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.

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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 <u>Shared Care Plan Information Form (SIF)</u>, 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 addressed 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.

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- 2. Following the creation or re-evaluation of <u>each</u> 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 <u>new child</u> care plan, <u>child</u> care plan <u>re-evaluation</u>, <u>new young adult</u> care plan, or <u>young adult</u> care plan <u>re-evaluation</u>.
 - 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

Revised Shared Care Plan Information Form - All Forms 8/8/2024

OCCYSHN requires that the following set of questions be completed for each shared care plan created or reevaluated. 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

Which organization do you represent? ☐ Community-based organization (CBO) ☐ Coordinated Care Organization (CCO) ☐ Local Health Department/CaCoon ☐ Primary Care ☐ Other:								
What	is your role	?						
What	county is yo	our organi	zation located in? (Please check all that apply.)					
What	Benton Clackamas Clatsop Columbia Coos Crook Curry Deschutes Douglas Gilliam Grant Harney Hood River Jackson Jefferson Josephine Klamath are the init		Marion Morrow Multnomah Polk Sherman Tillamook Umatilla Union Wasco					
	C C C C C C C C C C	Community-b	□ Community-based organ □ Coordinated Care Organ □ Local Health Departmen □ Primary Care □ Other: □ What is your role? □ Baker □ Benton □ Clackamas □ Clatsop □ Columbia □ Coos □ Crook □ Curry □ Deschutes □ Douglas □ Gilliam □ Grant □ Harney □ Hood River □ Jackson □ Jefferson □ Josephine □ Klamath □ What are the initials of the each space.) □ What are the initials of the each space.)					

5.		What is the date of birth for this child or young adult? (Please type the date nm/dd/yyyy format.)	e date of birth for this child or young adult? (Please type the date in the space below using by format.)								
	_	/									
6.	. v	Vhat is your first name? (Please type the name of the person entering the c	lata in the s	pace belo	ow.)						
7.	. v	What is your last name? (Please type the name of the person entering the data in the space below.)									
8.	. D	old you facilitate the shared care planning meeting? (Please check one responders) ☐ Yes ☐ No, the shared care planning meeting was part of an IEP/IFSP, Wrap		other me	eting						
9.		o the best of your knowledge, does the child or young adult experience a onditions? (Please check one for each.)	ny of the fo	ollowing							
	Coi	ndition	Yes	No	I don't know						
	a.	Medical (e.g., cystic fibrosis, muscular dystrophy, seizures, etc.)									
	b.	Behavioral/mental (e.g., ADHD, anxiety, depression, substance abuse, etc.)									
	c.	Developmental (e.g., autism spectrum disorder, developmental delay, etc.)									
	d.	Social complexity (e.g., domestic violence, food insecurity, homelessness or housing instability, joblessness or underemployed, parental incarceration, parental mental health conditions, etc.)									
	e.	Other, please specify:									
10	0. A	re you reporting about a shared care plan for a child or young adult? (Ple	ase check o	one respo	nse.)						
		☐ CHILD: Less 12 years old									
		☐ YOUNG ADULT: 12 years old up to the child's 21 st birthday									

11. Are yo	u reporting the initiation of a new shared care plan or the re-evaluation of an existing shared
care pl	an? (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)

12. The following questions will ask about the child for whom the shared care plan was created. On what

Child New Shared Care Plan

	date was the shared care mm/dd/yyyy format.)			eeting	held? (Please type	the date in t	the space be	elow using	
	13. Which of the following are members of the child's health team? (Please check one response for each.)					14. If yes, how did the team member participate in the shared care planning meeting? (Please check one response for each.)				
		Yes	No	NA *	\rightarrow	In Person	By Phone	By Video	Written comment	Did not participate
a.	Dental or Orthodontic Health									
b.	DHS Child Welfare				-					
С.	DHS Developmental Disabilities (DD) Services				_					
d.	Early Intervention/Early Childhood Special Education (EI/ECSE)									
e.	Early childhood education – Child care provider or Preschool (e.g., Head Start, Pre-K Programs, private, etc.)				-					
f.	Education –School (e.g., classroom or special education teacher, school nurse, etc.)									
g.	Family member(s)				-					
h.	Insurer – OHP (CCO)				_					
i.	Insurer – OHP (Fee for Service/Open Card)									
j.	Insurer – Commercial/ Private									
k.	Insurer – Tricare				_					
I.	Local Public Health Department				_					
m	. Mental/Behavioral Health				_					
n.	Primary medical care (e.g., MD, RN, care coordinator, etc.)									
0.	Relief Nursery				-					
p.	Specialty medical care				-					
q.	Specialty therapy (e.g., acupuncture; dialysis; occupational, physical, respiratory, or speech therapies, etc.)				_					
r.	WIC									
c	Other please specify:					П	П	П		

* 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? \Box Yes \rightarrow Continue to Question 17 \square No \rightarrow 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

Revised Shared Care Plan Information Form – All Forms 8/8/2024

		Benefits somewhat outweighed the costs
		Benefits were about the same as the costs
		Costs somewhat outweighed the benefits
		Costs definitely outweighed the benefits
19.	meml	one goal created in this meeting that demonstrates collaboration among the child's health team bers. How does this goal demonstrate collaboration? If no goals demonstrate collaboration, please why.
20.	[Only	presented if response to Q1 is LHD] Is this child currently part of your LHD's CaCoon caseload?
20.	[Only	
20.	-	es

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

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

n.	Other, please specify:	
_	What were the <u>reasons</u> a shared care plan was created for this child? (Please chean of the child is a CaCoon client.)	ck all that apply.)
[☐ 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 ident	tify and address.
[☐ The child's family experiences difficulty getting the services or supports that th	ey need.
	☐ The child's family encounters barriers to making, keeping, or getting to appoint	tments.
[☐ Systems do not adequately support families in completing agreed upon actions	s or plans.
[☐ The child has an undiagnosed condition.	·
[☐ The family indicated that they need more help or support.	
	☐ Other, please specify:	
S	Which of the following family-centered shared care planning values, if any, were shared Care Plan meeting: Lity (The Shared Care Planning team actively applies an equity lens to its work,	
ack	nowledging that historically, racism has pervasively and negatively impacted healt for children and families.)	
	pect and trust (Shared Care Planning is dependent on mutual trust and respect and members.)	nong 🗆
	nsparency (The process of Shared Care Planning, and the plan itself, are continuou essible to families and/or youth.)	ısly 🗆
Res	ponsive (The Shared Care Planning process is fluid and flexible. It responds to fami	ilies′ □
	l/or youth needs and concerns. Neither process nor the participants are rushed.) uma-informed (The team recognizes that racism and prejudice are traumatizing. T	^r he □
	m understands that the barriers families face can be traumatizing. The team memb	
	aware and responsive to the possibility that others on the team may have experience.	nced
	uma.) engths-based (Shared care plans recognize the strengths of families, children, and	
you	th, and builds on them to move the care plan forward.)	
	powering (The Shared Care Planning process contributes to the families' and/or yo	
	wledge and skills to advocate for their needs. When the team members share pow I offer information and choices, it can facilitate healing from trauma and prevent ro	
	umatization.)	-
	idating and supportive (The team values families' and/or youths' wisdom. They loo	ok for □
	ortunities to help families and/or youth find the additional supports they want.) ciency (The Shared Care Planning process is efficient for everyone, and families fee	el it is □
	pood use of their time. The right people are invited to the table at the right time, res	
-	amilies and/or youth coming away with a powerful tool they can use to achieve the	eir
goa Rev	varding (Shared Care Planning is rewarding. It is collaborative, optimistic, and	
	ovative.)	

25. [If any value is selected in Q24] Which two family-centered shared care planning values were <u>easiest</u> 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 Care Plan meeting? (Please select 2 value)	planning values were <u>most challenging</u> to address ues.)	in this Shared
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.) (Please provide 1-2 examples.)	
27. [If Q1 is LPHD and Q8 is "No"] How wer	re family-centered shared care planning values addressed facilitated by someone outside of the LPHA? red care plan?
29. To the best of your knowledge, how do check all that apply.)	es the child's family identify the child's race or ethnicity? (Please
Metis, or First Nation; Indigenous N	nis includes American Indians; Alaska Natives; Canadian Inuit, Mexican, Central American, or South American.) des African American; African [Black]; Caribbean [Black]; Other

		is includes . ese; Other A		n; Chinese; Fil	ipino/a; Hmon	g; Japan	ese; Korean; Laotian; Sout	h Asian;
	Caucasia	n / White <i>(1</i>	This includes	s Eastern Euro	pean; Slavic; V	Nestern .	European; Other White.)	
	•		-	•	r Latino Centro panic or Latino		an; Hispanic or Latino Me	xican;
					gyptian; Iranio North African	-	Lebanese; Moroccan; Sau	ıdi;
	Native Ha	awaiian / Pa	acific Islande		les Guamanian	-	norro; Micronesian; Native	?
			_					
	`				••			
	I don't kr	now						
30. Wha	t is the ge	ender ident	ity of the cl	nild? (Please d	check one resp	onse.)		
	Girl							
	Boy							
	Non-bina	iry						
	Agender	/no gender						
	Question	ing						
	Not listed	d, please sp	ecify:					
	I don't kr	now						
31. Wha	t is the p	rimary lang	uage of the	child's family	y? (Please ched	ck one re	sponse.)	
	Cantones	se						
	English							
	Mandarir	า						
	Russian							
	Spanish							
	Vietname	ese						
	Other, pl	ease specify	/:					
		_	language su			33.	Which language supports	
		<u>eed</u> in prepa are Plan m	aration for	or during	If yes →		<u>provided</u> in preparation furing the Shared Care P	
CITC	Jilai Ca C	arc i iaii iii	ccing.				meeting?	ian
				I don't			Tried to provide but	
		Yes	No	know		Yes	encountered barriers	No
a. Interpretb. Translati								
materials	OII OI							

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

Young Adult New Shared Care Plan

Context for Q30:

	Sheryl and S&W use this data	for TA is	ssues (e	.g., if co	unties su	ıbmit a SIF re	ally late)			
	34. The following question what date was the shamm/dd/yyyy format.) / / 35. Which of the following the young adult's he check one response for the shamm of the sha	red car	membe	ning me	eeting h	eld? (Please		d the team	member pa	sing rticipate
		Yes	No	NA	\rightarrow	In Person	By Phone	By Video	Written comment	Did not participate
a.	The young adult (for whom the shared care plan is being created)									
b.	Dental or Orthodontic Health				_					
Э.	DHS Child Welfare				_					
d.	DHS Developmental Disabilities (DD) Services				_					
е.	School (e.g., classroom or special education teacher, school nurse)				_					
f	Family member(s)				=					
g.	Insurer – OHP (CCO)				_					
h.	Insurer – OHP (Fee for Service/Open Card)				-					
	Insurer – Commercial/ Private				_					
	Insurer – Tricare				_					
k.	Local Public Health Department				_					
	Mental/Behavioral Health				_					
m.	Primary medical care (e.g., MD, RN, care coordinator)				_					
n.	Specialty medical care				_					
0.	Specialty therapy (e.g., acupuncture; dialysis; occupational, physical, respiratory, or speech therapies, etc.)	_			-					
D.	Other, please specify:									

	[Note: This question appears only if "Yes" is checked for Q35g] Which CCO is represented on the child 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:
	[Note: This question appears only if "Yes" is checked for Q35m AND "Primary Care" is NOT checked o Q1] Did a representative from primary care help your organization prepare for the shared care plannimeeting? □ Yes → Continue to Question 39 □ No → Skip to Question 40 How did the primary care representative help prepare for the shared care planning meeting? (Please
	Q1] Did a representative from primary care help your organization prepare for the shared care plannimeeting? □ Yes → Continue to Question 39
39.	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 How did the primary care representative help prepare for the shared care planning meeting? (Please enter your response in the space below.) During this shared care plan meeting, to what extent did the benefits of collaboration among the you adult's health team members outweigh the costs (for example time, resources, effort)?
39.	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 How did the primary care representative help prepare for the shared care planning meeting? (Please enter your response in the space below.) During this shared care plan meeting, to what extent did the benefits of collaboration among the you adult's health team members outweigh the costs (for example time, resources, effort)? □ Benefits definitely outweighed the costs
39.	 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 How did the primary care representative help prepare for the shared care planning meeting? (Please enter your response in the space below.) During this shared care plan meeting, to what extent did the benefits of collaboration among the you adult's health team members outweigh the costs (for example time, resources, effort)? □ Benefits definitely outweighed the costs □ Benefits somewhat outweighed the costs
39.	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 How did the primary care representative help prepare for the shared care planning meeting? (Please enter your response in the space below.) During this shared care plan meeting, to what extent did the benefits of collaboration among the you adult's health team members outweigh the costs (for example time, resources, effort)? □ Benefits definitely outweighed the costs

,	 Share one goal created in this meeting that demonstrates collaboration among the young adult's healtl 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 m (Please check one response.)	odel of health	n care?					
	 □ 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 the goal(s) in the space that follows.)	, if necessary.	Please write					
	a.							
	b.							
	d.							
ļ								
,	 Yes No 45. Did someone outside of your organization refer this young adult to you to recommod Yes → Continue to Question 46 No → Skip to Question 47 	eive shared ca	are planning?					
	46. Who referred this young adult to you to receive shared care planning? (Please	e check one fo	r each.)					
Sou	urce	Yes	No					
a.	DD Services staff							
b.	Insurer – OHP (CCO)							
c.	Insurer – OHP (Fee for Service/Open Card)							
d.	Insurer – Commercial/Private							
e.	Insurer – Tricare							
f.	Local Health Department							
g.	Mental/behavioral health provider							
h.	School staff (e.g., classroom or special education teacher, school nurse, etc.)							

i.	Prima		
j.	Hospi	tal or tertiary care center staff	
k.	Other	, please specify:	
	47. Wł	nat were the <u>reasons</u> a shared care plan was created for this young adult? (Please check	all that
		oly.)	
		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	
		The young adult's family encounters barriers to making, keeping, or getting to appointm	*
		Systems do not adequately support the young adult's family in completing agreed upon	
		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	
		conditions, including those indicating a medical emergency; identify an adult care provide	er; make
		their own medical appointments or arrange transportation to appointments.	
		The family requires support to understand changes that will occur when their child trans	itions from a
		pediatric to an adult model of health care (e.g., legal changes, such as changes in decisio	_
		privacy, and consent when their young adult turns 18; changes in insurance and access t	o care when
		their young adult turns 18).	
		The family indicated that they need more help or support.	
		Other, please specify:	
	48. Wh	nich of the following family-centered shared care planning values, if any, were addresse	d in this
	Sha	ared Care Plan meeting:	
	Fauity	(The Shared Care Planning team actively applies an equity lens to its work,	
		wledging that historically, racism has pervasively and negatively impacted health care for	
		en and families.)	
		ect and trust (Shared Care Planning is dependent on mutual trust and respect among all	
	team	members.)	
		parency (The process of Shared Care Planning, and the plan itself, are continuously	
		sible to families and/or youth.)	
		onsive (The Shared Care Planning process is fluid and flexible. It responds to families'	
		r youth needs and concerns. Neither process nor the participants are rushed.)	
		na-informed (The team recognizes that racism and prejudice are traumatizing. The team stands that the barriers families face can be traumatizing. The team members are aware	
		esponsive to the possibility that others on the team may have experienced trauma.)	
		gths-based (Shared care plans recognize the strengths of families, children, and youth, and	d 🗆
		on them to move the care plan forward.)	_
		wering (The Shared Care Planning process contributes to the families' and/or youths'	
	-	ledge 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 retraumatization.) **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 П 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.)

meeting? (Please provide 1-2 examples.)

How did this value show up in this

Rewarding

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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 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	
· · · · · · · · · · · · · · · · · · ·	
•	Ц
,	
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.)	

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.		d the young adult and family receive a copy of the shared care plan?
		Yes No
		NO .
53.		the best of your knowledge, how does the young adult identify their race or ethnicity? (Please check 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.	W	hat 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.	W	hat 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 the family n	eed in prepa	aration for		If yes →	57. Which language supports were provided in preparation for or during the Shared Care Plan meeting?			
			I don't			Tried to provide but		
	Yes	No	know		Yes	encountered barriers	No	
a. Interpretation								
b. Translation of materials								
c. Materials in plain language								
d. Other, please specify:								

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Child Re-evaluation Shared Care Plan

	what date was the share mm/dd/yyyy format.)	d care	plan r	e-eval	uated?			-		. On
	/						10 (0)			
	59. On what date was this characteristics of the second		nared	care p	lan init	ially created	d? (Please ty	pe the date	in the space	below
	/	/								
	60. Which of the following the child's health team one response for each.)	? (Plea			If yes →	in	yes, how di the shared eck one res	care plan n	neeting? (P	
		Yes	No	NA	-	In Person	By Phone	By Video	Written comment	Did not participate
a.	Dental or Orthodontic Health				_					
b.					-					
C.					-					
d.	Early Intervention/Early Childhood Special Education (EI/ECSE)				_					
e.	Early childhood education – Child care provider or Preschool Preschool (e.g., Head Start, Pre-K Programs, private, etc.)									
f.	Education – School (e.g., classroom or special education teacher, school nurse, etc.)				-					
g.	Family member(s)				_					
h.	Insurer – OHP (CCO)				_					
i.	Insurer – OHP (Fee for Service/Open Card)				_					
j.	Insurer – Commercial/ Private				_					
k.	Insurer – Tricare				-					
I.	Local Public Health Department				_					
m.	Mental/Behavioral Health				_					
n.	Primary medical care (e.g., MD, RN, care coordinator, etc.)									
_	Charielty madical care				-					

p.	Occupational, physical, or speech therapist								
q.	Relief Nursery								
r.	WIC								
S.	Other, please specify:								
	62. [Note: This question app	ears o	nly if "	Yes" is ch	ecked for Q60h]	Which CC	O is represer	nted on the	child's
	health team?								
	☐ Advanced Health								
	□ AllCare CCO								
	☐ Cascade Health Alliance								
	☐ Columbia Pacific Coordina	ated Ca	are Or	ganizatior	1				
	☐ Eastern Oregon Coordina	ted Ca	re Org	anization					
	☐ Health Share of Oregon								
	□ InterCommunity Health N	letwor	k Coor	dinated C	Care Organization	า			
	☐ Jackson Care Connect								
	□ PacificSource Community	Soluti	ons –	Central O	regon Region				
	☐ PacificSource Community	Soluti	ons –	Columbia	Gorge				
	□ PacificSource Community	Soluti	ons – I	Lane					
	□ PacificSource Community	Soluti	ons – I	Marion/P	olk				
	☐ Trillium Community Heal	th Plan	– Sou	thwest					
	☐ Trillium Community Heal	th Plan	- Tri-	County					
	□ Umpqua Health Alliance								
	☐ Yamhill Community Care								
	□ Other, please specify:								
	63. [Note: This question app	oars o	alv if "	Voc" ic ch	acked for OSOn	AND "Prim	ary Caro" is	NOT chacks	d on
	Q1] Did a representative		-				-		
	meeting?	110111	Jiiiiiai	y care ne	ip your organiza	поп ргера	ic for the sin	area care pro	71111111B
	☐ Yes → Continue to Quest	ion 64							
	 □ No → Skip to Question 65 								
	64. How did the primary care	-			prepare for the	shared care	e planning m	eeting? (Ple	ase
	enter your response in the	e space	e pelov	v.)					

65	 5. What were the <u>reasons</u> the shared care plan was re-evaluated for this capply.) 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	6. Did the child health team create <u>new goals</u> when this shared care plan one response.)	was re-evaluated? (Please cl	heck
	Yes No		
67	7. Which of the following family-centered shared care planning values, if a Shared Care Plan meeting:	any, were addressed in this	
a	Equity (The Shared Care Planning team actively applies an equity lens to its acknowledging that historically, racism has pervasively and negatively impachildren and families.)		
R	Respect and trust (Shared Care Planning is dependent on mutual trust and r team members.)	respect among all	
Т	Transparency (The process of Shared Care Planning, and the plan itself, are accessible to families and/or youth.)	continuously	
	Responsive (The Shared Care Planning process is fluid and flexible. It responand/or youth needs and concerns. Neither process nor the participants are r		
T	Trauma-informed (The team recognizes that racism and prejudice are traumal understands that the barriers families face can be traumatizing. The team mand responsive to the possibility that others on the team may have experien	natizing. The team $\hfill\Box$ nembers are aware	
S	Strengths-based (Shared care plans recognize the strengths of families, child builds on them to move the care plan forward.)		
Ei ki	Empowering (The Shared Care Planning process contributes to the families' knowledge and skills to advocate for their needs. When the team members offer information and choices, it can facilitate healing from trauma and prevaraumatization.)	share power and	
V	Validating and supportive (The team values families' and/or youths' wisdom opportunities to help families and/or youth find the additional supports they		
E:	Efficiency (The Shared Care Planning process is efficient for everyone, and for good use of their time. The right people are invited to the table at the right the families and/or youth coming away with a powerful tool they can use to ach	amilies feel it is a time, resulting in nieve their goals.)	
K	Rewarding (Shared Care Planning is rewarding. It is collaborative, optimistic	c , and innovative.) \Box	
68	 [If any value is selected in Q67] Which two family-centered shared care address in this Shared Care Plan meeting? (Please select 2 values.) 	planning values were <u>easie</u>	<u>st</u> to
Н	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.)		
CO Milhigh true family contared shared care	planning values were most shallowing to address	in this Charad
	planning values were most challenging to address	III tilis Silareu
Care Plan meeting? (Please select 2 valu	ies.)	
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?		
addressing this value in this incethig:		
(Please provide 1-2 examples.) Responsive		
(Please provide 1-2 examples.) Responsive		
(Please provide 1-2 examples.)		
(Please provide 1-2 examples.) Responsive What challenges did you encountered in		

What challenges did you encounte		
addressing this value in this meeting	ıg?	
(Please provide 1-2 examples.) Strengths-based	П	
What challenges did you encounte		
addressing this value in this meeting		
(Please provide 1-2 examples.)		
Empowering		
What challenges did you encounte		
addressing this value in this meeting	ng?	
(Please provide 1-2 examples.)		
Validating and supportive		
What challenges did you encounte	22	
addressing this value in this meeting (Please provide 1-2 examples.)	ıßı.	
Efficiency	П	
What challenges did you encounte		
addressing this value in this meeting		
(Please provide 1-2 examples.)		
Rewarding		
What challenges did you encounte		
addressing this value in this meeting	ng?	
	How were family-centered shared care planning values addressed	
70. [If Q1 is LPHD and Q8 is "No"] H	How were family-centered shared care planning values addressed neeting facilitated by someone outside of the LPHA?	
70. [If Q1 is LPHD and Q8 is "No"] He differently because this was a result. 71. Did the family receive a copy of		
70. [If Q1 is LPHD and Q8 is "No"] He differently because this was a result. 71. Did the family receive a copy of	neeting facilitated by someone outside of the LPHA?	
70. [If Q1 is LPHD and Q8 is "No"] He differently because this was a result. 71. Did the family receive a copy of the Yes	neeting facilitated by someone outside of the LPHA?	
70. [If Q1 is LPHD and Q8 is "No"] He differently because this was a reserved. 71. Did the family receive a copy of the Yes No	neeting facilitated by someone outside of the LPHA?	?as
70. [If Q1 is LPHD and Q8 is "No"] He differently because this was a research. 71. Did the family receive a copy of Yes No 72. To the best of your knowledge, check all that apply.) American Indian / Alaska Native	f the re-evaluated shared care plan?	
70. [If Q1 is LPHD and Q8 is "No"] He differently because this was a reserved. 71. Did the family receive a copy of Yes No 72. To the best of your knowledge, check all that apply.) American Indian / Alaska Native First Nation; Indigenous Mexical	how does the child's family identify the child's race or ethnicity? (Plane) (This includes American Indians; Alaska Natives; Canadian Inuit, Metis	, 01
70. [If Q1 is LPHD and Q8 is "No"] He differently because this was a research of the family receive a copy of the second of the family receive a copy of the second of the family receive a copy of the second of the family receive a copy of the second of the family receive a copy of the second of the family receive a copy of the second of the family receive a copy of the second o	the re-evaluated shared care plan? how does the child's family identify the child's race or ethnicity? (Plane) (This includes American Indians; Alaska Natives; Canadian Inuit, Metison, Central American, or South American.)	, 01
70. [If Q1 is LPHD and Q8 is "No"] He differently because this was a research of the family receive a copy of the second of the family receive a copy of the second of the family receive a copy of the second of the family receive a copy of the second of the family receive a copy of the second of	the re-evaluated shared care plan? Thow does the child's family identify the child's race or ethnicity? (Plane) (This includes American Indians; Alaska Natives; Canadian Inuit, Metison, Central American, or South American.) Includes African American; African [Black]; Caribbean [Black]; Other Black	, 01
70. [If Q1 is LPHD and Q8 is "No"] He differently because this was a research of the family receive a copy of the second of the family receive a copy of the second of the	the re-evaluated shared care plan? Thow does the child's family identify the child's race or ethnicity? (Planting includes American Indians; Alaska Natives; Canadian Inuit, Metison, Central American, or South American.) Tocludes African American; African [Black]; Caribbean [Black]; Other Black; Chinese; Filipino/a; Hmong; Japanese; Korean; Laotian; South Asian; Eastern European; Slavic; Western European; Other White.) The ses Hispanic or Latino Central American; Hispanic or Latino Mexican;	, 01
70. [If Q1 is LPHD and Q8 is "No"] He differently because this was a research of the family receive a copy of the second of the family receive a copy of the second of the family receive a copy of the second of the family receive a copy of the second of the family receive a copy of the second of	how does the child's family identify the child's race or ethnicity? (Planation of the Leman of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethnicity? (Planation of the child's family identify the child's race or ethni	ck.)

☐ Other (Please	e specify:)				
□ I don't know							
73. What is the g Girl Boy	gender ident	ity of the c	hild? (Please d	check one resp	onse.)		
□ Non-binary □ Agender/no g □ Questioning □ Not listed, pl							
□ I don't know							
74. What is the part of the pa			e child's family		ck one resp	onse.)	
	e following I need in prepa Care Plan mo	aration for	If yes →	<u>pr</u> du	Thich language support rovided in preparation uring the Shared Care F eeting?	for or	
a. Interpretation	Yes	No	I don't know □		Yes	Tried to provide but encountered barriers	No
b. Translation of materials							
c. Materials in plain language							
d. Other, please specify:							

Young Adult Re-evaluation Shared Care Plan

	77. The following question evaluated. On what da below using mm/dd/yy	te was	the sh							ce
	//									
	78. On what date was this below using mm/dd/yy	-		s shared	d care p	lan initially	created? (P	lease type ti	he date in th	e space
	//									
	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)				_					
b.	Dental or Orthodontic Health				_					
C.	DHS Child Welfare				_					
	DHS Developmental Disabilities (DD) Services				_					
e.	School (e.g., classroom or special education teacher, school nurse)				_					
f.	Family member(s)				_					
	Insurer – OHP (CCO)				_					
	Insurer – OHP (Fee for Service/Open Card)				_					
i.	Insurer – Commercial/ Private				_					
j.	Insurer – Tricare				_					
k.	Local Public Health Department				_					
Ī.	Mental/Behavioral Health				_					
m.	Primary medical care (e.g., MD, RN, care coordinator)				_					
n.	Specialty medical care				_					
	Specialty therapy (e.g., acupuncture; dialysis; occupational, physical, respiratory, or speech therapies, etc.)				_					
p.	Other, please specify:					П				

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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	s → Continue to Question 83
	→ 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 <u>reasons</u> 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 <u>new goals</u> when this shared care plan was re-evaluated? one response.)	(Please check
□ Yes → Continue to Question 86	
□ No \rightarrow Skip to Question 88	
 86. Does one or more of the <u>new</u> shared care plan goals address transitioning to an adult mod care? (Please check one response.) □ Yes → Continue to Question 87 	el of health
□ No \rightarrow SKIP to Question 88	
87. What is the <u>new</u> 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 addresse 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.)	d 🗆
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 retraumatization.)	
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.)	
Rowarding (Shared Care Planning is rewarding It is collaborative antimistic and innovative)	

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89. [If any value is selected in Q88] Which two family-centered shared care planning values were <u>easiest</u> 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	П	
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 Care Plan meeting? (Please select 2 value)	e planning values were <u>most challenging</u> to address ues.)	in this Shared
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.)	
differently because this was a meeting	re family-centered shared care planning values addressed facilitated by someone outside of the LPHA? a copy of the re-evaluated shared care plan?
93. To the best of your knowledge, how do all that apply.)	oes the young adult identify their race or ethnicity? (Please check
American Indian / Alaska Native (This in First Nation; Indigenous Mexican, Centr	ncludes American Indians; Alaska Natives; Canadian Inuit, Metis, or al American, or South American.)
☐ African American / Black (This includes A	African American; African [Black]; Caribbean [Black]; Other Black.)
☐ Asian (This includes Asian Indian; Chines Vietnamese; Other Asian.)	se; Filipino/a; Hmong; Japanese; Korean; Laotian; South Asian;
☐ Caucasian / White (This includes Eastern	n European; Slavic; Western European; Other White.)
☐ Hispanic or Latino/a (This includes Hispa	anic or Latino Central American; Hispanic or Latino Mexican;
Hispanic or Latino South American; Oth	

	☐ Middle Eastern/North African (This includes Egyptian; Iranian; Iraqi; Lebanese; Moroccan; Saudi; Syrian, Tunisian; Other Middle Eastern; Other North African)						yrian;	
								waiian;
	Other (Please							
	I don't know							
94.	What is the g	ender identi	ity of the y	oung adult?	(Please check	one resp	oonse.)	
	Girl							
	Boy							
	Non-binary							
	Agender/no	gender						
	Questioning							
	Not listed, p	lease specify	:					
	 I don't know							
	Tuon t know							
95.	What is the n	rimary langi	lage of the	voung adulti	? (Please checl	k one resi	nonse)	
□ □	Cantonese	rang	aage or the	young dudie	i (i icase circei	Concres _i	501150.17	
	English							
	Eligiisii							
	Mandarin							
	Mandarin Russian							
	Mandarin Russian Spanish							
	Mandarin Russian Spanish Vietnamese	anaifu						
	Mandarin Russian Spanish	specify:						
	Mandarin Russian Spanish Vietnamese Other, please					97.	Which language support	s were
	Mandarin Russian Spanish Vietnamese Other, please		anguage su	upports did		97.	Which language support provided in preparation	
	Mandarin Russian Spanish Vietnamese Other, please	e following l eed in prepa	anguage su	upports did	 If yes →	97.	provided in preparation during the Shared Care I	for or
	Mandarin Russian Spanish Vietnamese Other, please	e following l eed in prepa	anguage su	upports did or during		97.	<pre>provided in preparation during the Shared Care F meeting?</pre>	for or
	Mandarin Russian Spanish Vietnamese Other, please	e following l <u>eed</u> in prepa Care Plan me	anguage su eration for eeting?	upports did or during			provided in preparation during the Shared Care I meeting? Tried to provide but	for or Plan
96	Mandarin Russian Spanish Vietnamese Other, please	e following l eed in prepa	anguage su	upports did or during		97. Yes □	<pre>provided in preparation during the Shared Care F meeting?</pre>	for or
96 a. Inte	Mandarin Russian Spanish Vietnamese Other, please Mich of the family new the Shared of the Shared o	e following l eed in prepa Care Plan me	anguage suaration for eeting?	upports did or during I don't know		Yes	provided in preparation during the Shared Care I meeting? Tried to provide but encountered barriers	for or Plan
96 a. Inte	Mandarin Russian Spanish Vietnamese Other, please Which of th the family n the Shared of	e following laced in prepa Care Plan me	anguage suaration for eeting?	upports did or during I don't know		Yes	provided in preparation during the Shared Care I meeting? Tried to provide but encountered barriers	for or Plan No
a. Inte	Mandarin Russian Spanish Vietnamese Other, please Mich of the family new the Shared of the Shared o	e following laced in prepa Care Plan me	anguage suaration for eeting?	upports did or during I don't know		Yes	provided in preparation during the Shared Care I meeting? Tried to provide but encountered barriers	for or Plan No

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 <u>not</u> plan to continue implementing shared care planning in this next year, why not? What are the barriers that led to this decision? (<i>Please describe specific examples.</i>)
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?