

Children's System Advisory Council

October 23rd, 2020 9:30-12:30am Zoomgov Edition - Draft

Virtual Attendees: Adam Rodakowski, Alex Palm, Alexis Alberti, Angie Butler, Annette Marcus, Ariana Brooks, Grace Bullock, Bobby Martin, Carolos Benson Martinez, Carol Dickey, Chelsea Holcomb, Cheryl Cohen, Cindy Smith, Cynthia Fisher, Dana Hafter-Manza, David Forquer, Elliott Hinkle, Emilie Lamson-Siu, Emily Morrissey, Frances Purdy, Heather Pascoe, Hilary Harrison, Iris Bicksler, Jake Dilla, Jeanne McCarty, Jenn Fraga, Jessica Stout, Jill Sorensen, Joseph Stepanenko, Joshua Graves, Kara Sump, Karli Read, Kathleen Burns, Kathy Zurfluh, Kirk Wolf MD, Laura Rose Misaras, Laurie Theodorou, Leila Wice, Leilani Brewer, Lev Schneidman, Mary Buzzell, Michelle Brandsma, Nat Jacobs, Noah Rogers, Steve Allen, Roxanne Wilson, Royce Bowlin, Ryan Daven, Sena Benson-Arb, Shane Roberts, Shannon Karsten, Sherri Alderman, Sherrie Grieef, Stephanie Cisneros, Steve Chinn, Teri Pettersen, Todd Santiago, Wendy Hill, Jula Krewson

Minute Review September:

Corrections: none. Motioned- Carol Dickey, Seconded- Sherri Alderman. Minutes passed with quorum.

CSAC Updates:

- Nat Jacobs- will be taking a job rotation with OHA and will be stepping away from the Child and Family BH unit, along with CSAC duties, until March. Chelsea Holcomb and Frances Purdy will be helping with CSAC with Nat's absence.
- Bobby Martin from the Metro area- working on a primary model of care to support children in foster care their care givers over the past 6 years. Is now recognized as a best practice here, <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/program-models.aspx?liid=27>
- Sherri Alderman- Act Early Oregon has received a grant and will be engaging with the migrant seasonal farm communities to promote early identification for developmental delays and appropriate services along with community capacity building.

Q&A: Steve Allen

Steve Allen presented to CSAC in our September meeting. A Survey Monkey was sent to CSAC to determine priority of the follow up questions for Steve to discuss in order to prioritize time for today's meeting.

1. **One question I have, is related to the dollars spent through the general fund on behavioral health. It appears from the SOS report that there is a huge gap between what is spent in the Adult System, and what is spent in the Children's System. Prior to CCO's and the global budget, there were commitments to ensure that dollars for kids do not get absorbed into the Adult System. I am wondering what your view of this is, and what can be done to ensure that the Children's Behavioral Health System is adequately funded?**

- General fund means dollars that comes from the state from tax revenue, global budget refers to dollars coming from the state to the manage care entities (provide a bucket of funding for services for all members of that Coordinated Care Organization). Numbers show that the adult system gets more attention than the children's system, or there is a lack of balancing these dollars from these funds to allocate for the two systems. This is partly because; there is more adults on Medicaid than children, children tend to be healthier, more adults than children in Oregon. It's important to note that the general fund dollars are designed in our system to leverage federal funds (an example with approximation would be the state offers \$25 to \$75 federal). Intensive In-Home BH Services (IIBHT) is another example of federal leveraging where the ask from the general state budget was \$6 million and federal, up to \$20 million.
- Per Steve, the children's system is not adequately funded per this question. Therefore, Policy Option Packages (POPs) are put together to request additional funding from the legislator.
- **Follow up question from Teri Pettersen, does OHA have any control on how the CCOs distribute their money in terms of children and adults?** Steve- we write the contract with the CCOs and there are required services. There are also negotiations with CMS (Center for Medicaid Services) about what is included and not included. There is also control on what is considered below and above the line (below meaning Medicaid funded and above not Medicaid funded). For situations where an eligible family is not receiving a service from their CCO there is a complaint process in place where a family or advocate can come back to the state level.
- **Follow up question from Kirk Wolf, in terms of big picture what is the percent of children and young adults in the Medicaid services?** Steve- doesn't have but will be happy to follow up and get back to the group.
- **Follow up question from Carol Dickey- is there away to see general fund adjusted numbers to determine disparities in children and adult systems?** Steve- once again don't have those numbers off the cuff but we don't have adequate services across the system and are we buying services that are making families healthier?

- **Follow up question from Roxanne Wilson- are there efforts being made to enforce CCO contracts to have access to family and youth peer supports?** Steve- contract for CCO 2.0 is more encompassing for accountability. There is a complaint process through the CCO or directly through OHA.
- **Follow up question from Sherri Alderman- what do you see as the role of OHA in the case that a baby needs services to highly specialized services that are not widely available?** Steve- help ensure that families and infants have the services that are needed and what are the roles of groups like this? If we don't have the service right, what do we do to determine a way that might work? Workforce is generally an issue here in Oregon (rates, conditions, sustainable workforce, etc.).
- **Follow up question from Shane Roberts – How do we get more funding into children's BH services? If it's bill what bill would that be?** Steve- opportunity during the session (beginning in February 2021, long session). The governor decides on priority and then goes to the legislator and may adopt governor's priority or others. This year we are in reduced budget however we have asked for an increased beer and wine tax and tobacco tax. The whole process begins with groups like this and an internal analysis. The other request is also through federal funding (CARES Act as an example).

2) How do you assess sufficient inpatient, outpatient and residential services in each area?

- Each CCO must submit quarterly Delivery System Network reports to OHA demonstrating the CCO's capacity to serve enrolled members in its service area in accordance with the state's standards for access to care as defined in Exhibit G of the CCO contract.
- The reports provide OHA with an inventory of the individual providers, facilities, or businesses that have agreed to provide services to CCO enrolled Medicaid members. OHA reviews the information in the reports and provides the CCOs with an annual report evaluating their network.
- OHA plans to develop additional network adequacy requirements in the months ahead to ensure adequate access to all services covered under the CCO contract.
- OHA is working on standing up an additional 47 beds for the residential services.

- **Follow up question from Leila Wice – there are multiple levels of barriers and silos between systems and we as family have experienced. What is that state level of commitment to remedying this because even if the CCOs are being required to provide services through the contract system but if there is no comparable access or program for those that are not apart of that system then we are missing out on opportunities for people who need those services in systems that already exist.** Steve- as a result of the split between DHS and OHA, some of the areas in DHS there should be a stronger connection and relationship, but we are not there yet. In regard to the CCO responsibility, there are people that fall into the category of Open Card (Tribal members in particularly). How to develop similar capacities for those on Open Card then in a CCO.

3) If CCO's are able to contract out the BH benefit, what do you mean by the "buck stops with the CCO".

How are you holding them accountable and ensure there is real change in how they operate? For example, Health Share contracts out their BH benefit to Care Oregon for all its' partners (Kaiser, Providence, etc.)

- We will hold the CCOs accountable for contractual requirements regardless of who provides the services. This does not change it a CCO opts to contract out for service delivery. That is what is meant by “the buck stops with CCO.”
- Exhibit M (section 1) of the contract details the specific requirements for the BH services:
 - Be responsible for providing BH services for all members
 - Ensure that services and supports meet the needs of members
 - Ensure members have timely access to care

The CCO may subcontract with BH providers for the above, but the CCO remains responsible for ensuring there is an adequate provider network to meet the needs of members.

- The CCO must demonstrate they have contractual requirements and internal processes in place to ensure oversight and accountability of the behavioral health benefit. They must also ensure that the BH provider network is robust, comprehensive, and meets member needs.

- OHA has various tools at its disposal to ensure the BH benefit is administered in the spirit of the CCO contract which include policy and procedure evaluations, compliance audits, and evaluation of BH-related deliverables.
- **Follow up question from Bobby Martin- speaking of carve outs - is there discussion of ending the carve out of Behavioral Rehabilitative Services (BRS) from the rest of the care continuum?** Steve- there are a few areas that still remain carved out, Residential BH Services and the fee for services basis. BRS is a similar area that would need collaboration with our partners to create more accountability.

Steve holds consumer office hours weekly, please contact Jason to schedule a time if you are interested in meeting with Steve, JASON.A.FERREIRA@dhsoha.state.or.us

Ice breaker- David Forquer

Break

Pacific Source CCO Presentation:

SOC.

- Marion and Polk County System of Care (SOC) Governance Summary composition and structure. Executive Council, Advisory Committee, 2 practice level workgroups for each county. Representation for the majority of these DHS/CW, Juvenile Justice, Trillium, Oregon Youth Authority, OFSN, Youth Era, School Districts, County BH, I/DD and many other community partners. Not present; physical/Oral Health, Family and Youth. Would like to expand school partners and cultural aspects. Executive council has created a subcommittee to engage the youth and family members. Current

projects include marketing for outreach and process mapping for recruitment and onboarding to ensure success for members.

- **Roxanne Wilson- What is the process for getting involved in Pacific Source's advisory council?** It varies by region; a list of contacts is available in this presentation and have been attached to the meeting invite.
- **Angie Butler- Any Tribal partnerships?** Not at this time the subcommittee has recognized this and is working on ensuring that they are involved in the future.

Barriers Lane County

- Systematic Problem-Solving Approach
- Clearly state the barrier/problem and break it into manageable parts. Clarifying questions on Barrier Submission form
- Perception, assumptions vs. facts, relevant
- Prioritize the importance of the parts of the barrier – quick gains
- Visualize and verbalize how things would work if no barrier
- Create a Barrier/Objective Statement that provides a process outline
- Generate Alternative/Possible Solutions, Gathering the data and ideas
- Diverse views, trust and openness, withhold judgements, gains and benefits, positive outcomes
- Similar barriers in other counties and how resolved, successes and failures
- Leave as is and wait for more information/clarification
- Solve, Fund, or move to the State SOC Steering Committee/State SOC Advisory Council SOC Goals:
*Resolve/Solve Barriers Increase Member Motivation, Engagement/Participation, Optimism, Problem-solving Skills, Confidence Utilize SOC and community members who are familiar with the issue or process in hand, and who have a stake in its resolution. Share their passion and enthusiasm.
Cross-System Barriers – Changing the Paradigm
- Physical, mental/behavioral and oral health; SDoH: Food Insecurity, Housing, Education, Employment; Other systems: Justice, DHS, Insurance/Medicaid, Policy & Process

- Communication, integration, crossover workforce development, Policy at local and State levels
- More diverse partnerships and voices at the table

Suicide Prevention in the Columbia Gorge

- Oregon Statistics: 8th leading cause of death in the state. Leading cause of death in ages 10-24 years old and second leading in ages 25-34. 5x as many people died by suicide in 2018 than in alcohol-related vehicle accidents. Oregon ranks 16th out of all 50 states in suicide rates.
- Background: During local System of Care Meetings, heard community need for suicide prevention, especially among youth. Discovered the Columbia Gorge does not have a communitywide Suicide Prevention Coalition/Alliance or Suicide Prevention Coordinator. Need for an environmental scan of preventative programs and efforts.
- Actions to support suicide prevention: We created a survey for Columbia Gorge service providers. These respondents included health providers, schools, social services, County services, survivors, and preventative organizations. Learned there is a desire for Suicide Prevention Coalition/Alliance. Set up Columbia Gorge Community Meeting to display results and brainstorm next steps. Youth Focus Group(s) and compiled existing resources.
- Existing Resources: School Suicide Prevention & Post-vention. Gorge Happiness Month – October. Annual Event for Survivors – November. Support Group for Survivors – Monthly. Gorge Wellness Alliance. Certified Trainers: Mental Health First Aid, ASIST, and QPR. Oregon Alliance to Prevent Suicide (OAPS). Statewide: The Big Six
- Next Steps: Form a Columbia Gorge Suicide Prevention Coalition/Alliance. Set up quarterly meetings. Continue Focus Group learning. Learn from other established suicide prevention coalitions to inform our efforts.
- **Follow up question from Leila Wice- do you have any ways to implement gender and sexual identity protection to be inclusive? And are there specific policies at Pacific Source regarding requiring gender affirming care for their providers.** Pacific Source- have heard this feedback from the community with emphasis from youth and “using pronouns saves lives”. This is very important

with the role out in the Columbia Gorge. Unaware of any policies on gender affirming care but can loop back.

- **Follow up question from Annette Marcus- commenting on gender affirming care, the Alliance to Prevent Suicide worked with OHA on LGBTQ mini grants and a common theme was the need for gender affirming services in a variety of ways.**
- Traditional Health Workers: Traditional Health Worker (THWs) is an umbrella term for a frontline public health worker who works in either community-based organizations or clinical settings. They have similar lived experience with the people they serve and are trained to know how to support specific goals. Traditional Health Workers have been working in their own communities all over the world for centuries. To be recognized as a valued part of the health system, in 2011 the Oregon legislature passed HB 3650. This bill created the structure that allows THWs to become certified through the Oregon Health Authority and bill Medicaid. The THW model provides culturally responsive, trauma informed, and high-quality care to underserved populations. They are part of PS's health equity strategy and work to address social determinants of health.
- What is the THW Liaison Role? Support the THW workforce. Expand trainings opportunities and recruit participants with lived experience. Educate THWs on the contracting and reimbursement process. Offer technical assistance to clinical providers, community-based organizations, and health systems on THW integration and utilization best practices. Increase member access to THWs by working both internally with PacificSource staff and externally in the community. Help build systems that provide livable wages for THWs, including creating alternative payment models. Collaborate with the OHA's THW Commission and THW workforce's associations to learn and listen about workforce needs.
- What is a Birth Doula? One of the THW worker types is a Birth Doula. Birth Doulas are trained to provide evidenced based information, emotional support, and physical comfort measures during pregnancy, birth and postpartum. Data shows Birth Doulas are cost effective* and increase positive birth outcomes *<https://pubmed.ncbi.nlm.nih.gov/31034756/> "Sarah's" Story (based on a true events): "Sarah" had been living with an abusive boyfriend and fled at the age of 19 when she found

out she was pregnant. "Bianca" is a Birth Doula supporting "Sarah" through pregnancy, birth, and post-partum.

Strong Families & Resilient Neighborhoods Fostering Hope Initiative (FHI) in Marion and Polk County

- FHI Executive Council Purpose: The FHI Executive Council is the FHI Collective Impact "Container for Change." Vision: Every child and youth in every neighborhood growing up in a safe, stable, nurturing home and enjoying good health, succeeding in school, and continuing on to financial self-sufficiency. Goal: Strengthen families and build more resilient neighborhoods in Marion and Polk County to improve children's safety, health, education and wellness outcomes.
- Engagement in neighborhood mobilization to build the Strengthening Families Protective Factors TM to support and promote healthy development, wellbeing, and school success of children and families. Focused outreach to provide families in need with a coordinated array of housing, health care, education, and social services supports. Enhanced network of community-based nonprofits to partner with state and local government entities to share planning, leadership, and resource alignment that is culturally and linguistically responsive and inclusive. Creation of a multi-disciplinary care team for focused referrals and wrap-around supports. Pilot of a value-based payment system demonstration project.
- Collective Impact- Community Aspiration, Strategic Learning, High Leverage Activities, Inclusive Community Engagement, Container for Change
- Strengthening Families Protective Factors- Parental Resilience, Social and Emotional Competence, Social Connection, Concrete Support, knowledge of Parenting and Child Development
- Social Determinants of Health- Economic Stability, Education, Health and Health Care, Neighborhood and Built Environment, Social and Community Context.
- FHI Community Health Workers- A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality

and cultural humility of service delivery (national definition as per the American Public Health Association).

- Engagement Tools: Adult Hope Scale, Family Self-Sufficiency Scale, Kansas Protective Factors Survey, Parenting Stress Index – Short Form, Kaiser Housing for Health Assessment. GAD-7 Generalized Anxiety Disorder Questionnaire, PHQ-9 Patient Health Questionnaire-9 Depression, ACES Questionnaire
- Model for Sustainability- Value based payment system → Legislation → Healthcare →

Pacific Source Contacts:

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YYEA/Youth Report Out:

- Developing an Oregon Youth Advocates Mentoring Program Pilot (see OHA's CSAC page for the PDF of this flyer under today's meeting). This a young adult mentees and adult ally mentors pilot to help amplify youth voices on BH Councils.
- Eligibility for participation includes; Regular attendance and active participation in one of the following State Councils; the Children System Advisory Council (CSAC), the Oregon Alliance to Prevent Suicide, or the Healthy Transitions Statewide Steering Committee • Commitment to serving as a mentor/mentee for six months (March - August 2021) • Willingness to spend time and regularly communicate with the mentor/mentee to grow a meaningful, supportive, and mutually beneficial relationship • Willingness to communicate with and accept guidance from Mentoring Program Coordinators to get the most out of the program.

- Application deadline is February 15th, 2021.
- The program will have assigned program coordinators on each council where youth voices are present (Emily Morrissey will be the coordinator for CSAC and The Alliance to Prevent Suicide and Emilie Lamson-Sui will be the coordinator for the Healthy Transitions council).
- This will be a voluntary commitment as at this stage there is no funding to support stipends for youth or adults.
- Meetings will be held to in relation to social distancing (via phone call or zoom).
- YYEA had a focus group with the University of Oregon informing the youth suicide intervention and prevention plan (YSIPP 2.0) with around 20 participants. Very informative and well received on how information is being implemented.
- 2 work groups created from YYEA: Equity and Inclusion work group requested, created and lead by YYEA youth and Ambassador workgroup to focus on youth collaboration.

Public Comment:

Kara Sump- going live on Monday with the website and materials for Oregon Family Advisory Council (OFAC).

Annette Marcus- opportunity through OHA for therapists to become certified in Trauma Focused Cognitive Behavior Therapy (at *almost* no cost, approx. \$75 + approx. \$250).

Stephanie Cisneros- starting a young parents group, if interested or know of any young parents that are needing assistance navigating systems or needing support please contact scisneros@youthera.org

Joseph Stepanenko- CSAC will not meet in December

Roxanne Wilson- Alliance for the Oregon Community Health programs sponsored several members to take the train the trainer trainings for QPR teen mental health first aid and youth mental health first for adults working with youth. Will offer those trainings to CSAC members free of charge, contact Roxanne if interested roxanne@fifthcorneracademy.org

David Forquer- The Alliance to Prevent Suicide has a regional coalition webinar on November 12th, please contact Annette Marcus for invites amarcus@aocmhp.org

Laura Rose Misaras- surveys and focus groups on adult and young adult suicide intervention prevention plans. Also contact Annette Marcus for information on these.