Healthcare Integration Collaborative
Lane County

Healthcare Integration Toolkit

To empower providers and community partners toward a more fully integrated healthcare system, via standardized processes and utilization of Traditional Health Workers

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WHAT: The purpose of the Healthcare Integration Collaborative (HIC) is to advance coordination, collaboration and integration across disciplines, including primary care, mental health, and substance use recovery providers, to better meet the health needs of the adult population in Lane County.

WHO: Lane County Health and Human Services, Coordinated Care Organizations, primary care providers, mental health clinicians, substance use recovery providers, traditional health workers, community-based organizations, housing, law enforcement, and dental care organizations across Lane County.

WHEN: Monthly meetings and short-term breakout workgroups

GOALS

[1] To develop strategies aimed at increasing healthcare integration across major disciplines serving adults in Lane County.	[2] To advise Lane County Care Coordination Organizations and the greater Lane County adult healthcare system leaders on matters related to healthcare integration and collaboration.

CURRENT INITIATIVE

Development and distribution of an **Integration Toolkit**:

- A universal Referral Form vetted by 15+ local healthcare providers, accompanied by a User Guide with recommended practices
- A document guiding healthcare providers on how to access tools to engage or increase Traditional Health Worker workforce
- An invitation to partner in Community Agreements intended to improve coordination of care across the Lane County adult healthcare system

ADULT Referral Form for Coordinated/Integrated Care

Referring provider agency: _____

Referrer name/contact information for follow up: _____

Preferred method of follow up: Fax☐ Email☐ Telephone☐

Date of referral: _____/_____/_____

Urgent referral: Yes☐ No☐ (note details in "other referral reason/additional information about referral")

Individual name and pronouns: _____

Date of birth: _____/_____/_____ **Address:** _____

Phone number: (____)_____-_____ **Preferred Language:** _____

Does the individual consent to leave identifying voicemail on this phone: Yes☐ No☐

Best day(s)/time(s) to reach the individual: _____

Insurance: Yes☐ No☐ Check all that apply: Medicaid☐ Medicare☐ Private☐ Self-pay☐

Provider/member ID# (as available): _____

Reason for referral check all that apply:	Case Management: ☐ Onsite ☐Offsite
☐ Counseling	☐ Eating Disorder Treatment
☐ Employment Support	☐ Group Therapy
☐ Insurance Enrollment	☐ Medication Management
☐ Mental Health Assessment	☐ Peer Support
☐ Primary/Medical Care	☐ Psychiatry
☐ Psychological Testing	☐ Substance Use Treatment

Other referral reason/additional information about referral: _____

_____

Relevant behavioral or physical health issues/diagnoses: _____

_____

Other current healthcare providers: _____

_____

Known safety concerns (risk of harm to self or others): _____

_____

Recent ED visits/hospitalizations (including name of facility and dates): _____

_____

Additional relevant information (strengths, barriers, support system, current and relevant legal issues, housing concerns, employment, Child Welfare involvement, mandated status, etc.):

_____

_____

_____

_____

Check here to verify individual verbally consented to this referral ☐

Check here if completed Referral Form was given to individual for self-referral purposes ☐

Additional records included: Yes☐ No☐

Signed Release of Information included with this referral, if required: Yes☐ No☐

USER GUIDE: Adult Referral Form for Coordinated/Integrated Care

The Adult Referral Form for Coordinated/Integrated Care is to be utilized as a standardized document to send or receive referrals between distinct healthcare disciplines (i.e. primary care clinician referring an individual to outpatient mental health services). It is recommended that a healthcare organization incorporate the content of this document into existing referral protocol, as it has been demonstrated to adhere to the referral and communication needs of all relevant healthcare disciplines.

Please consider a trauma-informed approach while completing this form in collaboration with the individual being referred: allowing the individual's expressed healthcare needs to be the priority and opting to not include information in the referral document that may contribute to increased stigma regarding the individual's condition or request.

Referring Provider: This document is intended for established providers to refer an individual out for supplementary services, as well as provider intake teams to refer an incoming individual to an alternative provider per goodness of fit and availability.

Urgent Referral: If you select "Yes," please indicate in the "Other referral reason/additional information about referral" section what the reason and preferred timeline is for the urgent nature of the referral. *Please note, urgent referral requests can only be accommodated per the receiving provider's capacity and intake/referral protocol*.

Reason for Referral: If an individual is being referred for specialty medical services (i.e. chronic disease management, reproductive health, etc.), please indicate that individual is in need of primary care and use the "Other referral reason/additional information about referral" section to provide additional context or detail. Specialty medical services are likely to require a PCP referral as a preliminary step and would benefit from the individual being established with an ongoing PCP.

Additional Referral Information: Please note that while not all of the questions below the Reason for Referral are required, it is recommended to include as much information as is available to assist the provider receiving the referral in appropriately assessing the individual's needs and recommended level of care. *Indication of verbal consent and/or a signed, agency-specific Release of Information is required.*

DEFINITIONS:

Case Management [onsite] – assisting individuals in gaining access to needed medical, social, educational, benefits, and other applicable services, via appointments scheduled at the agency where the case manager is employed and the individual is enrolled for services

Case Management [offsite] -- assisting individuals in gaining access to needed medical, social, educational, benefits, and other applicable services, via community based appointments and often including transportation assistance

Information Sharing Quick Reference Guide

ROI

Release of Information (ROI) Best Practice:
A Release of Information is required when Protected Health Information is disclosed between the healthcare provider and a non-healthcare organization. When healthcare providers use a ROI to accompany disclosure of protected healthcare information, it communicates the consent of the consumer and upholds adherence to various information sharing regulations***. Please note, healthcare providers are permitted to exchange minimum necessary information regarding consumers care coordination needs, without an ROI.*** Providers who adhere to 42 CFR Part 2 have additional requirements regarding the ROI.

What to consider including on an ROI?*
Must include specific, explicit description of substance use disorder information allowed for disclosure:

- Name of patient
- Specific name or general designation of program/entity/individual(s) permitted to disclose
- How much and what kind of information is to be disclosed
- Name of individual(s) or specific entity to receive information
- Purpose statement for disclosure (e.g., for case management services)
- Statement that consent is subject to revocation at any time
- The date, event, or condition upon which the consent will expire if not revoked
- This date must not exceed length of time reasonably necessary to serve intended/stated purpose
- Signature of patient or individual authorized to give consent
- Date on which consent is signed

HIPAA

Brief overview of HIPAA/Care Coordination***
"Federal legislation designed to improve the portability of health coverage, reduce healthcare costs by standardizing the processing of healthcare transactions, increase the security and privacy of healthcare information, and to make other changes to the healthcare delivery system."
Minimum Necessary:
"When using or disclosing protected health information or when requesting protected health information from another covered entity, a covered entity must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the user, disclosure or request."
Coordination of Care allowances:

	"The HIPAA Privacy Rule permits a covered entity to disclose PHI to another covered entity for its own health care operations purposes, or for the health care operations of the entity receiving the information."
42 CFR Part 2	**Brief overview of 42 CFR Part 2**** "Part 2 protects the confidentiality of SUD patient records by restricting the circumstances under which Part 2 Programs or other lawful holders1 can disclose such records. Part 2 Programs are federally assisted2 programs.3 In general, Part 2 Programs are prohibited from disclosing any information that would identify a person as having or having had a SUD unless that person provides written consent." Does it pertain to me?* • **Applies to federally assisted programs that provide alcohol and drug abuse diagnosis, treatment, or referral. Also applies to:** ○ Third-party payers who receive information from Part 2 programs ○ Entities who have direct administrative control of Part 2 programs ○ Lawful holders (i.e., person who receives information and notice from Part 2 programs). • **Exceptions to necessity of Release of Information (ROI) include:** ○ Medical Emergencies ○ Research ○ Audit and Evaluation ○ Court Orders
MINORS	**Brief overview of Information Sharing for minors****** • Minors who are 15 years or older are able to consent to medical and dental services without parental consent. This includes hospital care, as well as medical, dental, optometric and surgical diagnostic care. • A minor who is 14 years or older may access outpatient mental health, drug or alcohol treatment (excluding methadone) without parental consent. These services may include: ○ Seeking help from a psychiatrist or psychologist; ○ Seeking mental health therapy from a doctor or social worker; ○ Seeking help for drug or alcohol use. • For mental health and chemical dependency services, the provider may disclose health information to a minor's parent or guardian per ORS 109.680 if: ○ It is clinically appropriate and in the minor's best interests; ○ The minor must be admitted to a detoxification program; ○ The minor is at risk of committing suicide and requires hospital admission.

PATIENT RIGHTS

Brief overview of Individual Treatment Rights
OAR 309-019-0115:
In addition to all applicable statutory and constitutional rights, every individual receiving services has the right to:
(e) Confidentiality and the right to consent to disclosure in accordance with ORS 107.154 (Authority of parent when other parent granted sole custody of child), 179.505 (Disclosure of written accounts by health care services provider), 179.507 (Enforcement of ORS 179.495 and 179.505), 192.515 (Definitions for ORS 192.515 and 192.517), 192.507, 42 CFR Part 2 and 45 CFR Part 205.50;

Sources:
*ecfr.gov/current/title-42/part-2
** https://www.samhsa.gov/sites/default/files/does-part2-apply.pdf
***https://www.hhs.gov/hipaa/for-professionals/faq
****https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/Documents/minor-rights.pdf

Sample Referral Workflow with the Standardized Referral Form: **Individual established with care**

Individual expresses or demonstrates comorbid needs, to be addressed by external provider

Emphasis on individual involvement and consent

Provider (RN, MD, MA, QMHP, QMHA, THW, CADC) initiates standard agency protocol for referral, utilizing the **Standardized Referral Form** to collect appropriate information to be sent to external provider

Referring provider completes **Standardized Referral Form**, referencing the **User Guide**, and invites individual to sign standard agency ROIs for referral and appropriate records to be sent to external provider

Utilization of Traditional Health Workers may benefit this process

Referring provider utilizes resources to determine which external provider to send completed referral to, including CCO Care Managers, existing provider lists/directories, platforms such as Connect Oregon or T-Rex, or the agency quick reference guides shared from other HIC participating providers—decision made based on external provider service niche and availability

Standardized Referral Form promotes sharing the most relevant information, which streamlines the referral process by empowering providers to have a common language in discussing the individual's needs

Referring provider may send referrals to multiple agencies

External provider receives **Standardized Referral Form** via standard agency protocol. Coordinates with referring provider re: next steps

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Individual accesses services with the external provider who offered availability and appropriate services

Both providers can continue to utilize the established channel of communication to provide ongoing coordinated, integrated care to individual with comorbid conditions

Utilization of Traditional Health Workers may benefit this process

FAQs: Adult Referral Form for Coordinated/Integrated Care

Does the Healthcare Integration Collaborative maintain a list of current availability for healthcare providers?

No. We recommend utilizing the following existing resources:

- Behavioral Health and Crisis Community Resource Directory produced by Lane County Health and Human Services
- Weekly Behavioral Health Provider Availability email produced by PacificSource (request to be added to email distribution list by contacting provideraccess@pacificsource.com)
- PacificSource Community Solutions and Trillium Behavioral Health Care Management

Does an agency have to verify that they are currently utilizing the *Adult Referral Form for Coordinated/Integrated Care* before a referring provider sends them this form?

No. The *Adult Referral Form for Coordinated/Integrated Care* is intended to enhance existing referral protocols and does not require implementing new processes for agencies.

Does utilizing the *Adult Referral Form for Coordinated/Integrated Care* guarantee access to services?

No. The *Adult Referral Form for Coordinated/Integrated Care* is offered to assist in improved communication between providers; it is not intended to impact access to care that may be limited due to restricted provider availability.

Is there a standardized process for using the *Adult Referral Form for Coordinated/Integrated Care?*

No, but we do suggest referencing the *Sample Referral Workflow* included in the Healthcare Integration Toolkit when using the *Adult Referral Form for Coordinated/Integrated Care* when considering how it could be implemented within an existing process.

How might the *Adult Referral Form for Coordinated/Integrated Care* benefit and/or streamline our existing referral process?

- The *Adult Referral Form for Coordinated/Integrated Care* has been vetted by current Primary Care, Mental Health and SUD service providers within the Lane County community and confirmed to prompt relevant and concise information sharing that generates appropriate referrals.
- Referral information is consolidated to one single page.
- Referrals can be sent to multiple agencies, utilizing the same document, rather than identifying unique referral forms for each individual agency.

Traditional Health Workers & Coordinated/Integrated Care

What is a Traditional Health Worker (THW)?

The THW model provides culturally responsive, trauma informed, and high quality care to underserved populations. They support health equity strategy and work to address unequal and negative social determinants of health, an essential part of CCO 2.0.

- The State of Oregon has defined 7 different types of Traditional Health Workers:
  - Community Health Worker
  - Peer Support Specialist
  - Family Support Specialist
  - Youth Support Specialist
  - Peer Wellness Specialist
  - Personal Health Navigator
  - Doula

  Go to **https://www.oregon.gov/oha/OEI/Pages/About-Traditional-Health-Workers.aspx** for more information on each worker type

How do THWs help improve coordination of care across the healthcare system?

Increasing the integration of THWs in our community has been a common theme in conversations about healthcare integration and a frequently posed solution. Employing THWs is an investment in providing more equitable and trauma informed care, while bringing lived experience and the ability to connect in a different way vs. a specific set of knowledge. Some examples of common integration challenges that THWs might address are:

- Access and knowledge of community resources
- Improving consumer involvement
- Acting as a bridge between providers of different disciplines and the individual

What are Traditional Health Worker Liaisons?

- Employed by the Coordinated Care Organizations (CCOs) within each region, per CCO 2.0 contract requirements
- Support and expand the THW workforce, including educating and supporting THWs on the contracting and reimbursement process

- Coordinate THW trainings opportunities and recruit participants with lived experience and who are trusted members of the community they serve
- Educate clinical providers, community based organizations, and health systems on THW integration best practice
- Increase member access to THWs
- Inform PacificSource and Trillium's THW Payment Methodology Workgroup to support building alternative payment models that provide livable wages for THWs
- Collaborate with the OHA's THW Commission and THW workforce associations to learn and listen about workforce needs

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Resources to support integration of THWs in our community and your organization

- Contact the Traditional Health Worker Liaisons in Lane County:
    - Iris Bicksler, CHW, PSS, Doula
      PacificSource Traditional Health Worker Liaison, Lane CCO
      iris.bicksler@pacificsource.com
      Pronouns: she/her/hers
    - Kristinia Rogers, CHW
      Trillium Community Health Service Representative II
      krogers@trilliumchp.com
      Pronouns: she/her/hers
- Join the Healthcare Integration Collaborative. Contact Britni D'Eliso, Behavioral Health Strategist at PacificSource Community Solutions for more information: Britni.d'eliso@pacificsource.com or 541-905-1665
- Join the Trillium & PacificSource hosted Lane County Traditional Health Worker (THW) Collaborative. For more information contact Iris Bicksler or Kristinia Rogers

A Traditional Health Worker Testimonial

Following is a personal story that illustrates the impact of Traditional Health Workers, in this case a Family Support Specialist, shared with permission. This is why integrating Traditional Health Workers is a priority for our community. Thank you!

Hello, I'm Brandy, a certified peer support specialist here to strategically share a few of my life experiences and my passion for the integration of Traditional Health Workers within our system.

Part of my job as a peer is to be able to hone my listening and empathy skills, learn when and how to share my story with those I support, and to assist those I am supporting in finding their own voice and while empowering them to navigate their own story and their own care. Leaning into vulnerability is key in the role as a Traditional Health Worker. We have often been taught in our culture to remain small and not speak our truths, but we now know that speaking our truth will create the best outcomes, in spaces where we are supported by people who see us, hear us, believe us and who are non-judgmental. Brene Brown teaches us that in order to connect with one another, we must cultivate empathy. Empathy is the ability to sit with people in their pain and not fix it, but letting them know they are not alone. Empathy is a vulnerable choice.

In my previous role as a peer, I supported parents who have children that experience emotional, mental and or behavioral challenges. My own child was diagnosed with autism at a young age, and along with that came extreme challenges with behavior that, at the time, I didn't know how to navigate. I was forced to navigate the system and the world feeling alone.

Trying to figure out how to best support my own child was not easy. I was sent to doctors and system partners not knowing or understanding the why of what I was doing, but knowing that I was told by so many people in the system. I didn't seem to have a voice at that moment. I was lost, scared, sad, overwhelmed and numb. I was grieving. One Doctor said to me that she didn't know why I was so eager to label my child. I didn't know what to say and that statement created shame within me. I was doing my best, but it felt as though I was being judged and that judgement was extremely painful and heavy.

Along my journey I was introduced to a peer, someone who came to walk beside me. I didn't know at that moment how that peer would completely change my life, but they did.

There was day when my child with autism physically hurt my other child. I was angry, frustrated and baffled. I was trying to keep it together, but felt completely and utterly overwhelmed. I didn't understand what was going on, but I knew I could call my support person. My voice shaking with anger as I called him and shared what was going on. He listened patiently. He finally spoke with this deep, calm tone. In my moment of anger and frustration, he told me how he noticed I was already calming down and that calling for support was exactly the right thing to do. He reflected to me my strengths and told me that he believed in me. With tears running down my face, I felt a sense of calm.

As I reflected back to this experience a little while later I came to the realization that he was the very first person in my life to listen to me, hear me, validate me and let me know that I am enough. His support enabled me to leave an unhealthy relationship, to continue on my path working with my therapist and heal from my own trauma and pain. This one experience has

taught me the value of making sure we walk alongside of others and allow their story to be heard. It has taught me that every single person we meet needs to be heard, seen, validated, accepted and not judged. This is the role of peers. This is where my passion for the integration of our traditional health workers comes into play. I had many amazing people along the way that helped me, but when someone who understood my experiences because of their own lived experiences came into my life, I felt seen and heard for the first time in my life. I was 35 at that time.

In my own life I experienced a parent with addictions, emotional abuse, poverty and more. All of these lived experiences, combined with the time I have spent healing from these things, brings me to this work. When we are met in our pain with someone who understands and knows our pain, we feel empowered. As I have worked alongside of many peer support specialists over the past 5 years, I have had the honor of reflecting others' strengths back to them. I have walked alongside others and given them the ability to see and feel that they are worthy of love and belonging. I have seen them learn and grow when they know and sense that someone is there beside them who understands them.

I was working alongside a young father who, in his own life, had experienced much abuse. As a father he was doing his best, but was also met with extreme challenges and a system that often shamed him and criticized him. As I was assigned to work with him in our very first meeting, I saw a number of strengths as he shared his story with me. I was able to immediately reflect those strengths back to him. He also enrolled in my collaborative problem solving class to learn more parenting skills. In my short time with working with him, every time we had a system meeting with many players at the table, I was always able to share his strengths out to the group that was present. As I focused on his strengths he shared with me he was starting to believe in himself because of those strengths. Our time was cut short due to systemic barriers, but in those 3 months an incredible amount of work was done. As I closed his family he thanked me for constantly pointing out his strengths as no one had ever done that for him. He also shared with me that my role modeling of this skill gave him the skill to now role model this for his three children. His teenage son who, at the beginning of our work, was angry and pushing all of us away, started to engage with his dad for the first time in many years. Dad had shared with me that he was focusing on his son's strengths in every conversation and that created a bond.

This is what makes me passionate about this work. Knowing and seeing the rewards of people grasping their innate ability to pick up and move forward with a belief that they are worthy of love and belonging. That we all deserve to be seen, heard, cared for and understood. The work of Traditional Health Workers bring to our system a change we are in need of. The change of being able to truly spend time with people and support them in the way that is best for them.

To request additional technical assistance, implementation consultation, or provide feedback regarding the content and application of this toolkit, please refer to lanecounty.org/hic or contact a Healthcare Integration Collaborative Co-Chair:

Britni D'Eliso, PacificSource [Britni.d'eliso@pacificsource.com]

Tara McCullers, Trillium Behavioral Health [tara.mccullers@lanecountyor.org]

Teresa Roark, Lane County Health and Human Services [Teresa.roark@lanecountyor.gov]