Agenda
Delivery System Transformation Committee

May 13, 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**

3. **Proposal Criteria & Scorecards**   p. 7+   **Beck Johnson,** Olalla Center   **4:55**
   - Sustainability
   - Other changes or thoughts?

4. **Wrap Up**   **Beck Johnson,** Olalla Center   **5:55**
   - Announcements
   - Next Meeting: May 27, 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 DentaQuest	Lincoln	1/1/20	12/31/21

Delivery System Transformation Committee (DST) 2021 Calendar

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

Month	Date	Event
June	10	LOI Decisions
June	24	Pilot Updates
July	8	Pilot Updates
July	22	Proposal Review and Discussion (RFP2)
August	5	Proposal Decisions (RFP2)
August	12	Proposal Presentations (RFP1)
August	19	Proposal Presentations (RFP1)
September	2	Proposal Presentations (RFP1)
September	16	Proposal Decisions (RFP1)
September	30	Workgroup Updates

October 7: Regional Planning Council for Pilot Final Approval

Month	Date	Event
October	14	Trauma Informed Care Facilitated Discussion
October	28	
Nov	11	Safe and Inclusive Spaces Training
Dec	9	

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

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Minutes
Delivery System Transformation Committee (DST)
April 29, 2021 4:30-6:00 pm
Microsoft Teams (Online)

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Present			
Chair: Beck Johnson	Charissa Young-White	Bettina Schempf	Alicia Bublitz
Christine Mosbaugh	Britny Chandler	Elizabeth Hazlewood	Linda Lang
Chris Folden	Stacey Bartholomew	Marci Howard	Paulina Kaiser
Shannon Rose	Sheryl Fisher	Crystal Rowell	Annie McDonald
Abby Mulcahy	Dick Knowles	Jan Molnar-Fitzgerald	Rebekah Fowler
Joell Archibald	Kevin Ewanchyna	Stephanie Wiegman	Sheree Cronan

Transformation Update: Charissa Young-White

Technology Issues
- We have heard there have been others experiencing difficulties with the chat and viewing themselves rather than the entire group. Transformation is working on this but it appears to be a Microsoft Teams issue as we cannot pinpoint it to a particular method of connecting or organization.

Pilot Evaluation Study
- Please fill out the survey sent by Lyrica Stelle (Transformation intern) if you are a past pilot champion.

SHARE (Supporting Health for All through REinvestment) Initiative
- Social determinant of health spending by coordinated care organizations. The Request for Proposal (RFP) will be released at the same time as the DST RFP which is May 11, 2021.

Request for Proposal (RFP) Priority Area Decisions Recap
- Survey results showed high levels of support to add subpopulations of IHN-CCO members that experience health disparities to the priority area list (20 votes yes, 4 votes no).
  - 2 of the 4 respondents that voted no indicated they felt that all IHN-CCO experience disparities as a definition of being a Medicaid member.
- Survey results showed slight support for keeping the priority areas as discussed with 9 votes for Option 1, 7 for Option 2, and 8 for Option 3:
  - The first option (Option 1) includes all seven areas discussed by the DST throughout strategic planning.
    - Trauma
    - Increasing and improving access to behavioral health care in light of COVID-19
    - Housing
    - Language access
    - Developing a bilingual and bicultural workforce
    - Pay equity through building and sustaining the workforce
    - Improving access to behavioral health services in non-traditional ways
  - The second option (Option 2) is pared down slightly to consolidate the behavioral health and workforce components.
    - Addressing trauma
    - Increasing and improving access to behavioral health services with an emphasis on the impacts of COVID-19
    - Housing
    - Language access
    - Developing and sustaining a bicultural and bilingual workforce through equitable hiring and compensation practices
  - The third option (Option 3) removes housing as a priority area due to the SHARE Initiative overlap as well as combines language access with the workforce equity component.
    - Addressing trauma

- Increasing and improving access to behavioral health services with an emphasis on the impacts of COVID-19
- Developing and sustaining a bicultural and bilingual workforce through equitable hiring and compensation practices to improve culturally and linguistically appropriate services for members
- Multiple members indicated that they would like to see "Addressing" added to the first line.
- Multiple members stated they did not want to remove housing as the SHARE (Supporting Health for All through REinvestment) Initiative is not open to innovative, or at least not evidence-based, strategies.

Request for Proposal Documents Finalize

- See page 6 of packet.
- Informal discussion about the process during or after the pilot would be beneficial as a foundation for future DST planning.
- Consensus Decision: All documents finalized and approved.

Workgroup Updates: Kelly Volkmann,

Traditional Health Worker (THW)

- New members coming in – a very exciting time for the workgroup.
- Reviewing the Care STEPS, the tool we use to record THW encounters.
- Supporting the THW trainings in Benton, Lincoln, and Linn counties including:
  - Peer Support
  - Doula
  - Community Health Workers – Core and Clinical

Connect Oregon

- First meeting of the workgroup is May 25, 2021.
- Email transformation to be added to the list.
- Chairs are Sheryl Fisher, Christian Moller-Anderson, and Miranda Miller.
- Focus on being a community drive of Connect Oregon, the social determinant of health referral network powered by the Unite Us platform.

Health Equity

- Provided the DST with recommendations for the RFP which were taken in to account in this RFP.
  - Two pathways with one being simpler to encourage smaller, grassroots organizations to apply.
  - Adjusting the materials for improved accessibility.

Social Determinants of Health

- Working on aligning housing strategies.
- Invited all pilots to attend with a set time at the beginning of each agenda for open discussion and support for the pilots from the workgroup members.

Request for Proposal (RFP) Summary
of Discussions Updated 5/10/2021

Decisions Recap:
- Continue past RFP process for budgets over $50,000
- Add smaller/easier to apply process for budgets under $50,000
- Provide a mentorship channel for past pilot champions to mentor through the process
- Allow for two year pilots with the understanding that funding is provided only in the first year
- Provide technical to assistance to approved pilots on data collection and evaluation as well as contracting and payment mechanisms (this includes sustainability)
  - IHN-CCO is creating an internal workgroup to support this
- Make the Letter of Interest simpler and easier to fill out to encourage applicants
- Develop combined process for the SHARE (Supporting Health for All through REinvestment) Initiative and pilot project Letter of Interest (LOI)
- Ensure the documents are translated into Spanish
  - All other languages, large print format, braille, and more are available upon request
- Add details on the environmental scan to reduce duplication of efforts and increase partnerships and collaboration during the technical assistance process
- Utilize universal design standards for improved accessibility
- Encourage proposers to go to the Community Advisory Council (CAC) or the local advisory committees with their ideas
- Add a question about mentoring in pilot final reports

Priority Areas:
- Addressing trauma
- Developing a bilingual and bicultural workforce
- Improving access to behavioral health services in non-traditional ways
- Increasing and improving access to behavioral health care in light of COVID-19
- Innovative programs supporting housing
- Language access including health literacy, interpreter services, and translation of materials
- Pay equity through building and sustaining the workforce
- 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

More Discussion:
- Sustainability: Review and adjust criteria
  - Yes/no/maybe criteria piece rather than being rated on the 1-10 scale
  - Transformation bringing back scoring matrix with updates for discussion
- Use number of partners brought to the table as a measure of success

DST Sustainability Conversation & Notes

From DST Minutes 3/4/2021:
- Sustainability:
  - What does it mean and what are we looking for in the proposal?
  - Most complicated and most variable piece of the scorecard.
  - Required component but how to define has been a weak spot for the DST.
  - Suggestion to turn this into a yes/no component instead of scoring.

From DST Minutes 4/1/2021:
- Sustainability:
  - Support for changing the criteria to include maybe or probably with the yes or no options. Suggestion to review criteria and bring back to the Committee. Focus not only on financial sustainability but replicability and spread as well as infrastructure building.

Define clearly what sustainability means.

Sustainability: the capacity to carry on the pilot after DST funding ends. While reviewing whether the pilot is sustainable, think about the following components:
- Depth of community support and backing of sponsoring organization
- Spreading promising practices (replicability)
- New and different ways of reimbursement (beyond DST funding)

Options:
1. Include as criteria for the proposal – does the proposal have a sustainability plan? Yes or No
2. Adjust matrix to include replicability, spread, and infrastructure building.

IHN-CCO DST Scoring Rubric

		0	3	5	7	10
	Transformational	No innovation aspects; strategy has been done in this region or type of organization	Little innovation; potentially to new region	Some innovation	New and innovative; new partnerships among agencies with new strategy for one or more partner	New and innovative strategy for all partners involved
	Health Equity	No health equity plan	Focus on IHN-CCO members but plan unclear OR does not clearly focus on IHN-CCO members but has a health equity plan	Little context, approach not clear	Clear approach, focus population identified OR plan not clear, but focus population obviously high-risk	Hits high-risk population and outlines plan for health equity approach clearly and effectively
	Health Improvement	Unlikely to result in improvement in the health or healthcare of IHN-CCO members	May result in improvement in the health or healthcare of IHN-CCO members	Likely to result in improvement in the health or healthcare of IHN-CCO members	Likely to result in significant improvement in the health or healthcare of IHN-CCO members	Will result in significant improvement in the health or health care of IHN-CCO members
	Improved Access	No improved access for IHN-CCO members	Some improved availability of services, culturally considerate care, or quality and appropriate care	Likely to result in some improved access (availability of services, culturally considerate care, and quality and appropriate care)	Likely to result in improved access (availability of services, culturally considerate care, and quality, appropriate care)	Will result in significantly improved access (availability of services, culturally considerate care, and quality, appropriate care)
	Need	No need established and demographics not indicated	Need is not clearly defined but demographics are indicated	Need defined, demographics outlined	Need established and demographics of IHN-CCO members clearly defined	Substantial need established and demographics of IHN-CCO clearly defined
	Outcomes	Outcomes are not aligned with the Community Health Improvement Plan (CHIP)	Outcomes and measures are aligned to the CHIP but not pilot goals	Outcomes and measures are aligned to pilot goals and the CHIP	Outcomes and measures are aligned to pilot goals, the CHIP, and will be sufficient to evaluate pilot success	Outcomes and measures are aligned to pilot goals, the CHIP, will be sufficient to evaluate success, and yields outcomes that are new or different
	Total Cost of Care	Unlikely to result in improvement of the total cost of care for IHN-CCO members	May result in improvement in the total cost of care for IHN-CCO members	Likely to result in improvement in the total cost of care for IHN-CCO members	Likely to result in significant improvement in the total cost of care for of IHN-CCO members	Will result in significant improvement in the total cost of care for IHN-CCO members
	Resource Investment	Budget is unreasonable and inappropriate to the work proposed	Budget is not well justified and not tied to pilot goals	Reasonable and appropriate budget	Budget is reasonable, appropriate to the work, and well justified	Budget is reasonable, appropriate to the work, and well justified. Directly tied to the pilot goals; exhibits consideration for other funding sources
	Priority Area	Does not address any priority area	Addresses priority area somewhat but not clearly defined	Addresses priority area	Clearly addresses priority area	Clearly addresses priority area: either in a new and innovative way or spreads promising practices in that area
Strike	**Sustainability**	No sustainability plan	Plan not clearly defined	Has a defined plan, potential to sustain	Clearly defined sustainability plan including replicability and continued funding	Clearly defined sustainability plan including replicability and continued funding; likely to sustain, continue, and replicate after DST funding ends
Replace With	**Financial Sustainability**	No financial sustainability plan	Plan not clearly defined	Has a defined plan, potential to sustain	Clearly defined financial sustainability plan; likely to continue after DST funding ends	Clearly defined sustainability plan including continued funding and new reimbursement models; likely to continue after DST funding ends
	Replicability	No plan for replicability	Plan not clearly defined	Has a defined plan, potential to replicate to new organizations or regions	Clearly defined replicability plan; likely to spread after DST funding ends	Clearly defined replicability plan including plans for spreading promising practices to new organizations and regions; likely to spread after DST funding ends
	Depth of Support	Depth of support lacking from community and sponsoring organization	Depth of support shown by sponsoring organization, but lacking community support	Has potential for community and sponsoring organization support	Clearly defined community and sponsoring organization support; likely to continue after DST funding ends	Clear capacity for sponsoring organization and community support to continue after DST funding ends

IHN-CCO DST Pilot Proposal Scorecard

Pilot Name: Amount Requested:

Applicant Organization:

Response Scale (write in box to the right)
See Proposal Scoring Matrix

Disagree/not included					Agree					Strongly Agree
0	1	2	3	4	5	6	7	8	9	10

Approach, Significance, and Impact	Score
Transformational: The pilot will be transformative and creates opportunities for innovation and new learning.	
Health Equity: The pilot has a defined approach for fair opportunities for members to be as healthy as possible.	
Health Improvement: The pilot holds promise for making a significant improvement in the health or health care of IHN-CCO members.	
Improved Access: The pilot activities will result in improved access of healthcare; availability of services, culturally considerate care, and quality and appropriate care to IHN-CCO members.	
Need: The proposer has established that there is a substantial need for this pilot and has indicated the demographics of the Medicaid population impacted.	
Outcomes: Proposal outcomes and measures are aligned to pilot goals and will be sufficient to evaluate pilot success. The pilot yields measurable outcomes that are new or different. The pilot outcomes are aligned with the Community Health Improvement Plan's Outcomes and Indicator Concepts.	
Total Cost of Care: The pilot will likely result in improvement in the total cost of care for IHN-CCO Members. The pilot targets areas of health care associated with rising costs or provides upstream healthcare that will reduce costs long-term.	
Resource Investment: The budget is reasonable and appropriate to the work proposed. It is well justified and directly tied to the pilot goals. The pilot has exhibited consideration for other funding sources.	
Priority Areas: The pilot has a new or innovative way to address at least one of the priority areas.	
Sustainable: The pilot plans to sustain and continue the work after DST funding ends. It includes a strategy for sustaining the project for at least an additional year after the pilot phase is completed.	
Financial Sustainability: The pilot has a sustainability plan including continued funding and new reimbursement models. The project will likely continue after DST funding ends.	
Replicability: The pilot has a clearly defined plan to spread lessons learned to new organizations or regions such as rural or urban or a new county in the IHN-CCO community.	
Depth of Support: The proposer showed strong depth of sponsoring organization support as well as community backing.	
TOTAL PROPOSAL SCORE (of a possible 120)	
Comments:	