Agenda

Delivery System Transformation Committee

April 14, 2022   4:30 – 6:00 pm

Online Click Here: Click here to join the meeting

Phone: +1 971-254-1254

Conference ID: 869 236 043#

Item	Page	Presenter	Time
1. Welcome and Introductions		**Beck Fox,** Olalla Center	**4:30**
2. Transformation Update		**Sadie Peterson,** IHN-CCO	**4:40**
3. Request for Proposal (RFP) Decisions		**Beck Fox,** Olalla Center	**4:50**
• Timeline (s)	p. 14		
• Priority Areas	p. 15		
• Proposal Requirements: Description	p. 19-20		
• Evaluation	p. 21-22		
4. Wrap Up		**Beck Fox,** Olalla Center	**5:55**
• Announcements			
• Next Meeting: April 28, 2022			

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
ARCC	Arcoíris Cultural	Olalla Center	Lincoln	1/1/22	12/31/22
CCP	CommCard Program	The Arc of Benton County	Benton, Lincoln, Linn	1/1/21	12/31/22
CDP	Community Doula Program	Heart of the Valley Birth & Beyond	Benton, Lincoln, Linn	1/1/21	12/31/22
CRPS	Culturally Responsive Peer Services	Family Tree Relief Nursery	Benton, Linn	1/1/22	12/31/22
CSUP	Culture of Supports	North End Senior Solutions	Lincoln	1/1/21	12/31/22
DBHS	Decolonizing Behavioral Health Supports	Corvallis Daytime Drop-in Center	Benton, Lincoln, Linn	1/1/22	12/31/22
DDDW	Developing a Diverse Dental Workforce	Capitol Dental Group P.C.	Benton, Linn	1/1/22	12/31/22
DEC	Disability Equity Center	Disability Equity Center	Benton, Lincoln, Linn	1/1/21	12/31/22
DSDP	Depression Screenings in Dental Practices	Advantage Dental Services	Benton, Lincoln, Linn	4/1/22	12/31/22
EASYA	Easy A	Old Mill Center for Children and Families	Benton	1/1/22	6/30/23
HHT	Healthy Homes Together	Albany Partnership for Housing, Family Tree Relief Nursery	Linn	1/1/21	12/31/22
HUBV	Hub City Village	Creating Housing Coalition	Linn	1/1/20	12/31/22
IFCW	Integrated Foster Child Wellbeing	Samaritan Health Services	Benton, Lincoln, Linn	1/1/19	12/31/22
MHHC	Mental Health Home Clinic	SHS, Linn County Mental Health, C.H.A.N.C.E.	Linn	1/1/21	12/31/22
NAMRX	Namaste Rx	Namaste Rx LLC	Benton, Lincoln, Linn	2/1/22	12/31/22
NPSH	Navigation to Permanent Supportive Housing	Lincoln County Sheriff's Office	Lincoln	1/1/20	12/31/22
OBFY	Overcoming Barriers, Foster Youth	CASA-Voices for Children	Benton	10/1/21	12/31/22
PBHT	Pathfinder Behavioral Health Transformation	Pathfinder Clubhouse	Benton, Lincoln, Linn	1/1/22	12/31/22
PCPT	Primary Care Physical Therapy	Lebanon Community Hospital	Linn	1/1/22	12/31/22
PEERC	Peer Enhanced Emergency Response	C.H.A.N.C.E.	Linn	1/1/22	12/31/22
PSHR	PSH Respite and Housing Case Management	Corvallis Housing First	Benton	1/1/22	6/30/23
PSLS	Pain Science Life Stories	Oregon Pain Science Alliance	Benton, Lincoln, Linn	1/1/22	6/30/23
PUENTE	PUENTES: Improving Language Access and Culturally Appropriate Messaging	Casa Latinos Unidos	Benton, Linn	10/1/21	12/31/22
TTH	Therapeutic Treatment Homes	Greater Oregon Behavioral Health Inc.	Benton, Lincoln, Linn	1/1/22	12/31/22
WINS	Wellness in Neighborhood Stores	OSU, Linn County Public Health	Linn	1/1/20	12/31/22
WVC	Women Veterans Cohort	Red Feather Ranch	Benton, Lincoln, Linn	10/1/21	12/31/22
Workgroups					
COWG	Connect Oregon Workgroup	InterCommunity Health Network CCO	Benton, Lincoln, Linn	5/1/21	present
HEWG	Health Equity Workgroup	InterCommunity Health Network CCO	Benton, Lincoln, Linn	5/1/15	present
SDoHWG	Social Determinants of Health Workgroup	InterCommunity Health Network CCO	Benton, Lincoln, Linn	11/16/17	present
SUSTWG	Sustainability Workgroup	InterCommunity Health Network CCO	Benton, Lincoln, Linn	1/26/22	present
THWWG	Traditional Health Workers Workgroup	InterCommunity Health Network CCO	Benton, Lincoln, Linn	5/21/13	present

Delivery System Transformation Committee (DST) 2022 Calendar

Month	Date	Agenda				
January	6	Strategic Planning: Overview and Charter				
January	20	Strategic Planning: Roles and Responsibilities				
February	3	POH	Strategic Planning: Priority Areas/Message of DST			
February	17	HVOST	WtoS	Strategic Planning: DST History/Stakeholders		
March	3	BRAVE	ENLACES	Strategic Planning: Workgroups		
March	17	LCCOR	Strategic Planning: Pilots through the Ages			
March	31	Strategic Planning: Request for Proposal (RFP)				
April	14	RFP Decisions				
April	28	SDoH WG	THW WG	HE WG	SUST WG	CO WG
May	12	Board Update	Workgroup Discussion			
May	26					

Month	Date	Agenda	
June	9	Letter of Intent Decisions	
June	23	Board Update	Pilot Updates
July	7	Pilot Updates	
July	21	Small RFP Decisions	
August		**Regional Planning Council for Small RFP Final Approval**	
August	4	Large RFP Proposal Presentations	
August	11	Large RFP Proposal Presentations	
August	18	Large RFP Proposal Presentations	
September	1	Large RFP Decisions	
September	15	Oregon Center for Health Innovation	
September	29	Workgroup Updates	
October		**TENTATIVE Regional Planning Council for Large RFP Final Approval**	
October	13	Oregon Center for Health Innovation	
October	27	Board Update	
Nov	10		
Dec	8	Board Update	

KEY

Tentative	Booked
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

Minutes
Delivery System Transformation Committee (DST)
March 17, 2022 4:30-6:00 pm
Microsoft Teams (Online)

Present			
Chair: Beck Fox	Brock Byers	Andrea Myhre	Caleb Larson
Alex Guevara	Dick Knowles	Katie Walsh	Christian Moller-Anderson
Kevin Ewanchyna	Linda Lang	Linda Mann	Stacey Bartholomew
Marie Laper	Georgia Smith	Melissa Isavoran	Sadie Peterson
Misty Sorte	Annie McDonald	Abby Mulcahy	Charissa Young-White
Allison Myers	Paige Jenkins	Shirley Byrd	Kristty Zamora-Polanco
Rolly Kinney	Rebekah Fowler	Bettina Schempf	Mary Ann Wren
Danny Magana	Britny Chandler	Jude Lubeck	Jan Molnar-Fitzgerald

Transformation Update

- IHN-CCO Job Postings – see links in follow up email.
- Roles & Responsibilities
    - Updated in the DST's 2022 strategic planning process
    - Required to vote on funding recommendations
    - Look for the form in the follow up email March 16, 2022
    - Sign and return to transformation@samhealth.org
- Beck Fox has agreed to co-chair the Health Equity Workgroup.
- Elizabeth Hazlewood is the new chair of the Sustainability Workgroup; the other chair position is still open.

Pilot Close Out: Linn County Crisis Outreach Response

- See PowerPoint in packet.
- Lots of support from the community.
- Point in time houselessness counts for 2021 was around 35 in Sweet Home, 50 in Lebanon.

Strategic Planning: Pilots Through the Ages

- See DST Strategic Planning Version 2.
- Work at the Workgroup level to support and spread the pilots.
- Bring back a pilot panel to the DST for updates.
    - Split into topic areas.
- Pilot Summit! Come together to network, connect, and explore challenges.
    - Invite elected officials and the press to increase awareness of how lives are impacted through the DST.
- Asking pilot champions to participate in DST meetings long-term discussion:
    - Currently invited and encouraged, there is no requirement of a DST pilot to attend.
    - Pilots have such a great perspective can share and improve connecting.
    - Need for being warm and welcoming and show them the worth of attending the DST.
- Asking folks that have benefited from the pilot projects to attend and participate.
- Ensure pilots come back after pilot closeout and keep updating the DST and connecting with partners.

- InterCommunity Health Research Institute is also occurring late 2022.
- Connections to pilots – develop a pilot/DST contact list.
- Potential idea: time set aside for sector conversations during DST meetings.
- Add future plans to the final report of the pilot. 1, 5, 10 year plans for example.
- Invite DST members to physically visit pilot sites.

Minutes
Delivery System Transformation Committee (DST)
March 31, 2022 4:30-6:00 pm
Microsoft Teams (Online)

Present			
Chair: Beck Fox	Georgia Smith	Dick Knowles	Sadie Peterson
Ricardo Contreras	Rebekah Fowler	Shannon Rose	Nicole Breuner
Kevin Ewanchyna	Rolly Kinney	Danny Magaña	Charissa Young-White
Linda Mann	Shannon Rose	Bettina Schempf	Kristty Zamora-Polanco
Melissa Isavoran	Britny Chandler	Annie McDonald	Jan Molnar-Fitzgerald
Abby Mulcahy	Shelagh Baird	Paulina Kaiser	Marci Howard
Alicia Bublitz	Chris Folden	Jay Yedziniak	Elizabeth Hazlewood
Andrea Myhre	Gabriel Parra	Larry Eby	Jeannette Campbell
Paige Jenkins			Stacey Bartholomew

Transformation Update

- Centers for Medicare and Medicaid Service (CMS) Waiver
  - The waiver's purpose is to reform the Medicaid program in Oregon. CCO contracts are based on the waiver.
  - The timeframe for the waiver is 2022-2027.
  - Draft application was submitted in February 2022 by the Oregon Health Authority.
  - Visit https://www.oregon.gov/oha/hsd/medicaid-policy/pages/waiver-renewal.aspx for more information.
- IHN-CCO staff visited Easy A, a current DST pilot, and reviewed the curriculum. This is a part of the engagement program for IHN-CCO to visit all pilots.
- DST funded "Developing a Diverse Workforce" - Dental Assistant Training Program. See flyer in follow up email.
- IHN-CCO jobs are posted – currently interviewing for many positions.
- Workgroups will be attending in April with a full update and recommendations.
- Reminder to turn in the Roles & Responsibilities form to transformation@samhealth.org.

Strategic Planning: Request for Proposal (RFP)

- Bring the Community Health Improvement Plan (CHIP) Crosswalk for all proposals.
- Strengthening the evaluation piece to determine how pilots are impacting the outcomes expected.
- Improve on collaboration and connections with the pilots.
- Two RFPs:
  - Lots of support to continue the two RFPs.
  - Questioning whether to do funding decisions at the same time.
    - Would streamline the process.
    - Making "small RFP" decisions first prioritizes grassroots and smaller organizations.
  - Recommend renaming to large and small not RFP1 & RFP2.
- **Decision:** Continue with the two RFP process.
- Letter of Intent (LOI)

- An additional engagement touch for partners.
- Past proposer's feedback is that it is helpful when developing ideas to be asked to put it in writing early in the process.
- Allows for easier planning for presentations and applications.

- **Decision:** Continue with the LOI process.
- IHN-CCO will bring back the documents for final decisions on the RFP to the next meeting.
- Mentorship
  - Currently the workgroups are fulfilling this.
  - The Sustainability Workgroup in particular is amping up efforts to provide connections and mentorship opportunities for pilots.
  - Informally, many pilots do reach out to Transformation and/or other pilot champions.

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 Delivery System Transformation. The full Request for Proposal (RFP) Guidelines are available at **www.IHNtogether.org/RFP** or by emailing Transformation@samhealth.org. A non-binding Letter of Intent (LOI) is required to be considered for funding.

The LOI must be submitted via IHNtogether.org/RFP no later than **8:00 AM June 3, 2022.**

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 including how it is innovative and will provide new connections or partnerships for IHN-CCO.
2. Which of the following does your project focus on?
    - Addressing trauma, including environmental
    - Addressing technology disparities
    - Developing a bilingual and bicultural workforce
    - Innovative programs supporting housing
    - Language access including health literacy, interpreter services, and translation of materials
    - Oral health integration
    - Pay equity through building and sustaining the workforce
    - Reengaging the community in personal health and community resources
    - Rural community impact
    - Subpopulations of IHN-CCO members that experience health disparities
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

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InterCommunity Health Network Coordinated Care Organization

Issues the Following Request for Pilot Proposals

Date Issued:	May 3, 2022
Letter of Intent Due Date:	**June 3, 2022 by 8:00 am**
Issuing Office:	IHN-CCO Transformation
Point of Contact:	Charissa Young-White
	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 Quadruple Aim of reduced costs, better health, improved access, and improved provider and staff satisfaction

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 promoting strategies for health equity as an organization and committee, but are also working to support the development, growth, and sustainability of equity-focused, transformational work throughout the region. It is with this commitment in mind that IHN-CCO and the DST strongly encourage providers, agencies, and community-based organizations working within and for marginalized communities to apply. Additionally, to ensure that committee membership, community partners, and pilot champions are reflective of the communities being served, proposals led by led by innovative change-makers and leaders within marginalized communities are strongly encouraged. In the pursuit of supporting truly equitable and transformational work, the voices, perspectives, and invaluable lived experiences of the diverse communities of the 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
- 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 IHN-CCO Transformation for instructions. Meetings occur every other Thursday at 4:30 pm. Please visit the DST Section of www.IHNtogether.org or email 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. The LOI must be completed no later than **June 3, 2022 at 8:00 am.**

The Letter of Intent form can be found at IHNtogether.org/RFP.

Process Overview

The first step is to submit a Letter of Intent. Selected pilots will be invited to submit a full pilot proposal. There are two separate pathways, with distinct requirements and timelines, for pilots with a budget of over $50,000 ("Large RFP") vs. those with a budget of over $50,000 ("Small RFP"). The goal of creating two pathways is to simplify the process and reduce barriers for newer/smaller organizations.

Funding Options: Large and Small

Pilot proposals with budgets greater than $50,000 (Large RFP) will be required to fill out and present to the DST an application including a detailed budget, goals and outcomes, and detailed timeline. Pilot proposals with budgets of $50,000 or less (Small RFP) 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. IHN-CCO Transformation staff work with proposers to ensure that pilot proposals are aligned with the Request for Proposal. Although we do our best to adhere to this timeline, it is subject to change as circumstances occur.

Timeline

Activity	Expected Date(s) Large	Expected Date(s) Small
Request for Proposal (RFP) Announcement	May 3, 2022	May 3, 2022
Question and Answer (Q&A) Sessions	May 17, 2022 May 25, 2022	May 17, 2022 May 25, 2022
Letter of Intent (LOI) Due – Required	**June 3, 2022 by 8:00 am**	**June 3, 2022 by 8:00 am**
Invitations Issued to Submit Full Pilot Proposal	By June 14, 2022	By June 14, 2022
Technical Assistance Meeting – Required	June 14 - July 22, 2022	June 14 - July 11, 2022
Pilot Proposal Due	July 25, 2022 by 8:00 am	July 11, 2022 by 8:00 am
Pilot Presentations to the DST Committee	August 4, 2022 August 11, 2022 August 18, 2022	N/A
DST Committee Decisions	September 1, 2022	July 21, 2022
Pilot Proposers Notified of DST Decision	By September 10, 2022	By July 28, 2022
Regional Planning Council Funding Decisions	October 6, 2022	August 4, 2022
Proposers Notified of Pilot Denial or Approval	By October 14, 2022	By August 11, 2022
Contract Negotiations	November 2022	September 2022
Pilot Contracts Finalized	By November 30, 2022	September 30, 2022
Pilot Invoicing/Payments Begin	January 1, 2023	October 1, 2022

PRIORITY AREAS

Applicants may submit a proposal that addresses one or more priority areas or a subpopulation of IHN-CCO members. Examples of potential areas of focus are included. All proposals must impact a Community Health Improvement Plan (CHIP) Health Impact Area (see tables below).

- Addressing trauma, including environmental
  - Post-pandemic cultural trauma
  - Reduction of wait times for mental health services
  - Toxic stress
- Addressing technology disparities
  - Phone and internet access
- Developing a bilingual and bicultural workforce
  - Traditional health workers reflective of the communities being served
- Innovative programs supporting housing
  - Building a regional coalition of housing programs and partners
- Language access
  - Health literacy
  - Interpreter services
  - Translation of materials
- Oral health integration
- Pay equity through building and sustaining the workforce
- Reengaging the community in personal health and community resources
- Rural community impact
  - Disparity in care for rural communities
- Subpopulations of IHN-CCO members that experience health disparities
  - E.g. Latino/a/x, LGBTQ+, disabled folx, indigenous, foster care youth, and more

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. Pilots must impact one or more of the outcomes, indicator concepts, and areas of opportunity. This should be a part of the activities monitoring grid as well as the proposal narrative for goals and outcomes. The following is pulled directly from the Community Health Improvement Plan. The full plan can be accessed here.

Access to Healthcare	
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 a. Length of time from IHN-CCO enrollment to first appointment b. Length of time from appointment request to appointment for behavioral, physical, and oral health services c. Trauma-informed care, such as Adverse Childhood Experiences (ACEs) and resiliency measures d. Appropriate physical, behavioral, and oral preventive

	healthcare for all ages
	Area of Opportunity *i. Culture of support for healthcare providers*
A2: Increase the percentage of Members who receive care communicated in a way that ensures that they can understand and be understood by their care providers, and that they are effectively engaged in their care.	Indicator Concept a. Percentage of Members who report that they receive care communicated in a way that ensures that they can understand and be understood by their care providers, and that they are effectively engaged in their care
A3: Improve integration of oral health services with behavioral and physical health services.	Indicator Concepts a. Percentage of Members who have a dental visit during pregnancy compared to total percentage of Members who have a dental visit b. Percentage of dental assessments for youths in Department of Human Services custody c. Percentage of adults with diabetes who access dental care d. Percentage of Emergency Department visits with a caries-related diagnosis that are followed-up on in a dental care setting

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
	Areas of Opportunity *i. Behavioral health stigma within the community* *ii. Community supports in the community to normalize behavioral health issues*
BH2: Increase the behavioral health expertise of healthcare providers and staff to reduce stigma and improve access and appropriate utilization of services.	Indicator Concepts a. Oregon Psychiatric Access Line about Adults (OPAL-A) utilization
	Areas of Opportunity *i. Members receive behavioral health services, screenings, and referrals in primary care settings* *ii. Co-located primary care and behavioral health providers* *iii. Primary care providers and Emergency Department staff exposed to behavioral health education, information, and Continuing Medical Education*
BH3: Increase mental health and substance use screenings, services, referrals, and peer and parent support.	Indicator Concepts a. Screening, Brief Intervention, Referral to Treatment (SBIRT) rates b. Rates of suicidal ideation, attempts, suicide, and/or self- harming behaviors c. Overdose rates
	Areas of Opportunity *i. Mental health and substance use services, screenings, and referrals in venues other than traditional medical facilities, including schools* *ii. Peer delivered education and support* *iii. Mental health service wait-times* *iv. Lack of mental health services for those not in crisis*

BH4: Improve care for Members experiencing mental health crisis.	*Areas of Opportunity* *i. Quality of mental health care* *ii. Appropriate care at the appropriate time and place for people experiencing a mental health crisis* *iii. Time from appointment request to appointment with a mental health care provider* *iv. Care coordination*
BH5: Improve care for Members experiencing severe and persistent mental illness.	*Areas of Opportunity* *i. Non-mental health care (i.e., physical & oral)* *ii. Continuity of care* *iii. Ongoing engagement with a behavioral health provider* *iv. Health equity for this marginalized population* *v. Stigma reduction* *vi. Assertive Community Treatment (ACT)*
BH6: Behavioral health funded and practiced with equal value and priority as physical health.	Indicator Concepts a. Implement and report progress on a behavioral health parity plan
	Areas of Opportunity *i. Number of mental health providers* *ii. Preventative behavioral healthcare and promotion of general wellbeing*

Child & Youth Health

Outcomes	Indicator Concepts and Areas of Opportunity
CY1: Increase the percentage of children, youth, and families who are empowered in their health.	*Areas of Opportunity* *i. Utilization of advocacy services and supports* *ii. Children, youth, and families partner with their healthcare provider, set their own goals, and follow through on those goals*
CY2: Decrease child abuse and neglect rates.	Indicator Concepts a. Neglect; emotional, physical, and sexual abuse rates
CY3: Increase breastfeeding initiation and duration rates.	Indicator Concepts a. Percentage of women who receive lactation consultation and support during pregnancy and following childbirth b. Breastfeeding rates
	Area of Opportunity *i. The ability to conveniently pump breast milk at work*
CY4: Increase integration of behavioral health and oral care as part of routine primary pediatric care.	Indicator Concepts a. Number of regular behavioral health screenings occurring for pediatric IHN-CCO Members b. Oregon Psychiatric Access Line about Kids (OPAL-K) utilization c. Mental, physical, and dental health assessments for children in DHS custody (Quality Incentive Metric) d. Percentage of teens who had a dental check-up, exam, teeth cleaning, or other dental work
	Area of Opportunity *i. Occurrence of care coordination between primary care and behavioral health providers when working with children, youth, and families, including consultations and referrals.*

Healthy Living

Outcomes	Indicator Concepts and Areas of Opportunity
HL1: Increase the percentage of Members who are living a healthful lifestyle.	*Areas of Opportunity* *i. Disease prevention, management, and recovery* *ii. Nutrition* *iii. Physical activity* *iv. Weight shaming and blaming* *v. Stress* *vi. Sleep quality*

	vii. Social supports, such as family, friends, and community
HL2: Reduce the percentage of Members who use and/or are exposed to tobacco.	Indicator Concepts a. Tobacco prevalence (Quality Incentive Metric), including tracking prevalence among Members who are under age 18, pregnant, or who are a Member of another at-risk group b. Use of cessation resources and tools
	Area of Opportunity *i. Youth introduction to tobacco products*
HL3: Reduce sexually transmitted infection (STI) rates.	Indicator Concepts a. Sexually transmitted infection rates b. Expedited Partner Therapy utilization rates
Maternal Health	
Outcomes	**Indicator Concepts and Areas of Opportunity**
M1: Reduce unplanned pregnancy rates.	Indicator Concept a. Effective contraceptive use among partners
	Area of Opportunity *i. Data availability for effective contraceptive use among all Members*
M2: Increase the percentage of Members who receive early and adequate care and support before, during, and after pregnancy.	Indicator Concept a. Behavioral health screenings and access to treatment with a behavioral health provider
	Areas of Opportunity *i. Healthy weight gain during pregnancy* *ii. Utilization of postpartum care and support* *iii. Partner education and involvement*
Social Determinants of Health and Equity	
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	Indicator Concepts a. Number of homeless persons b. Number of homeless students
	Areas of Opportunity *i. Stable housing upon discharge from hospital or emergency room visit* *ii. Evictions prevention and reduction* *iii. Housing-related, closed-loop referral between clinical and community services* *iv. Social Determinants of Health claims data*
SD2: Increase the percentage of Members who have access to affordable transportation.	*Areas of Opportunity* *i. Non-medical transportation access* *ii. Distance between Members' homes and public transportation* *iii. Member utilization of available, covered transportation services* *iv. Provider knowledge of, and referral to, available transportation services*
SD3: Increase the percentage of Members who have access to healthy food.	Indicator Concept a. Percentage of Members living in a food desert
	Areas of Opportunity *i. Food security* *ii. Availability of fresh, affordable produce*
SD4: Increase health equity.	*Areas of Opportunity* *i. Health disparities experienced by Members due to age, disability, gender identity, geographical location, income, race or ethnicity, sex, sexual orientation, etc.* *ii. Availability of health equity data*

PILOT PROPOSAL REQUIREMENTS

Large RFP

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 IHN-CCO Transformation.

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 (Specific, Measurable, Attainable, Relevant, Timely) Goals and Measures Table

Use the Measures and Evaluation Template to show the evaluation plan (this template will be in Microsoft Excel). Include one or more of the outcomes and indicator concepts/areas of opportunity listed on pages 8-10.

All proposals submitted with a budget greater than $50,000 (Large) are expended to present their proposal to at a DST meeting. Pilot Proposal Presentations will be scheduled on August 4, 2022, August 11, 2022, and August 18, 2022 (all meetings scheduled for 4:30 to 6:30 pm). Please let IHN-CCO Transformation know if you have a date preference as soon as possible after you are invited to submit a full proposal.

Small RFP

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 IHN-CCO Transformation.

1. Cover Sheet

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

2. Proposal Narrative

   A. Executive Summary (½ page)

   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

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

Three months to two years though generally one to two years. Subject to negotiation during the proposal period. All funds must be distributed by IHN-CCO by December 31, 2023.

EVALUATION OF PROPOSALS

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

- **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 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 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 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 one or more priority areas.
- **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 clear and strong depth of sponsoring organization support as well as community backing.

EXPECTATIONS OF FUNDED PROJECTS

Progress Reporting

Semi-annual reporting may be required depending on pilot timeframe. 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 currently active workgroups are:

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

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**

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.	
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 clear and strong depth of sponsoring organization support as well as community backing.	
TOTAL PROPOSAL SCORE (of a possible 120)	
Comments:	

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
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	Does not have potential for community or sponsoring organization support	Has potential for either community or sponsoring organization support	Has potential for community and sponsoring organization support	Clearly defined community and sponsoring organization support; likely to continue after DST funding ends	Clearly defined capacity for sponsoring organization and community support to continue after DST funding ends; very likely to continue after DST funding ends