
Care Integration: Guidelines to Add HB 2675 Care Integration Requirements to CHA and CHP Process and Products

June 8, 2018

Lisa Ladendorff, LCSW
Richard Kincade, MD, MSHA

The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font. The word "Health" is in a large, blue, serif font. The word "Authority" is in a smaller, orange, serif font, positioned below "Health".

Oregon
Health
Authority

Lisa Ladendorff, LCSW

- Founder of the Northeast Oregon Network and its current development and training director
- Background in community mental health and public health
- Licensed clinical social worker and community health worker
- Experienced trainer and facilitator
- Supports rural communities with community health assessment and planning
- Grandmother
- Knitter
- Gardner and canner
- Newfoundland puppy owner



Rick Kincade, MD, MSHA

- Family medicine physician for 30+ years in Lane County
- Medical Director, Community Health Centers of Lane County
- Chair Elect, United Way of Lane County
- Chair of United Way Lane County's 100% Health Community Coalition
- Chair, Trillium CHP Clinical Advisory Panel
- Member, Trillium CHP Community Advisory Council
- Husband and father for my amazing girls
- Cyclist, gardener, homebrewer



Learning Objectives

- Gain an understanding of the intent of HB 2675, as it relates to the importance of including care integration in current CHA/CHP processes and products.
- Develop a common understanding of the term “integration” and how it is applied in this new CHA/CHP context.
- Be able to apply CHA and CHP integration tools to current CHA/CHP processes.

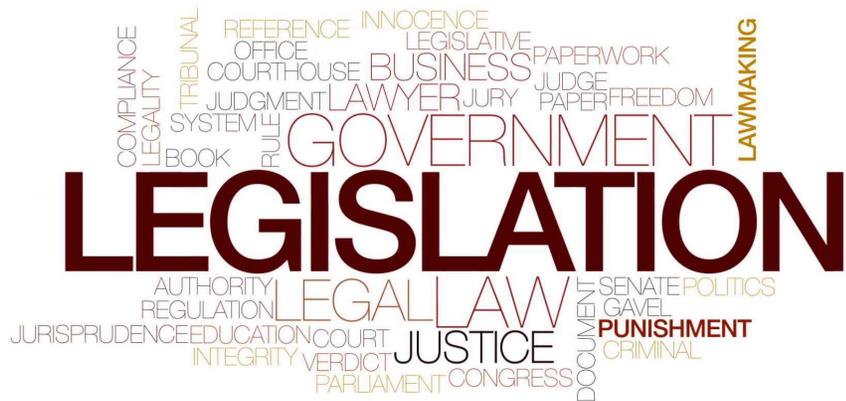
Background and Purpose

79th OREGON LEGISLATIVE ASSEMBLY--2017 Regular Session

Enrolled House Bill 2675

Statutory Language

The CCO's community health improvement plan shall include a plan and a strategy for **integrating physical, behavioral and oral health care services.**



The plan may include:

- Analysis and development of public and private resources, capacities and metrics based on ongoing community health assessment activities and population health priorities;
- Health policy;
- System design;
- Outcome and quality improvement;
- Integration of service delivery; and
- Workforce development.

Intent of HB 2675



- Further integrate CCO services **and**,
- Add an overlay of care integration goals and objectives into the existing community health improvement plan by:
 - **Creating collaborative community-based initiatives to purposefully integrate key services within the delivery system and ultimately within the programs addressing the social determinants of health**
- In order to:
 - **Improve patient outcomes and experience, improve provider experience, and reduce cost of care.**

Guideline Recommendations



- Identify potential areas for integration and available resources using the Mobilizing for Action the Partnership and Planning (MAPP) assessment model as a base and **adding a fifth Care Integration Assessment** to the current four MAPP assessments.
- **Create plans and strategies** for implementing priority areas utilizing 10 domains of integration adapted from an Agency for Healthcare Research and Quality (AHRQ) Behavioral Health and Primary Care Integration Model.
- **Use tool kits** and examples provided in the appendices to operationalize the integration assessment and improvement planning processes.

Guideline Organization

Sections

- Background and Context
- Recommended Approach
- Integration Assessment
Process for the Coordinated
Care Organization (CCO)
Community Health
Assessment (CHA)
- Integration for Community
Health Improvement Plan
(CHP)

Appendices

- Appendix A: Sample Work Plan
- Appendix B: Blank Planning
Grids
- Appendix C: Facilitator Guide for
Care Integration Assessment
- Appendix D: Facilitator Guide for
Integration Planning
- Appendix E: Sample Integration
CHA and CHP Reports
- Appendix F: Resource List

Integration Definition

Care integration is the purposeful presence or coordination of services maximally supporting a person or family at each opportunity for interaction with social and health systems.



Integration Model

Type of Integration	Definition
Coordinated care	Provided in separate locations and systems, focuses on communication.
Co-located care	Provided in the same location but separate systems, focuses on physical proximity.
Fully integrated care	Provided in the same location and system, focuses on practice change.





Care Integration Assessment

Conducting the Process

SUPPLEMENTAL CARE INTEGRATION ASSESSMENT AND IMPROVEMENT PLAN WORK PLAN

Phase Objectives

- To determine what is occurring or might occur that would promote improved integration of care services across the delivery system and within the community
- To identify opportunities for integration, particularly of physical, behavioral and oral health for CCOs

Phase Checklist

Activity	Resources Needed	Lead Staff	Due Date	Status/Outcome
<u>Plan the assessment</u> <ul style="list-style-type: none"> • Determine the brainstorming method • Identify a facilitator • Identify a note taker • Find a convenient location • Prepare materials and questions for facilitator <ul style="list-style-type: none"> ○ Brainstorming worksheet ○ Opportunities and resource grid worksheet 	<ul style="list-style-type: none"> • Meeting space 			<ul style="list-style-type: none"> • Planning meetings; agenda finalized; consider use of “snow card”⁴ technique
<u>Invite MAPP committee members and other leaders in the community</u> <p>Participants should be:</p> <ul style="list-style-type: none"> • “Big picture” thinkers, “movers and shakers” • Aware of the important social, economic, and political trends • Aware of integration potential in their service line or area of expertise 	<ul style="list-style-type: none"> • Contact emails for invites 			<ul style="list-style-type: none"> • List of confirmed attendees
<u>Conduct supplemental care integration assessment</u> <ul style="list-style-type: none"> • Snow cards, brainstorming 	<ul style="list-style-type: none"> • Meeting space • Name tags, packets, flip charts, sticky boards 			<ul style="list-style-type: none"> • Data collected from assessment session

Care Integration Assessment Session

- **Welcome and Introductions**
 - Ice breaker, outline purpose and process

- **Exercise 1**
 - Each participant writes down “Best Examples” and “Best Opportunities.”
 - Each participant shares their top example and opportunity, snowcards are posted on the wall.



BEST EXAMPLES:

BEST OPPORTUNITIES:

WSP + SFP
Wraparound Care facilitation
SOC
CLA
Diversity Service
PASA
Youth Era

Willamette Family Rapid Access Center

School-based Behavioral & Physical Health
PASA Health + CHC's

CHC-IBH
Trauma healing paper
Tanzoni, accipiter
Sabine Lopez

Laurel Hill
collaboration of mental, physical, social health services + housing, food, other basic services

Integrated physical + behavioral health - TIP 2 local

Expand School-based Services
Focus on prevention (Sub/mentoring)

Intensive Outreach, Wellness, + Community Projects w/ Focus on Housing Insecurity

Physical health quality opportunities closer to low-income housing organizations of Food For Lane County presence + assistance

Integrating more substance use services into other sectors and more mental health services and housing/jobs/other social services into substance use...

OPPORTUNITY: Co-location of TIW in Hosp ERs...

Behavioral Health Integration - multiple community providers - TIP

Embedded in schools - physical, BH, Oral

Helping BH sites incorporate Medical/Dental (Laurel Hill School) (Looking Glass + another TIP) (Relay Therapy) for...

Warehouse Job Training Program
Food for Lane County
Local Food Foundation
Local Community College

Wellness - 2nd course
Food for Lane County
Tanzoni Program
PASA
Food for Lane County
Local Food Foundation
Local Community College

Wellness - 2nd course
Approach - (PASA Corp)
Self-empowerment program
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting

Support to mental health communities to develop from conventional recovery to urban areas
Support of urban traditional recovery

Screening + assessment in home care settings

Food for Lane County
Local Food Foundation
Local Community College

Wellness - 2nd course
Approach - (PASA Corp)
Self-empowerment program
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting

Wellness - 2nd course
Approach - (PASA Corp)
Self-empowerment program
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting

Wellness - 2nd course
Approach - (PASA Corp)
Self-empowerment program
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting

Wellness - 2nd course
Approach - (PASA Corp)
Self-empowerment program
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting

Wellness - 2nd course
Approach - (PASA Corp)
Self-empowerment program
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting

Wellness - 2nd course
Approach - (PASA Corp)
Self-empowerment program
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting

Wellness - 2nd course
Approach - (PASA Corp)
Self-empowerment program
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting
Tanzoni program, mental + physical health services to be used in the field, mostly by group therapy in a non-traditional setting

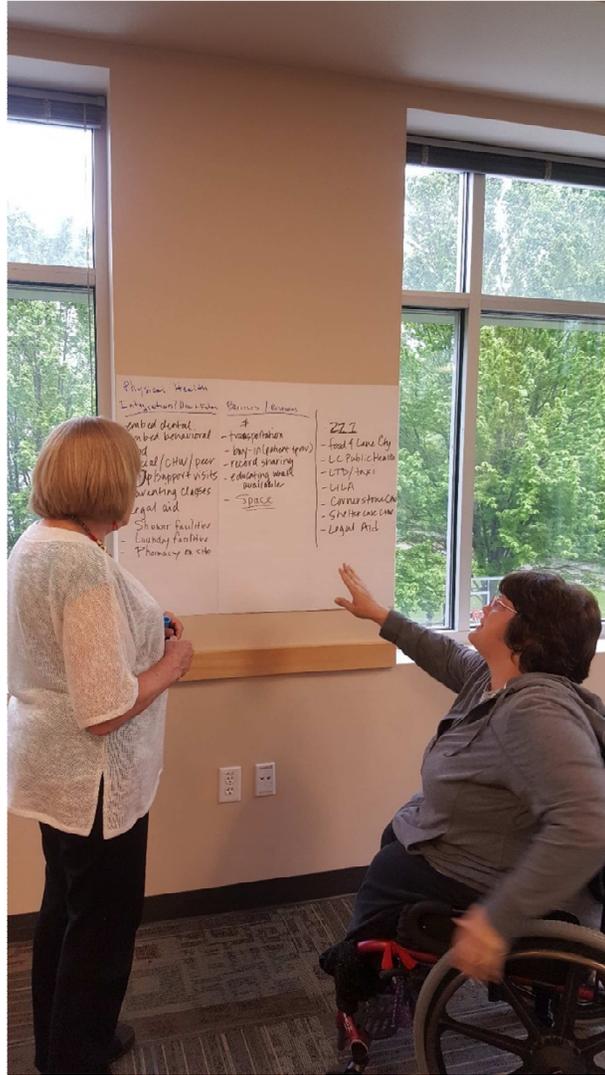
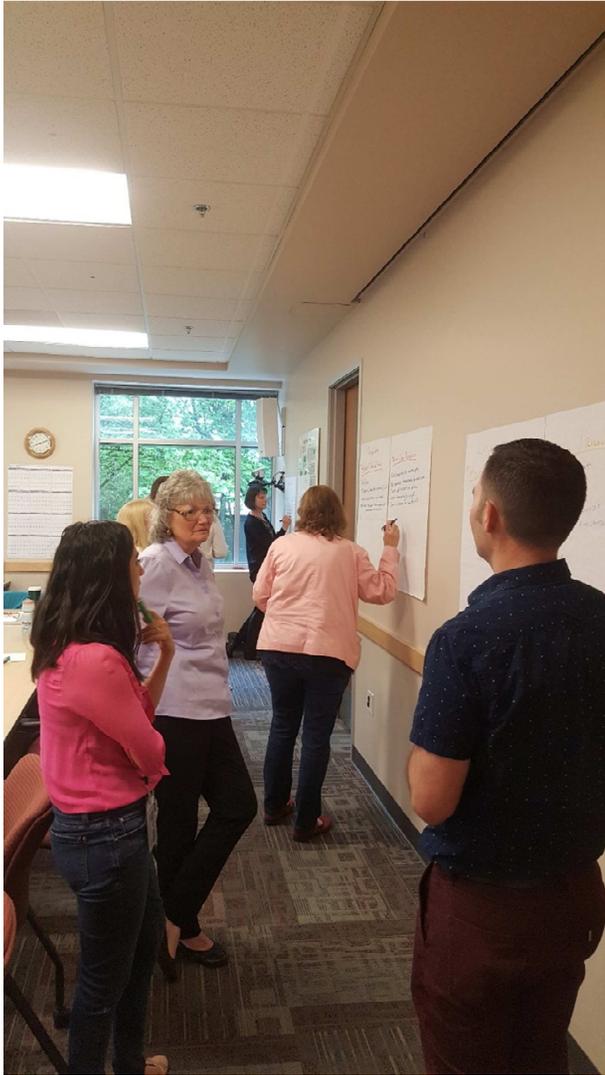
Care Integration Assessment Session

(continued)

- **Exercise 2**

- Split the group into as many teams as you have integration areas.
- Each team goes to a “station” with pre-posted flip sheets to record where that type of integration is happening, barriers in that area, and needed resources.





Wrap-Up Exercise

- Record “scores” in the integration grid.
- As “scores” are shared by the teams, encourage consideration of the overall level of integration and the significant potential of expanding integration efforts.
- Fill out the CCO integration grid as a collective exercise.

Community Integration Planning Grid

The purpose of this planning grid is to identify the level of integration existing today, or with the potential to become integrated in the three years of the CHP planning cycle. For example, looking at housing environments, as you move across the horizontal axis, consider whether food security services, education services, and income development services are integrated into housing. This tool helps communities to identify opportunities for increasing the level of integration in those environments with targeted initiatives using community collaborative arrangements between service providers.

Use the following symbols to fill out the chart below, indicating the level of integration and value of integration for each of the service area pairs. This will help differentiate areas of opportunity in which less integration exists, but there is moderate or significant value to increasing integration. For an example, see the Community Integration Planning Grid in Appendix E.

- # = Minimal integration occurring today
- ## = Moderate integration occurring today
- ### = Significant integration in place

- S = Minimal value in integration
- SS = Moderate value in integration
- SSS = Significant value in integration

Strategic Area	Housing Services	Food Security	Education	Income	Oral Health	Physical Health	Mental Health	Substance Use Treatment	Public Health
Housing									
Food									
Education									
Income									
Oral Health									
Physical Health									
Mental Health									
Substance Use Treatment									
Public Health									

Example Grid

Community Integration Planning Grid

Service Location

Strategic Area	Housing Services	Food Security	Education	Income	Oral Health	Physical Health	Mental Health	Substance Use Treatment	Public Health
Housing		#/\$\$	#/\$\$	#/\$\$	#/\$\$	##/\$\$\$	#/\$\$\$	##/\$\$\$	#/\$\$\$
Food	##/\$\$\$		##/\$\$\$	#/\$\$	#/\$\$\$	##/\$\$\$	#/\$\$\$	#/\$\$\$	##/\$\$\$
Education	#/\$\$	#/\$\$		##/\$\$\$	#/\$\$	#/\$\$	#/\$\$\$	#/\$\$\$	#/\$\$
Income	#/\$\$	##/\$\$	##/\$\$\$		N/\$	#/\$\$	#/\$\$\$	#/\$\$\$	#/\$\$
Oral Health	#/\$\$	#/\$\$	##/\$\$	N/\$		#/\$\$\$	#/\$\$\$	#/\$\$\$	#/\$\$\$
Physical Health	##/\$\$\$	#/\$\$	##/\$\$\$	#/\$\$	#/\$\$\$		##/\$\$\$	##/\$\$\$	###/\$\$\$
Mental Health	#/\$\$\$	#/\$\$	##/\$\$\$	#/\$\$	#/\$\$\$	##/\$\$\$		##/\$\$\$	##/\$\$\$
Substance Use Treatment	#/\$\$	N/\$	#/\$\$\$	N/\$\$	N/\$\$\$	##/\$\$\$	#/\$\$\$		#/\$\$\$
Public Health	#/\$\$	#/\$\$	#/\$\$	N/\$	#/\$\$	##/\$\$\$	#/\$\$	#/\$\$	

- # = Minimal integration occurring today
- ## = Moderate integration occurring today
- ### = Significant integration in place
- \$ = Minimal value in integration
- \$\$ = Moderate value in integration
- \$\$\$ = Significant value in integration

Focused CCO Services Integration Grid

Understanding that CCOs have primary responsibility for coordinating Medicaid services in their communities, this evaluation grid is intended to be used at the plan level, but it could also be applied at the organizational or provider association level to assess the degree of integration of these core services within care environments. Studies have demonstrated increasing value of integration (improved outcomes and lower total cost of care) as an entity moves from being coordinated to being fully integrated. The goal of this assessment is to highlight areas of integration opportunity and develop plans for intentional service integration.

Use the following levels of integration to fill out the chart below:

CC = coordinated care

CLC = co-located care

FIC = fully integrated care

Services	Primary Care	Oral Health	Mental Health	Substance Use Treatment
Primary Care				
Oral Health				
Mental Health				
Substance Use Treatment				

Example CCO Integration Grid

Level of Integration within Core CCO Services

CC = Coordinated care

CLC = Co-located care

FIC = Fully integrated care

NIC = No integrated care

Primary Location of Service

Services	Primary Care	Oral Health	Mental Health	Substance Use Treatment
Primary Care		CC	FIC	CLC
Oral Health	CC		CC	CC
Mental Health	FIC	CC		CLC
Substance Use Treatment	CC	NIC	CLC	

End by Informing Group of Next Steps

- Outline process for creating the report;
- Let participants know they will receive a copy of the assessment;
- Explain how the assessment will be used in the development of the CHP; **and**
- Thank them for their knowledge of and passion for integration!



Care Integration Health Improvement Planning

Conducting the Process



Activity	Resources Needed	Lead Staff	Due Date	Status/Outcome
<p><u>Invite sector leaders and CAC members to CHP integration planning event</u></p> <p>Participants should be people with knowledge of the content areas to be integrated, and have a detailed and operational mindset as well as strategic</p> <ul style="list-style-type: none"> Members of organizations from the sectors to be integrated, including provider and operational representatives People with expertise in integration CAC and community members who would benefit from the integration projects/programs 	<ul style="list-style-type: none"> Contact information for attendees 			<ul style="list-style-type: none"> Confirmed list of attendees
<p><u>Conduct integration planning session</u></p> <ul style="list-style-type: none"> Complete domain assessment grid as a group activity Either as a large group or breaking into small groups depending on size, complete the feasibility assessment grid for each domain area and brainstormed goals/objectives As a group review the top feasibility goals and select goals and objectives to be included in the plan 	<ul style="list-style-type: none"> Meeting space Name tags, packets, flip charts, sticky boards Sign-in sheet, sticky notes, markers Refreshments Facilitator 			<ul style="list-style-type: none"> Data collected from planning session, including prioritized goals/objectives
<p><u>Compile and synthesize planning results</u></p> <p>Convene writing committee (writer and integration expert)</p> <ul style="list-style-type: none"> Utilizing goals and objectives from planning session, collate goals and objectives into a plan Add operational details to plan, such as outcome measurements, time frame and people/entities responsible Review plan Submit plan 	<ul style="list-style-type: none"> Data collected from planning session 			<ul style="list-style-type: none"> Completed CHP CAC approve final report and recommendations, advancing to CCO board of directors with CHP document

Care Integration Planning Session: Step 1

- Welcome all participants to the session.
- Identify the priority issues arising from the assessment.

Note: While this planning session is presented as a separate activity here, in real time it should be folded into the overall planning activities. These grids and tools can be adapted from addressing just integration to addressing all CHP planning activities as a means of providing an organized process.

- On the flip chart sheets for each issue for integration planning, fill out the status assessment as a large group. Remember this is a high-level assessment.
- Have the group prioritize 1-2 domains.





Integration Domains Grid

<i>Integration Sectors:</i>			
	Functional Domains	Anchors	
Service Domains	1. Staff have knowledge about the population and domains being integrated.	<ul style="list-style-type: none"> Staff can conduct an individual/family needs assessment in all domains integrated. Staff can develop a single intervention plan across all domains. Staff are both cross-trained in content, and trained in integration specifically for their areas. 	Status assessment: Goal:
	2. The integration team has shared workflows and official protocols to facilitate collaboration.	<ul style="list-style-type: none"> Shared workflows are consistently implemented rather than informal processes. Shared workflows increase collaboration towards shared goals. 	Status assessment: Goal:
	3. The integration team has systematic methods to identify and prioritize individuals in need of integrated services.	<ul style="list-style-type: none"> Systematic screening tools are used to identify individuals and families in need of integrated services. 	Status assessment: Goal:
	4. The integrated team engages patients and families in shared plans and services.	<ul style="list-style-type: none"> Integrated service team uses the same methods, philosophy, approach and protocols for individual/family engagement. 	Status assessment: Goal:
	5. The integrated services team systematically measures outcomes for all integrated domains over time.	<ul style="list-style-type: none"> Integrated services team consistently use the same follow-up systems on a regular basis. The services team can adjust the plan if the individual/family are not reaching the desired outcome. 	Status assessment: Goal:

Integration Domains Grid

Leadership and Business Domains	6. Leadership of the sectors to be integrated (or already integrated) are engaged and supportive of administrative alignment.	<ul style="list-style-type: none"> Leaders share values about integration and have a visible commitment to integration. Leadership allocates resources such as money, time and attention to integrated services development. Leadership jointly identifies points of conflicts with other organizations and systems and develops practical solutions. 	Status assessment: Goal:
	7. Reliable and robust office processes exist to support the integrated services team.	<ul style="list-style-type: none"> Consistently use specific structures, office workflows, processes and standards to support reliable integrated services. Jointly use quality improvement approaches and process improvement methods. 	Status assessment: Goal:
	8. There is a sustainable business model to support the longevity of the integrated services.	<ul style="list-style-type: none"> Develop a comprehensive and realistic sustainability plan. Regularly monitor financial performance of the integrated services, including revenues and expenses. 	Status assessment: Goal:
Measurement Domains	9. The integrated services team collects and uses service level data to improve quality of services.	<ul style="list-style-type: none"> Collect data on key service processes (such as number of individuals with shared intervention plans). Use data to inform quality improvement and decision-making processes. 	Status assessment: Goal:
	10. Data are collected and used to measure integrated services outcome from the patient, provider, financial and system perspectives.	<ul style="list-style-type: none"> What is the individual/family's experience of integrated services? What has improved for them? What is the provider team experience of integrated care? What has improved for them? What is the financial outcome of integrated care on cost of services for the provider and for the individual/family? What are the system administrators' experience of integrated services? 	Status assessment: Goal:

Integration Sectors: Schools and Behavioral Health			
	Functional Domains	Anchors	
Service Domains	<p>1. Staff have knowledge about the population and domains being integrated.</p>	<ul style="list-style-type: none"> • Staff can conduct an individual/family needs assessment in all domains integrated. • Staff can develop a single intervention plan across all domains. • Staff are both cross trained in content, and trained in integration specifically for their areas. 	<p>Status assessment:</p> <ul style="list-style-type: none"> - Four school districts have mental health staff based in the school. - Unsure of ESD status. - Three school districts are actively working on trauma-informed care with mental health providers. - These three districts have just started a system of care staffed by one FTE. - There is no common screening or risk assessment used across schools by the mental health staff. - FERPA and HIPPA are identified barriers to full sharing of information and full integration of care. <p>Goals:</p> <ul style="list-style-type: none"> - Goal 1: Systematically analyze and resolve FERPA and HIPPA barriers by developing processes that satisfy each. - Goal 2: Actively teach and train on these resolutions to all mental health and school staff. - Goal 3: Integrate the fourth school district into the newly created system of care.

	<p>8. There is a sustainable business model to support the longevity of the integrated services.</p>	<ul style="list-style-type: none"> • Develop a comprehensive and realistic sustainability plan. • Regularly monitor financial performance of the integrated services, including revenues and expenses. 	<p>Status assessment:</p> <ul style="list-style-type: none"> - <i>There is a business model for the metro area but not for the rural area.</i> - <i>There is no joint monitoring of the financial indicators of this model at this point.</i> <p>Goal:</p> <ul style="list-style-type: none"> - <i>Goal 1: Develop and implement a business model that includes the rural school districts.</i> - <i>Goal 2: Create a common set of financial indicators agreed to by all school districts.</i> - <i>Goal 3: Create common confidentiality and data use agreements signed by all school districts and begin sharing financial indicator data.</i>
--	--	--	--

Care Integration Planning Session: Step 2

- Divide group in half. Each group takes one of the two chosen domains.
- The group brainstorms 2-5 goals for each domain.
- The group then runs the brainstormed goals through the feasibility grid.
- After analyzing the grid, the group chooses at least one goal and formats it in SMART goal format.



Brainstorm List of Goals

Domain 1

- Systematically analyze and resolve FERPA and HIPPA barriers by developing processes that satisfy each,
- Actively teach and train on these resolutions to all mental health and school staff.
- Integrate the fourth school district into the newly created system of care.

Domain 8

- Develop and implement a business model that includes the rural school districts.
- Create a common set of financial indicators agreed to by all school districts.
- Create common confidentiality and data use agreements signed by all school districts and begin sharing financial indicator data.



Feasibility Grid

Domain:					
Goal/objective	Relates to CHA priority?	Aligned with the rest of the CHP?	Partners identified and committed?	Current integration efforts?	Resources available?
List each potential goal and objective from domain grid.	If no, may be of questionable meaningfulness.	If no, may not be supported by overall community direction.	If yes, who. Are any key players missing? If no, consider starting with leadership domain as a goal area from above grid.	If yes, does goal represent a logical step forward that builds on existing efforts?	Resources of space, staff, expertise, policy, political will and funding.

FEASIBILITY

Domain #1: Staff have knowledge about the population and domains being integrated.

Goal/objective	Relates to CHA priority?	Aligned with the rest of the CHP?	Partners identified and committed?	Current integration efforts?	Resources available?
List each potential goal and objective from domain grid.	If no, may be of questionable meaningfulness.	If no, may not be supported by overall community direction.	If yes, who. Are any key players missing? If no, consider starting with leadership domain as a goal area from above grid.	If yes, does goal represent a logical step forward that builds on existing efforts?	Resources of space, staff, expertise, policy, political will and funding.
Systematically analyze and resolve FERPA and HIPPA barriers by developing processes that satisfy each.	<i>The improvement of youth mental health and prevention of school violence are key areas in the CHA, and do relate to this integration area, though they are very technical and may not be understood by the larger community.</i>	<i>Yes, as promoting school mental health is a CHP priority. However, this might be seen as “too in the weeds” to be a meaningful goal by those outside the systems.</i>	<i>Yes, school and mental health leadership are aligned. This will require the involvement of compliance and legal officers, who have not yet been involved and may be cautious.</i>	<i>Yes, as all four school districts have mental health staff in the schools and are struggling with how to best share information and create joint plans.</i>	<i>Yes, as leadership is aligned. Not all schools have lawyers or compliance officers, but the larger ones do and have offered to commit their time to this effort, which all can benefit from.</i>
Actively teach and train on these resolutions to all mental health and school staff.	<i>The improvement of youth mental health and prevention of school violence are key areas in the CHA, and do relate to this integration area, though they are very technical and may not be understood by the larger community.</i>	<i>Yes, as promoting school mental health is a CHP priority, and this guidance would be widely welcomed by school and mental health staff, as well as parents, as it removes a frustrating barrier for them.</i>	<i>Yes, school and mental health leadership are aligned, and teachers and counselors would see this as a way to remove barriers to coordinated care.</i>	<i>Yes, as all four school districts have mental health staff in the schools and are struggling with how to best share information and create joint plans</i>	<i>Yes, all school districts have agreed to take time, and have the space, for the training.</i>
Integrate the fourth school district into the newly created system of care.	<i>The improvement of youth mental health and prevention of school violence are key areas in the CHA, and this goal would be widely understood and viewed as getting to a comprehensive system.</i>	<i>Yes, as promoting school mental health is a CHP priority. Because of the lack of communication with rural districts, it is not known what the issues are and how this goal would be seen.</i>	<i>The rural school district has not been in on discussions regarding the system of care, so before any planning could take place, they would need to be engaged at the leadership level to understand needs and barriers.</i>	<i>This does not represent a logical step forward until the rural school district is engaged. A better goal in this area would be to align leadership of all four school districts around goals and needs in this area.</i>	<i>It is unknown what resources will be needed as there is no plan for this. However, it is expected that substantial resources will be needed.</i>

Domain # 8: There is a sustainable business model to support the longevity of the integrated services.

Goal/objective	Relates to CHA priority?	Aligned with the rest of the CHP?	Partners identified and committed?	Current integration efforts?	Resources available?
List each potential goal and objective from domain grid.	If no, may be of questionable meaningfulness.	If no, may not be supported by overall community direction.	If yes, who. Are any key players missing? If no, consider starting with leadership domain as a goal area from above grid.	If yes, does goal represent a logical step forward that builds on existing efforts?	Resources of space, staff, expertise, policy, political will and funding.
Develop and implement a business model that includes the rural school districts.	<i>While youth mental health and school violence prevention are priorities, the CHA does not mention system of care as a need.</i>	<i>While youth mental health and school violence prevention are priorities, the system of care is not listed as a CHP priority.</i>	<i>The rural school districts are not yet engaged in a joint system of care conversation, so discussing a funding model would be premature.</i>	<i>No, the goal would be premature before the rural school district is engaged in joint plans for a single system of care.</i>	<i>Unknown, as planning has not progressed this far yet. There is leadership staffing time and will to meet and to plan.</i>
Create a common set of financial indicators agreed to by all school districts engaged in the system of care and begin sharing data.	<i>Though the system of care is not mentioned specifically, it is a clear pathway to coordinated youth mental health.</i>	<i>Though the system of care is not in the CHP specifically, it is a clear pathway to coordinated youth mental health response.</i>	<i>CFOs of school districts would be the ones to implement the plan, and they do not all know one another, and do not feel comfortable with releasing financial information.</i>	<i>Given the discomfort of the staff who would have to set the indicators and share data, and given there is no history for this type of data sharing, it would be premature.</i>	<i>While the CFOs are busy, if they are given clear parameters, purpose and time by their principals, the resource is there.</i>
Create common confidentiality and data use agreements signed by all school districts engaged in the system of care.	<i>Though the system of care is not mentioned specifically, it is a clear pathway to coordinated youth mental health.</i>	<i>Though the system of care is not in the CHP specifically, it is a clear pathway to coordinated youth mental health response.</i>	<i>There is relationship between the school district superintendents and principals, but school boards have not yet signed off on approval to share sensitive financial data.</i>	<i>Given that leadership is aligned in purpose to support the single system of care, creating data sharing agreements and gaining approval of school boards does seem like a logical step.</i>	<i>Yes, there is resource with CFOS, principals and superintendents. They may need a small amount of funding for a short-term contract with a school data sharing expert to help them with policies.</i>

Example Goals

Based on the analysis, the integration planning group chose the following goals as the next best step:

- Domain 1: Systematically analyze and resolve FERPA and HIPPA barriers by developing information sharing processes that satisfy each.
- Domain 8: Create common confidentiality and data use agreements signed by all school districts engaged in the system of care.



Health Priority #1: Improving Youth Mental Health

Goal: By 5/31/2021, sustain and fully implement a fully functional system of care involving three school districts and the respective mental health centers.

Improvement Strategy	Performance Measure	Target Date	Responsible Parties
<p>Develop information sharing protocol for school and mental health staff that satisfies both HIPPA and FERPA requirements.</p> <p>**Integration goal</p>	<p>Written protocol and visual workflow documents developed and approved by school district superintendents.</p>	<p>5/31/2019</p>	<p>School district superintendents, mental health compliance officers, either school or mental health lawyer, or contract lawyer specializing in HIPPA/FERPA issues. Group should also include parents and youth at key points.</p>
<p>Create common confidentiality and data use agreements signed by all school districts engaged in the system of care.</p> <p>**Integration goal</p>	<p>Data use agreement developed that includes the sharing of financial and de-identified clinical outcome data signed by all school superintendents for districts participating in the system of care.</p>	<p>5/31/2019</p>	<p>School district superintendents, school district CFOs, and contractor specializing in school data sharing protocols.</p>



Resources and Wrap-Up

What is your next step?

Integration Guide Resources

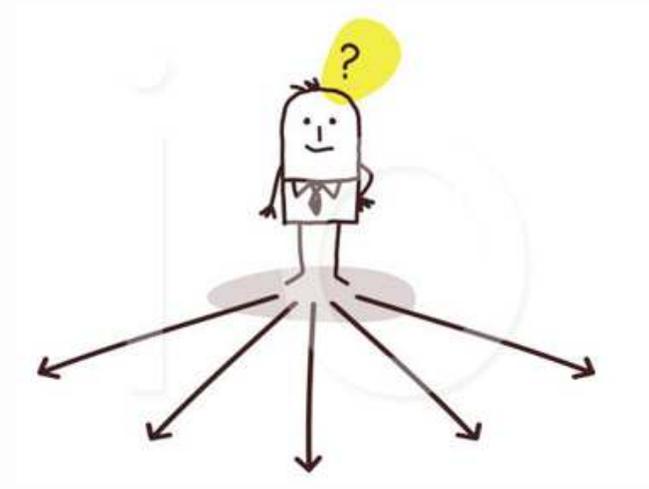
- In addition to the work plans shown, a facilitator's guide is included for both the care integration assessment and planning activities.
- A full write-up of the care integration assessment and planning activities, including CHP goals, are included for the pilot site exercise completed in Lane County.
- The resource list includes toolkits for how to accomplish integration by a variety of topic areas: behavioral health and primary care, primary care and oral health, primary care and social determinants of health, and social determinants of health.

What Will You Do With What You Just Learned?

Our Recommendations:

- Conduct a care integration assessment
- Use the planning tools, preferably for your entire planning process
- Use the resource tools to plan an integration project in more depth
- Access the OHA CHA/CHP training

Your Choices:



Q & A



Contact Information

Oregon Health Authority:

- Anona Gund, MPH
 - anona.e.gund@state.or.us
 - 971-673-2832
- Adrienne Mullock, MPH
 - adrienne.p.mullock@state.or.us
 - 971-673-3384

Presenters:

- Lisa Ladendorff, LCSW
 - lladendorff@neonoregon.org
 - 541-805-5502
- Rick Kincade, MD, MSHA
 - richard.kincade@co.lane.or.us
 - 541-682-3539

OHA Transformation Center CHA and CHP Technical Assistance:

www.oregon.gov/oha/HPA/CSI-TC/Pages/chachp-technical-assistance.aspx