

This sixth and final meeting of the Central Oregon Partnership Council was held virtually due to COVID restrictions and safety precautions. A total of 16 members (a quorum, 77%) were in attendance. A list of represented organizations can be found in **Appendix A**, and a full list of Partnership Council Members can be found on page 14 of the pre-reading materials that were sent out on Monday, 11/29/2021.

The Agenda for the meeting can be found in **Appendix B**.

The **objectives** were to:

- Provide an **update on the close out** of Oregon’s federally funded Integrated Care for Kids (InCK) Effort
- Provide a high-level update from the **Oregon Health Authority (OHA)**, **PacificSource Community Solutions (PCS)**, and **Oregon Pediatric Improvement Partnership (OPIP)** about our respective organizations **commitment to learning from InCK efforts to-date**
- Provide a high-level update from **OHA**, **PCS** and **OPIP** about potential **opportunities & moving forward**
- Hearing from the Community:
  - ❖ High-Level Summary of Learnings and Hopes from the Parent, Youth and Young Adult Advisory Group
  - ❖ Facilitate a conversation with the Partnership Council members on the impact of InCK, hopes for the future, and recommendations to **OHA**, **OPIP** or **PCS**

**Below are Key Takeaways from the Discussions and Feedback Obtained during Breakout Groups and Full Group Discussions:**

1. **Topic: Closeout of Oregon’s Federally Funded InCK Effort** – As part of the formal InCK closeout, OHA and OPIP submitted a closeout plan to CMMI. The closeout plan was approved, which included a final Partnership Council Meeting for Central Oregon. OHA acknowledged the valuable input provided by the Partnership Council members during the course of InCK, and how it will continue to help to inform child health priorities and health policy. OHA also expressed gratitude for the dedication and leadership of OPIP and PacificSource during the course of InCK.
2. **Topic: Commitment to Learnings from InCK Efforts and Opportunities Moving Forward** – OHA, PacificSource and OPIP shared information from their respective organizations about their commitment to learning from InCK efforts-to-date and identified opportunities for moving forward. **The slides representing each organization’s sharing were provided.**
  - Steph Jarem, Health Policy Director at OHA shared despite the ending of InCK funding, existing goals for improving child and family wellness across the state have not changed. Notably, children have been included in the upcoming 1115 Medicaid Waiver proposal in areas such as OHP enrollment and eligibility continuation, developing and funding a defined set of SDoH transition services, elevating the community voice in local health spending decisions that prioritize the needs of children and youth, and incentivizing “upstream” health equity measures for CCOs. For more information, visit the following website: <https://www.oregon.gov/oha/hsd/medicaid-policy/pages/waiver-renewal.aspx>.
  - Leslie Neugebauer, Senior Director of Medicaid Governance at PacificSource, emphasized that InCK was the right work and the right population to focus on. She expressed PacificSource’s commitment to moving the following priority areas forward 1) Identifying how to maximize and leverage Child Health Complexity data in care management, population health and quality improvement; 2) Focusing on the social emotional health quality incentive metric, as many components of this measure mirror InCK requirements; and 3) An opportunity to align with CCO strategic priorities, including Connect Oregon implementation and utilization of traditional health workers. Tanya Nason, System Navigator for InCK at Pacific Source, discussed the value of asset maps that were created for Central Oregon and offered to share the resource with Partnership Council members. If you would like to receive a copy of the asset map please reach out to Leslie at [Leslie.Neugebauer@pacificsource.com](mailto:Leslie.Neugebauer@pacificsource.com)
  - Colleen Reuland, Director of the Oregon Pediatric Improvement Partnership, shared several learnings from the InCK pre-implementation period that aligned with OPIP’s decades of work with children and families with significant unmet social and medical needs. Key learnings included: 1) The need for an authentic collective impact model, as well as taking a population-based approach using both community- and person-level data to support children and

families 2) The need to support USE of the health complexity data and ways to operationalize a community and population-based improvement effort informed by the data. 3) technical assistance and facilitation to operationalize implementation for children and families and supporting approaches that consider health equity. OPIP staff are no longer able to support work related to InCK due to no funding. However, given this work is still need, OPIP will be exploring future funding in key areas noted by Partnership Council members and the December 2020 Community Café which include building health and resilience for birth to 5, dyadic models of therapy and population-based approaches to community improvement efforts. They will explore funding opportunities across the state.

***Materials Reviewed by Partnership Council Members as Part of the Pre-Reading Materials Included the Following:***

Distilled summary of the proposed 1115 waiver and elements focused on children (pages 1-10 of PDF) and Foundational documents related to the proposed OR InCK Model (pages 11-15 of PDF)

- 3. Topic: Hearing from the Community: Parent, Youth and Young Adult Advisory Group (PYAAG) and Partnership Council Members** – A high-level summary of learnings and hopes from the PYAAG were shared based on care maps developed by parents and individual interviews. Each PYAAG member was someone who would have been identified in the health complexity data and InCK risk stratification model. OPIP will be providing a final strategic report to OHA about findings from the work with PYAAG that demonstrates the value of advisory councils, as well as highlights the need for policies, metrics and care coordination support for health complex families.

Additional learnings that related to care coordination include:

- Need for efforts to be informed by parents of health complex children and health complex young adults.
- Need for centralized complex health management for children that have physical, behavioral, and health related social needs.
- Developing a system of care for health complex children that is not solely reliant on strong Patient Centered Primary Care Homes (PCPHs) and that ensures coordination and integration with schools is a key component. A centralized case management function, across services, was requests by all families Implemented policies, metrics and complex health management of the child (or if a family has multiple children, the family) and addressing parental root factors is critical.
- Opportunities to explore improvements in streamlined paperwork and eligibility across services supporting health complex children and families;

***Materials Reviewed by Partnership Council Members as Part of the Pre-Reading Materials included the Following:***

High-Level Summary of Input Received from PYAAG at Final Meeting Held October 2021 (pages 16-20 of PDF)

- 4. Topic: Hearing from the Community: Partnership Council Members -** During the listening session a few key themes stood out about the most essential activities and populations that were supported by InCK including:

- The desire for OHA to continue produce Oregon’s health complexity reports and the need for PacificSource to support the sharing of the data in a meaningful way to core services providers.
- A focus on the USE of data to operationalize how experiences and system can improve for the children identified by the data.
- Importance of the collective impact model that helped to develop a shared vision, language and metrics in supporting children and families with health complexity .
- Outstanding needs for technical assistance and facilitation on how to best support the use of the health complexity data to inform best match care coordination .
- Traditional Health Workers are needed to support community needs and helping to assist in the gaps to access and engagement in services .
- Importance of understanding the needs of the family unit to best support care coordination needs and access to services.
- A focus on meaningful implementation of systems, process that were the aim of InCK.
- Leveraging and building off the momentum that will likely be created by the System-Level Social-Emotional Metric.

***Materials Reviewed by Partnership Council Members as Part of the Pre-Reading Materials included the Following:***

Facilitated Questions for Listening Sessions (page 21 of PDF)

## Appendix A: Central Oregon Partnership Council Meeting – December 7, 2021 Attendees

1. High Desert Education Service District
2. Oregon Center for Children and Youth with Special Healthcare Needs (Title V)
3. Central Oregon Pediatrics Associates
4. Mosaic Medical Group
5. Central Oregon Health Council
6. Oregon Department of Human Services
7. PacificSource Community Solutions
8. Deschutes County Public Health
9. Deschutes Behavioral Health
10. High Desert Education Service District - Early Intervention/Early Childhood Special Education
11. Brightways
12. NeighborImpact
13. Central Oregon Independent Practice Association
14. Oregon Health Authority
15. St. Charles Health System
16. Early Learning Hub of Central Oregon

# Appendix B: Central Oregon Partnership Council Meeting – December 7, 2021 Agenda

**Oregon Integrated Care for Kids (InCK):  
Central Oregon Partnership Council  
December 7<sup>th</sup> 1:00-3:00 PM**

<https://us06web.zoom.us/j/83217670469?pwd=eVVPNWVbSEF2T0dtOHYzYUNia1cwdz09>

## **Objectives for the Meeting:**

- Provide an **update on the close out** of Oregon’s federally funded Integrated Care for Kids (InCK) Effort.
- Provide a high-level update from the **Oregon Health Authority (OHA)**, **PacificSource Community Solutions (PCS)**, and **Oregon Pediatric Improvement Partnership (OPIP)** about our respective organizations **commitment to learning from InCK efforts to-date**.
- Provide a high-level update from **OHA**, **PCS** and **OPIP** about potential **opportunities & moving forward**.
- Hearing from the Community:
  - ❖ High-Level Summary of Learnings and Hopes from the Parent, Youth and Young Adult Advisory Group
  - ❖ Facilitate a conversation with the Partnership Council members on the impact of InCK, hopes for the future, and recommendations to **OHA**, **OPIP** or **PCS**.

## **Agenda:**

- Provide an **update on the close out** of Oregon’s federally funded Integrated Care for Kids (InCK) Effort
- Provide a high-level update about our respective organizations **commitment to learning from InCK efforts to-date** and potential **opportunities moving forward**:
  - **Oregon Health Authority (OHA)**,
  - **PacificSource Community Solutions (PCS)**, and
  - **Oregon Pediatric Improvement Partnership (OPIP)**
- Pre-Reading Materials: OHA has provided a distilled summary of the proposed 1115 waiver and elements focused on children.*
- **Hearing from the Community:**
  - Pre-Reading Materials: Foundational documents related to the proposed OR InCK Model including: One-page overview, Needs Assessment and Service Integration Plan, Members of the Partnership Council, and Visual Summary of the Partnership Council Community Café in December 2021.*
  - ❖ High-Level Summary of Learnings and Hopes from the **Parent, Youth and Young Adult Advisory Group** (Includes representative from the PYYAAG at the Meeting)
    - Pre-Reading Materials: High-Level Summary of Input Received from PYYAAG at Final Meeting Held October 2021.*
  - ❖ Facilitate a conversation with the Partnership Council members about impact of InCK, hopes for the future, and recommendations to **OHA**, **OPIP** or **PCS**.
    - Questions Included in Pre-Reading.*
- Full Group Conversation and Listening Session:**
  - Is there anything that you would like to share about the impact that the INCK effort had in your region? For example:
    - Was there an impact that the InCK efforts had on you and the services your organization provides that was informed, motivated or stimulated by the Partnership Council meetings and pre-implementation activities that you would like to share?
    - Did you feel that that cross-sector stakeholder meeting of the Partnership Council had an impact in your community to create a focus health complex children?
- Small Group Conversation and Listening Session:**
  - Of the **broad and deep efforts** that were proposed with InCK, what the most essential activities or populations that you think should be considered to sustain or support a focus on for the future?
  - Do you have **any recommendations or insights** that you would like **OHA**, **PCS** or **OPIP**?
- **Final Wrap Up and Thank You**