

Agenda

Delivery System Transformation Committee

February 4, 2021 4:30 – 6:00 pm

Online Click Here: [Join Microsoft Teams Meeting](#)

Phone: +1 971-254-1254

Conference ID: 826 171 835#

- | | | | |
|---|----------|---|-------------|
| 1. Welcome and Introductions | | Beck Johnson, Olalla Center | 4:30 |
| 2. Transformation Update | | Charissa Young-White, IHN-CCO | 4:45 |
| <ul style="list-style-type: none">• Health Equity Workgroup• DST Chair | | | |
| 3. Helping High School Students to Understand Pain, Opioid Addiction, and Healthy Self-Care Closeout | p. 7-19 | Sharna Prasad, Samaritan Health Services | 5:00 |
| | | Nikki McFarland, Corvallis School District | |
| 4. Peer Wellness Specialist Training Closeout | p. 20-32 | Renee Smith, Family Tree Relief Nursery | 5:20 |
| 5. Connect Oregon and the Universal Care Coordination Workgroup | p. 33-38 | Stephanie Jensen, IHN-CCO | 5:40 |
| 6. Wrap Up | | Beck Johnson, Olalla Center | 5:55 |
| <ul style="list-style-type: none">• Announcements• Next Meeting: February 18, 2021 | | | |

Acronym	Meaning
ACEs	Adverse Childhood Experiences
APM	Alternative Payment Methodology
CAC	Community Advisory Council
CCO	Coordinated Care Organization
CEO	Chief Executive Officer
CHIP	Community Health Improvement Plan
CHW	Community Health Worker
COO	Chief Operations Officer
CRC	Colorectal Cancer
DST	Delivery System Transformation Committee
ED	Emergency Department
EHR	Electronic Health Records
ER	Emergency Room
HE	Health Equity
HN	Health Navigator
HRS	Health Related Services
IHN-CCO	InterCommunity Health Network Coordinated Care Organization
LCSW	Licensed Clinical Social Worker
MOU	Memorandum of Understanding
OHA	Oregon Health Authority
PCP	Primary Care Physician
PCPCH	Patient-Centered Primary Care Home
PMPM	Per Member Per Month
PSS	Peer Support Specialist
PWS	Peer Wellness Specialist
RFP	Request for Proposal
RHIC	Regional Health Information Collaborative
RPC	Regional Planning Council
SDoH	Social Determinants of Health
SHP	Samaritan Health Plans
SHS	Samaritan Health Services
SOW	Statement of Work
TI	Trauma Informed
THW	Traditional Health Worker
TQS	Transformation and Quality Strategy
UCC	Universal Care Coordination
VbP	Value Based Payments
WG	Workgroup

Delivery System Transformation (DST) Pilots and Workgroups

Acronym	Project	Sites	Counties	Start	End
BRAVE	Bravery Center	Olalla Center	Lincoln	1/1/20	6/30/21
CCP	CommCard Program	The Arc of Benton County	Benton	1/1/21	12/31/21
CDP	Community Doula Program	Heart of the Valley Birth & Beyond	Benton, Lincoln, Linn	1/1/21	12/31/21
CSUP	Culture of Supports	North End Senior Solutions	Lincoln	1/1/21	12/31/21
DEC	Disability Equity Center	Disability Equity Center	Benton, Lincoln, Linn	1/1/21	12/31/21
ENLACES	ENLACES	Casa Latinos Unidos	Benton, Linn	1/1/21	12/31/21
HEWG	Health Equity Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	5/1/15	present
HHT	Healthy Homes Together	Albany Partnership for Housing, Family Tree Relief Nursery	Linn	1/1/21	12/31/21
HUBV	Hub City Village	Creating Housing Coalition	Linn	1/1/20	12/31/21
HVOST	Hepatitis C Virus Outreach Screening & Treatment	Lincoln County Health and Human Services, Confederated Tribes of the Siletz Indians	Lincoln	1/1/21	12/31/21
IFCW	Integrated Foster Child Wellbeing	Samaritan Health Services	Benton; Lincoln; Linn	1/1/19	12/31/21
LCCOR	Linn County Crisis Outreach Response	Family Assistance and Resource Center Group	Linn	1/1/21	12/31/21
MHHC	Mental Health Home Clinic	Samaritan Health Services, Linn County Mental Health, C.H.A.N.C.E.	Linn	1/1/21	12/31/21
NPSH	Navigation to Permanent Supportive Housing	Lincoln County Sheriff's Office	Lincoln	1/1/20	12/31/21
POH	Partnership for Oral Health	Capitol Dental Care	Linn	1/1/21	12/31/21
RDUC	Reduce and Improve	Capitol Dental Care, Lebanon Community Hospital	Linn	1/1/19	12/31/21
SDoHWG	Social Determinants of Health Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	11/16/17	present
SKIL	Skills and Connections to Support Housing	Corvallis Housing First	Benton	1/1/20	12/31/21
THWWG	Traditional Health Workers Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	5/21/13	present
UCCWG	Universal Care Coordination Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	6/26/17	On Hiatus
WINS	Wellness in Neighborhood Stores	OSU Center for Health Innovation, Linn County Public Health	Linn	1/1/20	12/31/21
WtoS	Wellness to Smiles	Advantage Dental from DentalQuest	Lincoln	1/1/20	12/31/21

Delivery System Transformation Committee (DST) 2021 Calendar

January	7	Strategic Planning: Overview and Charter			
	21	Strategic Planning: Charter, Workgroups, Engagement			
February	4	HSPO	PWST	Strategic Planning: UCC & Health Equity	
	18	DOUL	RDUC	Strategic Planning: How to get the story out	
March	4	Strategic Planning: Pilots			
	18	Strategic Planning: Request for Proposal (RFP)			
April	1	SHARE Initiative			
	15	RFP Decisions			
	29	Workgroup Updates		Finalizing RFP	
May	13				
	27				

KEY

Tentative closeout	Booked closeout
Tentative RFP	Booked RFP
Tentative strategic planning	Booked strategic planning
Tentative miscellaneous	Booked miscellaneous
Tentative training	Booked training
Tentative update	Booked update
Tentative workgroup	Booked workgroup

June	10	LOI Decisions			
	24				
July	8		Pilot Updates		
	22		Pilot Updates		
August	5		Pilot Updates		
	12	Proposal Presentations			
	19	Proposal Presentations			
September	2	Proposal Presentations			
	16	Proposal Decisions			
	30	Workgroup Updates			
October 7: Regional Planning Council for Pilot Final Approval					
October	14				
	28				
Nov	11				
Dec	9				

Minutes

Delivery System Transformation Committee (DST)

January 21, 2021 4:30-6:00 pm
Microsoft Teams (Online)

Present			
Chair: Beck Johnson	Charissa Young-White	Stephanie Jensen	Shannon Rose
Linda Mann	Britny Chandler	Annie McDonald	Deb Fell Carlson
Marci Howard	Gabriel Parra	Bettina Schempf	Christian Moller-Anderson
Joell Archibald	Rich Blum	Alicia Bublitz	Paulina Kaiser
Dick Knowles	Larry Eby	Sheree Cronan	Rebekah Fowler
Priya Prakash	Connie Kay	Crystal Rowell	Christine Mosbaugh
Danny Magana	Jan Molnar-Fitzgerald	Jeannette Campbell	Rebecka Weinstein
Erin Sedlacek	Kelly Volkmann	Brock Byers	

Transformation Update: Charissa Young-White

- Stephanie Jensen, DST co-chair, has tendered her resignation to IHN-CCO. Her last DST will be February 4, 2021 and her last day with IHN-CCO will be February 10, 2021.
 - Stephanie will be joining the Willamette Health Council as part of the PacificSource CCO in Marion and Polk counties.

Charter Approval: Beck Johnson

- See charter with additions/edits (in bold).
- **Decision:** Charter approved by consensus.

Community Partners Participation and Engagement: Beck Johnson

- See planning document posted on IHNtogether.org.
- **To Do:** Add Corvallis Daytime Drop-in Center, Faith Community Health Network, and The Arc of Benton County to the partner map.
- Thoughts of reaching out to the following organizations/partners:
 - Business community
 - Schools including district nurses
 - Housing Equity Resource Coalition
 - Head Start programs
 - Benton County Public Health
 - Lincoln County Public Health
 - Every Child
 - 2nd CHANCE (previously Signs of Victory)
 - City or county commissioners or council members
- Robust discussion on engaging partners and 'getting the story out' of the DST.
- Partnering/engaging/how to get the story out will be an agenda item in a future DST.

Workgroups: Beck Johnson

- See planning document posted on IHNtogether.org.
- The Traditional Health Worker (THW) and Social Determinants of Health (SDoH) Workgroups are moving along smoothly and do not require further direction from the DST at this time.
 - SDoH is strategic planning in February and may focus on COVID-19 impacts including social isolation.
 - THW has achieved many pieces of the strategic plan and is continuing to move forward.
- The Health Equity Workgroup may need direction from DST – will add to future agenda.

Minutes

Delivery System Transformation Committee (DST)

January 21, 2021 4:30-6:00 pm

Microsoft Teams (Online)

- The Universal Care Coordination (UCC) Workgroup is not currently active.
 - Originally was focused on connecting care coordination and coordinators between the medical and social service fields.
 - Moved to focus on Unite Us and standing up that platform.
 - The chairs left the region and due to COVID-19, the workgroup was on hiatus all of 2020.
 - The DST is interested in re-implementing UCC with a possible focus being a community driver of Unite Us.
 - Adding UCC discussion and strategy session to a future agenda.

Wrap-Up/Announcements

- Flyers and other information will be sent out in the DST follow up email.
- The next meeting is February 4, 2021.
 - Two pilot closeouts and more strategic planning.

Helping High School Students to Understand Pain, Opioid Addiction, and Healthy Self-Care

January 2019 – December 2020

Summary:

This pilot will build understanding of biopsychosocial nature of pain, grow student understanding of opioids, increase accessibility to wellness options by teaching pain, opioid addiction, and healthy self-care in Corvallis high schools. Evidence-based curriculum will be developed to teach and assess 100% of ninth grade students in the Corvallis School District about these topics. The professional development will give teachers, facilitators, and community partners the time and tools to collaborate with each other, further understand their own beliefs about pain and self-care, and expose teachers to the best practices for teaching students about pain awareness, opioid misuse prevention, and healthy self-care strategies.

Progress Report:

A. Quarterly progress:

Goal	Measure(s)	Activities	Results to Date
Document all IHN-CCO-CCO members served by the pilot.	IHN-CCO-CCO members served by the pilot.	<ul style="list-style-type: none"> Student JTC visits 	SY 18-19: 126 9th graders (24.7%) SY 19-20: 135 9th graders (25%)
Actively participate in at least one DST workgroup; DST recommends Health Equity.	Attend either by phone or in person.	<ul style="list-style-type: none"> Participation in Social Determinants of Health workgroup by Secondary Schools Coordinator and Family Outreach Advocate 	The workgroup has shifted focus to housing. The district Family Outreach advocate has been attending these meetings in order to build and strengthen partnerships. This new partnership will also help the district in supporting families navigating homelessness.
Increase access to wellness opportunities in the Corvallis community.	Number of students who access community wellness opportunities Pre and post activity self-assessment data.	<ul style="list-style-type: none"> Meet regularly with JTC staff Schedule JTC staff visits to high schools Schedule JTC visits for 9th graders 	SY 18-19: 92 9th graders with JTC membership (44 IHN members); SY 19-20: 36 9th graders with JTC membership (11 IHN members)
Develop and deliver evidence-based curriculum to all freshmen high school students in CSD509j.	Pre and post unit assessment data.	Curriculum is developed and has been shared with teachers from 4 school districts in Linn and Benton Counties. Second training occurred October 2019.	Data was not collected from 509j students
Decrease accessibility to opioids for Corvallis freshman.	Rate of accessibility to opioids.	<ul style="list-style-type: none"> Administer Oregon Healthy Teen Survey 	In 2015, 7.4% of 11th grade students in the Corvallis School District reported use of prescription drugs in the past 30 days.

			In 2018, 3.4% of 11th grade students in the Corvallis School District reported use of prescription drugs in the past 30 days. This is below the state average of 5.2%
Decrease emergency department (ED) use for IHN-CCO-CCO members served by the wellness portion of the pilot.	Number of claims.	<ul style="list-style-type: none"> ● Monitor ED visits by JTC student visitors 	<p>Apr 2019: 1090 ED visits, 21.1 utilization rate per 1000 member months</p> <p>Aug 2019: 548 ED visits, 20 utilization rate per 1000 member months</p> <p>SY 18-19: 16 ED Diversion encounters (7 IHN member encounters)</p> <p>SY 19-20: 2 ED Diversion encounters (both IHN member encounters)</p>
Strengthen and build community partnerships.	Number of community partner interactions.	<ul style="list-style-type: none"> ● Johnson Teen Center ● Samaritan Health Services ● LBLESD ● OSU ● Foster Grandparent Program ● Farm Home ● CSC ● Willamette Neighborhood Housing Services ● Lebanon Alternative School ● Live Longer Lebanon ● OSU Public Health 	11 partnerships
Develop and implement curriculum.	Deliverable curriculum created and utilized.	Curriculum is developed and in shareable form through Google. Work is continuing in development of Online training and materials.	In Spring and Fall, the curriculum was shared with 53 participants.
Reach out to other counties and the Siletz Tribe.	Outreach completed.	<p>Trainings in 2019 included educators from:</p> <ul style="list-style-type: none"> ● Harrisburg ● Siletz 	.

		<ul style="list-style-type: none"> ● Albany ● Corvallis ● Lebanon <p>Lincoln County declined invite.</p>	
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B. What has been successful?

- The JTC visit that was scheduled in early 2019 was successful and led to higher numbers of teens participating in healthy after school choices.
- High school health teachers are working to schedule a visit in 2020.
- The trainings have resulted interest and support from surrounding communities. We will continue the live trainings post-Covid.
- There is more awareness of the importance of self-care for teachers.

C. What are the challenges and how are you addressing them?

- Developing teacher confidence and buy in to both the curriculum and visits to the JTC has been difficult. Persistence and 1-1 check in are one way this challenge is being addressed. In addition, outreach has been done to the highest levels of administration in some districts (Lincoln County, Siletz) in order to improve teacher participation and buy in.
- A large challenge has been that teachers are not implementing the curriculum with fidelity or recognizing that teens in Corvallis are impacted.

D. Have there been any significant changes to the pilot goals and measures? If so, why?

- There have been no changes to measures. Changes have been made to class offerings and locations based on feedback from student surveys. Seventy-seven percent of students identified the Johnson Teen Center as the best location for accessible wellness classes, 10% identified Lincoln as the best location, and 4% identified Lancaster Bridge. The other 9% identified mostly random locations (such as their own home, their school, or “don’t know”).
- The goals have expanded to include and largely focus on work in the Lebanon community.

E. Have there been any significant changes to the pilot budget? Explain.

- Curriculum development cost more than planned so some funding was shifted toward that goal. Also, as students identified art as an area of high interest we shifted funding toward creating an art cabinet at the Johnson Teen Center.
- Opportunities to disseminate the training and curriculum at multiple conferences has increased.
- A website was created for teachers and students for future use.

F. Please report progress or activity that has been made toward pilot sustainability this past quarter.

- Now that the curriculum has been developed and teachers have been trained to deliver the curriculum to students, the pilot has become more sustainable. What remains to be done is increase student access to the JTC and wellness activities.
- This curriculum has sparked an interest at the State level. There are multiple participants coming from other counties.
- Continue to offer self care as health care trainings to Corvallis, Sweet Home, Lebanon, and Albany school district staff.
- With some of the remaining funding we are planning to establish staff wellness spaces, as a big learning is related to staff being able to care for themselves in order to care for students.

G. Has the pilot been approached by or been presented at any local, state, or national conferences or meetings

- LBL ESD partner, Michael Falcon (OT), presented at the Occupational Therapy Association Oregon (OTAO) Conference in the Fall. He has also been interviewed for the San Diego Pain Summit.
- Sharna Prasad presented at OPAT (Opioids and other drugs, Pain, addiction and treatment) conference on May 29th in Bend, OR.
- Interest was expressed for presentations in Coos Bay and Lincoln County.
- Sharna to present at the Oregon PT association annual conference in March of 2020.

- Michael Falcon will present at the Oregon Pain Summit in January of 2020 in Lebanon.
- Sharna was interviewed by the PT in Motion (a national publication to be in print in October 2019) <http://www.apta.org/PTinMotion/2019/10/DefiningMoment/>

Sharna is also looking into applying to present at the APTA national conference.

H. Please provide any additional information you would like to report (i.e. anecdotal stories of transformation, issues the Delivery System Transformation Committee should be aware of, etc.).

- A Corvallis health teacher has implemented some of the self care skills for their self and their children. Unless one embodies these skills, they cannot teach it with the passion we hope to share.
- Sharna was approached by a student who was taking opioids. After having a short conversation with him, he shared a couple of months later that he had stopped taking opioids. This is indicative of how the awareness of this topic is gradually changing our community.
- Lebanon alternative schools have shown interest in the curriculum as they have seen a very high rise of Marijuana usage as well as opioids. Dates are scheduled in October and into the next year to do training with their teachers in small groups.
- Discussion of collaboration and curriculum with IASP (International Association of the Study of Pain)
- A grant was awarded by Oregon PT association to bring a display into the Lebanon Alternative School. This will include and interactive component about the "Drug cabinet in the brain" and also encourage mindfulness, movement, and self-care. This will be a portable display that can be taken into schools.
- An IRB has been filed to study the students and teachers in the Lebanon alternative school and how the training is impacting student outcomes.
- Development of one more lesson plan on Alcohol, marijuana, vaping and caffeine is planned for next year.
- Staff wellness has become more of a focus across Corvallis schools.
- Alex Kaiser student at OSU- Pre-med/Public Health is working on making the Lebanon project her thesis project.

Helping High School Students to Understand Pain, Opioid Addiction, and Healthy Self-Care

Nikki McFarland
Sharna Prasad

Pilot Summary

- January 2019-December 2020
- \$53,392.50
- Collaborate with teachers and community partners to reflect on personal beliefs about pain and self-care, and expose teachers to the best practices for teaching students about pain awareness, opioid misuse prevention, and healthy self-care strategies.
- Key activities:
 - Facilitated Teacher Professional Learning
 - Developed “Drug Cabinet in the Brain” activity for students and teachers
 - Creating an online training for teachers and students

Key Outcomes

- Facilitated professional learning for 53 participants from 5 school districts and 11 community organizations
- Increased 9th grade access and awareness to Johnson Teen Center (all 9th grade students in CSD509j made at least one visit in 2019)
- Reduction in ED visits in Corvallis (from 16 in 18/19 to 2 in 19/20)
- Shared project and data at 6 regional and international conferences

Successes

“You cannot take care of others if not taking care of yourself.”

Learning Experiences

Inclusion of student voice in schools supports teachers to change practice.

Collaboration among teachers and members of community organizations working together can accelerate learning.

Self care before service.

Partnerships & Collaboration

- Increased collaboration between teachers and members of community organizations
- Moving forward, beginning to see new, strengthened collaboration with Benton County Health, OSU, and Samaritan in a variety of areas related to staff and student health
- American Physical Therapy Association Oregon has awarded a grant to assist with taking the “Drug Cabinet in the Brain” project online.

Remaining Challenges

- Developing systematic ways to learn about the challenges teens are facing.
- Creating relevant and authentic learning experiences connected to health and wellness.
- Connecting student project-based learning to the community.
- Growing collective ownership of health and wellness in our schools

Post Pilot Sustainability

- Live Professional Learning will continue to be offered post-Covid
- The training and materials are going online to allow teachers and students to engage and learn at their own pace.
- NYC, Ohio schools are interested in the training and curriculum.

Discussion



IHN-CCO DST Final Report and Evaluation

Peer Wellness Specialist Training

January 2018 – December 2020

Summary:

This pilot expands and integrates the existing collaborative partnerships of the Traditional Health Worker (THW) community in the tri-county area by building upon previous pilots and work of the THW Workgroup. This expands the ability of the THW Hub to train, supervise, and support the growing network of all types of THWs; Community Health Workers (CHWs), Health Navigators (HNs) Peer Support Specialists (PSSs), Peer Wellness Specialists (PWSs), and Birth Doulas. This pilot focuses on design, creation, accreditation, and delivery of a certified training course for Peer Support Wellness Specialists in the tri-county area. The pilot will demonstrate the strategic focus of; effectiveness and sustainability, expanding, connecting and demonstrating access to person-centered Medicaid focused healthcare, and connecting social determinants of health and upstream health to the traditional healthcare system.

Budget:

- **Total amount of pilot funds used:** \$118,600
- **Please list and describe any additional funds used to support the pilot.**
None

B. Provide a brief summary of the goals, measures, activities, and results and complete the grid below.

Goals:

- THW Workgroup will engage at least two new agencies with working IHN-CCO member in need of Peer Wellness Support Specialists Services
- THW Workgroup will create and submit for certification a Peer Wellness Specialist training to OHA
- Deliver two PWS trainings in IHN Service Area
- 20 PWS completed training for enrollment in THW Registry at Oregon Health Authority

Goal	Measure(s)	Activities	Results to Date
By 12/31/2018, THW subcommittee will engage at least 2 agencies, working with IHN-CCO members in need of PWS services, in developing a plan utilizing PWSs in their communities.	Identification and engagement of 2 new agencies working with identified populations that are interested in using PWSs in service delivery.	Built connections with agencies interested in PWS services: Linn County MH, Samaritan Rural Opioid Grant, CHANCE,	Agencies still interested, FTRN plans on delivering 1 st training virtually in September 2021
Actively participate in at least 1 Delivery System Transformation (DST) workgroup; DST recommends the THW Workgroup.	Attend either by phone or in person.	Executive Director attend DST meetings	Executive Director attended 70% of DST meetings over course of pilot. FTRN added 2 nd staff person attending in 2020.
By 04/30/18, create and submit a curriculum for PWS training course for certification.	Create curriculum.	Research Curriculum topics Frame curriculum Consult with topic experts Write learning objectives Create learning activities Research and obtain enrichment materials Create Instructors materials Create Learners materials	Curriculum certified and credentialed in Fall of 2020

IHN-CCO DST Final Report and Evaluation

		Create resource documents Review with THW workgroup Review with Subject Experts Publish in PDF	
	Submit curriculum for accreditation.	Submit curriculum to OHA for review and credentialing in July of 2019. Received feedback from OHA in Sept 2019 Review feedback Respond to feedback Resubmit feedback June 2020 Receive notice of certification Fall 2020.	Curriculum certified and credentialed in Fall of 2020.
By 12/31/18, 2 state-approved PWS workshops will be completed, 1 in Benton or Linn County and 1 in Lincoln County.	Completed PWS training workshop in Linn-Benton County.	Not accomplished	Not accomplished
	Completed training workshop in Lincoln County.	Not accomplished	Not accomplished
By 12/31/2018, 20 attendees will have completed local state-approved PWS workshops and be eligible to apply for enrollment into the state THW registry by the Oregon Health Authority (OHA).	# of certified PWS who have completed a local workshop.	Not accomplished	Not accomplished

C. What were the most important outcomes of the pilot?

The most important outcomes of the pilot were

- Creation of credentialed PWS curriculum that could be offered as an additional resource for advancing the peer workforce and adding access to PWS services to healthcare, behavioral health and community based organizations, strengthening a multidisciplinary approach
- Increasing and building a trained, credentialed PWS workforce to meet the needs of IHN members experiencing behavioral health and or substance use disorder challenges.
- Building connections between agencies aligned with behavioral and substance use disorder service delivery to inform and strategically plan for the use and implementation of PWS services for their IHN members

IHN-CCO DST Final Report and Evaluation

D. How has the pilot contributed to Triple Aim of improving health; increasing quality, reliability, and availability of care; and lowering or containing the cost of care?

This pilot expanded the foundational system of training and education in our THW Linn, Benton and Lincoln Hub. By adding this curriculum to the other curriculum offerings of Community Health Worker, Peer Support and Doula training it brings another foundational education source to build and expand the needed THW workforce in our region to meet the growing and changing needs of IHN members with limited access to services or challenged to accessing services through a barrier.

It impacts the Triple Aim as an upstream/prevention resource that will improve the health outcomes for members impacted by substance use and behavioral health disorder by offering supports and improved access to care, accessing care earlier, thereby preventing higher cost interventions and containment of costs needed to treat substance use disorder and behavioral health issues potentially in the emergency room while meeting the needs of those members well before they end up in crisis.

It impacts the quality of care of the Triple Aim by educating and a credentialing a workforce to serve as a bridge and support between the member and their care team and serves as an advocate for the member to have a voice in their care plan and empower them to be more clear what their needs are and their expectations for their care.

E. What has been most successful?

Through the DST and the THW workgroup, relationships have been established to advance and expand the use of PWS in multidisciplinary teams. The

F. Were there barriers to success? How were they addressed?

There were several barriers to success with this project

- Over the course of the pilot, we had several staff changes at FTRN that slowed down the progress on creating the curriculum. In hindsight, it would have been helpful to hire an outside curriculum developer or project manager to keep us on task and keeping to the original year's timeline. We had the best success when the responsibility for the curriculum design was moved to a small team of staff lead by a senior staff to complete the project after multiple breaks in progress
- Technology and software created several barriers in our ability to produce the curriculum in the format requested by the OHA. The requirements around format and production details were challenging based upon the software that FTRN had easy access to. We ended up purchasing software to aid in the finalized documents but there were delays in the production in the final products.
- There were multiple barriers based upon OHA's system for guiding and informing entities who want to develop curriculum. The guidance in what is required in curriculum is vague and much of the decisions around what to include in curriculum is left to the creators, however in review the reviewers were looking for particular items, outcomes and topics that were not specifically identified in the curriculum information documents. Greater clarity from OHA and more specifics on learning objectives would be helpful.
- Additionally, there was an issue with how the staff at OHA provided all of the documents that we submitted in our original submission to the reviewers. It appears there was an issue with some components not uploaded with the electronic documents, but they were included in the paper documents requested as well. This was frustrating from our perspective and lengthened the time it took to get the final curriculum credentialed.
- The ability of FTRN to deliver the training was then again impacted by COVID 19 in 2020 that prevented training from happening in a person to person or in group sessions. This prevented us from meeting our last outcomes around trainings delivered and new PWS credentialed. We are currently working on adapting the curriculum to a virtual and online format and hope to test it in the Summer and late Fall of 2021. We will offer the curriculum free of charge for two or three sessions to ensure that cost is not a barrier for individuals to sign up and receive the training.

IHN-CCO DST Final Report and Evaluation

- The key to overcoming all of these barriers was remaining flexible and adaptable and finding new ways to complete a project or task that was more difficult based upon issues and an environment we had little control over.

G. How readily would the pilot be scalable or replicable? Describe cautions and considerations when considering scaling, or replicating the Pilot. (i.e. Success dependent on personality/skills set, or activities appropriate under certain conditions like size, target population, etc.)

If another organization wanted to create a similar project, I would strongly recommend using the budget to hire consultants or project managers to keep the project on schedule and that would have more technical skill in technology and software beyond the potential capacity of a community based organization.

In our current virtual work environment, how each organization and our systems pivot to online learning and training is moving quickly but at the same time not moving, based upon all of the other requirements of our work pivoting. There is a limit to how quickly or how you prioritize pivoting when everything you have to do need to adapt and change.

H. Will the activities and their impact continue? If so, how? If not, why?

Yes~ Family Tree is committed to adapt the curriculum to a virtual/online platform so that we can continue to educate and expand the Peer workforce. Peer Supports of all kinds and THWs across the systems are vital and critical in supporting members of IHN and other CCOS in accessing healthcare. It is a lever that will increase engagement and access for members of vulnerable populations and communities who struggle in accessing high quality healthcare.

Peer Wellness Specialist Training

PRESENTER

RENEE SMITH, FAMILY TREE RELIEF NURSERY

Pilot Summary

- Start/End Date January 2018-December 2020
- Budget \$118,680
- Purpose of pilot was:
 - To expand the training arm of the Traditional Health Worker Hub to train and support a growing network of THWs across the tri county area
 - To design, create, credential and deliver a certified training course for Peer Support Wellness Specialists in our tri county area
 - To increase the number of agencies accessing Peer Support Wellness Specialists in their services
 - To increase the number of Peer Support Wellness Specialists in the tri county workforce.
- Brief reminder of pilot key activities
 - Educate and engage agencies in the use of PWS in services supporting IHN members
 - Develop, credential and implement PWS training course
 - Reduce costs of accessing trainings by offering locally
 - Develop locally trained facilitators to ensure training aligns with local communities

Key Outcomes

- Educate and engage agencies in the use of PWS in services supporting IHN members
 - Through THW workgroup, community presentations and networking opportunities three organizations identified for potential PWS services
- Develop, credential and implement PWS training course
 - Curriculum developed, credentialed as COVID019 shut down face to face training
 - Plans for online delivery in Fall of 2021
- Reduce costs of accessing trainings by offering locally
 - Trainings will be offered locally
 - COVID further reduce costs due to future trainings virtual #silverliningofCOVID
- Develop locally trained facilitators to ensure training aligns with local communities
 - Curriculum developed locally with current Peer Support input “boots on the ground” reflected
- Offer to neighboring counties with similar rural and coastal focus
 - Utilize networking contacts of THW Workgroup in including agencies from neighboring counties

Successes

- Family Tree frontline staff have opportunity to share their knowledge and experiences in creating learning environment and key learning outcomes thereby confirming the value of their “lived experience” in their profession
- Collaboration with CHW training offered by BCHS and aligning trainings for CHW and PWS were aligned while allowing specific topics and learning where a varied approach would have strong outcomes.
- Using TED talks, podcasts, and creative learning activities to harness desire and preferences of adult learners to design learning to meet their individual needs, not just a list of topics you have to learn or “cover”

Learning Experiences

- Did you make any changes because you learned how to do something better?
 - Engaged front line Peers as subject matter experts to complete project
 - Software/technology
- Did something not work so you adjusted, what/how did you adjust?
 - After multiple delays, put a small team together to complete project
 - Continued communication with OHA on credentialing process
- What were the key factors that helped the pilot through a difficult period?
 - Believing in the importance of the work
 - Not wanting to let the other members of the THW workgroup down

Partnerships & Collaboration

- Partnerships with other members of the THW workgroup
 - Samaritan Education Hub
 - Doula program at OSU
- Expanded collaborations with Albany Partnership for Housing, Samaritan Rural Opioid Grant
- Working with other partners to adapt to the COVID environment and how it impacts training

Remaining Challenges

- Any remaining challenges that should be considered if this work is continued
 - How to train and credential Peers and CHWs in a virtual world when so much of their work is in building relationships.
 - Continue to adapt and pivot over the next three - four years as we discover what our “new” normal will be
 - Support all THWs in our virtual worlds based upon unique relationships they have with their communities.

Post Pilot Sustainability

- Family Tree plans to adapt curriculum to online/virtual platform Spring/Summer of 2021 for delivery in Fall of 2021
- Plan on using components to expand continuing education modules for THWs to maintain certification
- Family Tree plans on using base curriculum to explore creating of training for Family Support Specialists
- Family Tree willing to share what we learned with anyone wanting to develop other trainings.

Discussion



Unite Us

- Cloud-based social determinants of health referral platform
- HIPAA, FERPA, 42 CRF part 2, and SAMHSA compliant
- Track outcomes and identify service gaps
- How it works
 - *Entry, screening, referral, resolution, feedback*



Connect Oregon

- Previously called Community Connect in Benton, Lincoln, and Linn counties
- Joined the statewide network in mid-December 2020
- Open to community-based organizations and medical providers
- Continuous recruitment and onboarding with new partners
- Integrated into Samaritan Health Services Epic

Connect Oregon in Numbers*

1077 unique clients



2242 unique service episodes



1733 organizations



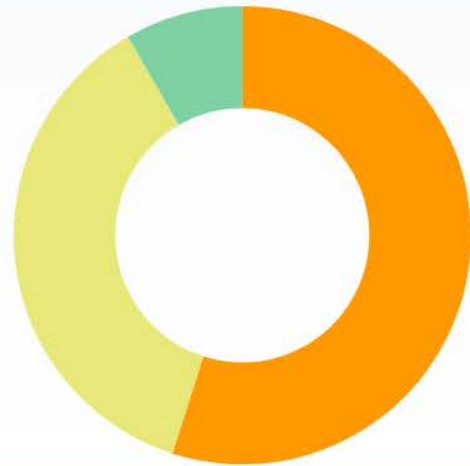
17616 unique network users





2242 Unique Service Episodes

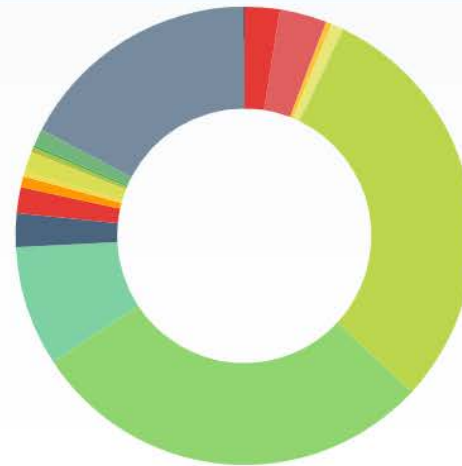
Service Episodes by Source



Service Episodes by Source		
Created by Network Organizations	1232	(55%)
Created by the Coordination Center	823	(37%)
Created from Assistance Requests (Self-Referrals)	187	(8%)
Total	2242	

Service Episodes by Parent Service Type

CLICK ANY SERVICE TYPE TO VIEW SUB-TYPES

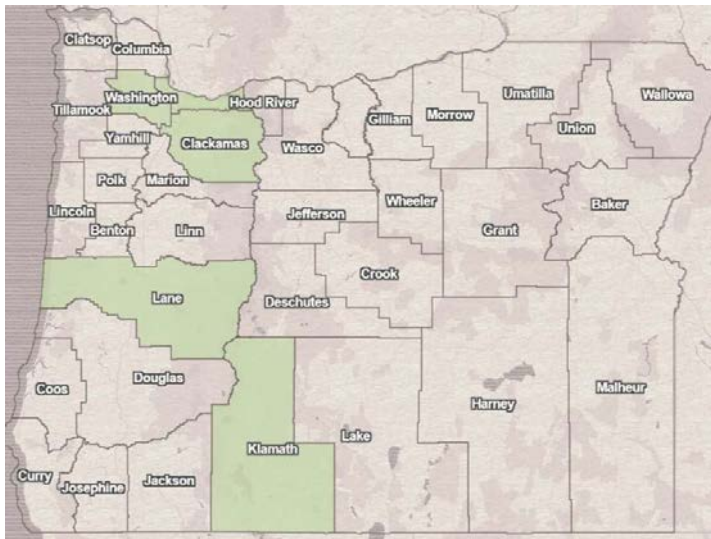


Service Episodes by Parent Service Type		
Benefits Navigation	56	(2%) VIEW SUBTYPES
Clothing & Household Goods	75	(3%) VIEW SUBTYPES
Education	9	(0%) VIEW SUBTYPES
Employment	20	(1%) VIEW SUBTYPES
Entrepreneurship	1	(0%) VIEW SUBTYPES
Food Assistance	667	(30%) VIEW SUBTYPES
Housing & Shelter	646	(29%) VIEW SUBTYPES
Income Support	190	(8%) VIEW SUBTYPES
Individual & Family Support	53	(2%) VIEW SUBTYPES
Legal	41	(2%) VIEW SUBTYPES
Mental/Behavioral Health	17	(1%) VIEW SUBTYPES
Money Management	8	(0%) VIEW SUBTYPES
Physical Health	32	(1%) VIEW SUBTYPES
Social Enrichment	8	(0%) VIEW SUBTYPES
Substance Use	4	(0%) VIEW SUBTYPES
Transportation	26	(1%) VIEW SUBTYPES

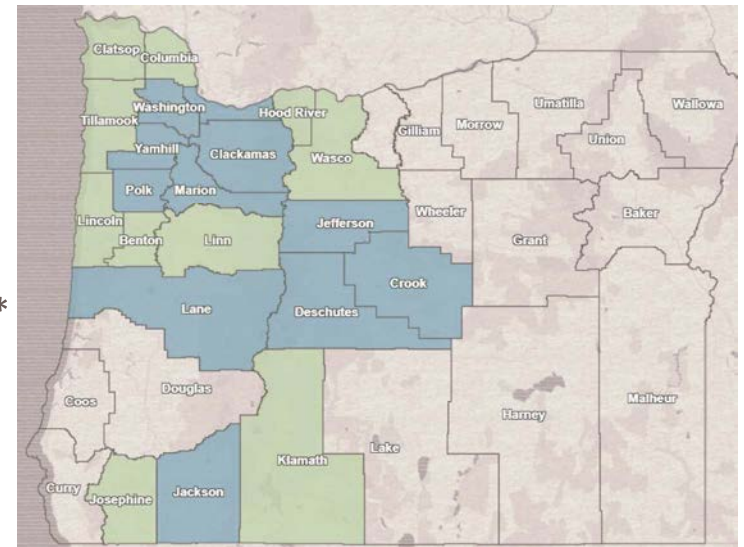
Current CIE use in Oregon

23 counties* are live or somewhere in the process of implementing CIE, main systems are Aunt Bertha and Unite Us/Connect Oregon

Aunt Bertha by County**



Unite Us/Connect Oregon by County**



Legend:

- 2 CCO/Health Plan Sponsors
- 1 CCO/Health Plan Sponsor

*See [flyer](#) for list of counties (Español)

**<https://pdxedu.maps.arcgis.com/apps/MapSeries/index.html?appid=a9b4fbd305094c769387127521b6250e>

Universal Care Coordination (UCC) Workgroup Scope of Work Document 2021

Workgroup purpose:

Community driver of Unite Us (from DST conversation 1/21/2021)

Strategic Goals:

-

Workgroup Chairs:

Name:	Organization:	Phone Number:	Email:

Meeting Frequency: TBD (at first Workgroup)

Short Term Goals:

-