

This fifth meeting of the Central Oregon Partnership Council was held virtually due to COVID restrictions and safety precautions. 17 members (a quorum) were in attendance and outlined in **Appendix A**.

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

The **objectives** were to:

- Hold a collaborative conversation on the current **InCK community engagement approach of people served by the model** (*children, youth and young adults 0-21 on the Oregon Health Plan and their families*)
- Provide an update **federal and state learnings from the pre-implementation period** and opportunities for **refinements and revisions being explored**, obtain input from PC members on the design parameters being used to explore options.
- Provide a brief update on the **extensive and broad work** being done **to operationalize component of the InCK model starting in 2022** in alignment with federal requirements and feedback heard from Partnership Council members to date.
- Provide an update on relevant activities and learnings related to **Central Oregon Health Council (COHC) priority areas** and obtain input and guidance for what may be shared to honor the PC Charter.

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

1. **Topic: Collaborative conversation on the current InCK community engagement approach of people served by the model:** A brief update on tribal engagement, led by OHA, was shared. Oregon Health Authority (OHA) has been meeting with the office of tribal affairs monthly and will be meeting with the health directors of four of the tribes. PacificSource has hired Buffy Hurtado as a tribal engagement representative.

Heather Redman, InCK community engagement coordinator, presented the strategy on community engagement which includes **being informed** about already existing work and findings and **engaging populations** served by the InCK model by connecting and building relationships with those communities. Heather shared the list of potential partner organizations and projects that were selected through previous conversations with the partnership council and the Parent, Youth, and Young Adult Advisory Group

- ❖ **Materials Reviewed by Partnership Council Members as Part of the Pre-Reading Materials included the Following:** Visuals of Oregon's InCK Model; Overview and Central Oregon Partnership Council Meeting Interactive Session on 12/26/2020 (pages 3-4 of pre-reading)

2. **Topic: Update on federal and state learnings from the pre-implementation period and opportunities for refinements and revisions being explored:** The InCK team described the nature of cooperative agreement with the federal funder, Centers for Medicare and Medicaid Innovation (CMMI), which involves multiple stages of refinement on measurements and requirements required for InCK. A description was provided of, informed by updated clarifications on the requirements of the grant, refinements and adjustments being made. The opportunity to also

consider approaches to scaling up the InCK needs assessment and then related Service Integration Provision was provided. A number of factors being considered for this scale up approach by OHA, OPIP, and PacificSource Community Solutions. was shared and then small break out groups were held to obtain feedback.

- ❖ **Materials Reviewed by Partnership Council Members as Part of the Pre-Reading**  
**Materials included the Following:** One Page Overview Summary of InCK Model (pages 2 of pre-reading)

- 3. Topic: Update on the extensive and broad work being done to operationalize components of the InCK model starting in 2022, System Navigator Overview and Highlights:** Tanya Nason introduced herself as the Central Oregon InCK System Navigator. The OPIP team then discussed how Asset Maps document information about different InCK core service providers with an intent to be used as a reference for service providers to refer the InCK population to services. The goal of the asset maps is to create an easy guide for everyone to use supporting streamlined information sharing for resources and/or referrals. We asked: 1) Where do gaps exist?; 2) How do we make this accessible?; 3) What services do we prioritize?

A poll was presented asking which core service provider(s) we should prioritize for asset mapping after Behavioral Health. Fifty percent of people indicated that Housing, Early Care and Education, and Applied Behavior Analysis as core service providers to prioritize for asset mapping in Central Oregon next.

- ❖ **Materials Reviewed by Partnership Council Members as Part of the Pre-Reading**  
**Materials included the Following:** Introducing the System Navigator and Highlight of Current Priorities, Updated Systems-Level Needs Assessment and Service Integration and Update on PacificSource Work Sessions (pages 5-14 of pre-reading)

- 4. Topic: Update on Relevant Learnings Related to the Six COHC Priority Areas:** In alignment with the Central Oregon Partnership Council Charter, ensuring synergy and coordination with the COHC priorities and activities is a priority and was a focus for this section of the meeting. An overview was provided of specific InCK activities and how they align with the six Central Oregon Health Council Priority Areas. Opportunities and potential barriers or gaps in services that could be addressed by COHC RHIP workgroups was discussed. Below is a high-level summary of the six COHC priority areas and areas of alignment note:

- ❖ **Address Poverty and Enhance Self-Sufficiency;** Population based approaches to screening for food insecurity, system-level needs assessment that identifies children/youth/young adults with medical and social complexity factors shown to be associated with chronic absenteeism from school, potential for service integration to address root barriers and high health care costs for children with medical complexity is a primary driver of bankruptcy for families.
- ❖ **Behavioral health: Increase Access and Coordination;** InCK is meant to improve access to behavioral health services for all children identified in the Need Assessment and support integration of care. Asset map of services for the InCK population, children/youth identified with SIL 2 and 3 needs likely will benefit for behavioral health assessments and services and dyadic approaches to behavioral health providers in one organization that serve adult and that connect with providers that focus on attachment of that adult and child will be a focus.
- ❖ **Promote Enhanced Physical Health Across Communities;** System-level needs assessment identifies children with high ACES that is associated with chronic conditions listed above and will aim for behavioral health supports and InCK includes focus on increased well-visit access for the InCK population (birth-21)

- ❖ Stable Housing and Supports; Population based approaches to screening for housing insecurity and service integration for levels 2 and 3 will include screening for housing insecurity. Barrier to access to housing overall have been noted. Opportunity to consider how to ensure housing is available or prioritized for the InCK population could be explored.
- ❖ Substance Abuse and Alcohol Misuse; Service integration for levels 2 explicitly include identifying children whose parents has accessed substance use or mental health services and include youth and young adults that are newly diagnosed
- ❖ Upstream Prevention; InCK focus on birth to five and the factors associated with ACES aligns with deep upstream work, focus on provision of physical, behavioral and health related needs for the birth to five population level in SIL 2 and 3 is a key component of upstream approaches and Partnership Council noted at the December 2020 meeting the lack of connections and supports for socially complex families
- ❖ **Materials Reviewed by Partnership Council Members as Part of the Pre-Reading Materials included the Following:** Overview of 2020-2024 Regional Health Improvement Plan Executive Summary (pages 15-16 of pre-reading)

#### Next Steps for Partnership Council Members:

1. **The next Central Oregon Partnership Council meeting is scheduled for September 14, 2021 from 1:00-3:00 PM.**
2. **Email Heather Redman ([heather.v.redman@dhsosha.state.or.us](mailto:heather.v.redman@dhsosha.state.or.us)) with any feedback about Community Engagement slides presented and organizations.** We want to ensure this is an informed approach by the Partnership Council.
3. **Input on Asset Mapping Led by PCS System Navigator Tanya Nason.** If you have questions, input, our would like to share how the asset maps being developed can better meet your needs as a core service provider in the community, please reach out Tanya at [Tanya.Nason@pacificsource.com](mailto:Tanya.Nason@pacificsource.com).

## Appendix A: Central Oregon Partnership Council Meeting – March 2<sup>nd</sup>, 2021 Attendees

Integrated Care for Kids Central Oregon Partnership Council Members in Attendance:				
	Name	Organization	Title	Email
1	Paul Andrews	High Desert Education Service District	Superintendent	<a href="mailto:Paul.andrews@hdesd.org">Paul.andrews@hdesd.org</a>
2	Marilyn Berardinelli	OCCYSHN	System & Workforce Development Manager	<a href="mailto:berardin@ohsu.edu">berardin@ohsu.edu</a>
3	Mike Franz	PacificSource Community Solutions	Medical Director, Behavioral Health	<a href="mailto:Mike.franz@pacificsource.com">Mike.franz@pacificsource.com</a>
4	Wendy Jackson	Central Oregon Pediatrics Associates	Director of Clinical Services	<a href="mailto:wjackson@copakids.com">wjackson@copakids.com</a>
5	Donna Mills	Central Oregon Health Council	Executive Director	<a href="mailto:Donna.mills@cohealthcouncil.org">Donna.mills@cohealthcouncil.org</a>
6	April Munks	Oregon Department of Human Services	District Manager, Self Sufficiency and Child Welfare Programs (Crook, Deschutes, and Jefferson Counties)	<a href="mailto:April.munks@dhsola.state.or.us">April.munks@dhsola.state.or.us</a>
7	Leslie Neugebauer	PacificSource Community Solutions	Senior Director, Medicaid Governance	<a href="mailto:Leslie.neugebauer@pacificsource.com">Leslie.neugebauer@pacificsource.com</a>
8	Shannon Brister	Deschutes County Behavioral Health	Interim Program Manager, Intensive Youth Services	<a href="mailto:Shannon.brister@deschutes.org">Shannon.brister@deschutes.org</a>
9	Pamela Ferguson	Deschutes County	Program Manager PH Healthy People & Families	<a href="mailto:Pamela.ferguson@deschutes.org">Pamela.ferguson@deschutes.org</a>
10	Liana Whiteley	Brightways	Therapist	<a href="mailto:liana@brightwayscounseling.com">liana@brightwayscounseling.com</a>
11	Amy McCormack	High Desert Education Service District	Supervisor, Early Intervention/Early Childhood Special Ed.	<a href="mailto:Amy.mccormack@hdesd.org">Amy.mccormack@hdesd.org</a>
12	Patty Wilson	NeighborImpact	Executive Director of Programs	<a href="mailto:pattyw@neighborimpact.org">pattyw@neighborimpact.org</a>
13	Dawn Mautner	Oregon Health Authority	Medicaid Medical Director	<a href="mailto:Dawn.mautner@dhsola.state.or.us">Dawn.mautner@dhsola.state.or.us</a>
14	Kat Alvarado-Rose	Crook County Health Department	Babies First and CaCoon Support Services	<a href="mailto:KAlvaradorose@h.co.crook.or.us">KAlvaradorose@h.co.crook.or.us</a>
15	Brenda Comini	Early Learning Hub of Central Oregon	Regional Early Learning Hub Director	<a href="mailto:brenda.comini@hdesd.org">brenda.comini@hdesd.org</a>
16	Kate Fosburg	Central Oregon Independent Practice Association	Director of Clinical Quality	<a href="mailto:kfosburg@coipa.org">kfosburg@coipa.org</a>
17	Emily Salmon	St. Charles Health System	Director of Population Health	<a href="mailto:ersalmon@stcharleshealthcare.org">ersalmon@stcharleshealthcare.org</a>

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Staff from the Oregon Pediatric Improvement Partnership and the Oregon Health Authority in Attendance:				
1	<b>Colleen Reuland</b>	<a href="mailto:reulandc@ohsu.edu">reulandc@ohsu.edu</a>	Director	Oregon Pediatric Improvement Partnership (OPIP)
2	<b>Katie Unger</b>	<a href="mailto:ungerk@ohsu.edu">ungerk@ohsu.edu</a>	Facilitation and Improvement Manager	Oregon Pediatric Improvement Partnership (OPIP)
3	<b>Lydia Chiang</b>	<a href="mailto:chiangl@ohsu.edu">chiangl@ohsu.edu</a>	Medical Director	Oregon Pediatric Improvement Partnership (OPIP)
4	<b>Dustin Stilwell</b>	<a href="mailto:stilweld@ohsu.edu">stilweld@ohsu.edu</a>	Improvement Facilitator	Oregon Pediatric Improvement Partnership (OPIP)
5	<b>Akira Bernier</b>	<a href="mailto:berniera@ohsu.edu">berniera@ohsu.edu</a>	Research Associate	Oregon Pediatric Improvement Partnership (OPIP)
6	<b>Alex Cook</b>	<a href="mailto:cooal@ohsu.edu">cooal@ohsu.edu</a>	Senior Research Assistant	Oregon Pediatric Improvement Partnership (OPIP)
7	<b>Vicki Wolff</b>	<a href="mailto:wolffv@ohsu.edu">wolffv@ohsu.edu</a>	Senior Behavioral Health Improvement Facilitator	Oregon Pediatric Improvement Partnership (OPIP)
8	<b>Laura Sisulak</b>	<a href="mailto:Laura.Sisulak@dhsoha.state.or.us">Laura.Sisulak@dhsoha.state.or.us</a>	Children's Health Policy Analyst	Oregon Health Authority (OHA)
9	<b>Steph Jarem</b>	<a href="mailto:STEPHANIE.JAREM@dhsoha.state.or.us">STEPHANIE.JAREM@dhsoha.state.or.us</a>	Health Policy Director	Oregon Health Authority (OHA)
10	<b>Nikki Olson</b>	<a href="mailto:NIKKI.OLSON@dhsoha.state.or.us">NIKKI.OLSON@dhsoha.state.or.us</a>	InCK Program Director	Oregon Health Authority (OHA)
11	<b>Heather Redman</b>	<a href="mailto:HEATHER.V.Redman@dhsoha.state.or.us">HEATHER.V.Redman@dhsoha.state.or.us</a>	Community Engagement Coordinator	Oregon Health Authority (OHA)

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# Appendix B: Central Oregon Partnership Council Meeting – March 2<sup>nd</sup>, 2021 Agenda

## *Oregon Integrated Care for Kids (InCK):*

### *Central Oregon Partnership Council*

June 1st

1:00-3:00 PM

<https://zoom.us/j/98955920564?pwd=aGRsQkhBOFZtREhxS25wRHpJcmliQz09>

### Objectives for the Meeting:

- ❖ Hold a collaborative conversation on the current **InCK community engagement approach of people served by the model** (*children, youth and young adults 0-21 on the Oregon Health Plan and their families*)
- ❖ Provide an update **federal and state learnings from the pre-implementation period** and opportunities for **refinements and revisions being explored**, obtain input from PC members on the design parameters being used to explore options.
- ❖ Provide a brief update on the **extensive and broad work** being done **to operationalize component of the InCK model starting in 2022** in alignment with federal requirements and feedback heard from Partnership Council members to date.
- ❖ Provide an update on relevant activities and learnings related to **Central Oregon Health Council (COHC) priority areas** and obtain input and guidance for what may be shared to honor the PC Charter.

### Agenda:

1. **Welcome, Introductions to New Members, Ice Breaker Related to a Year of Partnership Council Meetings**
2. Collaborative conversation on the current **InCK community engagement approach of people served by the model** (*children, youth and young adults 0-21 on the Oregon Health Plan and their families*)
  - **Large Group Interactive Discussion**
3. Update on **federal and state learnings from the pre-implementation period** and opportunities for **refinements and revisions being explored**, obtain input from PC members on the design parameters and factors being explore.
  - **Small Group Feedback**

### Stretch Break and Fun Polling

4. Provide a brief update on the **extensive and broad work** being done **to operationalize components of the InCK model starting in 2022**
  - Introduce the System Navigator, Highlight of Current Priorities
  - Update on System-Level Needs Assessments
  - Factors Being Explore to Support Care Components

*Background Reading: Provides Update on Worksessions with PacificSource*
5. Provide an update on relevant activities learnings related to six **Central Oregon Health Council priority areas** (*Address Poverty & Enhance Self Sufficiency, Behavioral Health, Promote Enhanced Physical Health Access, Stable Housing, Substance & Alcohol Misuse, Upstream Prevention*) and obtain input and guidance for what may be shared to committees to honor the PC Charter Service Integration Needs Assessment indicators
  - **Large Group Feedback**