

Agenda

Delivery System Transformation Committee

February 02, 2023 4:30 – 6:00 pm

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

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

- | | | |
|--|---|-------------|
| 1. Welcome and Introductions | Renee Smith , Family Tree Relief Nursery | 4:30 |
| 2. Transformation Update | Beck Fox , IHN-CCO | 4:45 |
| 3. Community Doula Program Closeout | Roslyn Burmood , Community Doula Program | 4:50 |
| 4. Therapeutic Treatment Homes Closeout | Katelyn Hershberger , Greater Oregon Behavioral Health, Inc. | 5:10 |
| 5. Charter Review & Priorities | Renee Smith , Family Tree Relief Nursery | 5:30 |
| 6. Adjourn | Renee Smith , Family Tree Relief Nursery | 6:00 |

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
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) 2023 Calendar

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

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

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

Minutes

Delivery System Transformation Committee (DST)

January 19, 2023 4:30-6:00 pm
Teams (Online)

Present			
Chair: Renee Smith	Lalori Lager	Sara Jameson	Stacey Bartholomew
Annie McDonald	Michael Couch	Erin Gudge	Laurel Schwinabart
Mica Contreras	Paige Jenkins	Beck Fox	Paulina Kaiser
Shannon Rose	Terri Fackrell	Melissa Isavoran	Mike Jerpbak
Susan Trachsel	Dick Knowles	Mary Ann Wren	Karen Weiner
Rebekah Fowler	Ashley Hoffman	Bryan Decker	Kami Beard
Abigail Mulcahy	1-541-921-5507		

IHN-CCO Update – Melissa Isavoran

- Make sure members are updating their address. With renewals happening, they might lose coverage if OHP doesn't have correct contact information.
- New PCP Clinic next to Albany hospital.
- Additional services will be offered such as wrap around.
 - Partnership between SHS and IHN-CCO
 - A survey will be sent regarding the new clinic...please respond!
- We have been reviewing and updating the 2023 Strategic Plan (document provided)
 - Just a few small changes

Review of the Racial & Equity Workshop:

- Angel thought our strategic plan was excellent and will be an example for others.

Charter Review

- Long discussion regarding several suggested changes of charter objectives:
 - Being more specific
 - Include community (not just IHN members)
 - 3rd bullet: Who's voice hasn't been heard? Add specifics
 - Change to health disparities and underrepresentation
 - Possibly add a footnote to list the underrepresented groups
 - Improve delivery system be engaging under-served or marginalized communities
 - Creating an operational expectation of being able to provide culturally, economically, and identity-based appropriate care utilizing programs and services which include input from those the programs are designed to serve
 - Entire objectives are overwhelming. Use simple language
 - Maybe we should have simple objectives/statements and then go into details throughout the document.
 - Engage with historically marginalized communities which are impacted by health disparities to improve the health delivery system and create more equitable access.
 - Often in business a mission is a part of the charter. Charters state three things: why you are in business (vision), what business you are in (mission) and what are your principles (values)
 - We used to have underserved populations listed as a footnote for the Health Equity workgroup but it was removed because the list was so long, maybe include this?
- Erin Grudge supplied an example of goals from the Philomath School Board:

Minutes
Delivery System Transformation Committee (DST)

January 19, 2023 4:30-6:00 pm

Teams (Online)

2022-2023 Philomath School Board Goals

Steward, Support, Communicate

- The board will serve as stewards of district resources to support long-term district needs for academic, economic and social sustainability.
- The board will base decisions on equitably supporting and advocating for the academic and social-emotional needs of all students and staff in the district.
- The board will foster open communication and continue meaningful engagement and collaboration at every level in the district.

Priorities

- IHN-CCO team will look at the mission, vision, and values and continue discussions at the next DST meeting.

IHN-CCO DST Final Report and Evaluation

Community Doula Program January 1, 2021 to December 31, 2022

Summary:

Birth doulas are Traditional Health Workers that build trusting relationships with pregnant members and provide physical, emotional, and informational support during labor and birth. The goals are to increase the number of birth doulas, with a focus on underserved rural communities, improve health outcomes, and evaluate medical cost savings for pregnant members of IHN-CCO. Additionally, this pilot seeks to offer contraceptive counseling to all CDP clients, provide safe sleep bundles when needed, and increase postpartum care by offering additional visits and connecting people to Healthy Families three year home visiting program.

A. Budget:

- **Total amount of pilot funds used:** \$151,455
- **Please list and describe any additional funds used to support the pilot.**

Oregon Community Foundation, Nurture Oregon, Private donors

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

Baseline or Current State	Monitoring Activities	Benchmark or Future State	Progress to Date
Goal 1: Spread CDP services to East Linn County	Open-ended semi-structured interviews, Referral and service tracking	10% referral rate (25 in year one), 10 doulas trained	28 referrals during grant (11 in 2021 & 17 in 2022). Previous two years were 4 during 2019 & 2020
Goal 2: Spread CDP services to Lincoln County	Open-ended semi-structured interviews, Referral and service tracking	10% referral rate (25 in year one), 10 doulas trained	49 referrals during grant (21 in 2021 & 28 in 2022) Previous two years were 1 in 2020 & 1 in 2019
Goal 3: Expand CDP Postpartum Support Services	Questionnaires, open-ended semi-structured interviews, referral and service tracking	Parenting groups: addition of queer parenting group, >50% increase in attendance, client feedback on value; <i>Safe Sleep resources:</i> clients who need safe sleep options receive them (estimated 20-30/yr) Contraception Counseling: >70% of CDP clients who receive postpartum care receive contraception counseling and assistance to access services as needed; <i>Expanded PP visits:</i> >50% of clients served receive 4 in-home (or Zoom) postpartum visits; <i>Healthy Families Collaboration:</i> 10 joint visit warm hand-offs/year one	Delivered 30 safe sleep bundles 61% contraception counseling 50 handoffs to Healthy Families

IHN-CCO DST Final Report and Evaluation

C. Did your pilot utilize Traditional Health Workers? If so, please fill out the table below:

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)
THW Doula	Part Time	40% Black, Indigenous, People of Color	Yes	Yes, doulas provide care in 10 languages: Amharic Arabic English French Hindi Mandarin Portuguese Punjabi Tagalog Vietnamese	Mix of contract, FFS, grant, and employment	Remote workers across Oregon supporting Linn, Benton & Lincoln counties

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	147
Number of referrals received from care team for THW services	501

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

Developing a strong partnership with Samaritan’s High Risk Care Coordination Team. 35% of clients served by CDP doulas are medically high risk.

Improving outreach and referrals in rural communities; east Linn and Lincoln counties

The purpose of this project is to improve maternal and infant health outcomes for pregnant individuals and their families through the provision of culturally- and linguistically-matched THW Doula care. Some examples are:

Unplanned cesarean birth (CB): 16%!

Planned CB: 7%

VBAC: 80% reached their goal of having vaginal birth after caesarean birth

Exclusive breastfeeding at last visit: 77%!

Preterm birth: 6.2%

NICU: 3.2% admission

Attended 6-week postpartum visit with provider: 93%!

Emergency room visits postpartum: 4.3%

IHN-CCO DST Final Report and Evaluation

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?

Improving the individual experience of care: During our pilot we have used two validated instruments that measure respect and autonomy. Clients who are supported by CDP doulas have significantly higher ratings of their birth experience compared to clients from a national survey who didn't have doula care. A common theme in interviews with clients is the positive role the doula played in their birth experience. Several former clients have gone on to become doulas in our program because they were so transformed by their experience of doula care.

Improving the health of populations, see section E.

Reducing the per capita cost of the cost of care: A full cost effectiveness analysis has not been accomplished for this program. However, the outcomes recorded in section E all have economic implications suggesting that doula care has major impacts for cost savings.*

Improve provider satisfaction (quadruple aim): Email from provider, names removed "I just wanted to share how incredibly appreciative we are of <doula's> help during our patient's induction and birth this Fri/Sat. The patient had her first two babies at home in Guatemala and is Mam-speaking, with very little health literacy and a lot of anxiety about being in the hospital. Effectively communicating with the patient was a challenge, even with a good interpreter. Not only did <doula> provide excellent doula support and interpretive services, but she very carefully made sure that the patient clearly understood everything, frequently checking in with her to gauge her understanding. I just can't bear to think of what this experience might have been like for the patient without a doula's support. Please thank her for us."

At the 2022 Push for Doulas event, we showcased a 2022 art based analysis from CDP Doulas that was based on a facilitated art exploration of individual experiences of being a CDP doula. [See pictures of the event, doulas, and art.](#)

G. What has been most successful?

Partnerships with numerous providers and community based organizations. We especially want to highlight the success of the CDP referral process to Healthy Families home visitor program. Our goal was to refer 10 people, and we referred 50 new parents and babies that will go on to receive 3 years of home visiting support. Nurture Oregon collaboration, serving clients with substance use disorder and other mental health issues. Video series with Every Mother Counts: [Choices in Childbirth](#), highlighting importance of linguistically-matched care Democratizing knowledge with other state, national, and international programs. Continued and diversified source of funding Contributions to building a diverse doula workforce in Oregon Effective advocacy for increasing Medicaid reimbursement rates (rate started at \$150 and will increase to \$1,500) Community led curriculum development (first of its kind in the state) Most importantly, improved the experiences of care for communities made vulnerable by systems of oppression.

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

There continues to be resistance to doulas being part of the care team in east Linn, county. The main barrier appears to be a misunderstanding of doula services and that doula care is helpful for all individuals; not just those that are planning unmedicated home births. We are continuing to do outreach to referrers and provide information directly to clients through social media, videos, and being present in the community.

Slow rate of bureaucratic change, advocacy, and community presentations

No existing models for successful reimbursement from Medicaid, we continue to work through trial and error and documenting successes to share with others.

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.)

IHN-CCO DST Final Report and Evaluation

In terms of scalability, our goal is to continue serving Linn, Benton, and Lincoln counties with continued outreach to clients that qualify for services. In terms of replicating in Oregon, we will continue to collaborate with other organizations along the I5 corridor (CDA, Daisy Chain, Nurturely). We are also collaborating with other organizations that are developing doula hubs in Tuscaloosa Alabama and the Baltimore Doula Program.

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

It will continue thanks to private funding from generous donors, continued support from IHN and the DST, and new relationships with funders like the Myer Memorial Trust.

*References: Kozhimannil, K. B., Hardeman, R. R., Attanasio, L. B., Blauer-Peterson, C., & O'Brien, M. (2013). Doula care, birth outcomes, and costs among Medicaid beneficiaries. *American journal of public health, 103*(4), e113-e121.

Kozhimannil, K. B., Hardeman, R. R., Alarid-Escudero, F., Vogelsang, C. A., Blauer-Peterson, C., & Howell, E. A. (2016). Modeling the cost-effectiveness of doula care associated with reductions in preterm birth and cesarean delivery. *Birth, 43*(1), 20-27.

Greiner, K. S., Hersh, A. R., Hersh, S. R., Remer, J. M., Gallagher, A. C., Caughey, A. B., & Tilden, E. L. (2019). The Cost-Effectiveness of Professional Doula Care for a Woman's First Two Births: A Decision Analysis Model. *Journal of Midwifery & Women's Health, 64*(4), 410-420.



Community Doula Program

PRESENTER (S) DR. MELISSA CHEYNEY &
ROSLYN BURMOOD

Pilot Summary



Start/End Date: January 1, 2018 to December 31, 2022



Budget: Three Grants: 2018 Initial Grant \$186,000, 2019 Multilingual Expansion \$75,000, 2020 Rural Expansion Grant \$151,455



The purpose of this project is to improve maternal and infant health outcomes for pregnant individuals and their families through the provision of culturally- and linguistically-matched THW Doula care.



Recruit, train, mentor, credential, connect, supervise, bill and reimburse THW Community Doulas in Linn, Benton, and Lincoln counties.

Key Outcomes

- Specific key outcomes of the pilot:
 - Trained 147 doulas (20 more in March 2023)
 - 40% Black, Indigenous, and people of color
 - 10 languages spoken
 - Additional expertise in: rural, SUD, loss, gender fluid, medically high risk, homelessness, people of size, IPV
 - Covid-19 TRACE Project
 - Created the first community doula led curriculum approved by the state (Rogue community college)
 - Assisted 43 doulas to become state certified THW Doulas
 - 31 validated IHN providers
 - More are in process & we are now re-certifying and re-validating THW doulas!
 - Serve IHN clients in all settings: 5 regional hospitals, 2 birth centers, and home births
 - 1,100 referrals
 - 732 clients served, 40% BIPOC, 30% Latinx
 - 40% clients white, rural, mental health and/or SUDs
 - Safe sleep bundles
 - Early literacy, Dolly Parton Imagination
 - Pandemic parenting group: English and Spanish
 - Expanded rural outreach, education and training in east Linn county and Lincoln county
 - 105 additional postpartum visits were provided for higher need clients
 - Healthy Families collaboration n=50
 - Contraception counseling

Learning Experiences

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

Technological innovations: Vishnu for referral and doula tracking. CDP Stats for tracking outcomes. Defined and streamlined each aspect of the hub.

-

Did you do something that didn't work? How/What did you adjust?

-Billing and contracting. Steep learning curve to understand how to negotiate a value based contract and to receive reimbursement for services.

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

Building partnerships and trust with medical providers, referrers, and other CBOs. This was especially critical during the pandemic. Continued DST support.

Successes

- Unplanned cesarean birth: 16%!
- Planned CB: 7%
- VBAC: 15 attempted & 3 had a repeat CB. 80% vaginal birth
- Exclusive breastfeeding at last visit: 77%!
- Preterm birth: 6.2%
- NICU: 3.2%
- Attended 6 week postpartum visit: 93%!
- Emergency room visits postpartum: 4.3%
- Finding Our Way in a System Not Built for Us: Staying with the Trouble in a Community Doula Program
- Power in Place: The Unexpected consequences of Doula's mediation
- Our Eyes Take in Love, Our Hand Offer Comfort: Community Doula's images of loss, healing, joy and strength
- Dozens of invited talks nationally and internationally
- CDP Peer Wellness Center & community mural





Partnerships & Collaboration

- DHS
- Dolly Parton's Imagination Library: Untied Way
- Every Mother Counts: Choices in Childbirth
- Healthy Families: Old Mill Center
- IHN high risk maternity team
- Nurture Oregon: Reconnections Counseling
- Nurturely
- Oregon State University
- Pollywog
- Public Health Nurses: All 3 counties, numerous programs
- Samaritan House
- Samaritan OBGYN, Feature in Heart & Hands Winter 2023 Issue
- Vina Moses

Remaining Challenges

- Doula retention
- Workforce development
- Rural outreach





Post Pilot Sustainability

Will your pilot be sustained post pilot? Yes. How? grants, billing, & private donors



Replicability: IMI, University of Alabama, Baltimore Doula Program



Scalability: Our goal is to continue serving this service area with continued outreach to all clients that qualify for services. Collaborating with other organizations along I5 corridor (CDA, Daisy Chain, Nurturely). Central & eastern Oregon ?

Discussion

Jaya Conser Lapham,

Community Doula Celebration, 2022
Pencil, pen, marker and oil pastel on paper,

Our Eyes Take in Love

I know I can leave a birth room
when the faces are filled with love.
Some have tough journeys,
leaving behind something that is sad and blue.
Spring birth, renewal,
growing and flourishing.
The rose petals fall,
like tears before the milk comes.
Joy
Showing up.
The layers of being are what we can give.
Life is a symphony
when you are born with a doula.



IHN-CCO DST Final Report and Evaluation

Therapeutic Treatment Homes

January 1, 2022 to December 31, 2022

Summary:

Therapeutic Treatment Homes is working to increase certified therapeutic homes that will provide full time Behavior Rehabilitative Services (BRS) or part time mental health respite to youth ages 4-18 that live in Lincoln, Linn, or Benton counties and are IHN-CCO members. GOBHI aims to provide a unique service to the community to reduce out of home placements for youth and reduce higher levels of care for children by providing supports for youth with behavioral needs and providing a break for families. Therapeutic Treatment Homes will develop foster homes in a community, all daily costs are supported through services provided through the contracts held through Oregon Department of Human Services (ODHS) or the Coordinated Care Organizations (CCO). Once established, GOBHI will meet this community need as well as grow as a program which creates more opportunities for youth, families, and community partners.

A. Budget:

- **Total amount of pilot funds used:** \$130,000
- **Please list and describe any additional funds used to support the pilot.**

Reimbursement for care of full time youth from Department of Health and Human Services (supported staff salaries as well as full time reimbursement to foster families for youth). Workforce grant provided by Department of Health and Human Services specifically for support of certified foster homes as well as additional staffing supports. IHN reimbursement for mental health services (support reimbursement to foster families for care of respite youth).

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

Baseline or Current State	Monitoring Activities	Benchmark or Future State	Progress to Date
Currently GOBHI has two certified foster homes in Linn, Benton, or Lincoln counties	Binti certification and tracking platform	Triple homes- Increase from two homes to six homes	GOBHI was able to certify 7 homes in these counties. 6 in Linn and 1 in Lincoln. Two more homes are set to be certified in February 2023.
Currently GOBHI has partnered with three mental health agencies in Linn, Benton, or Lincoln counties. GOBHI is not currently tracking the number of IHN-CCO youth that are being provided respite	Binti referral tracking platform Binti child placing platform and internal billing documentation	Partner with two additional mental health agencies GOBHI will serve 10 unique IHN-CCO youth for respite.	GOBHI has partnered with Linn, Benton, and Lincoln county mental health offices, Trillium, Old Mill, and Polk Day Treatment. GOBHI was able to serve 14 unique IHN youth in 2022. GOBHI did not achieve this goal, however many youth were able to be served multiple times as well as youth were served in other counties.
GOBHI is not currently tracking the type of youth being served in Linn, Benton, or Lincoln counties.	Binti child placing platform and internal tracking documents	75% of youth served in the therapeutic respite program in Linn, Benton, and Lincoln counties will be IHN-CCO youth.	

IHN-CCO DST Final Report and Evaluation

C. Did your pilot utilize Traditional Health Workers? If so, please fill out the table below:

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)

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	
Number of referrals received from care team for THW services	

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

The most important outcomes were the lives of children and families that were impacted by this service. Many families were able to get a break as well as children were able to go to a safe location and receive different interventions and responses than they may otherwise have. In addition GOBHI was able to support youth stepping out of day treatment, juvenile detention, and residential.

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?

GOBHI was able to support youth at risk of being referred to higher levels of care. In addition GOBHI has been able to increase access to respite care as well as the reliability. Many families are accessing respite on a regular basis of monthly or even multiple times a month if need be.

G. What has been most successful?

Building connections with community partners and streamlining the referral process has become very successful and GOBHI and agencies are working together to ensure access of services if possible.

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

There were a few barriers around completion of paperwork, this has been addressed by having monthly check ins between GOBHI and referring agencies.

IHN-CCO DST Final Report and Evaluation

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.)

This pilot could be replicable if an agency is set up to ensure costs are covered by another avenue. Respite is not financially sustainable on its own as a business model, GOBHI is lucky in that it has a full time program as well as other avenues of business that can support the respite model. GOBHI intends to continue growing in this region and working to build a stronger and more comprehensive respite program in addition to more resources for full time care.

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

Yes, GOBHI has no intention of leaving the area and will continue to prioritize Linn, Benton, and Lincoln counties and providing services to the children and families who need it.

Therapeutic Treatment Homes

KATELYN HERSHBERGER

Pilot Summary



January 2022- December 2022



\$130,000



Develop and sustain a respite program to serve youth in Linn, Benton, and Lincoln Counties.



Increase to six homes, partner with two additional agencies for referrals, serve 10 youth, and 75% of respite youth will be IHN youth.

Key Outcomes

- Goal 1: Certified 6 homes in Linn county and 1 in Lincoln County. (Have two additional homes that should be certified in February 2023).
- Goal 2: Have received referrals from Old Mill, Linn County, Benton County, Lincoln County, Trillium Family Services, and Polk Day Treatment.
- Goal 3: Served 14 unique youth in 2022.
- Goal 4: 42% of respite youth in Linn, Benton, or Lincoln county were from IHN. However Many youth were served outside of Linn, Benton, Lincoln in homes from Washington County to Polk County. 2 IHN youth were served full time in GOBHI placements in 2022.

Learning Experiences

Changes were made a few times to documentation requirements to ensure the program was compiling everything necessary as well as ensure documentation was completed.

Various recruitment methods have been tried some more successful than others. PRIDE and word of mouth has been most productive. Currently the team is working on creating more virtual ads as well as another media campaign.

-

Partnering with community members and working with a recruitment/retention group that is comprised of IHN, DHS, GOBHI, Every Child, and I/DD services has been helpful and informative.

Successes

- Many youth were able to be served with a variety of needs:
 - 10 y/o. Unable to participate in school, physical and verbal aggression, property destruction, sexualized behaviors. This youth has participated in monthly or multiple times a month respite for over a year which has helped sustain avoidance of higher level of care referrals.
 - 14 y/o. Probation for assault of others, refusal of services, defiant and oppositional. Engaged with respite provider and stated they enjoyed their time.
 - 4 y/o and 7y/o. Able to access respite while the family sorted through family struggles as well as a death in their home.



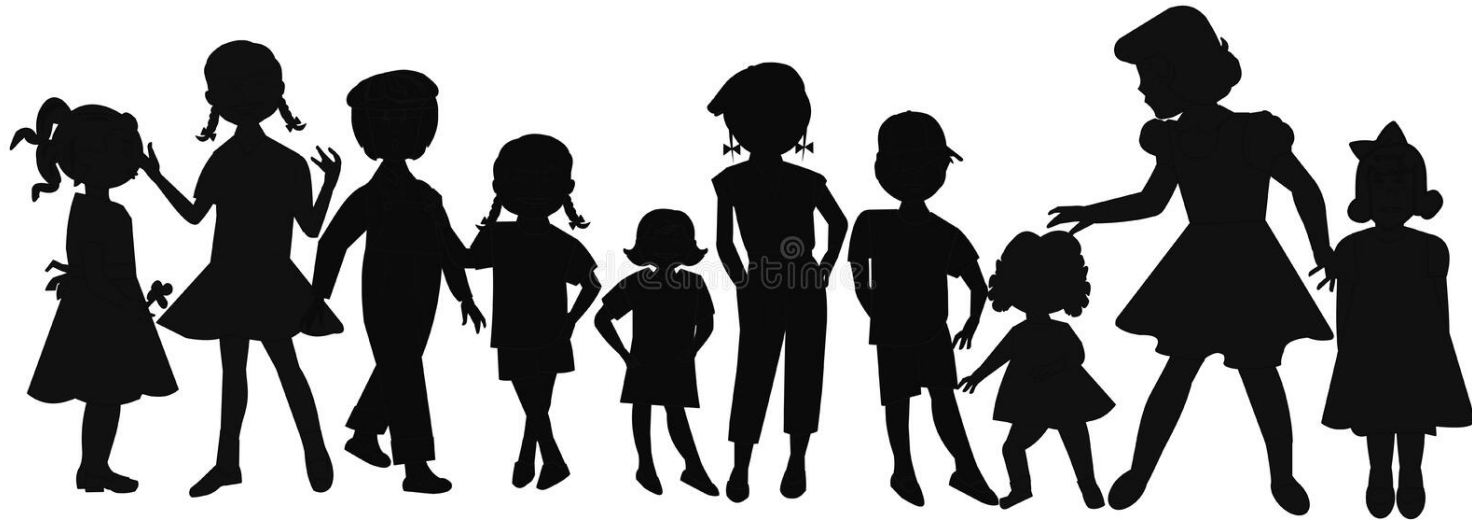
Partnerships & Collaboration

GOBHI continues to work with many agencies and will work to grow relationships and partnerships. GOBHI has monthly meetings with Linn and Benton county mental health to ensure staffing of referrals and prioritization happens.

GOBHI is participating in meetings with DHS/I/DD, and other agencies to support group recruitment of homes and ensure youth have access to programs they need.


Remaining Challenges

- Recruitment of foster homes continues to be a challenge.
 - Having an array of foster homes to serve unique needs (primarily homes to serve teenagers)




Post Pilot Sustainability

Will your pilot be sustained post pilot? Yes- GOBHI continues to work to grow the region and recruit more homes. Billing is set up on a continual basis with IHN and DHS to support respite ongoing.



GOBHI can replicate this project in other regions provided similar supports that IHN provided in this region. Other agencies can also replicate some of the pieces however due to the nature of the work they would need to ensure other avenues of billing to sustain.



GOBHI has two homes that are almost certified as well as another handful at the beginning stages of certification. GOBHI intends to continue to put resources in the area and has tasked their new marketing specialist to target Linn, Benton, and Lincoln counties.

Discussion



**Delivery System Transformation Committee (DST)
Committee of the Regional Planning Council
2023 Charter [DRAFT]**

Mission:

To positively impact the health and wellbeing of IHN-CCO members and our community.

Vision:

The Delivery System Transformation committee envisions a healthcare system rooted in community knowledge, values, and innovation. As such, the DST is committed to fostering an inclusive, engaged, collaborative space where innovative and transformational ideas are shared and supported with the intent of advancing health equity, centering community perspectives, and improving health outcomes for diverse communities across the Benton, Lincoln, and Linn County region.

Values:

Equity Inclusion Collaboration Innovation Transformation

2023 Goals and Strategies:

Goal 1: Advance health equity in all Committee projects including pilots & workgroups.

Strategy: Center a health equity and trauma-informed practices.

Strategy: Create an environment of inclusion, shared learning, and accountability.

Goal 2: Improve community-driven and community-focused approaches to health and wellbeing by including and elevating the lived experiences and ideas of communities facing health disparities caused by systemic oppression.

Strategy: Create strong lines of communication between different agencies, the traditional healthcare system, and community-based health.

Strategy: Nurture meaningful, two-way relationships that foster trust, transparency, and a genuine commitment to partnership.

Goal 3: Support, sustain, and spread new and transformational initiatives.

Strategy: Identify and support pilots that increase equitable access to affirming care, improve the health of communities, prevent provider and staff burnout, and demonstrate good stewardship of funds.

Goal 4: Welcome innovative ideas that are collaborative, aligned with IHN-CCO goals, and center the needs of IHN-CCO members.

Strategy: Align with the Community Advisory Council (CAC), its Community Health Improvement Plan (CHIP), and the State Health Improvement Plan (SHIP) priority areas.

Strategy: Identify and support champions that reflect the communities we serve, amplify the voices of marginalized communities, and prioritize new partnerships.

Goal 5: Use both quantitative (numbers) and qualitative (stories) data in to analyze, understand, and share the impact of pilot projects.

Strategy: Center best practices for equitable data collection, analysis, and sharing that does not exploit or burden IHN-CCO members. This means engaging in data collection that is relevant, meaningful, and designed in collaboration with communities.

Strategy: Recommend system changes, report gaps and barriers, and provide information to the RPC.