

**Oregon Integrated Care for Kids (InCK):  
Marion County and Polk County Partnership Council  
Summary of Virtual Meeting held on December 16, 2021**

This sixth and final meeting of the Marion County and Polk County Partnership Council was held virtually due to COVID restrictions and safety precautions. A total of 17 members (a quorum, 80%) 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 15 of the pre-reading materials that were sent out on Tuesday 12/7/2021.

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
  - ❖ Hear from those leading community-level efforts for which we had aimed to build synergy
  - ❖ 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 Marion County and Polk County Partnership Council Meeting. 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>.
  - Josie Silverman-Mendez, Director of Marion and Polk PacificSource CCO, 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. Sam Baker, System Navigator for InCK at Pacific Source, discussed the value of asset maps that were created for Marion and Polk 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 Sam at Samantha.Baker@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 secured funding. However, given this work is still needed, OPIP will be exploring future funding in key areas noted by Partnership Council members. OPIP will be 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 2-11 of PDF) and Foundational documents related to the proposed OR InCK Model (pages 12-16 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 compl 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 17-22 of PDF)

#### **4. Topic: Hearing from Those Leading Community-Level Efforts for Which We Had Aimed to Build Synergy**

In an effort to ensure sustained momentum from InCK, community partners shared strategies for how they plan to explore and/or leverage the learnings from InCK moving forward. Below is a high level summary of strategies shared:

- **Justin Hopkins, Willamette Health Council:** Plans to explore opportunities in WHC's committee structures to better support the needs of health complex children, explore opportunities to bring additional community partners into the Health Council structure and remains dedicated to devoting Community Benefit Initiative (CBI) funds to community partners trying to implement and support the work InCK identified as priority.
- **Najia Hyder, CP3:** Najia shared her grief in the loss of InCK and the collective advocacy that the Partnership Council was supporting as well as the lost opportunity to leverage data collected in InCK to best identify the needs of the region. She remains committed supporting the cross-sector work of Keeping Families Together which supports health, child-welfare and housing needs.
- **Lisa Harnisch, Marion and Polk Early Learning Hub (MPELH) and Fostering Hope Initiative:** Lisa shared the ways in with MPELH had leveraged the data provided in InCK to inform strategies supported in the Hub's Early Care and Education Strategic Plan, the roll out Preschool Promise, Family Connects, Safe at Home and the expansion of the Fostering Hope Initiative. Moving forward the HUB remains committed to exploring ways to continue to use health complexity data to inform these initiatives and how to best support the community's needs.
- **Jim Seymour, CBEL:** Jim shared his appreciation for the collective impact and data that was provided during the InCK pre-implementation period. He shared that CBEL and Mountain West Investments plans to continue to use

the data to inform strategic investments in the community that will best support families, as “families are the solution” in building health and resiliency.

## 5. Topic: Hearing from the Community: Partnership Council Members

This section began with a poll of the top “wishes” members had for future efforts and activities to be sustained. The **top three concepts** identified during the polling on where the community would want to see proof pilots were:

1. Implementation Project: Ensuring Health Complex Children get Physical, Behavioral and Health Related Needs Met (11/15 members)
2. Data Sharing: Community-level, practice-level sharing of data and supports for the USE of the data (9/15 members)
3. Proof Pilot: Dyadic (Parent and Child)/Family Based Approaches to Behavioral Health Supports (9/15 members)

Robust, broad and detailed input was then obtained from the Partnership Council members on three topics:

1. Is there anything that you would like to **share about the impact that the INCK** effort had in your region?
2. Of the broad and deep efforts that were proposed with InCK, what were the most **essential activities or populations** that you think should be considered to sustain or support a focus on for the future?
3. Do you have **any recommendations** or insights that you would like to share with **OHA, PCS** or **OPIP**?

While a number of important areas were identified and heard by OPIP and OHA 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 at the community level AND at the child level to clinical and community providers to support use of the data to improve systems for children.
- A focus on the USE of data to operationalize how experiences and systems 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.
- Traditional Health Workers are needed to support community needs and helping to assist in the gaps to access and engagement in services.
  - There is a need to address and remove the policy barriers to support payment models for THWs within the community
- Payment models do not support the care coordination needs of health complex children
- Lack of Capacity and Network Adequacy to support the needs of health complex children
- Importance of understanding the needs of the family unit to best support care coordination needs and access to services.

**Materials Reviewed by Partnership Council Members as Part of the Pre-Reading Materials included the Following:**  
Facilitated Questions for Listening Sessions (page 22 of PDF)

A recording of meeting was sent to members of the Partnership Council and OHA.

## **Appendix A: Marion County and Polk County Partnership Council Meeting – December 16, 2021 Attendees**

1. Polk County Youth & Family Services
2. Salem Health
3. Bridgeway Recovery Services
4. Catholic Community Services
5. Marion and Polk Early Learning Hub
6. Childhood Health Associates of Salem
7. Oregon Family Support Network
8. Community Business and Education Leaders Collaborative and Mountain West Philanthropies
9. PacificSource Community Solutions
10. Polk County Public Health
11. Marion County Public Health
12. Willamette Health Council
13. Willamette Education Service District – Early Intervention Early Childhood Special Education
14. CP3
15. Title V – Public Health
16. Oregon Center for Children and Youth with Special Health Care Needs
17. Yamhill Coordination Care Organization

# Appendix B: Marion County and Polk County Partnership Council Meeting December 16th, 2021 Agenda

## *Oregon Integrated Care for Kids (InCK): Partnership Council of Marion County and Polk County December 16<sup>th</sup> 1:00-3:00 PM*

### 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
  - ❖ Hear from those leading community-level efforts for which we had aimed to build synergy
  - ❖ 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)**
- **Hearing from the Community**:
  - ❖ High-Level Summary of Learnings and Hopes from **the Parent, Youth and Young Adult Advisory Group** (Includes representative from the PYAAG at the Meeting)
  - ❖ Hear from those leading **community-level efforts for which we had aimed to build synergy**: Willamette Health Council, CP3, CBEL and BCR, Early Learning of Hub of Marion and Polk/Family Connects, Fostering Hope
  - ❖ Facilitate a conversation with the Partnership Council members about impact of InCK, hopes for the future, and recommendations to **OHA**, **OPIP** or **PCS**

#### ***Small 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?
- 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**?

### ○ **Wrap Up and Final Thank You**