please describe specific examples.)*
6. **Now that your LHD has implemented shared care planning for several years, what reflections, insights, or lessons do you have about the process?**
7. **What else do you want to tell us about your experiences coordinating care using shared care plans?**