

This fourth meeting of the Marion Polk Partnership Council was held virtually due to COVID restrictions and safety precautions. Sixteen 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:

- Provide an update on and overview of **extensive and broad work** being done to operationalize components of the InCK model starting in 2022.
- Provide an overview of baseline **Parent, Youth and Young Adult Advisor Care Maps**.
- Provide an overview of InCK requirements related to **Mobile Crisis Services** and current options and strategies being explored and **obtain input**.
- Provide an update on key areas of focus for the **June Partnership Council** meeting and **pre-work requested** from Partnership Council members.

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

- 1) **Topic: 2021 Refresher on InCK Model & Visuals from Community Café Informed Sessions:** Our goals remain to improve health outcomes, reduce out of home placements and reduce costs associated with avoidable ED visits. Our discussion at this meeting focused on the system-level needs assessment data to identify children for Service Integration Level 2 (kids with a need for assessments and care coordination) and Service Integration Level 3 (kids needing intensive case management and child-level planning). We also spotlighted efforts focused on operationalizing a population based approach to housing and food insecurity screening, a component of Level 1, and connection to services through Community Information Exchange (CIE). The Visual from the Community Café Informed Session on December 2020 will serve as guidepost for how the Oregon team can respond to these federal requirements around InCK and us how we can honor the community-level perspective.
 - ❖ **Materials Reviewed by Partnership Council Members as Part of the Pre-Reading Materials included the Following:** Visuals of Oregon’s InCK Model; Overview and Marion Polk Partnership Council Meeting Interactive Session on 12/10/2020 (pages 2-3 of pre-reading)
- 2) **Topic: Update on Oregon’s Needs Assessment for Service Integration Level (SIL) Indicators & Parent, Youth and Young Adult Care Maps:** We are using systems-level data to do a needs assessment that would identify children eligible for Service Integration Level 2 (SIL2) and Service Integration Level 3 (SIL3). Implementation of use of the system-level needs assessment is required to go into effect in 2022. Once these subsets of children are identified, there will be secondary processes confirm their care coordination and Service Integration Level needs and to ensure that strengths, needs and priorities for care coordination are identified. Key updates on the system-level Needs Assessment SIL levels provided at the meeting included:
 - Children birth to five who have a non-complex medical condition and who have three or more social complexity factors were added to SIL 2C.
 - OHA providing an update on work to establish the data use agreements (DUAs) to allow for data sharing and access to person-level data for the refined indicators of 2A and 2D. For 2A population,

OHA is working with ODHS confirm that the child-level indicator can include information about children who have ever been in foster care. For 2D population, OHA is working with the Department of Education on DUA related to a child-level indicators related to chronic absenteeism from school and kids who are not enrolled in school, according to ODE data.

- Data was showed illuminating how many children have multiple indicators across SIL 2A-2D. Therefore, current plans are that data sharing would include flags related to each risk indicator.
- **InCK Parent, Youth and Young Adult Advisory Committee:** While it's not a CMMI requirement, OPIP is committed to hearing from the people that are represented in the SILs. We have 10 spots for available parents (5 in each region) and are currently in the process of onboarding ones who have been identified to the Parent, Youth and Young Adult Advisory Group. This includes the completion of a care map to help us understand their experiences, and two of these care maps were reviewed at this Partnership Council Meeting. **We have currently recruited 4 of 5 seats for Marion and Polk counties and are asking the Partnership Council to help recruit the final family.** At the meeting an overview was provided of the Care Maps developed by 2 of members of the PYAYG and highlight of some of the implications for the InCK effort in the region.

❖ **Materials Reviewed by Partnership Council Members as Part of the Pre-Reading Materials included the Following:** Summary of Parents, Youth and Young Adults at the Center of Our Work; Visual of refined Risk Stratification Plan; Preliminary Data for Children, Youth and Young Adults in SIL 2 in Marion and Polk counties (pages 4-6 of pre-reading)

3) **Topic: Overview Extensive and Broad Work Being Done to Operationalize Components of the InCK Model Starting in 2022:** Four tracks of deep work being done to operationalize the InCK model were then described:

- **PacificSource Work Sessions:** PCS is a critical partner, as they are responsible for about 93% of the attributed InCK population. The received a sub-award from OHA to provide infrastructure staffing supports. There are nine topic-specific work groups established, with one on tribal engagement still under development, all of which PCS are engaged. Additionally, there are monthly check-ins with Directors of CCOs for each region and monthly meetings with leadership of PCS, OHA and OPIP.
- **System-Navigator Role in Central Oregon:** PCS is hiring the System-Navigator and working with OPIP to develop an onboarding plan. An important component of the System Navigator role is to leverage system-level, cross-sector data to coordinate and integrate care. They will attend Partnership Council meetings and engage in a variety of efforts including asset mapping.
- **Community Engagement Liason:** Kiara Yoder is the Community Engagement Liaison. In this role, she has helped to ensure alignment with community level priorities through the participation in: co-facilitation of PCPCH engagement, leading parent and youth engagement, participation in the Social Determinants of Health Workgroup for a potential CCO incentive measure, and serving as connection to Marion and Polk CHIP.
- **Provider Engagement and Overview of Specific Engagement with Patient Centered Primary Care Homes (PCPCH):** OPIP is beginning engagement of clinical providers, that will include physical, behavioral and specialty providers. A summary of the current being done to engage PCPCHs, given broad and deep role for the InCK population was provided. This includes a three-part engagement process designed to learn more about their practices, opportunities, barriers and care coordination services.
- **PCPCH Learning Curriculum:** OPIP is also developing a learning curriculum to support PCPCHs participating in InCK. This learning curriculum will begin in early Summer 2021.

❖ **Materials Reviewed by Partnership Council Members as Part of the Pre-Reading Materials included the Following:** Summary and Overview of Topic-Specific Workgroups Being Held

Between PCS, OHA and OPIP; Overview of Clinical Provider Engagement, PCPCH Assessments and Learning Curriculum (pages 11-14 of pre-reading)

- 4) **Topic: Overview of Mobile Crisis and Stabilization Services:** Mobile response is a core service that the InCK Model prioritizes implementation and availability of services over the course of implementation. There are statewide efforts and funding in Oregon, as well as policy supports underway in the upcoming legislative session. An InCK workgroup started to meet in February and is focused on ensuring we meet the “Must Have’s” for the InCK Cooperative Agreement and requirements for CCO 2.0. We are required to assure there is a system for responding to the initiation of crises that minimally includes BH and substance use. This system includes sending staff to a child’s residence to stabilize the crisis situation, performing a needs assessment, having a 24/7 hotline (different than calling 9-1-1) and prioritizing resources for youth/child-specific response. The workgroup began drafting an inventory of mobile crisis and response services available in Central Oregon. PCS is dedicated to addressing CCO 2.0 requirements and is taking an anticipatory approach that focuses on increasing wellbeing post-crisis, creating trauma-informed crisis resolution, reducing BH treatment and emergencies in medical settings, and creating greater access to those with lived experiences. Ideally, the goal for PCS and OHA as part of the INCK model is to shift our crisis management systems to be a system designed with an empathy lens – seeing it as an opportunity as prevention and supporting the whole member as early as possible. It was also noted the particular strengths related to Mobile Crisis response in the Marion and Polk region that will be leveraged for this work.

❖ **Materials Reviewed by Partnership Council Members as Part of the Pre-Reading Materials included the Following:** Summary of requirements, convergence and alignment efforts, statewide efforts and next steps for advancing; current state Response Inventory of supports and programs in Marion and Polk counties (pages 7-10 of pre-reading)

- 5) **Topic: Overview of Proposed Process for Exploring Integration and Sharing of Information Required as Part of the InCK Model:** Data and use of data to identify populations, integrate care, coordinate care and track outcomes is central to InCK. OPIP, PCS and OHA are working to operationalize the InCK data strategy, which involves a number of pathways and critical components. A critical component of the data strategy is Health Information Exchange (HIE), or ways in which information will be shared across health sector providers. OPIP, OHA and PCS are also developing an HIE roadmap specific the various elements of data needed to be shared and specific to each of the clinical provider. Within this road map is an outline of the current infrastructure, potential opportunities where enhancements will be needed, and potential barriers. Secondly, InCK requires a population-based approach to addressing housing and food instability, and connection to community-based services. PCS has chosen **Unite Us/Connect Oregon** to be the Community Information Exchange (CIE) platform that will be leveraged for InCK to Screen for SDOH needs, facilitate closed loop referrals to community-based services, track a patient’s care journey, and use longitudinal data to identify potential community resource needs and investments. PCS encourages Partnership Council member organizations to consider engagement and use of **ConnectOregon**. On the next page information is provided for how to get connected given a number of organizations represented on the Partnership Council are critical be involved.

❖ **Materials Reviewed by Partnership Council Members as Part of the Pre-Reading Materials included the Following:** Summary and visual of “buckets of data” within InCK Model, plans for leveraging CIE and Connect Oregon FAQ given this platform has gone “live” in the Marion and Polk Region(pages 15-18 of pre-reading)

- 6) **Topic: Update on Key Areas of Focus for the June Partnership Council Meeting** – The meeting ended with a brief highlight of key areas of focus in the next quarter that an update will be provided at the June 2021 meeting including:
- Deep work around system level needs assessment.
 - Clinical provider engagement, developing learning curriculum and best match supports
 - Fleshing out details related to the components of HIE and CIE, such as who are the providers that need to be involved, workflows and use cases.
 - OPIP/OHA to turn in proposal of performance metrics that in years 5-6 we will be held to for funding, including kindergarten readiness, housing and food instability and depression screening with follow-up plan. We will update you on the strategies we are proposing at the next meeting.
 - **OPIP, OHA and PCS will continue to hold the nine (9) work sessions.** This includes continuing to progress and develop of the Tribal Affairs Workgroup.

Next Steps for Partnership Council Members:

1. **We request assistance in the recruitment of additional Parent, Youth and Young Adult Advisory Group.** In particular, we need a family with an adolescent/young adult who lives in the Northern Marion County region and be mindful of diverse cultures and perspectives. If you have connection or suggestions, Partnership Council members can reach out to Cara Lind (lindc@ohsu.edu) or Kiara Yoder (kyoder@earlylearninghub.org).
2. At the **June 2021 meeting** we will introduce to **PCS System Navigator**. As part of the pre-reading materials, we will provide an updated description of the job roles and responsibilities. That said, if Partnership Council members have questions about this position and specific roles, please contact Katie Unger (ungerk@ohsu.edu).
3. If you would like introduction and demo sessions for **UniteUs/Connect Oregon** platform for health care providers
 - First Tuesday of each month at 12:00pm
 - Third Thursday of each month at 7:00am
 - Register here: <https://uniteus.com/oregon-events/>Or you can contact Abigail Warren, Account Manager, abigail.warren@uniteus.com for a 1:1 meeting
4. **The next Marion Polk Partnership Council meeting will be virtual and will be scheduled for June 10, 2021 from 1:00-3:00 PM.**

Appendix A: Marion & Polk Partnership Council Meeting – March 11th, 2021 Attendees

	Name	Email	Role	Organization
1	Barnes, Lara	lara.barnes@options.org	Behavioral Health Director	Options Counseling and Family Services
2	Berardinelli, Marilyn	berardin@ohsu.edu	Workforce Development Manager	Oregon Center for Children and Youth with Special Health Care Needs (OCCYSHN)
3	Butler, Lisa Ojeda, Nelva	Lisa.Butler@ofsn.net	Statewide Family Support Services Director	Oregon Family Support Network
4	Coker, Tonya	Tonya.Coker@wesd.org	Director of EI/ECSE	Willamette Education Service District
5	Graves, Joshua	Jgraves@ccswv.org	CEO	Catholic Community Services
6	Harnisch, Lisa	lharnisch@earlylearninghub.org	Executive Director	Marion and Polk Early Learning Hub
7	Hoelter, Jenny	jenny@childhoodhealth.com	Pediatrician, Physician-Owner	Childhood Health Associates of Salem
9	Hopkins, Justin	jhopkins@willamettehealthcouncil.org	Executive Director	Willamette Health Council
9	Hyder, Najia	cp3.hyder@gmail.com	Executive Director of CP3	Children's Public/Private Partnership (CP3)
10	Ketchum, Lisa	Lisa.Ketchum@salemhealth.org	Director of Women and Children's Services	Salem Health
11	Lake, Stacy	stacy.l.lake@dhsaha.or.us	District Manager of Child Welfare and Self Sufficiency	Oregon DHS
12	Nestor, Cydney	cnestor@co.marion.or.us	Behavioral Health Division Director	Marion County Health and Human Services
13	Seymour, Jim	JimS@mwinv.com	Family and Neighborhood Impact Project Director	Community Business and Education Leaders Collaborative and (CBELC) and Mountain West Philanthropies
14	Silverman-Mendez, Josie	Josie.Silverman-Mendez@pacificsource.com	Director	Marion/Polk CCO at PacificSource
15	Umstead, Jacqui	umstead.Jacqui@co.polk.or.us	Public Health Administrator	Polk County Public Health
16	Vega, Patty	PVEGA@co.marion.or.us	Marion Public Health Administrator	Marion County Health & Human Services
Guest Presenters				
	Abigail Warren	abigail.warren@uniteus.com	Account Manager	UniteUs
	Ryan Daven	ryan.daven@pacificsource.com	Behavioral Health Population Health	PacificSource

Staff from the Oregon Pediatric Improvement Partnership and the Oregon Health Authority

	Name	Email	Role	Organization
1	Reuland, Colleen	reulandc@ohsu.edu	Director	Oregon Pediatric Improvement Partnership (OPIP)
2	Unger, Katie	ungerk@ohsu.edu	Facilitation and Improvement Manager	Oregon Pediatric Improvement Partnership (OPIP)
3	Chiang, Lydia	chiangl@ohsu.edu	Medical Director	Oregon Pediatric Improvement Partnership (OPIP)
4	Stilwell, Dustin	stilweld@ohsu.edu	Improvement Facilitator	Oregon Pediatric Improvement Partnership (OPIP)
5	Bernier, Akira	berniera@ohsu.edu	Research Associate	Oregon Pediatric Improvement Partnership (OPIP)
6	Lind, Cara	lindc@ohsu.edu	Research Assistant II	Oregon Pediatric Improvement Partnership (OPIP)
7	Yoder, Kiara	kyoder@earlylearninghub.org	Marion & Polk Community Engagement Liaison	Oregon Pediatric Improvement Partnership (OPIP)
8	Sisulak, Laura	Laura.Sisulak@dhsoha.state.or.us	Children's Health Policy Analyst	Oregon Health Authority (OHA)
9	Jarem, Steph	Stephanie.Jarem@dhsoha.state.or.us	Health Policy Director	Oregon Health Authority (OHA)
10	Olson, Nikki	Nikki.Olson@dhsoha.state.or.us	InCK Program Director	Oregon Health Authority (OHA)
11	Redman, Heather	Heather.V.Redman@dhsoha.state.or.us	Community Engagement Coordinator	Oregon Health Authority (OHA)
12	Leet, Angela	Angela.Leet@dhsoha.state.or.us	InCK Child Services Analyst	Oregon Health Authority (OHA)

Appendix B: Marion & Polk Partnership Council Meeting – March 11th, 2021 Agenda

***Oregon Integrated Care for Kids (InCK):
Marion County and Polk County Partnership Council
March 11th, 2021 1:00 PM – 3:00 PM***

Objectives for the Meeting:

- ❖ Provide an update on and overview of **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. Obtain input on key decision points being explored.
- ❖ Provide an overview of baseline **Parent, Youth and Young Adult Advisor Care Maps**.
- ❖ Provide an overview of InCK requirements related to **Mobile Crisis Services** and current options and strategies being explored and **obtain input**.
- ❖ Provide an update on key areas of focus for the **June Partnership Council** meeting and **pre-work requested** from Partnership Council members.

Agenda:

1. **Welcome, 2021 Refresher on INCK Model & Visuals from Community-Café Informed Sessions**
See pre-reading materials
2. **Update on Oregon’s Service Integration Needs Assessment** and Overview of the baseline **Parent, Youth and Young Adult Advisory Care Maps** for persons identified by Needs Assessment.
See pre-reading materials
3. Provide an update and overview of **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.
 - a. Work Sessions with PacificSource Community Solutions and Current Areas of Focus
 - b. System Navigator and Community Engagement Liaison Update
 - c. Clinical Provider Engagement, PCPCH Assessments & Learning Curriculum
 - **Small Group Feedback****See pre-reading materials**

Stretch Break and Fun Polling

4. Provide an overview of InCK model requirements related to **Mobile Crisis Services**, current options and strategies being explored.
 - **Interactive Group Activity to Obtain Input from the Partnership Council****See pre-reading materials**
 5. Provide an overview of proposed process for exploring **integration and sharing of information required as part of the InCK model**
 - a. Service Integration Needs Assessment indicators
 - b. **UniteUs/Connect Oregon** and proposed leverage and use of this CIE platform to support closed loop referrals and tracking of the degree to which the InCK population health related needs are met
 - **Small Group Feedback****See pre-reading materials**
- ❖ Provide an update on key areas of focus next quarter and **June Partnership Council meeting**.