

# **Agenda**

## **Delivery System Transformation Committee**

April 29, 2021 4:30 – 6:00 pm

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

Phone: +1 971-254-1254

Conference ID: 826 171 835#

- |   |                                      |             |
|---|--------------------------------------|-------------|
| <b>1. Welcome and Introductions</b>               | <b>Beck Johnson, Olalla Center</b>   | <b>4:30</b> |
| <b>2. Transformation Update</b>                   | <b>Charissa Young-White, IHN-CCO</b> | <b>4:45</b> |
| • Request for Proposal: Priority Areas Recap      |                                      |             |
| <b>3. Request for Proposal Documents Finalize</b> | p. 6+                                | <b>4:55</b> |
| <b>4. Workgroup Updates</b>                       | <b>Workgroup Chairs</b>              | <b>5:15</b> |
| <b>5. Wrap Up</b>                                 | <b>Beck Johnson, Olalla Center</b>   | <b>5:55</b> |
| • Announcements                                   |                                      |             |
| • Next Meeting: May 13, 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

<b>January</b>	7	Strategic Planning: Overview and Charter		
	21	Strategic Planning: Charter, Workgroups, Engagement		
<b>February</b>	4	HSPO	PWST	Strategic Planning: UCC & Health Equity
	18	DOUL	RDUC	Strategic Planning: UCC Workgroup
<b>March</b>	4	Strategic Planning: Pilots/RFP		
	18	Pilot Updates	Strategic Planning: Request for Proposal (RFP)	
<b>April</b>	1	RFP Decisions		
	15	Finalizing RFP		
	29	Workgroup Updates	RFP Final Decisions	
<b>May</b>	13	Board Update	Proposal Criteria/Scorecard Review	
	27		Pilot Updates	

**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

<b>June</b>	10	LOI Decisions			
	24		Pilot Updates		
<b>July</b>	8		Pilot Updates		
	22		Proposal Review and Discussion (RFP2)		
<b>August</b>	5		Proposal Decisions (RFP2)		
	12	Proposal Presentations (RFP1)			
	19	Proposal Presentations (RFP1)			
<b>September</b>	2	Proposal Presentations (RFP1)			
	16	Proposal Decisions (RFP1)			
	30	Workgroup Updates			
<b>October 7: Regional Planning Council for Pilot Final Approval</b>					
<b>October</b>	14	Trauma Informed Care Facilitated Discussion			
	28				
<b>Nov</b>	11	Safe and Inclusive Spaces Training			
<b>Dec</b>	9				

# Minutes

## Delivery System Transformation Committee (DST)

April 15, 2021 4:30-6:00 pm  
Microsoft Teams (Online)

Present			
<b>Chair:</b> Beck Johnson	Charissa Young-White	Chris Folden	Stacey Bartholomew
Rich Blum	Crystal Rowell	Lyrica Stelle	Kevin Ewanchyna
Elizabeth Hazlewood	Annie McDonald	Marci Howard	Linda Lang
Danny Magana	Stephanie Hagerty	Connie Kay	Alicia Bublitz
Britny Chandler	Paulina Kaiser	Lance Liden	Dick Knowles
Larry Eby	Christine Mosbaugh	Linda Mann	Priya Prakash
Andrea Myhre	Allison Hobgood	Aimee Snyder	Christian Moller-Anderson
Rebecka Weinstein	Rebekah Fowler		

### **Transformation Update: Charissa Young-White**

#### **Honoring Dr. Ewanchyna as a Mental Health Hero**

- On Saturday, May 15, 2021, Trillium Family Services will unveil the 2021 Mental Health Heroes at Trillium's online Heroes Gala!

#### **Request for Proposal (RFP) Decisions Recap**

- See page 7 of the packet.
- Need volunteers for simplifying and ensuring universal design components for the RFP documents.
- Messaging regarding the RFP:
  - Emphasize the different grant sizes.
  - Not prescriptive as to what size of organization.

#### **Request for Proposal Decisions: Priority Areas**

- See page 7 of packet.
- Robust discussion on priority areas including what is missing or may be consolidated.
- **To Do:** Transformation to send out survey asking what priority areas the Committee would like to focus on, whether subpopulations experiencing disparities should be a priority area, and any additional things to share.

# LETTER OF INTENT

InterCommunity Health Network Coordinated Care Organization (IHN-CCO) invite interested parties who can positively impact the health outcomes of IHN-CCO members to submit a letter of intent for funding through the SHARE (Supporting Health for All through REinvestment) Initiative or Delivery System Transformation Pilot Projects. The full Request for Proposal (RFP) Guidelines are available at [www.IHNtogether.org](http://www.IHNtogether.org) or by emailing [Transformation@samhealth.org](mailto:Transformation@samhealth.org). A non-binding Letter of Intent (LOI) is required to be considered for funding. **Please use this template and limit your LOI to no more than three pages.**

The LOI must be submitted to [Transformation@samhealth.org](mailto:Transformation@samhealth.org) no later than **8:00 AM May 31, 2021**.

**Primary Organization:**

**Primary Contact:**

**Primary Contact Email Address:**

**Partnering Organization (s):**

**Project Name (4 words or less):**

1. Describe your project in a few paragraphs. Consider if your project is innovative and will provide new and different learning or is focused on evidence-based practices.
2. Which of the following does your project focus on?
  - Subpopulations of IHN-CCO members that experience health disparities
    - E.g. Latino/a/x, LGBTQ+, disabled folx, indigenous, foster care youth, youth in transition from foster care
  - Addressing trauma
  - Increasing and improving access to behavioral health services with an emphasis on the impacts of COVID-19
  - Housing
    - Does the project focus on medical respite, supports in housing, or building a regional coordinated coalition (SHARE Initiative focus areas)?
  - Language access including health literacy, interpreter services, and translation of materials
  - Developing and sustaining a bicultural and bilingual workforce through equitable hiring and compensation practices
3. What health outcomes do you expect to improve in order to promote equity and reduce health disparities for IHN-CCO members?
4. How does this project connect with related activities happening in our region? Which other community organizations are involved with this idea or similar work? Do you plan to collaborate with any other organizations?
5. What is your approximate budget? Consider expenses such as staff time, materials and supplies, meetings, education, travel, indirect costs, etc.
  - Less than \$50,000
  - Over \$50,000
  - Unsure

In compliance with the Americans with Disabilities Act, this document can be made available in alternate formats such as large print, Web-based communications, and other electronic formats. To request an alternate format, please send an e-mail to [Transformation@samhealth.org](mailto:Transformation@samhealth.org).

# InterCommunity Health Network Coordinated Care Organization (IHN-CCO)

## Issues the Following Request for Pilot Proposals

Date Issued: May 11, 2021

Letter of Intent Due Date: **May 31, 2021 by 8:00 am**

Issuing Office: Transformation Department, IHN-CCO

Point of Contact: Charissa Young-White  
[Transformation@samhealth.org](mailto:Transformation@samhealth.org)

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## INTRODUCTION

InterCommunity Health Network Coordinated Care Organization (IHN-CCO) is committed to improving the health of our communities by building on current resources and partnerships within the tri-county region. IHN-CCO and community partners, through the Delivery System Transformation Committee (DST), welcome innovative ideas and collaborative strategies to ensure all individuals have equal opportunities to be healthy where they live, work, learn, and play. IHN-CCO is committed to improving the health of our communities through the Triple Aim of better health, better care, and lower cost.

IHN-CCO and the DST invite interested providers and agencies in Benton, Lincoln, and Linn counties who can positively impact the health outcomes of IHN-CCO members to submit pilot proposals that transform the healthcare delivery system.

IHN-CCO and the DST are committed to not only our own health equity policies and practices, but working to support the development, growth, and sustainability of equity-focused, transformational work throughout our region. It is with this commitment in mind that we strongly encourage providers, agencies, and community-based organizations working within and for marginalized communities to apply. Additionally, to ensure that our committee membership, community partners, and pilot champions are reflective of the communities being served, we strongly encourage that proposals are led by innovative change-makers and leaders within marginalized communities. It is our belief that in the pursuit of supporting truly equitable and transformational work, we must ensure that the voices, perspectives, and invaluable lived experiences of the diverse communities of our region are heard, valued, and amplified.

### Purpose:

- Promote and strengthen partnerships and create new alliances that support transformation of the healthcare delivery system in the tri-county region through collaborative workgroups and pilots
- Expand and integrate collaborative partnerships that are aligned with CCO goals and the Quadruple Aim (reduced costs, better health, improved access, and improved provider and staff satisfaction)
- Promote, foster, support, share innovation, and expand the model of the Patient-Centered Primary Care Home as the foundation of the CCO's transformation of health care delivery

### DST Meeting Participation

The Delivery System Transformation Committee (DST) would like to invite representatives interested in proposing a pilot to attend DST meetings. This an opportunity to become part of the learning community committed to transformation of the healthcare delivery system. If you would like to participate via videoconferencing, please contact the Transformation Department for instructions. Meetings occur every other Thursday at 4:30 pm. Please visit the [DST Section](#) of [www.IHNtogether.org](http://www.IHNtogether.org) or email [Transformation@samhealth.org](mailto:Transformation@samhealth.org) for more information.

## DEFINITIONS

### Transformation

Transformation is defined as keeping the Patient-Centered Primary Care Home (PCPCH) at the center of healthcare delivery, but includes creating different relationships, community connections, and linkages outside of the traditional health services setting. Transformation pilots should include upstream health and be willing to risk trying something different. Even failed projects provide a learning opportunity. Transformation is constantly changing and is not static, has elements of innovation, but is broader and involves system change.

### Social Determinants of Health

SDoH are “the conditions in which people are born, grow, live, work and age” per the World Health Organization (WHO). These conditions include housing, food, employment, education, and many more. SDoH can impact health outcomes in many ways, including determining access and quality of medical care.

### Health Equity

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Health equity broadens the disparities concept by asking, “Why are some populations at greater risk of illnesses and preventable deaths than others?” This question leads to a deeper analysis and exploration of the causative factors that contribute to disparities. Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

### Patient-Centered Primary Care Home

The Patient-Centered Primary Care Home is a care delivery model where treatment is coordinated through the member’s primary care physician to ensure they receive the necessary care when and where they need it and in a manner they can understand.

## PROCESS OVERVIEW & TIMELINE

### Required Letter of Intent

A non-binding Letter of Intent (LOI) is required to be considered for funding. Please submit the LOI form to [Transformation@samhealth.org](mailto:Transformation@samhealth.org) no later than **May 31, 2021 at 8:00 am**.

The LOI must address all required pilot components and will be scored on how transformational the proposed pilot is and on the health equity approach.

The Letter of Intent form can be found at [www.IHNtogether.org/transforming-health-care/request-for-proposals](http://www.IHNtogether.org/transforming-health-care/request-for-proposals) or by emailing [Transformation@samhealth.org](mailto:Transformation@samhealth.org).

### Process Overview

The first step is to submit a Letter of Intent. Selected pilots will be invited to submit a full pilot proposal. New for 2021, there are two separate pathways, with distinct requirements and timelines, for pilots with a budget of over \$50,000 (“RFP1”) vs. those with a budget of over \$50,000 (“RFP2”). The goal of creating two pathways is to simplify the process and reduce barriers for newer/smaller organizations.

### Funding Options: RFP1 & RFP2

Pilot proposals with budgets greater than \$50,000 (RFP1) will be required to fill out an application including a detailed budget, SMART goals and outcomes, and detailed timeline. Pilot proposals with budgets of \$50,000 or less (RFP2) will be required to fill out a simpler proposal application that will be reviewed by the DST.

### Technical Assistance

Technical assistance is required for anyone submitting a pilot proposal. Please direct all questions and inquiries to [Transformation@samhealth.org](mailto:Transformation@samhealth.org). The IHN-CCO Transformation staff work with proposers to ensure that pilot proposals are aligned with the Request for Proposal.

## Timeline

Activity	Expected Date(s) RFP1	Expected Date(s) RFP2
Request for Proposal (RFP) Announcement	May 11, 2021	May 11, 2021
Question and Answer (Q&A) Session	May 25, 2021	May 25, 2021
Letter of Intent (LOI) Due – Required	May 31, 2021 by 8:00 am	May 31, 2021 by 8:00 am
Invitations Issued to Submit Full Pilot Proposal	By June 17, 2021	By June 17, 2021
Technical Assistance Meeting – Required	June 17 to July 23, 2021	June 17 to July 14, 2021
Pilot Proposal Due	July 27, 2021 by 8:00 am	July 15, 2021 by 8:00 am
Pilot Presentations to the DST Committee	August 12, 2021 August 19, 2021 September 2, 2021	N/A
DST Committee Decisions	September 16, 2021	August 5, 2021
Pilot Proposers Notified of DST Decision	By September 30, 2021	By August 12, 2021
Regional Planning Council Funding Decisions	October 7, 2021	<b>Tentative:</b> August 19, 2021
Proposers Notified of Pilot Denial or Approval	By October 31, 2021	<b>Tentative:</b> By August 31, 2021
Contract Negotiations	November 2021	<b>Tentative:</b> September 2021
Pilot Contracts Finalized	By November 30, 2021	<b>Tentative:</b> September 30, 2021
Pilot Invoicing/Payments Begin	January 1, 2022	<b>Tentative:</b> October 1, 2021
Although we do our best to adhere to this timeline, it is subject to change as circumstances occur.		

## PRIORITY AREAS

Applicants may choose to submit a proposal that addresses both one or more priority areas as well as a specific subpopulation of IHN-CCO members.

- Subpopulations of IHN-CCO members that experience health disparities
  - E.g. Latino/a/x, LGBTQ+, disabled folx, indigenous, foster care youth, youth in transition from foster care
- Addressing trauma
- Increasing and improving access to behavioral health services with an emphasis on the impacts of COVID-19
- Innovative programs supporting housing
- Language access including health literacy, interpreter services, and translation of materials
- Developing and sustaining a bicultural and bilingual workforce through equitable hiring and compensation practices

### Outcomes, Indicator Concepts, and Areas of Opportunity

The information below is from IHN-CCO’s Community Advisory Council’s (CAC) 2019 Community Health Improvement Plan. Pilots must align with one or more of the outcomes and indicator concepts/areas of opportunity. Areas of opportunity are areas where data may be lacking; but the CAC considers integral to measuring the outcome.

ACCESS	
Outcomes	Indicator Concepts and Areas of Opportunity
A1: Increase the percentage of members who receive appropriate care at the appropriate time and place.	Indicator Concepts c. Trauma-informed care, such as Adverse Childhood Experiences (ACEs) and resiliency measures d. Appropriate physical, behavioral, and oral preventive healthcare for all ages
BEHAVIORAL HEALTH	
Outcomes	Indicator Concepts and Areas of Opportunity
BH1: Reduce stigma and increase community awareness that behavioral health issues are normal and widely experienced.	Indicator Concepts a. Number of community members, employers, landlords, teachers, elected officials, and service providers (e.g. law officers, firefighters, Emergency Medical Technicians) trained in Mental Health First Aid, or trauma informed care, or other basic mental health awareness training b. Peer- delivered behavioral health education and services

	<p>Areas of Opportunity</p> <ul style="list-style-type: none"> <li><i>i.</i> Behavioral health stigma within the community</li> <li><i>ii.</i> Community supports in the community to normalize behavioral health issues</li> </ul>
<p>BH2: Increase the behavioral health expertise of healthcare providers and staff to reduce stigma and improve access and appropriate utilization of services.</p>	<p>Indicator Concept</p> <ul style="list-style-type: none"> <li>a. Oregon Psychiatric Access Line about Adults (OPAL-A) utilization</li> </ul> <p>Areas of Opportunity</p> <ul style="list-style-type: none"> <li><i>i.</i> Members receive behavioral health services, screenings, and referrals in primary care settings</li> <li><i>ii.</i> Co-located primary care and behavioral health providers</li> <li><i>iii.</i> Primary care providers and Emergency Department staff exposed to behavioral health education, information, and Continuing Medical Education</li> </ul>
<p>BH3: Increase mental health and substance use screenings, services, referrals, and peer and parent support.</p>	<p>Indicator Concept</p> <ul style="list-style-type: none"> <li>a. Screening, Brief Intervention, Referral to Treatment (SBIRT) rates</li> <li>b. Rates of suicidal ideation, attempts, suicide, and/or self-harming behaviors</li> <li>c. Overdose rates</li> </ul> <p>Areas of Opportunity</p> <ul style="list-style-type: none"> <li><i>i.</i> Mental health and substance use services, screening, and referrals in venues other than traditional medical facilities, including schools</li> <li><i>ii.</i> Peer delivered education and support</li> <li><i>iii.</i> Mental health service wait-times</li> <li><i>iv.</i> Lack of mental health services for those not in crisis</li> </ul>
<p>BH4: Improve care for members experiencing mental health crisis.</p>	<p>Areas of Opportunity</p> <ul style="list-style-type: none"> <li><i>i.</i> Quality of mental health care</li> <li><i>ii.</i> Appropriate care at the appropriate time and place for people experiencing a mental health crisis</li> <li><i>iii.</i> Time from appointment request to appointment with a mental health care provider</li> <li><i>iv.</i> Care coordination</li> </ul>

BH5: Improve care for members experiencing severe and persistent mental illness.	<p>Areas of Opportunity</p> <ul style="list-style-type: none"> <li><i>i.</i> Non-mental health care (i.e., physical and oral)</li> <li><i>ii.</i> Continuity of care</li> <li><i>iii.</i> Ongoing engagement with a behavioral health provider</li> <li><i>iv.</i> Health equity for this marginalized population</li> <li><i>v.</i> Stigma reduction</li> <li><i>vi.</i> Assertive Community Treatment (ACT)</li> </ul>
BH6: Behavioral health funded and practiced with equal value and priority as physical health.	<p>Indicator Concepts</p> <ul style="list-style-type: none"> <li>a. Implement and report progress on a behavioral health parity plan</li> </ul>
	<p>Areas of Opportunity</p> <ul style="list-style-type: none"> <li><i>i.</i> Number of mental health providers</li> <li><i>ii.</i> Preventative behavioral healthcare and promotion of general wellbeing</li> </ul>
<b>SOCIAL DETERMINANTS OF HEALTH</b>	
Outcomes	Indicator Concepts and Areas of Opportunity
SD1: Increase the percentage of members who have safe, * accessible, affordable housing.  *Safe housing: a structurally sound, secure, sanitary, nontoxic residence with basic utilities, timely repairs, and adequate space for residents	<p>Indicator Concepts</p> <ul style="list-style-type: none"> <li>a. Number of homeless persons</li> <li>b. Number of homeless students</li> </ul>
	<p>Areas of Opportunity</p> <ul style="list-style-type: none"> <li><i>i.</i> Stable housing upon discharge from hospital or emergency room visit</li> <li><i>ii.</i> Evictions prevention and reduction</li> <li><i>iii.</i> Housing-related, closed-loop referral between clinical and community services</li> <li><i>iv.</i> Social Determinants of Health claims data</li> </ul>
SD4: Increase health equity.	<p>Areas of Opportunity</p> <ul style="list-style-type: none"> <li><i>i.</i> Health disparities experienced by members due to age, disability, gender identity, geographical location, income, race or ethnicity, sex, sexual orientation, etc.</li> <li><i>ii.</i> Availability of health equity data</li> </ul>

# PILOT PROPOSAL REQUIREMENTS

## RFP1

The following are required components for all pilot proposals with a budget greater than \$50,000. If invited to submit a full proposal, the template and attachments will be sent to you electronically by the IHN-CCO Transformation Department.

### 1. Cover Sheet

This page should be included as the top page of the Application.

### 2. Proposal Narrative

#### A. Executive Summary (½ page)

Provide a summary of the pilot including the overall pilot aims.

#### B. Pilot Description (5-7 pages)

Detailed description of the proposed pilot including:

- Pilot goals and how they will be measured as indicators for achieving outcomes
- Target population; ensure the IHN-CCO population is specifically addressed in terms of numbers of members expected to be served and the percentage of clients that are IHN-CCO members
- Describe the intervention and detailed activities
- List all partners that will be working on the pilot and the tasks they will undertake
- Describe how the pilot will promote health equity and reduce health disparities; include how health equity data for IHN-CCO members will be tracked
- Explain the social determinants of health lens the pilot will be incorporating
- Describe the individuals tasked with portions of the pilot and their roles and experience
- Describe how the project fits into your organization's strategic or long-range plans
- Describe how members of the community will hear about your project
- Explain the expected outcomes and how they help meet the pilot goals
- Describe potential risks and how the pilot plans to address them

#### C. Pilot Timeline (1 page)

Provide a timeline of major activities and goals.

#### D. Sustainability Plan (½ page)

Explain how the pilot is innovative, scalable, and transferable. Describe how the pilot, if successful, will be sustained within your organization and how it could be spread to other organizations. Describe other organizations that have a vested interest in the pilot. Be sure



to include other resources and organizations contributing to the success of the pilot. Explain how funding will continue after DST funding is completed.

### 3. Budget Worksheet

Provide a budget using the Budget Template (this template will be in Microsoft Excel).

### 4. SMART Goals and Measures Table

Use the Measures and Evaluation Template to show the evaluation plan (this template will be in Microsoft Word). Include one or more of the outcomes and indicator concepts/areas of opportunity listed on page 8.

All proposals submitted with a budget greater than \$50,000 (RFP1) are expended to present their proposal to at a DST meeting. Pilot Proposal Presentations will be scheduled on August 12, 2021, August 19, 2021, and September 2, 2021 (all meetings scheduled for 4:30 to 6:30 pm). Please let the Transformation Department know if you have a date preference as soon as possible after you are invited to submit a full proposal.

## RFP2

The following are required components for all pilot proposals with a budget of \$50,000 or less. If invited to submit a full proposal, the template and attachments will be sent to you electronically by the IHN-CCO Transformation Department.

### 1. Cover Sheet

This page should be included as the top page of the Application.

### 2. Proposal Narrative

#### A. Executive Summary (½ page)

Provide a summary of the pilot including the overall pilot aims.

#### B. Pilot Description (2-4 pages)

Detailed description of the proposed pilot including:

- Pilot goals, activities, and how they will be measured as indicators for achieving the outcomes
- List all partners that will be working on the pilot and the tasks they will undertake
- Describe how the pilot will promote health equity and reduce health disparities
- Describe the individuals tasked with portions of the pilot and their roles and experience
- Describe how members of the community will hear about your project
- Describe potential risks and how the pilot plans to address them

#### C. Sustainability Plan (½ page)

Explain how the pilot is innovative, scalable, and transferable. Describe how the pilot, if successful, will be sustained within your organization and how it could be spread to other organizations. Describe other organizations that have a vested interest in the pilot. Be sure to include other resources and organizations contributing to the success of the pilot. Explain how funding will continue after DST funding is completed.

### 3. Budget Worksheet

Provide a budget using the Budget Template (this template will be in Microsoft Excel).

## **BUDGET DETAILS**

Transformation of the healthcare delivery system is process driven by outcomes. Pilot budgets should be written in terms of outcomes. For example,

Cost Allocation or Indirect Rate: Indirect cost may not exceed 15% of the Total Direct Costs. Expenses, such as equipment and/or supplies, should not be included in the Indirect Expenses category but should be itemized in the other budget categories. IHN-CCO reserves the right to request additional detail on cost allocation or indirect rates.

Funds Cannot be Used to Support the Following:

- Construction or renovation
- Equipment costs in excess of \$20,000
- Vehicle purchases
- Work for which results and impact cannot be measured
- Current organizational expenses

Pilot Contracting Period

One to two years but is subject to negotiation during the proposal period. All funds must be distributed by IHN-CCO by December 31, 2022.

## **EVALUATION OF PROPOSALS**

In the process of selecting pilot projects for funding, the DST will give priority to proposals that meet the following criteria and goals:

- Create opportunities for innovation and new learning for the DST and the pilot proposers
- Yield measurable outcomes that are new or different from previously funded pilot projects
- Establish new connections within and between the healthcare delivery system and the community
- Plan to sustain and continue project after DST funding ends
- Exhibit consideration of alternative funding sources
- Clearly articulate what part of the Medicaid population is affected and how
- Target areas of healthcare associated with escalating healthcare costs

- Develop and validate strategies for collaboration and creating interconnections between community services and healthcare systems
- Demonstrate clear linkage to the Patient-Centered Primary Care Home

## **EXPECTATIONS OF FUNDED PROJECTS**

### Progress Reporting

Semi-annual and final reports are required. Reporting templates will be distributed at the time of contracting. It is required that presentations and reports show pilot impact through:

- Measurement and evaluation
- Communication and dissemination of results
- Sharing of best practices
- Sustainability
- Member and system impact
- Health equity and social determinants of health approaches

### DST Presentations

To foster learning and guide future direction of transformation efforts, pilot projects are asked to share updates and lessons learned to the DST committee. Presentations are scheduled during regular DST meetings.

### Workgroup Participation

Pilot projects are required to be involved in and attend a DST workgroup during the funding timeframe. DST workgroups are comprised of individuals working towards a common agenda that help develop and support transformational work efforts. The workgroups focus on the cross-sector collaboration between Patient-Centered Primary Care Homes and community efforts and services, to achieve better health, better access, and to reduce costs. Pilots will be recommended to attend a workgroup by the DST. The currently active workgroups are:

- Connect Oregon
- Health Equity
- Social Determinants of Health
- Traditional Health Workers