

# Agenda

## Delivery System Transformation Committee

March 2, 2023 4:30 – 6:00 pm

Online: [Click here to join the meeting](#)

Phone: [+1 971-254-1254,,455350178#](tel:+19712541254455350178)

- |  |   |             |
|--|---|-------------|
| <b>1. Welcome and Introductions</b>                                    | <b>Renee Smith</b> , Family Tree Relief Nursery   | <b>4:30</b> |
| <b>2. Transformation Update</b>  | <b>Beck Fox</b> , IHN-CCO                         | <b>4:45</b> |
| <b>3. Pathfinder Behavioral Health Transformation Program Closeout</b> | <b>Elizabeth Hazelwood</b> , Pathfinder Clubhouse | <b>5:00</b> |
| <b>4. Depression Screenings in Dental Practices Closeout</b>           | <b>Molly Johnson</b> , Advantage Dental Services  | <b>5:20</b> |
| <b>5. Engagement</b>   | <b>Renee Smith</b> , Family Tree Relief Nursery   | <b>5:40</b> |
| <b>6. Adjourn</b>  |   | <b>6:00</b> |

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
AHEAD	Ahead of the Curve	Olalla Center	Lincoln	1/1/2023	12/31/2023
AMP	Amplifying Voices	SHS ArtsCare Program	Lincoln	9/1/2022	12/31/2023
ARCC	Arcoiris Cultural	Olalla Center	Lincoln	1/1/2022	12/31/2023
CRPS	Culturally Responsive Peer Services	Family Tree Relief Nursery	Benton; Linn	1/1/2022	12/31/2023
CSUP	Culture of Supports	North End Senior Solutions	Lincoln	1/1/2021	12/31/2023
DEC	Disability Equity Center	Disability Equity Center	Benton; Lincoln; Linn	1/1/2021	12/31/2023
EASYA	Easy A	Sol4ce LLC	Benton	1/1/2022	6/30/2023
EOL	End of Life Support	SHS Population Health/CareHub	Benton; Lincoln; Linn	1/1/2023	12/31/2023
FAITH	Faith Communities Engaging Health	Faith Community Health Network	Linn	1/1/2023	12/31/2023
HNS	Health Navigation Station	St. Martin's Episcopal Church	Linn	9/1/2022	12/31/2023
HHT	Healthy Homes Together	Family Tree Relief Nursery	Linn	1/1/2021	6/30/2023
IATHW	Improving Access with THWs	Unity Shelter	Benton	1/1/2023	12/31/2023
IFCW	Integrated Foster Child Wellbeing	Samaritan Health Services	Benton; Lincoln; Linn	1/1/2019	12/31/2023
NAMRX	Namaste Rx	Namaste Rx LLC	Benton; Lincoln; Linn	1/1/2022	12/31/2023
OODC	Overcoming Obstacles to Dental Care	Capitol Dental Care	Benton; Linn	1/1/2023	12/31/2023
PSLS	Pain Science Life Stories	Oregon Pain Science Alliance	Benton; Lincoln; Linn	1/1/2022	6/30/2023
PCPT	Primary Care Physical Therapy	Samaritan Lebanon Community Hospital	Linn	1/1/2022	6/30/2023
PSHR	PSH Respite and Housing Case Management	Corvallis Housing First	Benton	1/1/2022	6/30/2023
PUENTE	PUENTES	Casa Latinos Unidos	Benton; Linn	1/1/2022	12/31/2023
HEALTH	The Health Collective	Lebanon Community Hospital Physical Therapy	Benton; Lincoln; Linn	9/1/2022	12/31/2023
TIAH	Transitioning into a Home	Furniture Share	Benton; Lincoln; Linn	9/1/2022	12/31/2023
WnR	Walk 'n Roll	Newport 60+ Activity Center	Benton; Lincoln; Linn	9/1/2022	12/31/2023
WELLTM	Wellness Care Team	Family Assistance and Resource Center Group	Linn	1/1/2023	12/31/2023
WVC	Women Veterans Cohort	Red Feather Ranch	Benton; Lincoln; Linn	10/1/2021	12/31/2023
DBHS	Decolonizing Behavioral Health Supports	Corvallis Daytime Drop-in Center	Benton; Lincoln; Linn	1/1/2022	12/31/2023
MHHC	Mental Health Home Clinic	Samaritan Medical Group	Linn	1/1/2021	12/31/2023
NPSH	Navigation to Permanent Supportive Housing	Lincoln County Sheriff's Office	Lincoln	1/1/2020	12/31/2023
<b>Workgroups</b>					
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) 2023 Calendar

<b>January</b>	5	Racial Equity Training		
	19	Strategic Planning: Racial Equity Discussion, Charter, and Roles & Responsibilities		
<b>February</b>	2	CDP	TTH	Charter Review & Priorities
	16	CCP	HUBV	Engagement
<b>March</b>	2	DSDP	PBHT	Engagement
	16	PEER	OBYF	Priorities/Charter/R&R
	30	WINS	DDDW	Community Partnerships
<b>April</b>	13	Strategic Planning		
	27	RFP		
<b>May</b>	11	Board Update	Strategic Planning	
	25	RFP		

**KEY**

Closeout
Request for Proposal
Strategic Planning
Miscellaneous
Training
Pilot Updates
Workgroup Updates

<b>June</b>	8	CAC Update			
	22	RFP			
<b>July</b>	6	Board Update	Pilot Updates		
	20	RFP			
<b>August</b>	<b>Regional Planning Council August 3</b>				
	3	RFP			
	17	RFP PRESENTATIONS			
	24	RFP PRESENTATIONS			
	31	RFP PRESENTATIONS			
<b>Sept</b>	14	RFP DECISIONS			
	28			Workgroup Updates	
<b>October</b>	<b>Regional Planning Council October 5</b>				
	12				
	26		Pilot Updates		
<b>Nov</b>	9				
<b>Dec</b>	7				

**Minutes**  
**Delivery System Transformation Committee (DST)**  
 February 16, 2023 4:30-6:00 pm  
 Teams (Online)

<b>Present</b>			
Chair: Beck Fox	Diane Scottaline	Ashley Hoffman	Charissa Young-White
Abigail Mulcahy	Larry Eby	Gabriel Parra	Emma Chavez Sosa
Erin Gudge	Laurel Schwinabart	Shannon Rose	Stacey Bartholomew
Alicia Bublitz	Linda Mann	Deb Fell-Carlson	Danny Magana
Bryan Decker	Sara Jameson	Michael Couch	Mica Contreras
Carmen Moody	Annie McDonald	Rolly Kinney	Rebekah Fowler
Carol Davies	Bettina Schempf	Andrea Myhre	

**Transformation Update – Beck Fox**

- The Connect Oregon Workgroup’s quarterly meeting is coming up.
  - Discussing Social Determinants of Health screenings in the Unite Us platform as well as updates on new IHN-CCO investments.
- IHN-CCO is starting a regional coalition around housing, the Coalition for Housing Equity. If you would like an invite, please email [transformation@samhealth.org](mailto:transformation@samhealth.org). The first meeting is virtual on February 21, 2023 12:30-2 pm. Discussions over the scope of the group as well as goals will occur, draft goals include:
  - Develop and provide recommendations for an IHN-CCO housing benefit, aligning with the 2022-2027 1115 Waiver
  - Establish a clear and regular communication path with related governing bodies
  - Ensuring the communication of the success and community stories
  - Provide education on the importance of addressing houselessness and housing inequity
  - Establish a regional funding alignment strategy
  - Connect, align, and coordinate regional efforts addressing gaps and priority areas/needs
  - Review or help support development of a data dashboard
  - Connect systems/referral pathways focusing on technology and housing navigation

**CommCard Program Closeout**

- See pilot closeout report & slides in the packet.
- Discussion:
  - Connections made with the Philomath School District
  - They need to attend a training session to receive their card, the CommCard is not just handed out
  - Multiple pieces of feedback ‘thanking’ Diane and enjoying her project

## **Minutes**

### **Delivery System Transformation Committee (DST)**

February 16, 2023 4:30-6:00 pm

Teams (Online)

#### **Hub City Village Closeout**

- See pilot closeout report & slides in the packet.
- Discussion:
  - Peer support person will be on site
    - Will interact and help will build community. One peer support specialist will live on-site
    - Will help link to resources (first aid or support services similar) but no services on-site
      - 7 blocks from Geary St Clinic
      - 2 Blocks from Bus Stop

#### **Engagement Discussion**

- The graph in the strategic planning document showed a decrease in the number of people filling out scorecards in 2021 and 2022
  - This is one data point, but it also appears there has been less discussions as well
- What are the barriers to you engaging with the Committee?
  - Not many community members that are affiliated with community organizations
  - It would be great to have in-person meetings a few times a year
  - Who are we trying to reach
    - We need to define that and make this space more accessible
      - Interpreters, make it more available to the community
        - Who is missing, who do we want here?
  - To be more engaged because meeting is at the end of the day, include breakout groups
    - Presentations include breakout groups to discuss?
- This conversation will be continued next time.

# DEPRESSION SCREENINGS IN DENTAL PRACTICES

**Shana Whalen, Manager of Care Coordination**

**Mary Ann Wren, Director of Integration and Community Programs**

# Pilot Summary:

April 1 – December 31, 2022

Budget: \$71,800

To bridge the gap between Oral Health and Behavioral Health, Advantage implemented depression screenings (using the PHQ-9 form) in dental offices and created a referral pathway to behavioral health for members with behavioral health needs as identified through the screening process. The depression screenings were piloted in four Advantage Oral Health Centers in Linn, Benton and Lincoln Counties - Albany, Corvallis, Lebanon and Newport.

Pilot dental offices conducted depression screenings and provided all screening forms and referrals to Advantage's Care Coordinator who then facilitated referrals as appropriate to IHN's Care Coordination Department and/or behavioral health providers directly.

<b>Goal 1:</b>	<b>Increase number of IHN members 12+ who complete a depression screening in an Advantage Dental Oral Health Center</b>
Goal 2:	IHN members 12+ receive a referral to behavioral health within 7 days of scoring 10 or higher on a PHQ-9 administered at an Advantage Dental Oral Health Center
Goal 3:	IHN members 12+ who had a behavioral health appointment after a referral was placed based on PHQ-9 scoring



# Key Outcomes:

Goals	Baseline or Current State	Benchmark or Future State	Progress to Date
Increase number of IHN members 12+ who complete a depression screening in an Advantage dental office	Currently no depression screenings are occurring in Advantage dental offices	80% of all eligible members	1,246 members were offered a screening form out of 2,710 IHN members seen in a pilot practice. 1100 members completed a screening, 246 members declined to participate. Total = <b>59.93%</b>
IHN members 12+ receive a referral to behavioral health within 7 days of scoring 10 or higher on a PHQ-9 administered at an Advantage dental office	Currently no depression screenings are occurring in Advantage dental offices	95% of all eligible members that received a referral based on PHQ-9 responses	<b>100%</b> of all members that scored 10+ and/or between 1-3 on question #9 on the PHQ-9 form were referred to care, declined referral, or were unable to located by phone.
IHN members 12+ who had a behavioral health appointment after a referral was placed based on PHQ-9 scoring	Currently no depression screenings are occurring in Advantage dental offices	75% of all eligible members that received a referral also completed a behavioral health appointment	<b>50%</b>  Source: IHN-CCO Claims Data, January 26, 2023

# Learning Experiences

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## **Did you make changes because you learned how to do something better?**

- Including survey along with other required paperwork created a better workflow for practice staff and patients.

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## **Did you do something that didn't work? How/what did you adjust?**

- Direct referrals to mental health proved unsuccessful.
- Referrals to County Mental Health Department were successful.

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## **What were the key factors that helped the pilot through a difficult period?**

- Constant reminders between staff members improved consistency.
- Wording the survey as an additional benefit for the patient, improved patient participation and increased comfort level for staff.

# Successes

- **14-year-old patient at risk of self harm connected to services**
- Referrals to County Mental Health Department
- Toolkits designed to walk dental staff/providers through the program step by step; includes solid workflows and talking points
- Training for Practice and DCO Staff
- Positive feedback from patients – several have noted they appreciate the questions being asked

# Partnerships/Collaboration

- Our main partners in this pilot are the four Advantage Dental practices in the IHN service region and IHN's Behavioral Health leadership team.
- The Advantage Dental practices are under the same parent company of Advantage Dental Services, LLC and have been very easy to work with. The Albany, Corvallis and Lebanon offices have been very attentive to the program; the Newport office requires some re-training.
- IHN's Behavioral Health team has been phenomenal to work with. They have provided training to the Advantage Dental practice staff as well as the DCO Case Management team. They have helped with workflows and scripting and been hugely helpful in terms of resources and navigation.

# Remaining Challenges

## **Patient participation was an ongoing challenging:**

- “I already filled this out at my Doctors office.”
- “Why does my Dentist need to know if I am depressed?”
- “Do I have to fill this out?”

## **Behavior changes in an instant**

- If a patient screens with signs of depression, the goal is to connect them to services immediately

## **Dental office design can be prohibitive to sensitive discussions**

- Crisis contact handouts; engaging County Mental Health promptly when patient leaves

## **Referrals:**

- Challenges with direct referrals to behavioral health.
- Challenges to achieve a closed-loop referral process.
- Administrative follow-up from Care Coordination.

# Post Pilot Sustainability

Most of the funding was used for initial set-up costs, including staff and training.



The model is replicable and scalable.



In order to be successful, there needs to be a high level of support to aid in a closed-loop referral process with mental health providers.

# Discussion

# IHN-CCO DST Final Report and Evaluation

## Depression Screenings in Dental Practices

April 1, 2022 to December 31, 2022

### Summary:

Patients with behavioral health issues can access the behavioral health system in numerous ways and places but there remains an important missing portal to mental health, specifically the oral health system. To bridge this gap, Advantage will implement depression screenings in dental offices and create a referral pathway to behavioral health for members with behavioral health needs as identified through the screening process. Dental offices will conduct depression screenings and provide all screening forms and referrals to Advantage’s Care Coordinator who will then facilitate referrals as appropriate.

### A. Budget:

- **Total amount of pilot funds used:** \$71,800
- **Please list and describe any additional funds used to support the pilot.**  
N/A

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

Goals	Baseline or Current State	Monitoring Activities	Benchmark or Future State	Progress to Date
Increase number of IHN members 12+ who complete a depression screening in an Advantage dental office	Currently no depression screenings are occurring in Advantage dental offices	Advantage will monitor the number of screenings completed on a monthly basis	80% of all eligible members	1,246 members were offered a screening form out of 2,710 IHN members seen in a pilot practice. 1100 members completed a screening, 246 members declined to participate. Total = <b>59.93%</b>
IHN members 12+ receive a referral to behavioral health within 7 days of scoring 10 or higher on a PHQ-9 administered at an Advantage dental office	Currently no depression screenings are occurring in Advantage dental offices	Advantage dental offices will send the Advantage Care Coordinator same day referrals for members who score 10+ on the PHQ-9. The Advantage Care Coordinator will open a care coordination case and send the referral to the IHN Care Coordination Department within 24 hours of receipt	95% of all eligible members that received a referral based on PHQ-9 responses	37 Members completed the PHQ-9 form. 17 of these members scored 10+ and/or between 1-3 on question #9.  <b>100%</b> of all members that scored 10+ and/or between 1-3 on question #9 on the PHQ-9 form were referred to care, declined referral, or were unable to located by phone.  12 (Referral Sent) 2 (Unable to contact member) 3 (Member declined referral)



# IHN-CCO DST Final Report and Evaluation

IHN members 12+ who had a behavioral health appointment after a referral was placed based on PHQ-9 scoring	Currently no depression screenings are occurring in Advantage dental offices	IHN Care Coordination Department will follow up with the Advantage Care Coordinator on a monthly basis to close the loop on referrals	75% of all eligible members that received a referral also completed a behavioral health appointment	<p><b>50%</b></p> <p>This is preliminary data, as claims may continue to process for up to 18 months with IHN-CCO. Also, due to members being screening in late 2022, there may be additional mental health follow up appointments. At the least, 50% of members screened and referred to a mental health provider had a visit in the 3 months following the screening.</p> <p>Source: IHN-CCO Claims Data, January 26, 2023</p>
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**C. Did your pilot utilize Traditional Health Workers? If so, please fill out the table below:**

- **The Advantage Dental Care Coordination team are all Certified Community Health Workers. Services provided were not billable services, but Care Coordination was approached with the lens of a CHW.**

Type of THW (CHW, Doula, PSS, PWS, Navigator)	Full time or Part time	Race/Ethnicity	Disability (Yes, No, Unknown)	Preferred Language (English, Spanish, Sign Language)	Payment Type (FFS, Contract, Grant, Direct Employment, APM)	Location of THW (Clinic based or Community based)
CHW	Full Time	Hispanic	No	English	N/A	DCO Based
CHW	Full Time	Hispanic	No	English	N/A	DCO Based
CHW	Full Time	Caucasian	No	English	N/A	DCO Based

**D. Did your pilot receive referrals for THW services? If so, please fill out the table below:**

Number of referrals received from members for THW services	0
Number of referrals received from care team for THW services	0

**E. What were the most important outcomes of the pilot?**

One of the most important outcomes of this pilot was the additional training (QPR Suicide Prevention Gatekeeper Program) completed with staff and the resource tools that were created for the practice and DCO staff to better assist members. The resource tools included contact numbers by county, signs of depression, etc.

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

This project strove to improve access to behavioral health services in non-traditional ways. We collaborated with IHN CCO's Care Coordination Department and the County Mental Health Programs, as appropriate

# IHN-CCO DST Final Report and Evaluation

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## **G. What has been most successful?**

Referrals to the County Mental Health Department for assistance with finding a provider, destigmatizing mental health, and our partnership with CCO behavioral health leadership.

## **H. Were there barriers to success? How were they addressed?**

Challenges with direct referrals to mental health providers. This was addressed by sending referrals to the County Mental Health Department.

Challenges with staff being comfortable with administering the PHQ-2 form, which was addressed through training and talking points.

Challenges with resistance from patients to complete the survey which was addressed by continuing to offer the survey each time the patient was in the dental practice and referring to is an additional benefit to their dental visit.

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

The pilot would be scalable and replicable in regions where there is a high level of support to aid in a closed-loop referral process with mental health providers.

## **J. Will the activities and their impact continue? If so, how? If not, why?**

This program has not resulted in a significant number of referrals and the screenings that did result in referrals presented challenges in connecting members with a mental health provider. This pilot provided the foundational knowledge to assist members with referrals for mental health concerns when they present in the practice setting, which we can continue to evaluate based on capacity. This pilot is currently on pause while we reevaluate resource allocation. We have also implemented a Social Determinants of Health Screening process in the practice. The paperwork became burdensome for patients, and we are working on determining if there is a way to consolidate the surveys.