Care Integration Assessment

May 4, 2018

Acknowledgements

This document was developed by *Live Healthy Lane*, which is comprised of Lane County Public Health, PeaceHealth Oregon Network, Trillium Community Health Plan, United Way of Lane County, and other organizations invested in the Lane County's 2018 Community Health Needs Assessment. Lisa Ladendorff, the Training and Development Director for Northeast Oregon Network, was instrumental in planning the assessment, and Dr. Rick Kincade from Lane County Health and Human Service's Community Health Centers, facilitated it. Committees working to advance the health of Lane County were pivotal in completing this assessment and include:

100% Health Executive Team
Live Healthy Lane Core Team
Trillium Community Health Plan's Community Advisory Council

The participants who engaged in this assessment include:

Susan Ban
Susan Blane
Amanda Cobb
Jane Conley
Tara DeVee
Susie Dey
Leah Edelman
Cynthia Fisher
Caity Hatteras
Dawn Helwig
Rick Kincade
Linda Mann
Holly Mar Conte
Tara McCullers
Milo Mirro
Shawn Murphy
Chris Parra
Kristina Payne
Char Reavis
Lisa Roth
Matthew Sinnott
Cindy Shirtcliff
Senna Towner
Jocelyn Warren
Kayla Watford
Trevor Whitbread
Lucy Zammarelli

Please contact Senna L. Towner at United Way of Lane County (541-741-6000 X163, stowner@unitedwaylane.org) with questions about this document.

INTRODUCTION

Live Healthy Lane

Creating a healthy community is a shared responsibility. By working together, we have the potential to create a caring community where all people can live a healthier life. *Live Healthy Lane* brings together Lane County Public Health, PeaceHealth Oregon Network, Trillium Community Health Plan, United Way of Lane County, local organizations, and community members to contribute to improving the lives of everyone in Lane County.

Live Healthy Lane uses the Mobilizing for Action through Planning and Partnerships (MAPP; NACCHO, 2018) model (see Figure 1) for collecting data that informs how we as a community can improve our health. Specifically, Lane County's Community Health Improvement Plan (CHIP) is shaped by data collected by the Community Health Needs Assessment (CHNA), which uses MAPP as its strategic planning process.

Care Integration Assessment

Not a standard part of MAPP, the Care Integration Assessment (CIA) is a supplement to Lane County's 2018 CHNA, as mandated by House Bill 2675. The Bill passed during Oregon's 2017 Legislative Session as an amendment to ORS 414.627[1]. It calls for Coordinated Care Organizations (CCO), or the collaborative healthcare provider network charged with supporting the health of individuals covered by Medicaid/the Oregon Health Plan (Oregon Health Plan, 2018), to implement a CHIP that includes an integration strategy. *Integration*, by definition, is the coordination of physical and behavioral healthcare (SAMHSA, 2018), thus, the strategy is required to include an approach to *integrating* services, activities, and responsibilities related to physical, behavioral, and oral health care services.

Figure 1

The ultimate goals of an integration strategy are to improve patient outcomes, patient experience, provider experience, and reduce total cost of care. This assessment examined how well domains of care are currently integrated in Lane County.

Specifically, the purpose of the CIA is to *identify service areas with integration opportunity expected to influence the health and quality of life of people living in Lane County, Oregon*. The objectives of the assessment are to:

- **a)** determine existing integration in Lane County,
- **b)** explore opportunities to integrate services, and
- **c)** identify the associated barriers to and resources for integration.

This report that summarizes the CIA is intended to assist the *Live Healthy Lane* planning teams (i.e., Core Team, 100% Health Executive Team) in shaping the 2020-2023 CHIP strategy. The report includes the CIA's:

- **1)** methods,
- **2)** key findings,
- **3)** strengths and limitations, and
- **4)** an appendix with detailed data.

2. **ORS 414.627**: In Oregon, a Coordinated Care Organization (CCO) is required to have a community advisory council, which shall meet every three months, and will ensure the healthcare needs of the consumers and the community are being addressed.

METHODS

On May 4, 2018, Lane County held its first Care Integration Assessment (CIA) at Oregon Research Institute in Eugene, Oregon. Facilitated by Dr. Rick Kincade from Lane County's Health and Human Service's Community Health Centers, the brainstorming session convened 29 leaders from diverse sectors including housing, healthcare, behavioral health, oral health services, public health, education, and social services.

Integration Opportunities, Barriers, and Needed Resources

Using the snow card technique (Bryson, 2004), which is a straightforward and effective approach for generating a list of information from a group of people, participants were asked to consider opportunities in which *integration of services could improve efficiency and quality of care* for the following nine domains:

- Housing
- Food
- Education
- Income
- Oral Health
- Physical Health
- Substance Use Treatment
- Public Health
- Mental Health

Participants were encouraged to consider broad and all-encompassing or narrow and very specific ideas. The following six questions guided the discussion:

1) What are the points of contact?
2) What gaps in services could have been addressed if available?
3) What systems of care would need to interact to improve efficiency in care delivery?
4) What are the barriers to more effective integration?
5) In what areas of the previous CHNA/CHIP did integration improve outcomes? Could these be leveraged in the next CHIP?
6) What opportunities or resources could be available over the next CHIP cycle that could improve the chance of meaningful integration?

After participants generated a list of *opportunities* for integration, they divided into small groups to explore and discuss related *barriers*, defined as *obstacles to moving forward with integration efforts,* and the related *resources* needed for more effective integration, defined as *necessary fiscal or human-power needs to accomplish enhanced integration.*

Integration Perception

Community Integration Planning Grid: Participants shared their perceptions of the levels of integration (i.e., minimal, moderate, significant) of various services. Further, using this same scale, participants explored their perceived value to integrating services. The purpose of this exercise was to identify the level of integration existing today and, in areas where integration needs development, where the next CHIP can focus its related attention. The grid/tool used for the integration perception exercise allowed participants to recognize opportunities for improving integration in the listed service environments. Ultimately, the tool can help plan intentional initiatives using community collaborative arrangements across and between service providers.

Focused CCO Services Integration Evaluation Grid: Finally, participants explored their perceptions of the levels of integration within the core CCO Services (i.e., primary care, oral health, mental health, substance abuse treatment) by using the following measures: Coordinated Care, Co-located Care, Fully Integrated Care, or No Integrated Care. Because it is the CCO's responsibility to coordinate Medicaid services, this assessment approach can help inform planning for intentional service integration.

KEY FINDINGS

Integration Opportunities, Challenges, and Existing Approaches

Participants identified a broad array of *opportunities* that have the potential to support and improve integration. Related themes and subthemes emerged and are listed in Table 1. It is clear from participants' conversations that Lane County has the foundation for an efficient, integrated system. This is evidenced by the current collaborative approaches, many of which have resulted in positive outcomes including a move towards an upstream approach to addressing health outcomes.

Table 1. ***Opportunities for Healthcare Integration in Lane County***

	Themes	Subthemes
Opportunities	**Collaboration**	• Resource shortage ⟶ creative and non-traditional collaborations (e.g., substance abuse treatment and housing systems) • Community partnerships
	Resources	• PCPCH* funding and incentives • Advocacy efforts ⟶ increased funding for integration efforts • Emerging technology (e.g., tele-health) • Empty buildings for housing
	Positive Outcomes	• A focus on prevention • Reduced mental health stigma • Equity efforts • Wrap-around services • Food insecurity addressed in traditional healthcare settings • A shift towards trauma-informed care

***** Patient-Centered Primary Care Home Program

Barriers to and *needed resources* for integration, as well as related themes and subthemes, were also explored and are described in Table 2. Generally, participants want to see current partnerships and in turn integration efforts expanded, and one of the primary barriers to increasing integration is needed funding. Although Table 2 lists funding as separate from the other barriers and needed resources, without question funding (or lack thereof) informs all other barriers and needed resources. For example, with more funding, accessible, affordable, low-barrier housing would be easier to address. (Funding is not the only needed resource, however; collaborative efforts, access, etc. are also needed.) Further, and perhaps unsurprisingly, housing is the only domain that was listed as a prominent needed resource, which speaks to housing as a basic need that informs all other systems and determinants of health. Specifically, housing is a requirement for health and wellness, and it lays the foundation for all other basic needs (CDC, 2009). In sum, funding and housing are interrelated with and inform all other needs for integration.

Table 2. ***Barriers to and Resources Needed for Healthcare Integration in Lane County***

	Themes	Subthemes
Barriers	**Access**	• In rural areas • For the homeless • 42CFR Part 2: Substance use disorder treatment confidentiality
	Payment Systems	• Shifts in the payment system • Getting mental health providers on insurance panels • Trillium Community Health Plan billing support • Social determinants are inconsistently coded, but billed when included
Needed Resources	**Funding**	• For health certifications • For supportive technology • Needs further shift towards prevention • More money to replicate existing, successful efforts (e.g., Veggie Rx) • To address all other barriers
	Education/Training	• Workforce development of doctors/psychiatrists • General professional development • Trauma-informed care training • Related incentives • Health systems navigation/literacy
	Housing	• Subsidies • Accessible, affordable, low-barrier access • Expansion • Youth/transitional housing

Despite the barriers to and needed resources for integration, participants generated an extensive list of existing approaches to integration in Lane County, and agreed that these approaches should inform future integration efforts. Table 3 lists these approaches by the nine service domains discussed. The approaches listed do not, by nature of integration, strictly belong in only one of the service domains. For instance, food integration approaches are listed only under the food domain, but this approach could also be listed under the physical health domain, because it is an example of the current integration between food and traditional physical healthcare. To simplify the table, however, Table 3 lists each approach under one service domain only.

Table 3. ***Existing Integration Approaches***

Service Domain	Existing Integration Approaches
Housing	**1)** Utilization of Traditional Health Workers and Community Health Workers **2)** Better Housing Together **3)** Implementation of education, couching, and resource/assistance development **4)** Newly implemented housing projects (e.g., Square One Emerald City) **5)** Renters' education
Food	**1)** Food for Lane County Programming (e.g., accessible gardens, community education, Extra Helping) **2)** Food integration in housing, social services, and healthcare settings (e.g., Veggie Rx, food provided at crisis service sites such as the Emergency Department, food boxes at churches) **3)** K-12 integrating food education (e.g., school gardens)
Education	**1)** Parenting classes (e.g., Relief Nursery, Parenting Now) **2)** Private sector involvement in schools **3)** Career and Technical Education (CTE)
Income	**1)** Goodwill Industries **2)** Incubator businesses **3)** Regional Accelerator and Innovation Network (RAIN) **4)** Financial mentorship **5)** Job share opportunities **6)** Lane Workforce partnership
Oral Health	**1)** Dental screenings held at WIC, Headstart, and middle schools **2)** United Way's dental kits disseminated in schools, clinics, and housing support projects **3)** Whitebird's resource list including oral healthcare options
Physical Health	**1)** Embedded dental screenings in education settings **2)** PCPCH* **3)** Nutritional education at schools and clinics **4)** Centro Latino Americano **5)** Sheltercare **6)** Legal aid offered at traditional healthcare appointments

Table 3. *Existing Integration Approaches* (continued)

Mental Health	**1)** Screening, Brief Intervention, and Referral to Treatment (SBIRT) **2)** Medication assisted treatment for opioids **3)** Looking Glass **4)** Resource collaboration (e.g., 211) **5)** Whitebird **6)** Rapid access program **7)** Lane Pain Guidance **8)** Safety Alliance **9)** Suicide prevention in schools (k-12 and higher education) **10)** Behavioral health assessments and referrals in k-12 schools
Substance Abuse Treatment	**1)** Skill building and health education in K-12 education **2)** Community Health Workers and Peer Support Specialists are supporting patients **3)** ElRod – encouraging artistic expression for healing **4)** Christian-based services (e.g., Christians as Family Advocates) **5)** Naloxone at community partners **6)** Willamette Family Treatment Services
Public Health	**1)** Wellness Clinics **2)** Focus on social determinants **3)** Accessible vaccinations **4)** Education/outreach **5)** Tobacco prevention **6)** Safer sex kit distribution **7)** Effective STI treatment **8)** Non-traditional locations

* Patient-Centered Primary Care Home Program

Integration Perception

Community Integration Planning Grid: Opportunities for increasing the level of integration were identified using the Community Integration Planning Grid. Overall, participants noted that integration across most domains needs improvement. Importantly, *physical health* and *public health* were the only care environments with current *significant* integration and value*. Food* was not integrated well with any of the domains except income, but even in this case, food and income have only moderate integration. That said, participants identified moderate or significant value in integrating most domains. For instance, participants perceived significant value in integrating almost all domains with mental health, substance abuse treatment, and public health. (This is not to suggest that these domains are currently integrated, only that there would be value to integrating them.) In sum, participants perceived the need to improve integration across all domains where integration is possible, and that there is significant value to integration of many domains. The grid detailing participants' perceptions of integration level and value can be found on page 9.

Focused CCO Services Integration Evaluation Grid: Levels of CCO service integration were also identified by participants. Of note is the perception that *mental health* and *primary care* are thought to be fully integrated while *substance abuse treatment* and *oral health* are thought to have no integration. A grid illustrating participants' perceptions of CCO service integration can be found on page 10.

STRENGTHS AND LIMITATIONS

The qualitative nature of this assessment provides opportunity for exploration and discovery of integration opportunities expected to influence the health and quality of life for people living in Lane County, Oregon. For instance, participants generated a list of existing integration approaches, which can inform future integration efforts in the county.

Respondents were recruited from myriad different healthcare sectors in Lane County, and as a whole provided substantial contributions to assessing service domain integration in Lane County (Polkinghorne, 2005). This report provides a snapshot of healthcare integration in the county. Nevertheless, the assessment results are based only on respondents' perceptions, experience, and knowledge. In turn, they are meant to inform the 2020-2023 Community Health Improvement Plan, but should be considered in conjunction with the results from other data collected during Lane County's 2018-2019 needs assessment MAPP process. Further, future integration assessments should replicate and extend this assessment to uncover details and nuances related to healthcare integration in Lane County, Oregon.

References

Bryson, J. (2004). *Strategic planning for public and nonprofit organizations: A guide for strengthening and sustaining organizational achievement* (Ed 3). San Francisco, CA: Jossey-Bass.

Centers for Disease Control and Prevention. (CDC; 2009). *Healthy Housing Reference Manual.* Atlanta, GA: U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/nceh/publications/books/housing/cha01.htm

Collective Impact Forum. (CIF; 2014). *What is collective impact.* Retrieved from https://collectiveimpactforum.org/what-collective-impact

Food and Nutritional Service. (FNS; 2018). *Supplemental Nutrition Assistance Program (SNAP).* Washington DC: United States Department of Agriculture. Retrieved from https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

National Association of County & City Health Officials (NACCHO; 2018). *Mobilizing for Action through Planning and Partnerships*. Washington DC. Retrieved from https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

Oregon Health Authority. (OHA; 2018). *Coordinated Care Organizations.* Salem, OR: Oregon.gov. Retrieved from https://www.oregon.gov/oha/hsd/ohp/pages/coordinated-care-organizations.aspx

Polkinghorne, D. (2005). Language and Meaning: Data collection in qualitative research. *Journal of Counseling Psychology, 52(2),* 137-145. doi: 10.1037/0022-0167.52.2 .137

Substance Abuse and Mental Health Services Administration. (SAMHA; 2018). *What is Integrated Care?* Rockville, MD: U.S. Department of Health and Human Services. Retrieved rom https://www.integration.samhsa.gov/about-us/what-is-integrated-care.

Simon, K., Soni, A., & Cawley, J., (2017). The impact of health insurance on preventive care and health behaviors: Evidence from the first years of the ACA Medicaid expansions. *Policy Analysis and Management,* 32*(2),* 390-417. doi: https://doi.org/10.1002/pam.21972

APPENDIX
Data Collected During the May 4 Assessment

To follow is a detailed report of the findings from the May 2018 Lane County Care Integration Assessment. First, the two planning grids (i.e., Community Integration Planning Grid and the Focused CCO Services Integration Planning Grid are provided) are included. Next, each service domain is detailed as it is positioned and operates in Lane County, and the related opportunities, resources, and barriers for integration are bulleted. The sum of these analyzed data can be found in the "Key Findings" section of this report.

Assessment Grids

Community Integration Planning Grid

Service Area	Housing		Food		Education		Income		Oral Health		Physical Health		Mental Health		Substance Use Tx		Public Health	
Integration Level, Value	Lev	Val	Lev	Val	Lev	Val	Lev	Val	Lev	Val	Lev	Val	Lev	Val	Lev	Val	Lev	Val
Housing																		
Food																		
Education																		
Income																		
Oral Health																		
Physical Health																		
Mental Health																		
Substance Use Tx																		
Public Health																		

Note. The table reads such that service domains on the Y axis are integrated into service domains on the X axis (e.g., how well food is integrated into housing, education into food, income into education, etc.).

Key

- **Minimal integration**
- **Moderate integration**
- **Significant integration**
- Integration is **not appropriate or possible**
- **Minimal value**
- **Moderate value**
- **Significant value**

Focused CCO Services Integration Planning Grid

Service Area	Primary Care	Oral Health	Mental Health	Substance Use Tx
Primary Care				
Oral Health				
Mental Health				
Substance Use Tx				

Key

Coordinated Care
Co-located care
Fully Integrated Care
No Integrated Care

Service Domains: Descriptions and Data

1. Housing

Numerous concerns exist over the trend of decreasing availability of affordable housing in Lane County. The rising cost of housing and relatively flat wage levels have created increasingly vulnerable families in our community. Childcare remains another high cost driver for vulnerable families, which can negatively impact their ability to access secure, long-term housing. Integration efforts have primarily been centered around the development of strong supportive housing entities, leveraging community relationships to bring services directly to residents. Integration of services, including job development training and legal services, have improved the chances of stability for many families.

Existing approaches to integration:

- Cornerstone, Homes for Good, and St Vincent de Paul utilizes Traditional Health Workers and Community Health Workers
- Willamette Family Treatment Services – developing all further given housing crisis
- FHC, Coordinated Entry Central Waitlists, St Vincent de Paul
- Renter's education
- Better Housing Together collaboration/partnerships for communitywide housing shortage
- Neighborhood Economic Development Corporation is creating integration opportunities through its education, coaching, & resources
- Recovering houses, city housing project, tiny houses (e.g., Square One Emerald Village), South Lane, Housing First
- Assistance for the first time home buyers with NEDCO and others
- MLK – Housing First project

Opportunities/Resources identified:

- Education: budgeting, more ADA housing.
- Strengthen local partnerships and identify local resources
- Culturally and Linguistically accessible programs
- Funding more paneled mental health Providers Trillium Community Health Plan billing support
- Certification billing demands/education shortage of MH providers
- Client centered housing space
- City planners/ incentives for contractors/ money back

- Mental health supportive housing
- Expanding housing opportunities in rural
- Embedded services at housing sites
- Diagnosis documenting social determinants no consistently used/billed on claims
- Better use of empty buildings
- Rent prices are very high, consider expanded subsidies
- Providing services/education/training at housing
- Network of private property managers tools to entice property managers to rent
- Accessory dwelling units
- Youth housing – Transitional Housing
- Pro-social housing communities

2. Food

Adequate and easy access to local fresh foods is a focus with multiple programs in Lane County. Food for Lane County, in particular, has been the primary vehicle for integrating food availability and nutritional education into housing environments and into primary care clinics. Programs have enhanced Supplemental Nutrition Assistance Program (SNAP) dollars (FNS, 2018) for fruits and vegetables through collaboration with Willamette Farm and Food Coalition, an effective way to increase healthy food purchases. SNAP is a USDA-run program that provides nutrition assistance to low-income individuals and families (FNS, 2018).

Existing approaches to integration:

- Food for Lane County (FFLC) – more accessible gardens, education/ foods healthy choices, extra helping
- GR gardens, food boxes (more central list of options), summer lunches, saving food collaboration, SNAP (farm double-up, extra bucks)
- Integration in housing, social services, and health care settings
- Produce school program, food in EDs/clinics
- Churches that provide food boxes
- Healthy food access development within Double Up Food Bucks & FFLC
- Food distribution/expansion near crisis services sites (Emergency Department, Hourglass Crisis, etc.)
- K-12 schools (e.g., students growing food via school gardens)
- Veggie pilot/Trillium Veggie Rx

Opportunities/Resources identified:

- Improve school lunches
- Homeless camps need access
- Food deserts still exist in many areas of the county
- Maps/lists of where to get food boxes/ meal sites
- Funding knowledge – place skills – how to access, budget, make
- Increased collaboration/ integration between Double-Up Food Bucks & SNAP
- How to distribute food (e.g., how to get healthy choices to SNAP-eligible families)
- Transportation/ delivery
- Overcome barrier related to “for profit” organizations reselling food boxes for distribution.
- Expand community garden spaces
- Head start/ school collaborative efforts with students and parents and screen/intervene
- Produce plans in health care settings
- Promote plant-based diets, cooking classes (options for those with full schedules, off site participation)

3. Education

State funding challenges, current low funding for education, and the privatization of education are significant concerns for the education sector. Optimistically, there is an increased focus, especially locally, on investing in early childhood and the related impact on long-term public health outcomes. A particular example is the well-established Lane Early Learning Alliance. Integration has been done well in school-based clinics, providing both physical health and behavioral health services.

Existing approaches to integration:

- Adult education
- CTE program
- Oral health services (future) BH services (future) problem in schools
- More private sector involvement in health at schools
- Better serving of neighborhoods and families
- Future: training for career and technical education, breakfast after the bell
- Suicide prevention in schools k-12
- Behavioral health assessment and referral in k-12 schools
- Training for staff for crisis intervention has increased
- Mental health providers led skill building groups (intervention)
- Education of the direct link between behavior issues and behavioral health struggles to increase empathy within school systems
- Life – skill curriculum
- SUDS prevention/ education in schools
- Social determinants
- Peer driven/ led education
- Social services
- Broaden types of learning styles
- Centro Latino's Mental wellness classes
- Lane workforce partnership
- Food services – LCC

Opportunities/Resources identified:

- Future – more services in school based clinics
- Instruments/ equip
- Consents
- Disparate records
- LCC don't asst. pro.
- Alternative payment mythologies
- 0 access to state school fund for some services (PH/BH/OH)
- School policy
- FERPA
- Vision screening
- Gun violence
- $ for certification
- Education staff to identify social det. Of health – suicide, MH
- Relief nursery

- Need more family service integration
- More family planning integration
- Family education of ACES/ resiliency tools, vocab
- Cyber world crisis (impact) for our children
- ADA training and compliance
- Undocumented families – outreach?
- Barrier $$$ the cost of higher ed prohibits people in poverty from access
- Insure rural schools get services

4. Income

The ability of a resident to earn family-wage income is critical for long term personal and family stability. Although the healthcare industry has been a strong employer of residents of Lane County, and training programs continue to supply needed workers, integration of workforce development would assist in health stability at multiple levels and should be considered in future integration initiatives.

Existing approaches to integration:

- Goodwill Industries
- Entrepreneurial training
- Now: rain, coastal venture catalyst, small business, CTE
- Future: investment funnels, supportive eco system
- Micro enterprises
- Incubators – Sprout, Rain, net
- Supported employment
- Financial mentorship
- Standard minimum income
- Job share opportunities
- New requirements might divert energy or focus away from current priorities and traditional services; funds may be insufficient

Opportunities/Resources identified:

- Free higher ed.
- Better public – private partnerships
- Standard minimum income
- Technical skills training
- Older adult re-training
- Community health centers/South Lane/LCC/PH partnership in training
- Needs baseline level of education/degree – including entrepreneurship
- Community lack of affordable childcare
- Limited instruction opportunities/resources
- Incarceration to job market, more sponsors inc. workers program for felons through jail.
- Benefits ‘donut hole’
- More guild or apprenticeship opportunities
- Life cycle changes
- DHS partnership to help welfare recipients get training to re-enter workforce and Lane workforce partnership
- External sources of $$?

- Feds, VC, other?
- Paid 'volunteer' programs
- Living wage
- Disabled job programs
- Benefits offered for part time jobs
- Provide professionals in schools
- Expand school loan forgiveness programs

5. Oral Health

The lack of unified focus on oral health within medicine, inadequate local dental care access (including restorative), lack of coordination in care delivery, and low oral hygiene knowledge and instructions are significant factors affecting the local public health system and community. Recent efforts to improve integration within the Dental Care Organizations has improved overall access and several promising practices exist today and have the potential to be replicated.

Existing approaches to integration:

- On-site screenings in affordable housing and schools
- Physical health – control
- Immunizations
- Annual wellness
- Health and safety assessment (questionnaire)
- Substance abuse questionnaire
- Food assistance (e.g., produce pantry)
- WIC, head start
- HPV/ BP'V's/ Oral CA screening
- Free toothbrushes and incentives
- Screening for issues in BH and triage
- White bird – better developed resource list
- United Way of Lane County dental kits

Opportunities/Resources identified:

- BH – anxiety initiative (Yamhill co.)
- Ongoing anti-fluoride propaganda
- Link with Early Learning Alliance initiatives
- Tele-dentistry to serve rural areas
- Lack of education, intern skills (eg. Brush, floss, all ages)
- Partner with existing resources
- Barrier: limited professional resources and space
- The separation of oral, eye, behavioral from physical health is bad
- Not covered by most health insurances, separate insurance.
- Co-locate hygienists
- A lot of members have OHP
- Barrier: 'pain' associated with TX, 'fear', phobia, and 'intimacy'
- Can't get to dental office
- Water fluoridation
- No Medicare coverage for oral health
- Care centers transporting

- Capturing what's out there and up to date
- Shame reduction
- Opiate addiction – fear of being in pain
- Clinics being willing to support/ provide care
- Better coverage for adults
- Mobile dental van!
- Dental care in the ER (funnel to dental clinic on-site)

6. Physical Health

The Affordable Care Act (ACA) has substantially improved access to healthcare for almost 50,000 Lane County residents, which in turn has the potential to impact the physical health of the population (Simon, Soni, & Cawley, 2017). In addition, Cover All Kids has assured all children have access to health insurance. Driven by quality expectations and a Patient Centered Primary Care Home model, care delivery in Lane County has centered around integration with behavioral health services, some with limited oral health integration. Reverse integration, primary care into Behavioral Health settings has shown cost reduction primarily in emergency department use and hospitalizations.

Existing approaches to integration:

Embed dental health screenings, NPV, varnish, BP'V's , SD, Tobacco interventions

- Food Boxes at primary care sites
- Social, Community Health Worker, Peer appointment partner
- Group support visits
- Parenting classes
- PCPCH very effective in expanding integration
- Health Education
- Nutrition education (on health clinics and schools)
- Centro Latino as a support organization
- Legal aid
- Sheltercare center
- Cornerstone centers

Opportunities/Resources identified:

- Legal aid/ immigration
- Shower facilities
- Laundry facilities
- Pharmacy on site accessible to the younger generations; efficient way to reach more people
- Partner with organizations who represent and advocate for minority population
- Incorporating active means of transportation into city planning
- Transportation education flexibility in this reach
- Buy-in (patient and provider)
- Record sharing more common
- Space sharing
- Legal protection (i.e., slip and fall accidents)
- Barriers can be related to 'for profit' organizations, language and culture
- Rural, seniors, homeless
- System is too complicated, patients need navigation assistance
- 24-7 nurse line capacity could be increased

- 42 CFR is a barrier
- Substance use integration
- Immunizations
- Lane Independent Living Alliance
- Lane Transit District
- Share model being developed by 15th night alert system
- 211 needs improvement
- Being able to bill for integration (coding system is still in silos)
- Willamalane (Prioritizing public health) veggie Rx model
- Prescribing physical activity

7. Substance Use Treatment

The integration of substance use treatment (SUD) with more traditional health settings has been limited because of federal regulatory requirements (i.e., 42 CFR Part 2 – Substance Use Disorder Treatment confidentiality), but creative solutions, including more support in primary care offices, has been helpful to meet the large demand for SUD treatment, particularly problems with the use of opiates. Extensive efforts to educate the provider community have improved the level of collaboration, opening the door for more integration.

Existing approaches to integration:

- Looking Glass
- Community "211" clearinghouse
- White bird is working well & Willamette Family Treatment & Options
- Rapid access program
- Good behavior game as a prevention strategy
- Provider education with the Lane Pain Guidance and Safety Alliance

Opportunities/Resources identified:

- Incentives – education and outreach to younger ages
- Homeless individuals – outreach and engagement
- More providers doing Medication Assisted Treatment for opioid addiction
- Collaboration and innovation: broadening health care to include more than just medical care
- Economies of scale
- $2 billion prevention and public health fund will enable reach to upstream issues to advance prevention
- Educating households on tax credits to support affordability and stabilize cost
- CCO incentive metrics
- No opiates in ED
- Continuous follow ups a support after treatment
- Trauma-informed SUDS services needed
- Cultural & Linguistic inclusivity Rural and Youth treatment
- Regulatory restrictions regarding sharing of PHI in this category "confidentiality"
- IMD barriers
- Lack of teen treatment, law enforcement – move away from tertiary (or both)
- Residential higher level
- Meaningful integration
- Adjudicated youth have better access to significant treatment programs
- Cannabis – cultural perspective and value vs harm

- 42 barriers CFR
- Incentives – not enough beds available, teens need more support care
- Teen/ peer education
- Less prescribing meds = more alternative choices
- Primary care could be a more helpful partner! Screening, Brief Intervention, and Referral to Treatment (for process for identifying SUD's and depression)
- Community reduction in stigma
- Naloxone @ community partners
- SUD waiver will help eliminate some barriers & make integration easier
- Oral health rehab/ repair needed – needs partnership

8. Public Health

The impact of the current care delivery system could be enhanced with a more direct partnership with Public Health, particularly as strategies for population health are developed. Efforts in prevention have been very successful in Lane County, largely financed by Trillium Community Health Plan and led by public health experts. Integration of services could be best supported with a strong data system and a public health construct.

Existing approaches to integration:

- Wellness clinics – more available/ support to access
- Continued focus of social determinants (e.g., race, racism, etc.)
- Vaccinations = in more access, locations, ADA access
- Education/ outreach
- Tobacco prevention
- Safer sex kits distribution has been effective
- Cultural and linguistic inclusivity understanding poverty
- Non-traditional locations
- Cultural norm improved regarding value of public health
- STIs more effectively treated

Opportunities/Resources identified:

- HUB program for teens?
- Develop community-wide practice standards and protocols for treatment
- Primary Care Provider and psychiatry shortages
- Gun control/ safety/ data
- People need support accessing services filling out applications and forms
- Know what's available to who – some services are only for homeless or families, seniors are left out
- People afraid of being shamed – train providers
- Caregivers – training on cultural sensitivity and community services
- Sex education – open and inclusive and without shame
- Exploit social media platforms understanding of public behavioral health and primary care
- Extension for Community Healthcare Outcomes project in Oregon (enhances ability of primary care physicians to treat chronic and complex illnesses via live weekly video conferences)
- Telehealth expansion to rural areas
- Water fluoridation
- Flu shot clinics in neighborhoods
- Poverty stigma prevents access

- Stigma of public health (feel supported/ unpressured)
- Prevention coalition
- More social connections – reduce isolation
- Better knowledge of behavioral health
- Resource Navigator – google, craigslist, etc.
- Available alternative health modalities (acupuncture, chiropractic, massage)
- Integration of primary care
- Better public awareness of what is available
- Vaping teen use average
- Cannabis use/abuse
- Effective marketing okaying use but not abuse
- Aging and increasingly ill population further stresses the delivery system
- Lack of connection to minority communities both with resources and effective messaging

9. Mental Health

Lane County has a strong history of collaboration with community partners, and there is significant investment in collective impact approaches (CIF, 2014). In addition, there have been focused integration initiatives within the transformation efforts of Trillium Community Health Plan. Alternative payment models and organized collaborative projects have accelerated the integration of physical health into mental/behavioral health environments resulting in significant reduction in cost of care and improved outcomes. Mental health services have been integrated in primary care environments across the community, as evidenced by over 80% or primary care practices attesting to Tier 3 or higher with the Oregon Health Authority's (OHA) Patient Centered Primary Care Homes (PCPCH) program. That said, several additional opportunities have been identified for expanded integration of mental health services.

Existing approaches to integration:

- FQHC, school – based clinics, CCBHC & FRC's
- Skill building and health education, which supports mental health, exists in several schools
- Stigma has been reduced in regards to accessing mental health
- Fostering resiliency in communities has been emphasized
- Community Health Workers (CHWs) and Peer Support Specialists (PSSs) are supporting/engaging patients
- ELRod center – encourages artistic expression to heal
- Christian based services including Christians as Family Advocates

Opportunities/Resources identified:

- More education – destigmatize teens, early interventions, school services
- Development of non-traditional partnerships and coalitions with new strategies for managing cross sector collaboration and leadership
- Collaboration with multicultural organizations, local colleges and universities, and utilizing students as resources for impacts of change
- Tele behavioral health for supporting rural areas
- Need more health system navigation/literacy
- Privately insured families do not have same access to programming
- Southern Oregon for success model of community wide vocab and conversation/tools for clients
- More hands on interaction with peers
- Suicide hotline is available and needs to be marketed
- Cultural and Linguistic Inclusivity

- Wraparound services are working well, but they need to be expanded to all, not just youth
- Supported employment –people with mental health illnesses need to be supported and recruited into workforce
- We need to support workforce development of doctors/psychiatrists, as we have a shortage
- Warm hand-offs from Primary Care Provider to Behavioral Health Specialist
- Trauma-informed care needs to be the norm
- Integrated MH and Mental Health & Substance Use Disorders (SUDS) – Medication Assisted Treatement (MAT) for opiates

10. Transportation

Lane County's Community Advisory Council priorities include transportation as a fundamental barrier to access to care and to other services which could improve health. Discussion focused on opportunities to provider more integrated services using the current transportation platform and vendor.

Existing approaches to integration:

- Ride source – community partners training for clients
- LTD goes to cottage Grove, McKenzie, J. City
- Future – circle shuttles to get to Emx, set appointments with providers with consideration to bus schedules
- WFTS – provide transportation, food, housing, medical appointments, mental health, etc.
- Equitable options for rural, county residents
- Eugene pediatrics home visits
- White Bird STS service – for those who can't use other transportation due to BH
- Centro Latino Americano – discounted bus passes
- Bike Share Program

Opportunities created:

- More rural healthcare services needed
- Better integration with LTD
- Future – Expansion of transport sites (no transport to school sites), LTD & school bus integration to access healthcare, affordable passes (bus) for students
- Partner with medical facilities for reduced rate passes
- Ride sharing – include Uber and Lyft – allows much more flexible scheduling
- Expansion to rural
- Companies need to pay for cars, safety, insurance
- Ride source only for health appointments
- Coastal community is cut off
- Cost is a barrier for some for LTD
- Peers on the bus for assistance/coordination
- How to explore removing procedural barriers
- Wait times for outlying areas
- More collaboration between all providers - $ to increase efficiency
- Better driver training – people skills
- No address, no ride on LTD/ Ride Source

11. Legal Services

Not traditionally considered a service domain influencing health outcomes, this area was identified by the CAC as influencing several aspects of the social determinants of health. Lack of legal services increases evictions and other legal actions that threaten the stability of families. Integration of these services may help provide needed support and improve overall health.

Existing approaches to integration:

- Drug court, mental health court, and municipal court
- Many legal profession volunteer on non-profit and social service boards
- Fair housing council

Opportunities/Resources identified:

- Sponsors like legal/housing/employment services offered in other settings
- Money for legal barriers (grants/ scholarships for expungements, fines, forgiveness programs) Future – affordable legal aid (ex. DACA, Residency)
- Community court/ growth
- Employment
- Housing
- Financial
- Accessing services
- Lack of knowledge of resources
- Removing perceived barriers
- Educate employers on value propositions for giving people a second chance
- Reduce need for legal services… education and paperwork requirements
- Sponsors, legal aid (limited capacity), community court
- Cultural competency training (medical docs i.e., birth certificates)
- Space, employees, resources (i.e., community evolvement, collaboration with community programs, reduction)
- Free consultations – one hour
- Immigration law/ ATTY's/ SME's to with navigation and fear
- Active engagement of legal communication at meeting such as this session
- Education in high schools about legal issues, rights
- People, process, ideas, moving, info Ex, connections
- EA. Sector

Care Integration Assessment

May 4, 2018