



Oregon's Integrated Care for Kids (InCK) Marion and Polk Partnership Council Meeting

June 10th, 2021



Acknowledgement of Funding:

- *This **project** is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$5,866,192.*
- *The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS, HHS or the U.S. Government.*

Today's Agenda

- **Welcome, Introduce New Members, Ice Breaker Related to a Year of Partnership Council Meetings**
- 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**
- Update on baseline **Parent, Youth and Young Adult Advisory Care Maps** for persons identified by System-Level **Needs Assessment Data** to Determine Proposed Service Integration Level
- **Stretch Break and Fun Polling**
- Update on **Federal and Region-Specific learnings from the Pre-Implementation Period (2020-2021)** and opportunities for **Refinements and Revisions Being Explored**.
 - **Small Group Discussion and Feedback**
- Introduction of and Update from the **System-Navigator**, Highlight of Current Priorities
 - **Polling to Obtain Feedback on System-Navigator Asset Mapping Priorities**
- Discuss components of **InCK that relate to screening for housing insecurity** and potential opportunities for synergy with other local initiative to address gaps in capacity.
 - **Large Group Interactive Discussion**

3

Welcome



Partnership Council Members:

- **Dawn Mautner, MD** – Oregon's Medicaid Medical Director (replacing Lori Coyner)
- **Krista Lovaas**, Provider Relations with WVP

Oregon Pediatric Improvement Partnership:

- **Vicki Wolff** –Sr. Behavioral Health Improvement Facilitator
- **Alex Cook**–Sr. Research Assistant

4

A Year of “Zoom-Based” Partnership Council Meetings



If you had three words to describe your experience on the Partnership Council to date, what would you say?

Type into the chat.

We will share the word cloud later.

5

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6

- **InCK Community Engagement Approach of People Served by the Model**
 - Focus of This First Conversation to be Facilitated by OHA
 - Pre-Reading (Pages 2-3) shared overview of model & questions for **group conversation**.
 - *This work is broader, overarching and inclusive with a focus on equity.*
- **Parent, Youth and Young Adult Advisory Group**
 - Care Maps Presented from Kiara today are from members of this group.
 - Facilitated by OPIP, paid positions, meant to be advisory members through the life of the project.
 - Includes parents of children, youth and young adults with experiences identified by the **System-Level Needs Assessment (*Risk Stratification to Inform Service Integration Level*)** to provide specific input, over the course of the project and through 2026, on the components of model being developed related to Service Integration.
 - Still need one more parent, youth or young adult.

7

InCK approach to engagement of people served by the model

(Children, youth and young adults 0-21 on the Oregon Health Plan and their families)

Pages 2-3 of the Pre-Reading.

Objective: To inform development and implementation of Oregon's InCK Model based on lived experience of those served by the model, with a particular focus on communities most impacted by health inequities, including systemic racism.

- **Being informed:** Ensuring alignment with existing efforts and making use of findings that already exist in the community; information gathering and educating ourselves.
- **Engaging populations served by the InCK model:** Connecting and building relationships with partners to collaboratively apply what is known to address the problems that InCK and these organizations/partners are all trying to solve in various ways.

We aren't going to know if our strategy works until potentially impacted populations weigh in on whether this is the right strategy. **Communities have to be part of the creation of the strategy.**

8



InCK approach to engagement of people served by the model

(Children, youth and young adults 0-21 on the Oregon Health Plan and their families)

- What reactions, advice, or questions do you have about this approach?
- For those of you who have done engagement work like this, what has worked well and what would you do differently next time/ what lessons did you learn?
- Are there elements of community engagement that you don't see reflected here, that are necessary to make it successful?

9



Marion & Polk Engagement & Resource Roster

- | | |
|--|---|
| <ul style="list-style-type: none"> • Asian Pacific American Network of Oregon (APANO) • CAPACES • Catholic Community Services – Fostering Hope Initiative • Creating Opportunities • FACT Oregon • Familias en Acción • Marion & Polk Early Learning Hub • Marion County Health and Human Services • Micronesia Islander Community (MIC) • Mid-Valley Parenting • Mid-Willamette Valley Health Equity Coalition • North Marion Services Team • Oregon Family Support Network • Oregon Marshallese Community Association • Polk County Public Health • Polk County SITs • Salem For Refugees • Salem-Keizer School District - STEPS Program | <ul style="list-style-type: none"> • Salem-Keizer Collaboration • Santiam SITs • Silverton SIT • Woodburn Community Forum <i>(not currently meeting)</i> • Woodburn Taskforce <p style="text-align: center; color: #0070C0;">Other existing efforts to leverage under
“Being Informed”:</p> <ul style="list-style-type: none"> • Community Input for OHA Strategic Plan (2019 report – OHA Office of Equity & Inclusion) <p style="text-align: center; color: #0070C0;">Who is missing? What additional partners would you
recommend?</p> |
|--|---|

10

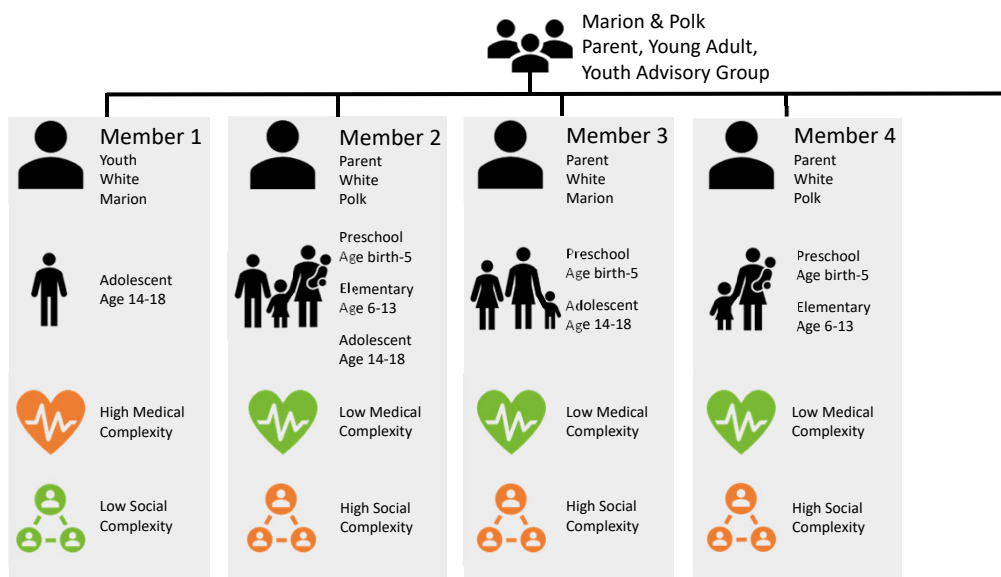
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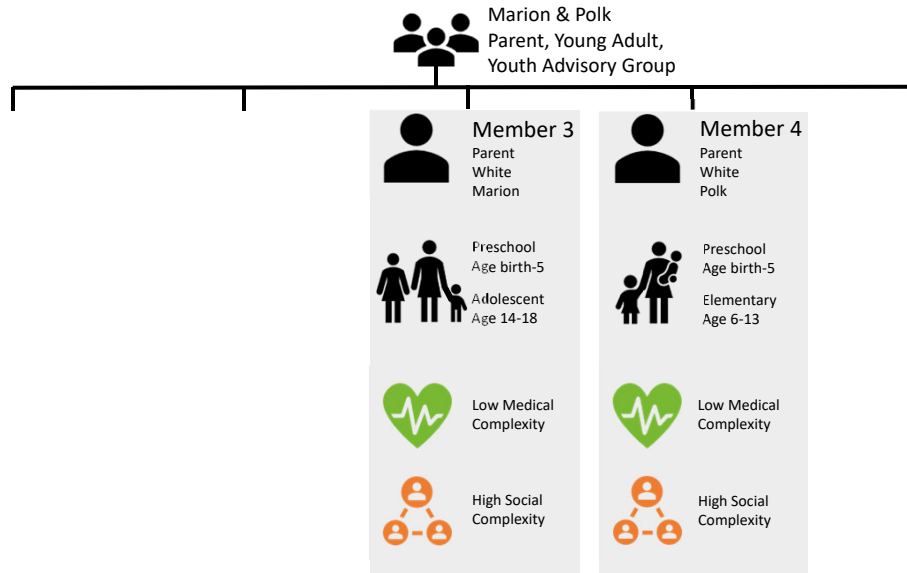
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Oregon's Integrated Care for Kids Model: Parent, Young Adult, Youth Advisory Group



Oregon's Integrated Care for Kids Model: Parent, Young Adult, Youth Advisory Group



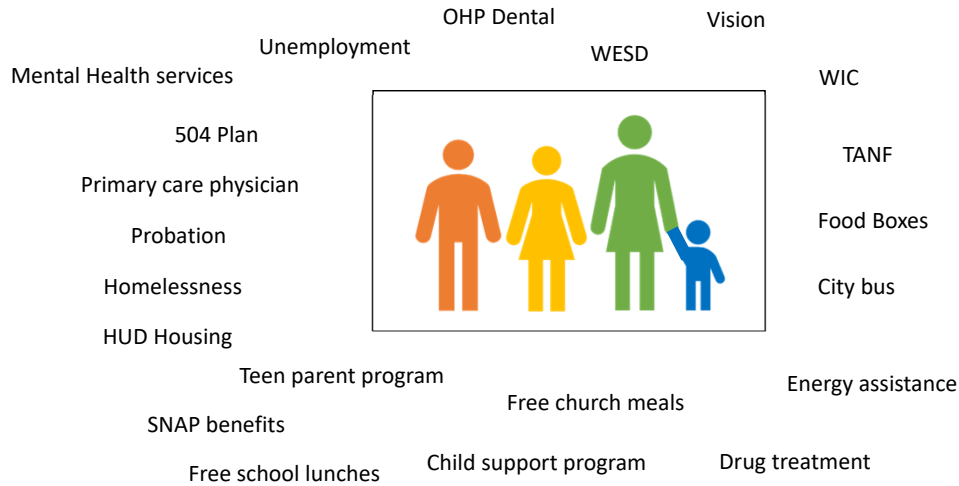
Oregon's Integrated Care for Kids Model: Parent, Young Adult, Youth Advisory Group

Family 1

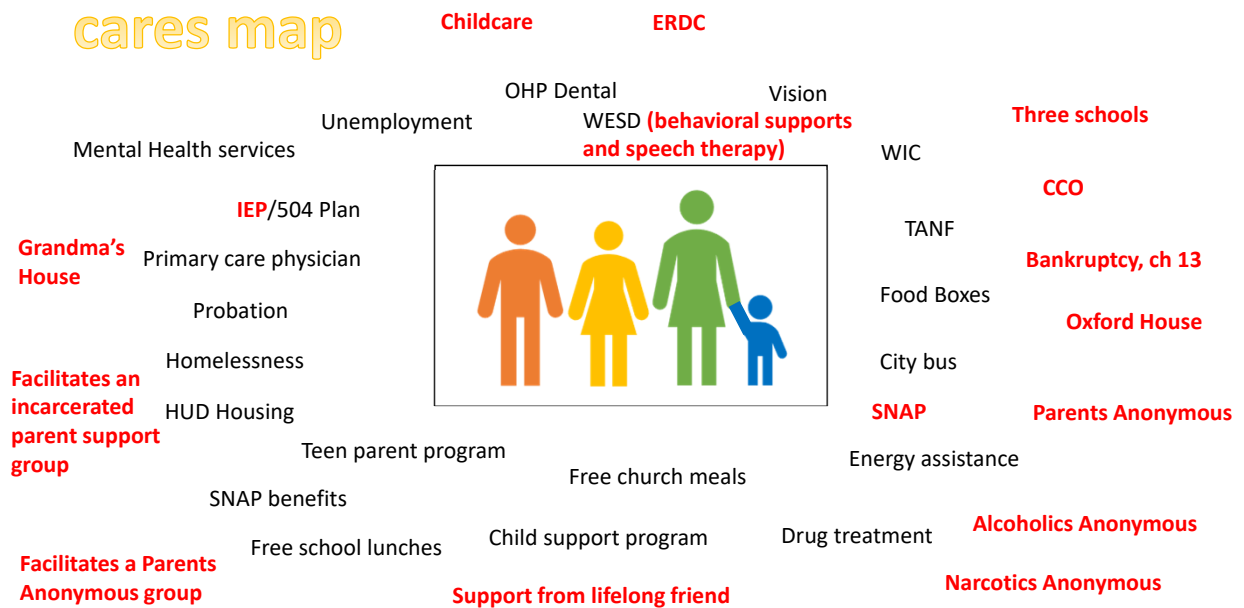
- **Parent**
- **Daughter (15 years old)**
- **Nephew (15 years old)**
- **Son (5 years old)**



cares map



cares map



**Toolkit #1**

15 Years Old
Homeless
Pregnant

- Grandma's House – "They saved my life"
- Homeless shelter
- HUD Housing
- Onsite childcare at high school
- Teen parent program
- SNAP benefits
- TANF
- WIC
- Free church meals
- Free school lunches
- Drug and alcohol treatment

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**Toolkit #2**

Incarcerated
Detoxing
Child + Pregnant

- Lifelong friend support
- Mental health services
- Mental health medication
- Narcotics Anonymous

 <p>Toolkit #1 15 Years Old Homeless Pregnant</p> <ul style="list-style-type: none"> • Grandma's House – "They saved my life" • Homeless shelter • HUD Housing • Onsite childcare at high school • Teen parent program • SNAP benefits • TANF • WIC • Free church meals • Free school lunches • Drug and alcohol treatment 	 <p>Toolkit #2 Incarcerated Detoxing Child + Pregnant</p> <ul style="list-style-type: none"> • Lifelong friend support • Mental health services • Mental health medication • Narcotics Anonymous 	 <p>Toolkit #3 Out of prison Homeless Children</p> <ul style="list-style-type: none"> • Oxford House • City bus • Bankruptcy, Chapter 13 • Support groups • Probation • Unemployment • Energy Assistance • Food boxes • Employment-Related Day Care (ERDC) • Willamette Education Service District (WESD) • CCO • WIC
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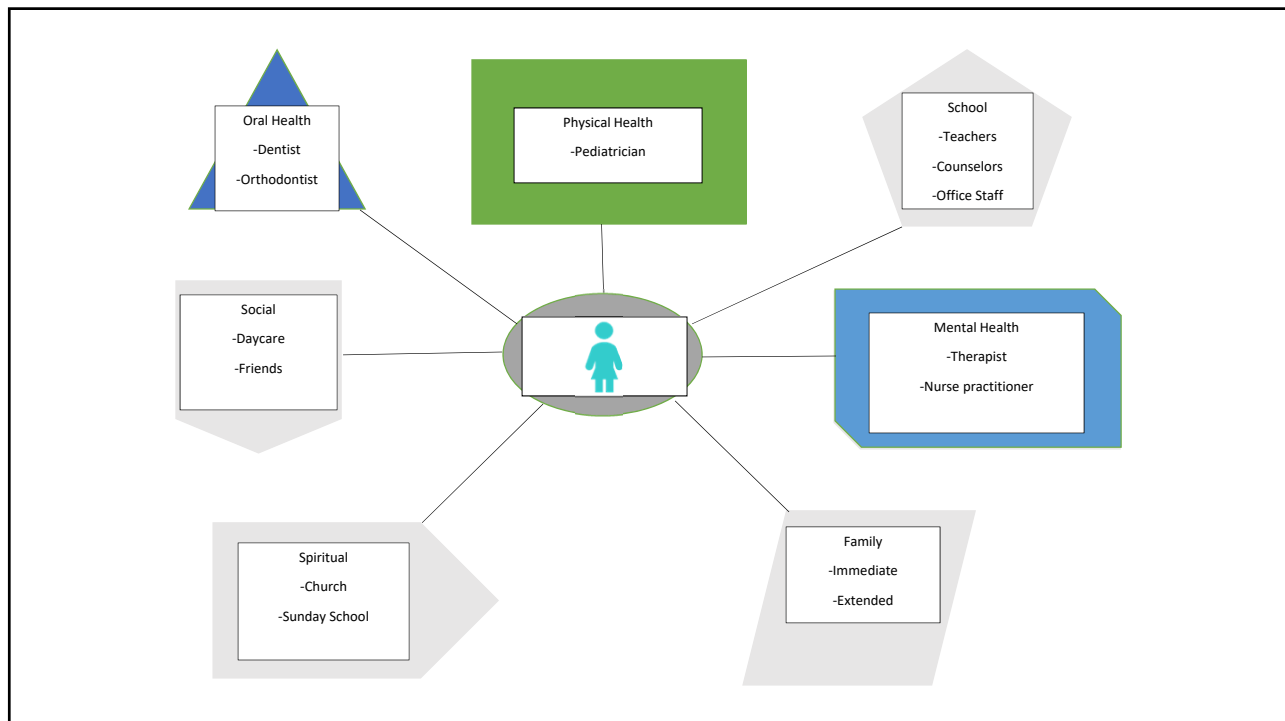
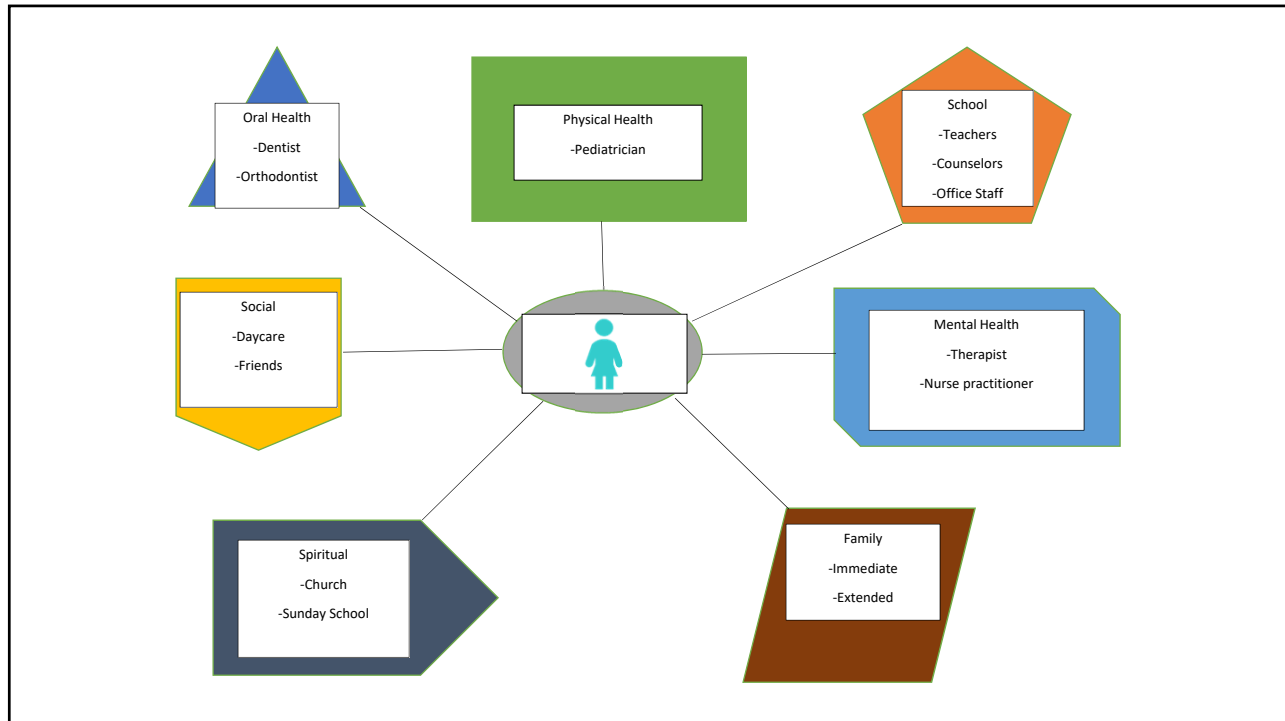
Oregon's Integrated Care for Kids Model: Parent, Young Adult, Youth Advisory Group

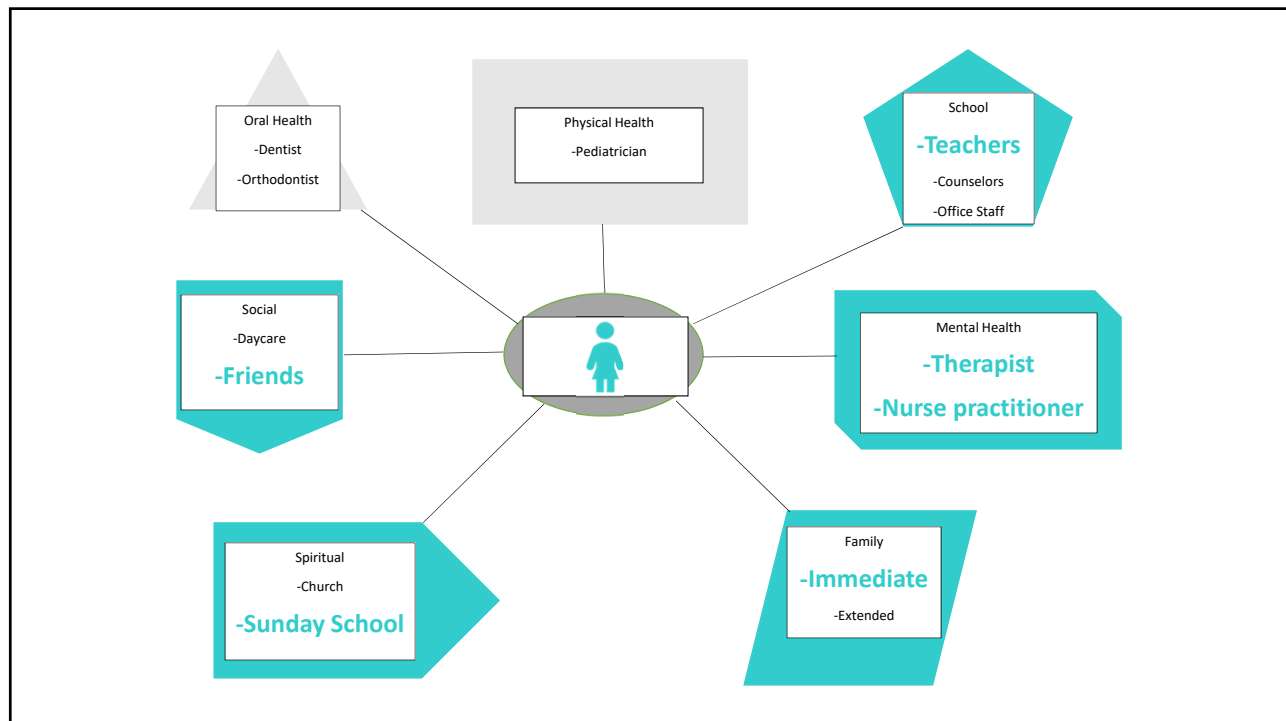
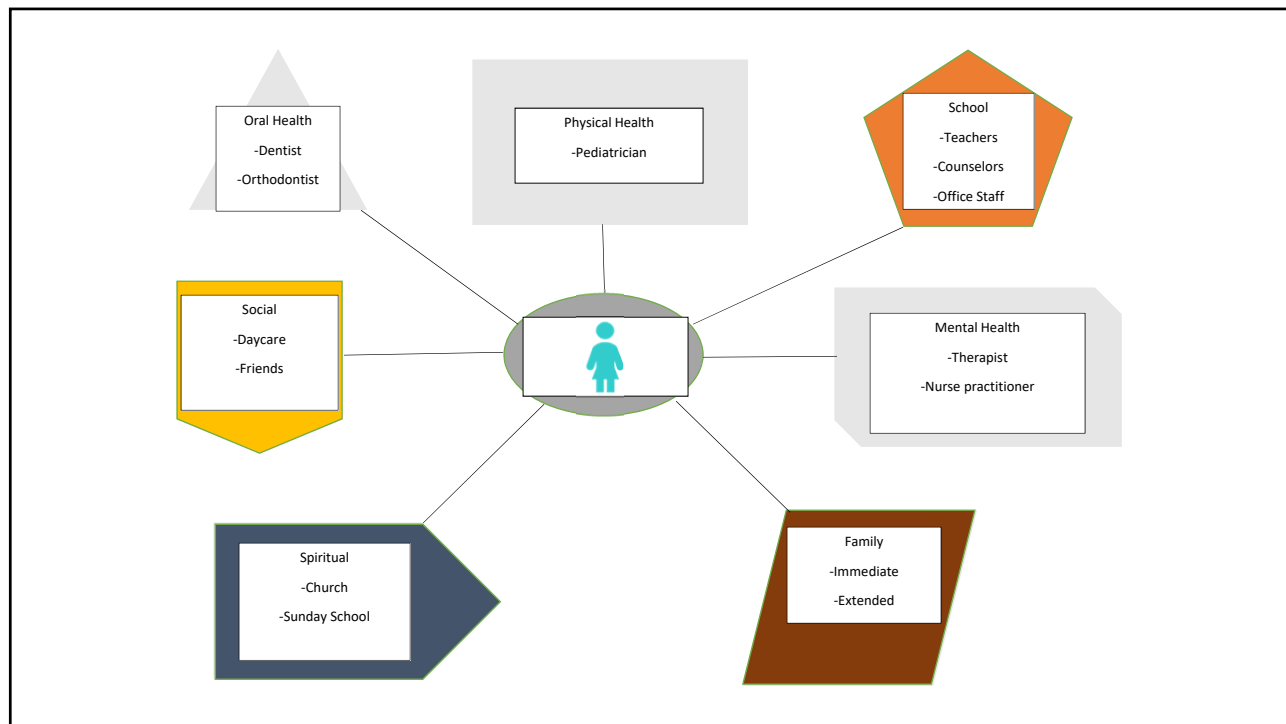


Family 2

- **Parent 1**
- **Parent 2**
- **Daughter (8 years old)**
- **Son (2 years old)**



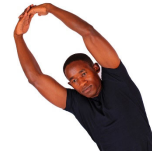




[Grandma's House] saved my life: they took me off the street when I was pregnant and homeless, they got me emancipated, they taught me how to cook, they taught me parenting, they taught me about housing, they taught me about bills. I still talk to the woman who runs it, she has been my hero for years. They taught me everything; they are amazing people. -Mom from first care plan

-
- Recruiting for an additional spot.
 - May need to recruit for a back up for one parent given competing demands.

Break



- Optional activity
 - Brain game/word puzzle
 - Self-led
 - Share how many you got right in the chat!

29

What do these three words have in common?

Orange = Easy Blue = Medium Purple = Hard

1. Picnic – card – pool
2. Candy – crab – caramel
3. Onion – napkin – wedding
4. Days – continents – seas
5. French – car – unicorn
6. Turtle – M&Ms – ocean
7. Florist – furniture store – obstetrician
8. Bicycle tire – toothpaste – chemistry lab
9. Radio – car engine – piano



What do these three words have in common?

Answers



1. Picnic – card – pool > **Types of tables**
2. Candy – crab – caramel > **Types of apples**
3. Onion – napkin – wedding > **Types of rings**
4. Days – continents – seas > **Seven of each**
5. French – car – unicorn > **Types of horns**
6. Turtle – M&Ms – ocean > **All have shells**
7. Florist – furniture store – obstetrician > **All make deliveries**
8. Bicycle tire – toothpaste – chemistry lab > **All have tubes**
9. Radio – car engine – piano > **All are tuned**

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32

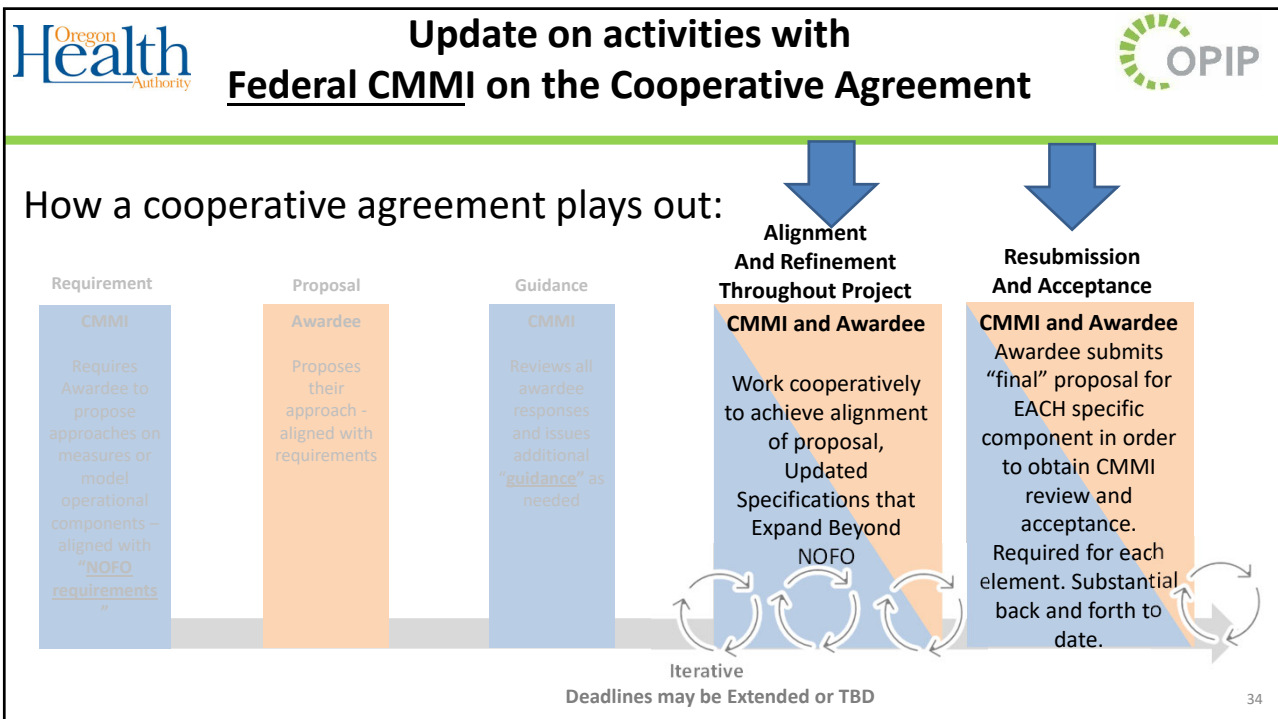
Integrated Care for Kids (InCK) Model: Cooperative Agreement

- Led by Centers for Medicare & Medicaid Innovation (CMMI), Centers for Medicare & Medicaid Services (CMS)
- <https://innovation.cms.gov/innovation-models/integrated-care-for-kids-model>
- Eight awardees of cooperative agreement
 - Oregon is one of the grantees with the largest population.

State	Organization
Connecticut	Clifford W. Beers Guidance Clinic, Inc.
Illinois	Ann & Robert Lurie Children's Hospital
Illinois	Egyptian Health Department
North Carolina	Duke University
New Jersey	Hackensack Meridian Health Hospital Corporation
New York	New York Department of Health
Ohio	Ohio Department of Medicaid
Oregon	Oregon Health Authority

Source: CMMI InCK Website

33



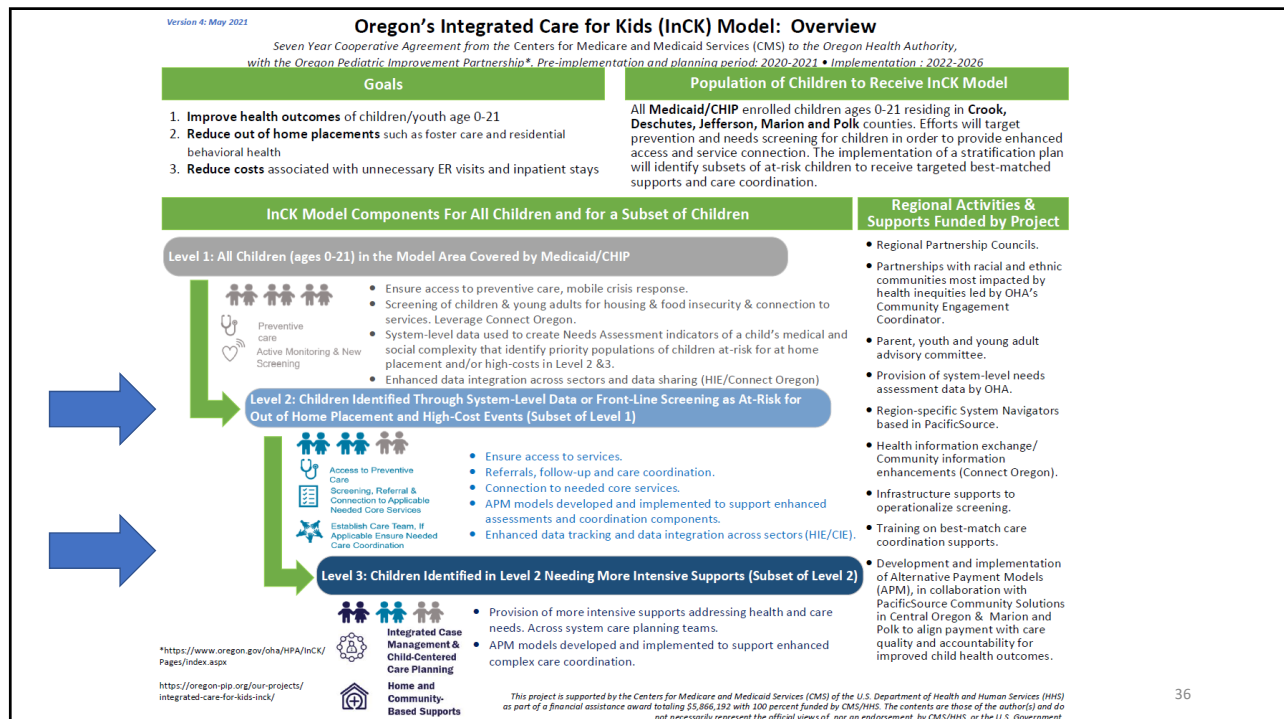


Within Oregon & Within the Region of Marion County and Polk County: Pre-Implementation Period Focus to Prepare for 2022 Start of Implementation

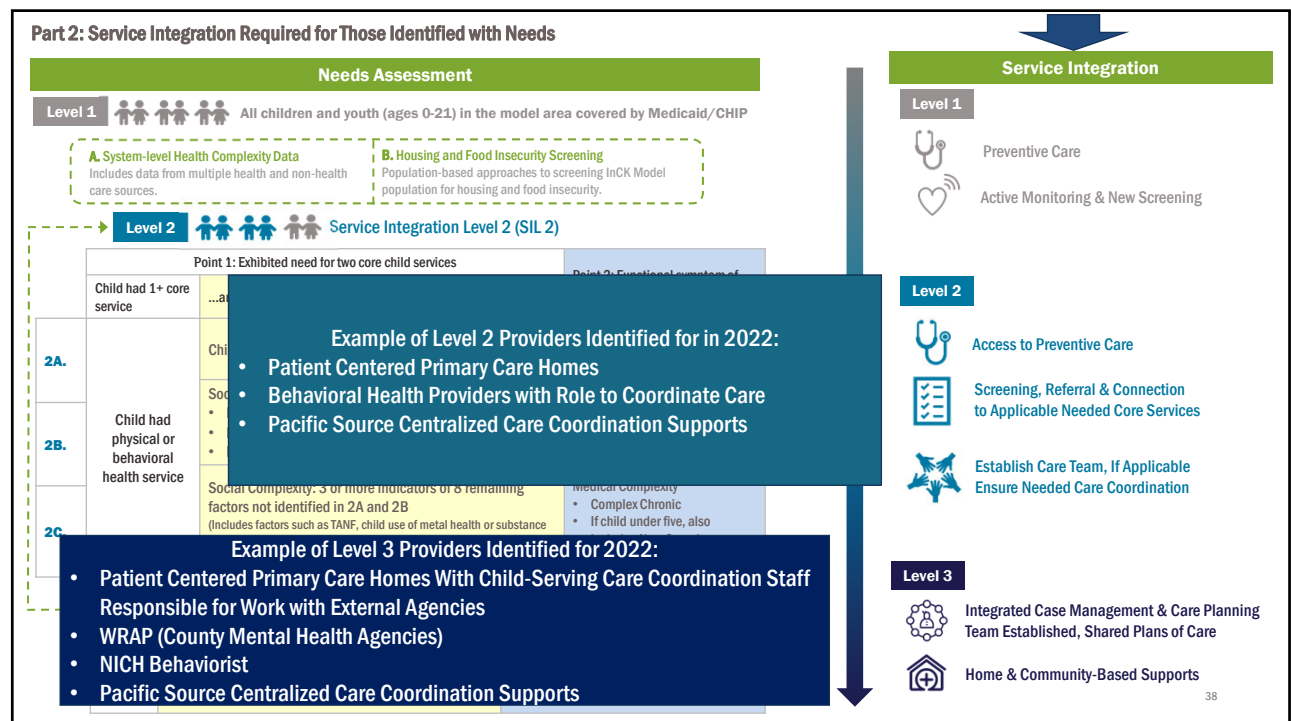
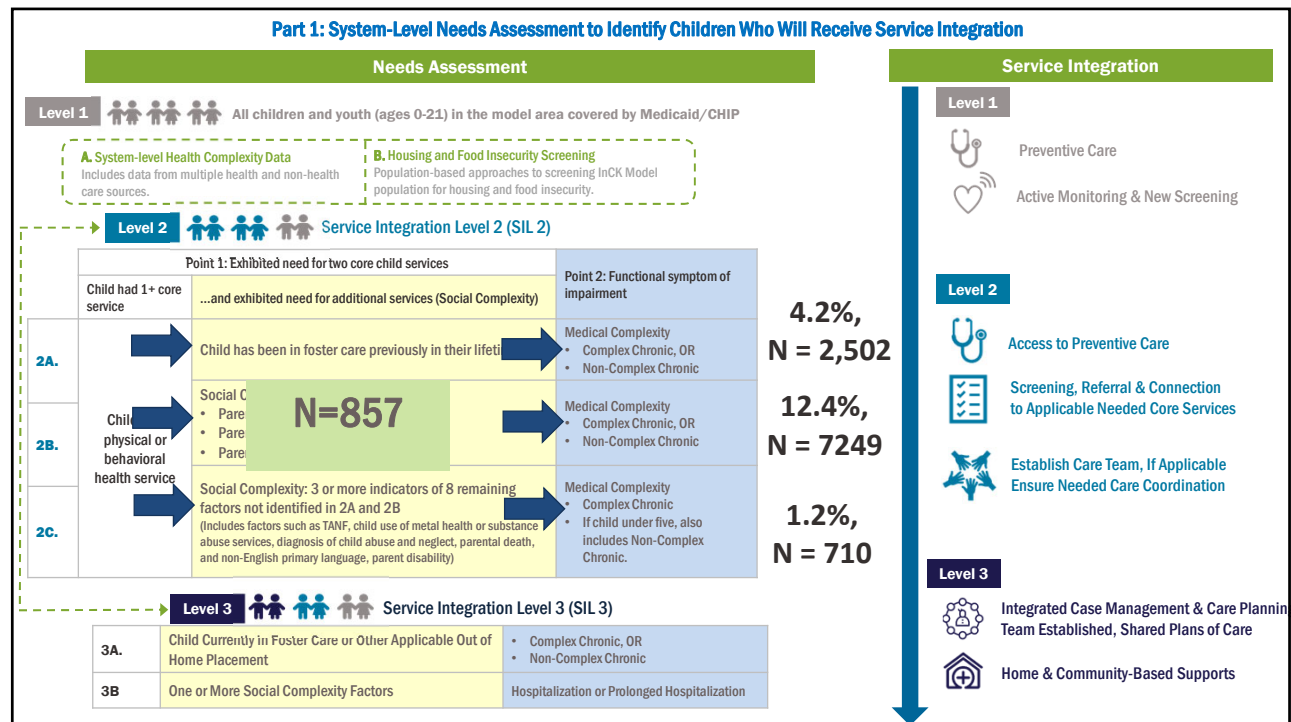


- Goal of the Two Year Pre-Implementation Period (2020-2021) is:
 - **Plan** for how to OPERATIONALIZE the model for implementation.
 - **Adjust** proposed implementation based on feedback from CMMI, CMMI contractors, and CMMI evaluation team
 - **Develop NEW** systems and processes to start and scale up implementation (InCK includes many novel elements)
 - **Engage clinical and core services providers** in activities, ensure buy in, train them to implementation
- This work has involved:
 - ☐ Hiring staff
 - ☒ **Adjusting to COVID, COVID Response & Delaying Components of Engagement**
 - ☐ Onboarding PacificSource Community Solutions
 - ☐ Data analysis to inform implementation planning and model design, **System-Level Needs Assessment Data** and Attribution Algorithms
 - ☐ Baseline assessments of **current systems/process, readiness and capacity** within:
 - OHA, OPIP, PacificSource (InCK Team)
 - Clinical partners
 - Core Service Providers (Phase 1 providers have started)
 - Health Information Exchange
 - Community Information Exchange
 - State-systems and data platforms to support data sharing
 - ☒ **Adjusting to COVID, COVID Response & Delaying Components of Engagement**

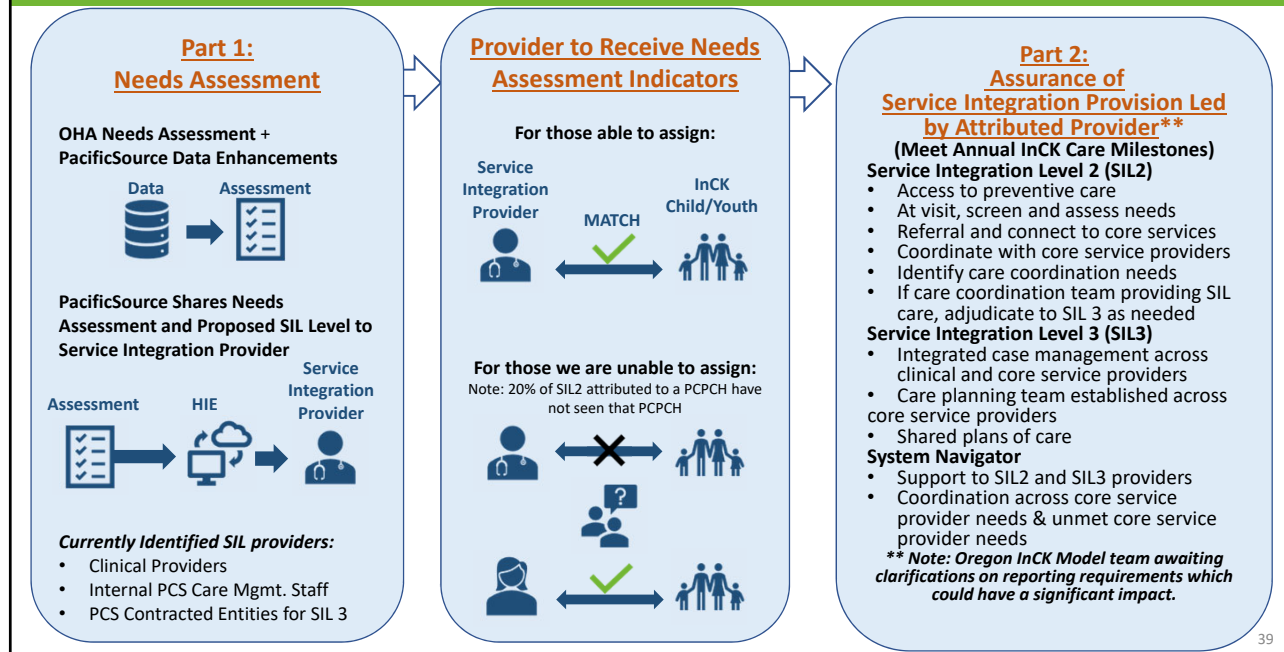
35



36



Novel Work to Support from Needs Assessment to Service Integration: Transformative Activities



Preparing for 2022 Start of Implementation: Scale Up Approach to Support Feasible Start & Learning to Inform Spread

Considering where to start in 2022 how to **scale up** components of the needs assessment and service integration components to take into account:

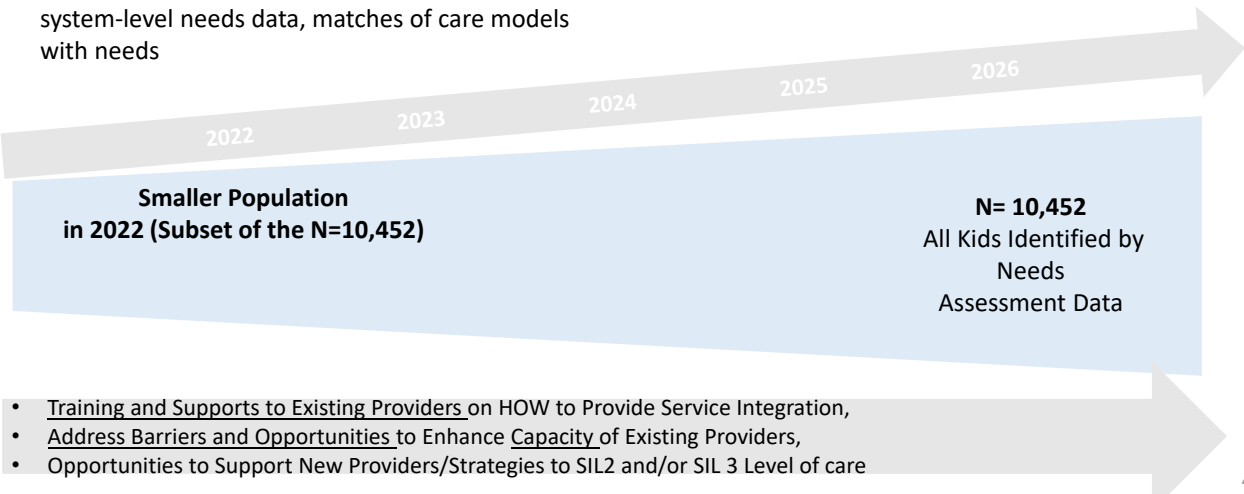
- Current **levels of need given System-Level Needs Assessment** identifies children with needs that have not been identified before (N~ 10,000)
- Focus on **most critical elements** of model that need to be ready for 2022 given required to START in 2022.
 - Consider starting with a subset of clinical partners to pilot models to ensure Service Integration received
 - Consider starting with subset of those identified by Needs Assessment
- Leverage, start and learn from **current systems and processes available or possible to expand in 2022:**
 - Within **PacificSource Community Solutions (PCS)**, including PCS contractors like Novel Interventions of Children's Health Care
 - Within **clinical providers** (PCPCH, Behavioral Health)
 - ❖ Opportunity to Align SIL 2 Intervention and Services with **PCPCH Standards** and **Related Payment Models Required in CCO 2.0**
 - ❖ Consider **provider burden**, particularly during start-up **during a COVID19 Response**, for reporting and care coordination as we anxiously wait for CMMI clarifications.
- Prioritize elements of **alignment with community level priority goals** and CCO 2.0
- Provide a **manageable ramp up** of anticipated care coordination supports/services, **manageable build up time to enhance skills, staffing and other resources** within **existing providers, expand capacity and/or identify new providers**

40

CMMI Option: Scale Up Needs Assessment & Service Integration

Parameters We Have Considered:

- Pilot models & with providers in 2022 that can inform spread and investments 2023-2026
- Readiness of clinical providers
- Start with a subset of the children identified from the system-level needs data, matches of care models with needs
- Alignment with other initiatives
- Honoring Health Equity Approach (e.g., clinics in rural regions, clinics that serve diverse populations)



41



Small Group Discussion: Opportunity to Ask Questions or Provide Input



1. What questions or need for clarity do you have?
2. Given the context and thinking we've shared on scaling up our work during InCK implementation (*particularly how we would ensure children identified through the needs assessment have their needs met*) **what would you like to us to know or consider as we think through this approach?**
 - Providers
 - Populations
 - Locations within region

42

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43



Introduction to Marion & Polk's System Navigator

Samantha's Bio Can be Found in the Pre-reading on [page 5 of the Pre-Reading Materials](#)

Marion and Polk's System Navigator is Samantha Baker!

44

Current Priorities of the System Navigator Position

Summary of Job Duties be Found in the Pre-reading on pages 6-8

Since being hired at the end of March, the priorities of the System Navigator have been focused on:

- **Onboarding** and understanding the InCK Model
- Development of a **framework to document asset mapping** of core services providers
- Developing a **work plan for outreach and engagement of care coordinators** and case managers that support children birth-21

Current focus on development of the Behavioral Health Asset Map

- Based on the Needs Assessment of Children in SIL 2 and 3 about 20% had evidence of a behavioral health assessment or service
- All children in SIL 2/3 would benefit from at least a BH assessment, so we know this pathway to services will be a priority for implementation in 2022 and there seems to be barriers to services

45

What is an Asset Map?

	Provider Overview		Service(s) provided to support children 0-5 and families (i.e. CPP, PCIT, Family Therapy)	Staff Capacity		Space Capacity (defined as: rooms available for each tx)	Service Location (city/county)	Spoken Language(s) of Providers	Does this provider identify as white? (Y/N if no, how do they identify)	Payor(s) Accepted	Telehealth
Group Name	Number of Providers who can provide service to children 0-5	Service Provider		Available visits per week	Slots available now						
Services that address mental and behavioral health needs such as those that address SUD, intergenerational transmission of trauma or toxic stress, genetic conditions requiring therapeutic service, acute or chronic mental disorders, and various challenges participating in the Connect Oregon Platform											
Anna Grohs, LCSW	1	Anna Grohs, LCSW	Depression, anxiety, PTSD, play therapy, individual	30	5 youth, 6 adults	Office, in-home	Marion/Polk	English, Spanish		OHP	N
Capstone Counseling	1	Johnnie Burt, LPC	EMDR, LENS, Sand therapy, play therapy, parenting, survivors of abuse/neglect	17	0	Office	Woodburn/Marion	English, ASL	Y	OHP, Moda, Providence, CIGNA, PacificSource, OPTUM	
Catholic Community Services - Community Counseling Center	9	Angela R Herndon, PMHNP	PCIT, EMDR	210	5 youth, 5 adults	Office	Salem/Marion	English		OHP	Y
		Danielle N Baxter, LMFT	PCIT, EMDR	210	5 youth, 5 adults	Office	Salem/Marion	English		OHP	Y
		Francine Filzen, LMFT	PCIT, EMDR, RAD	210	5 youth, 5 adults	Office	Salem/Marion	English		OHP	Y
		Gina M Deleo, QMHP	PCIT, EMDR	210	5 youth, 5 adults	Office	Salem/Marion	English		OHP	Y
		Maria D. Leija Briones QMHP	PCIT, EMDR	210	5 youth, 5 adults	Office	Salem/Marion	English, Spanish	N/Hispanic	OHP	Y
		Nicholas A McGee, QMHP	PCIT, EMDR	210	5 youth, 5 adults	Office	Salem/Marion	English		OHP	Y
		Michael Lichtenberg, QMHP	PCIT, EMDR	210	5 youth, 5 adults	Office	Salem/Marion	English		OHP	Y
		Morgan Davis, QMHP	PCIT, EMDR	210	5 youth, 5 adults	Office	Salem/Marion	English		OHP	Y
		Patricia Duncan, QMHP	PCIT, EMDR	210	5 youth, 5 adults	Office	Salem/Marion	English		OHP	Y

46

What is an Asset Map?

The information that will be collected during the asset mapping process includes:

Organization/Provider Overview

- Service(s) provided to support children by different age categories 0-5, 6-11, 12-17, 18-21

Staff Capacity

- Waitlist Time
- Number of PCS members provider is able to service
- Slots available now

Service Location - (city/county)

Spoken Language(s) of Providers

Does this provider identify as white? - Y/N, if no, how do they identify

Payor(s) Accepted

- Telehealth

47

Next Steps in Asset Mapping

We want to **understand other priorities the Systems Navigator** should consider for the scaled up development of the regional the asset map

Clinical Care	Community-Based Services
 Clinical Care (Physical) <ul style="list-style-type: none"> • Hospitals/Specialists • Contracted Entities for SIL Coordination (e.g. NICH, Other Models) • Occupation/Physical Therapy • Speech Therapy • Applied Behavioral Analysis • Durable Medical Equipment 	 Food <ul style="list-style-type: none"> • TANF/WIC/SNAP • Community Based Organizations
 Clinical Care (Behavioral) <ul style="list-style-type: none"> • Internal Behavioral Health • Specialty Behavioral Health • Substance Use Treatment Providers 	 Housing Community Based Organizations
 Mobile Crisis	 Title V Agencies & Maternal and Child Health Services
	 Child Welfare
	 Early Care and Education

Keep an eye out for the poll that will be popping up to select your priority areas!
Please type into the chat if you have other priority areas we should consider

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- Introduction of and Update from the **System-Navigator**, Highlight of Current Priorities
 - **Polling to Obtain Feedback on Asset Mapping Priorities**
- Discuss components of **InCK that relate to screening for housing insecurity** and potential opportunities for synergy with other local initiative to address gaps in capacity.
 - **Large Group Interactive Discussion**

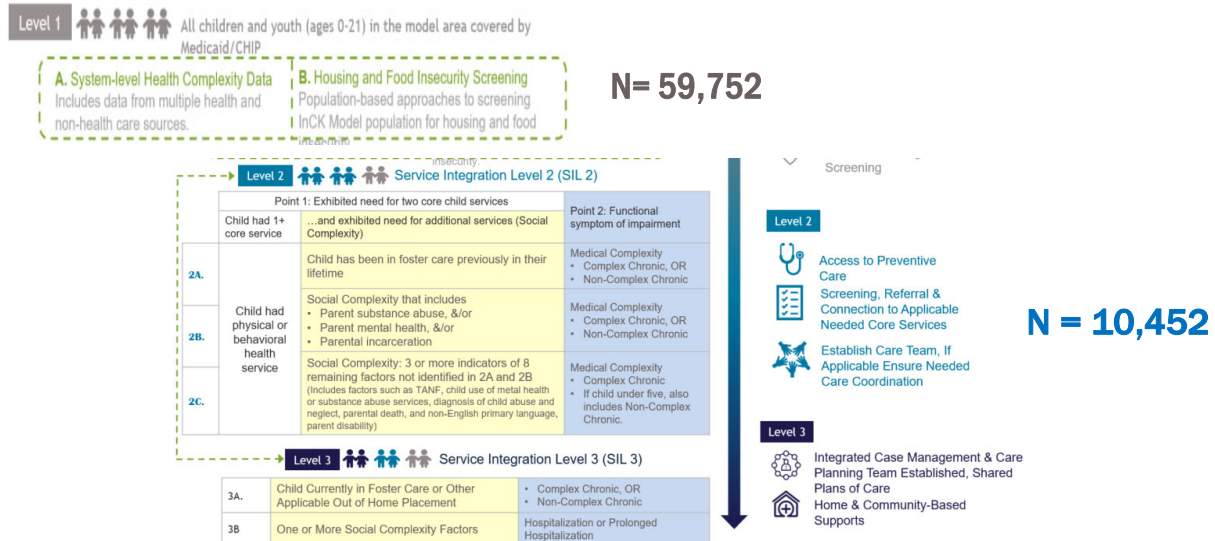
49



InCK Efforts Related to **Stable Housing & Supports** for InCK Population



- A key component of the InCK model is **addressing social determinants of health**
- Specific focus on implementing approaches to:
 - ✓ Screen for **housing insecurity and food insecurity** for Medicaid/CHIP populations birth-21 and to
 - ✓ Connect this population to needed services.
- In Oregon's InCK model there are two components where this will be in an intentional focus:
 - Within **Level 1 Activities**, the InCK team is working to operationalize strategies to ensure, a population-based approach (Medicaid/CHIP populations birth-21) for screening for housing and food insecurity across core service providers, connection to services and data integration and tracking.
 - For children identified with the System-Level Needs Assessment as benefiting from **Level 2 Service Integration** and/or **Level 3 Service Integration**, the InCK team will outline best practices for the applicable providers, as part of their Service Integration, to screen for **housing and food insecurity screening**.

Example: Assessing for Housing Insecurity**Current State:**

- Interviews with Partnership Council members, clinical providers, PacificSource and other partners that will play a key role in Service Integration Provision **have already indicated significant concern** that there is **not enough housing available** to connect those who will be identified.
- InCK system-level needs assessment includes groups **at risk for out of home** placement (2A, 2B) and/or parental factors **associated with housing instability** (e.g. substance abuse disorder, past incarceration)
 - E.G. Parental incarceration may be a factor to be ineligible for housing
- Concern that if housing needs identified are not met, it will further contribute to unstable environments that could result in poor outcomes for children and their families.
- Additional barrier for INCK Population Housing: Housing for children with medical complexity (for example: wheelchair accessibility, air quality, etc)

Opportunity for Synergy to Address Gaps in Stable Housing **Already Identified Before Screening Has Begun**

- At September 2020 Partnership Council of Marion County and Polk County, per the request of the members, facilitated a **large interactive group discussion** about a number of local initiatives and the need to ensure **synergy, coordination** and exploration of **opportunities for alignment** with InCK.
- The efforts prioritized by the Partnership Council included, but are not limited to the following:
 - Systems of Care
 - Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
 - Connect Oregon adoption
 - Children's Public Private Partnership (CP3)
 - Building Community Resilience: Fostering Hope Initiative
 - Family Connects

53

Opportunity for Synergy to Address Gaps in Stable Housing **Already Identified Before Screening Has Begun**

Problem/Opportunity Statement:

- Knowing that InCK implementation **will begin in 2022** and will likely result in a significant **increase in identification of children, youth and young adults with medical and social factors that are housing insecure**, how do consider strategies to address gaps and concerns identified across these efforts?

Question for the Partnership Council:

1. Are there opportunities for **synergy and alignment** across the efforts to prepare for and address the need that InCK will amplify?
2. Given that a number of members on the Partnership Council are also involved in these other efforts, is there an **opportunity to specifically identify the long term social determinant of health impacts of housing insecurity on children, youth and young adults**?
3. Are there **opportunities, within these efforts, to consider funding of pilots** and/or pathways for the children, youth and young adults that will be identified through InCK?
4. Is there an **opportunity to create a small workgroup of Partnership Council** members specifically focused on housing supports?
5. **What other ideas or opportunities come to mind?**

54

Priority Next Steps

- Refine 2022 goals and aims and stagger strategy for implementation
- Deep focus on operationalizing implementation components to 2022 start points for the Needs Assessment and Service Integration Levels
- Multiple and intense CMMI reporting requirements due by July
- Community Engagement of Persons with Lived Experience, Further recruitment of PYYAYG
- Next meeting is **September 23rd 1-3 PM**
 - ✓ **Fingers Crossed We Can Do An In-Person Meeting in 2021**

55

- **We CAN and ARE DOING HARD THINGS!**
- **This is only possible through collaboration & engagement!**



56