

Agenda

Delivery System Transformation Committee

May 11, 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. Attendance and Voting	p. 8-12	Charissa Young-White, IHN-CCO	4:55
4. Capacity Building Funding Decisions	p. 13	Beck Fox, IHN-CCO	5:00
5. Pilot Proposal Scoring Exercise	p. 14-27	Beck Fox, IHN-CCO	5:15
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

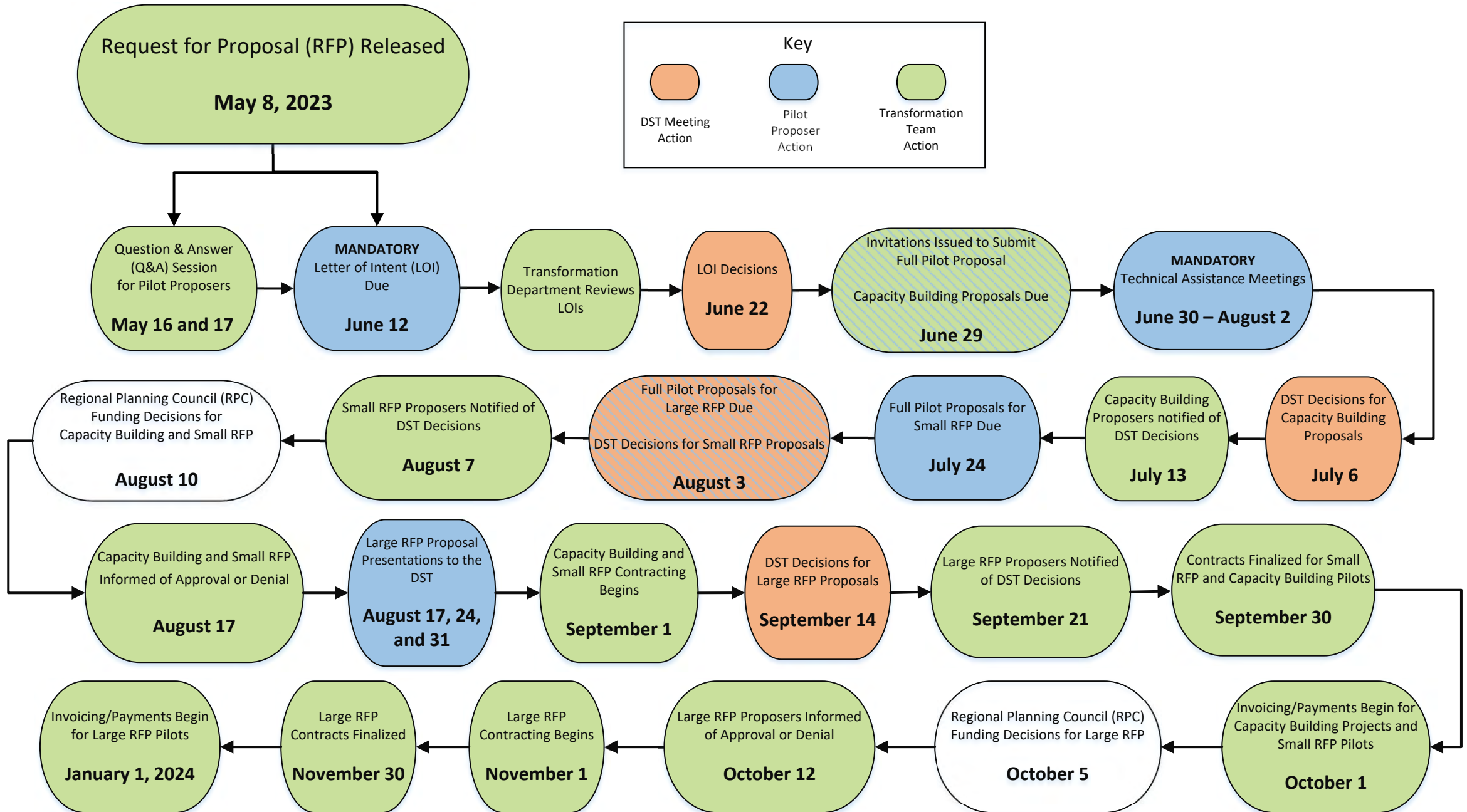
January	5	Racial Equity Training		
	19	Strategic Planning: Racial Equity Discussion, Charter, and Roles & Responsibilities		
February	2	CDP	TTH	Charter Review & Priorities
	16	CCP	HUBV	Engagement
March	2	DSDP	PBHT	Engagement
	16	PEER	OBFY	RFP & Priorities
	30	WINS	DDDW	RFP & Priorities
April	13	RFP Discussion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

June	8	CAC UPDATE	IHN-CCO Health Equity Plan Review	
	22	LOI DECISIONS		
July	6	CAPACITY BUILDING DECISIONS		
	20		Pilot Updates	
August	3	SMALL RFP DECISIONS		
		Regional Planning Council August 10		
	17	RFP PRESENTATIONS		
	24	RFP PRESENTATIONS		
Sept	31	RFP PRESENTATIONS		
	14	RFP DECISIONS		
	28			Workgroup Updates
October		Regional Planning Council October 5		
	12			
Nov	26		Pilot Updates	
	9			
Dec	7			

KEY

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

IHN-CCO DST Request for Proposal Timeline



FOR IMMEDIATE RELEASE

Media contact: Stephanie Wiegman, 541-768-7743

IHN-CCO accepts requests for transformative, equity-focused pilot projects

(CORVALLIS, ORE. – May 8, 2023) – InterCommunity Health Network Coordinated Care Organization’s Delivery System Transformation Committee has released a Request for Proposals. The committee invites interested community partners in Benton, Lincoln and Linn counties who can positively impact the health and well-being of IHN-CCO members to submit pilot proposals that transform the health care delivery system.

Through embracing the values of equity, inclusion, innovation, respect and collaboration, the committee envisions a health care system rooted in community knowledge, values and innovation.

“We are 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 our region,” said Renee Smith, champion of multiple pilots with Family Tree Relief Nursery and current Committee chair.

IHN-CCO and the Delivery System Transformation Committee are committed to advancing strategies for health equity and are 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 committee strongly encourage providers, agencies and community-based organizations working within and for marginalized communities to apply. To ensure that committee membership, community partners and pilot champions are reflective of the communities being served, proposals led by innovative change-makers and leaders within marginalized communities are strongly encouraged.

Pilots are selected from a competitive request for proposals process. To be considered for funding, pilot projects must address social determinants of health and equity and be in alignment with the health impact areas in the 2019 Community Health Improvement Plan, developed by IHN-CCO’s Community Advisory Council.

Interested parties must submit a non-binding Letter of Intent by noon on June 12, 2023. For more information, please visit IHNtogether.org/RFP or email transformation@samhealth.org.

About InterCommunity Health Network Coordinated Care Organization

IHN-CCO was formed in 2012 as a partnership to improve the health outcomes of the people living in Benton, Lincoln and Linn counties, Oregon. The partnership consists of county governments and their public health, mental health and addiction service departments, local health care providers, federally qualified health centers, community-based organizations and more. IHN-CCO serves more than 80,000 Oregon Health Plan members.

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IHN-CCO DST Roles and Responsibilities Form 2023

As a member of the InterCommunity Health Network Coordinated Care Organization (IHN-CCO) **Delivery System Transformation Committee (DST)** I agree to the following principles:

Support the goals of the DST:

- Support, promote, and/or positively impact the health and wellbeing of IHN-CCO members.
- Advance health equity in all Committee projects including pilots & workgroups
- 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.
- Support, sustain, and spread new and transformational initiatives.
- Welcome innovative ideas that are collaborative, aligned with IHN-CCO goals, and center the needs of IHN-CCO members.
- Use both quantitative (numbers) and qualitative (stories) data to analyze, understand, and share the impact of pilot projects.

Provide strategic guidance, vision, and oversight for the Committee:

- Commit to developing strategies that strengthen the community.
- Share data and information with the Committee.
- Encourage attendance and participation of the DST workgroups.

Play an active role:

- Participate in the meetings.
 - A member must attend at least fifty percent of meetings measuring from the end of the previous year's voting period to vote on funding recommendations or proposals.
- Review materials and be prepared for engaged discussion, active listening, and respectful dialogue.
- Foster and promote the spirit and message of the Committee.
- Identify members to join the Committee, workgroups, and pilots to successfully complete objectives.
- Serve as a vocal champion of the DST's work.

Avoid conflicts of interest:

- Abstain from voting on pilots that I am actively involved in.
- Communicate conflicts of interest that arise to the committee and abstain from voting.
- Always act in the best interests of IHN-CCO members.

Name

Date

Sign _____

Print _____

DST Attendance and Voting Records

List includes all that attended in the past year based on the anchor date of previous voting decisions. Voters must attend at least 50% of the meetings since the previous voting period and have a signed and current Roles & Responsibilities form on file.

Name	R&R Signed	Voting July 3 (13 to vote)	Voting August 6 (14 to vote)	Voting Sept 14 (13 to vote)
Abby Mulcahy	Yes	8	8	6
Adam Shanks	No	1	1	1
Ailliah Schafer	No	4	4	3
Alex Llumiquinga	No	2	2	2
Alicia Bublitz	Non-voter	15	15	11
Alison Hellums	No	2	2	2
Allison Hobgood	Yes	9	9	7
Allison Myers	No	2	2	1
Andrea Myhre	Yes	7	7	5
Angel Harris	No	3	3	3
Anita Earl	No	1	1	0
Annie McDonald	Yes	14	14	11
Ashley Hoffman	No	9	9	9
Beck Fox	Non-voter	17	17	14
Bettina Schempf	Yes	11	11	10
Brandy Waite	No	1	1	0
Britny Chandler	Yes	9	9	7
Brock Byers	No	4	4	2
Bryan Decker	No	11	11	9
Bryn McCornack	No	4	4	2
Caleb Larson	No	2	2	0
Candace Russo	No	1	1	0
Carissa Cousins	Yes	3	3	3
Carmen Moody	No	1	1	1
Carol Davies	No	2	2	1
Catherine Baker	No	1	1	1

Charissa Young-White	Non-voter	15	15	11
Christian Moller-Andersen	No	1	1	0
Daniela Aguilar	No	1	1	1
Danny Magaña	No	18	18	15
Deb Fell-Carlson	Yes	10	10	7
Dee Teem	No	3	3	2
Diane Scottaline	No	1	1	1
Dick Knowles	Yes	17	17	13
Diego Nieto	No	1	1	1
Elijah Stucki	No	1	1	0
Elizabeth Hazlewood	Yes	9	9	5
Emma Chavez Sosa	Yes	15	15	13
Emma Deane	No	2	2	2
Eric Vinson	No	1	1	0
Erin Gudge	No	16	16	13
Erin Sedlacek	No	9	9	7
Erin Zolach	No	1	1	1
Gabriel Parra	No	1	1	1
Georgia Smith	Yes	2	2	1
Gillian Chandler	No	1	1	0
Glen Cunningham	No	1	1	0
Helen Higgins	No	1	1	1
Jaimie Page	No	1	1	0
Jan Molnar-Fitzgerald	No	1	1	1
Jay Yedziniak	Yes	3	3	2
Jennifer Solberg	No	1	1	1
Jill Byrd	No	1	1	0
Julia Saltzgeber	No	1	1	0
Kami Beard	No	11	11	7
Karen Hall	No	1	1	1
Karen Weiner	No	13	13	11
Kate Williams	No	1	1	0
Katelyn Hershberger	No	1	1	1
Kimberly Lane	No	2	2	0

Kristty Zamora-Polanco	No	8	8	7
Lalori Lager	No	5	5	4
Larry Eby	No	4	4	3
Laurel Schwinabart	Non-voter	16	16	13
Linda Mann	Yes	10	10	7
Liv Gifford	No	1	1	1
Lorenzo Froehle	No	2	2	2
Loretta Cordova	No	2	2	2
Marci Howard	No	4	4	1
Marcy Shanks	No	1	1	0
Marie Long	No	2	2	1
Maritza's Leon	No	1	1	1
Mary Ann Wren	No	3	3	2
Melissa Cheyney	No	4	4	2
Melissa Isavoran	No	15	15	12
Miao Zhao	No	1	1	1
Mica Contreras	No	10	10	8
Michael Couch	No	10	10	10
Mike Jerpbak	No	9	9	9
Misha Marie	No	1	1	0
Nicole Breuner	No	6	6	4
Paige Jenkins	Yes	9	9	5
Paulina Kaiser	Yes	8	8	7
Priya Prakash	Yes	1	1	1
Rachel Petersen	No	1	1	1
Rebekah Fowler	Yes	16	16	12
Renee Smith	No	16	16	14
Ricardo Contreras	Yes	1	1	1
Rolly Kinney	Yes	17	17	13
Rosa Wolff	No	1	1	0
Roslyn Burmood	No	11	11	7
Sadie Peterson	Non-voter	1	1	0
Sandi Phibbs	No	2	2	2
Sara Jameson	No	18	18	14

Sequoya Eady	No	1	1	1
Shana Palmer-Whalen	No	1	1	1
Shannon Rose	Yes	17	17	13
Sharna Prasad	No	3	3	2
Shawn Collins	No	1	1	0
Shirley Byrd	No	4	4	2
Stacey Bartholomew	Yes	13	13	10
Susan Trachsel	No	7	7	7
Terri Fackrell	No	1	1	1
Tony Decker	No	1	1	1
Tristin Armstrong	Non-voter	5	5	1

IHN-CCO DST Committee
Capacity Building Decision Making Guide
2023

Proposal:

Organization:

When reviewing the proposal, consider whether or not it meets each of the guiding criteria below:

1. Is the proposal led by an individual or organization of color, the disabled community, or LGBTQIA2S+ community?
 2. Does the proposal bring a new partner to the DST?
 3. Does the proposal address the DST priority areas of Social Determinants of Health and/or Equity?
-

Notes:

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

Agree

Strongly Agree



Note: Criteria with (x2) will have their scores doubled. For example, a score of 3 will result in a final score of 6 for that criterion.

Approach, Significance, and Impact	Score
Transformational (x2): The pilot will be transformative, is likely to create system change, and creates opportunities for innovation and new learning.	5
Health Equity (x2): The pilot has a defined approach for fair opportunities for members to be as healthy as possible. The pilot activities will result improved access of health care, availability of services, and culturally appropriate services.	5
Partnerships and Leadership: The pilot is led by a prioritized community (communities of color, disabled community, LGBTQIA2S+), a new partner, or is a cross-sector partnership. The pilot emphasizes partnerships and collaboration.	5
Need: The pilot proposal clearly shows a substantial, community-informed need for this project and has indicated the demographics of the Medicaid population impacted. The pilot proposal outlines clear goals and measures that will meet that need through improved outcomes.	5
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 looks at health from an upstream perspective and will reduce costs long-term. The pilot has a solid financial plan in place.	5
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.	5
Depth of Support: The pilot proposal shows clear and strong depth of sponsoring organization support as well as backing from the community it serves.	5
TOTAL PROPOSAL SCORE (of a possible 45)	
Comments:	

IHN-CCO DST Scoring Rubric

Note: Criteria with (x2) will have their scores doubled. For example, a score of 3 will result in a final score of 6 for that criteria.

	0	1	3	5
Transformation (x2)	Not transformational. Presents no new learning opportunities, does not take a new approach or focus on upstream health.	Transformation is not clearly explained. Does not show a clear focus on upstream health and prevention.	New ideas that could opportunities for learning or involves new partnerships. Has potential to impact upstream health.	Fully developed, innovative ideas that clearly show a focus on upstream health and system transformation, emphasize partnership and collaboration, and present significant learning opportunities.
Health Equity (x2)	No health equity plan.	Little context, approach not clear.	Addresses priority population(s) and has a health equity plan in place, but should be more fully developed.	Clear plan that demonstrates understanding and commitment to equity. Activities will result in improved access, availability of services, and are culturally appropriate.
Partnerships and Leadership	No partnerships. Not led by a prioritized community, new partner, or cross-sector partnership.	Has partnerships and/or is led by a prioritized community, but partner roles are not clearly defined or do not seem to contribute to transformation or improved health outcomes.	Led by a prioritized community, is a new partner, or is a cross-sector partnership that has the potential to transform the health delivery system and/or provide new learning opportunities.	Led by a prioritized community, is a new partner, or is a cross-sector partnership that is very likely to transform the health delivery system and/or provide new learning opportunities. Strong partnerships and leadership capacity.
Need	No need established and demographics not indicated.	Need is not clearly defined but demographics are indicated (or vice versa). Does not clearly indicate how goals will meet the need.	Need and demographics outlined. Goals could more clearly relate to the stated need.	Clear and substantial need, demographics clearly defined, and related to measurable goals.
Resource Investment	Budget is unreasonable and inappropriate to the work proposed. No financial plan.	Budget is not well justified and not tied to pilot goals. Financial plan is lacking. Organization does not appear to have capacity needed.	Budget is reasonable, appropriate to the work, and well justified. Potential to reduce costs long-term. Organization appears to have the capacity to carry out the work.	Budget is reasonable, appropriate to the work, and well justified. Directly tied to the pilot goals, exhibits consideration for other funding sources, and is likely to reduce costs long-term.
Replicability	No plan for replicability.	Potential to replicate to new organization or regions.	Has a defined plan and is likely to replicate to new organizations or regions.	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.	Identified 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.

DST Proposal Scoring Tool

Pilot Name:

Presentation Date (only for Large RFP):

- August 17, 2023
- August 24, 2023
- August 31, 2023

Request For Proposal size:

- Large (over \$50,000)
- Small

Does the proposal:

- Demonstrate need?
- Identify the population(s) the pilot will serve?
- Bring together new or existing partnerships?
- Have the potential to reduce costs long-term?
- Request appropriate resources?
- Address Social Determinants of Health and/or Health Equity
- Improve IHN-CCO member or community health and well-being?
- Have strong leadership and staff?
- Have a health equity plan aligned with DST values?
- Plan to engage the communities they serve?

Is the proposal:

- Transformational?
- Going to provide new learning?
- Going to have cross-sector partnerships?
- Likely to lead to system change?

Sustainability plan:

- Is the project able to be replicated?
- Is there a strong depth of support from the organization and community being served?
- Is there a financial plan?

Pilot Name: Healthy Creativity
Backbone Organization: Community Health Hub
Billing Address: Newport, OR
Site(s): Lincoln County

EXECUTIVE SUMMARY

Imagine this scene: A group of teen girls is sitting in a circle, drums by their side, waiting expectantly for their weekly *Healthy Creativity: Teen Mindfulness* session to begin. For the past four weeks these young women have come together once a week to participate in a variety of art and music activities. The low-income teens, who have experienced adverse childhood events and their health has been compromised as a result, have been referred to the six-week workshop by someone in their Patient-Centered Primary Care Home (PCPCH). This week the art form is interactive drumming and rhythm exploration. Drumming instruction will introduce the teens to a new form of art that can enhance their coping skills and be used as a mindfulness practice during difficult times.

The Healthy Creativity Program will develop and deliver eight Healthy Creativity workshops, each comprising six-weekly sessions. During each workshop session, a professional artist and Community Health Worker (CHW) will work together to help participants gain new skills for managing stress through mindful engagement with the arts (visual arts, written arts, music). Instruction and engagement with participatory arts will be the central focus of each Healthy Creativity session. Participants (most likely teens and young adults) will gain new skills for managing stress and emotions by using the arts as a mindfulness practice.

The Healthy Creativity Program does not provide group therapy. However, artists and CHWs will have been trained in Dialectical Behavior Therapy (DBT) and will be comfortable using its strategies and vocabulary. Depending upon the focus of the workshop and special needs of participants, a licensed health provider may facilitate the group as well.

Healthy Creativity is designed to transform the health care delivery system by connecting community members (artists and community health workers) with Patient-Centered Primary Care Homes (PCPCH) and providing effective, low-cost, health promotion arts-based services in community settings. Key components of this pilot are as follows:

1. Create a sustainable infrastructure for the Healthy Creativity Program by (a) hiring a Creativity Program Coordinator, (b) forming a new Lincoln County Arts and Health (LCAH) Advisory Committee, (b) developing a Healthy Creativity Program Strategic Plan and (c) establishing a cadre of trained professional artists and community health workers who know how to connect with PCPCHs.
2. Conduct eight Healthy Creativity workshops (each workshop consists of six weekly sessions), supported by a marketing/outreach strategy that places the PCPCH at the center of recruitment and utilizes the IHN-CCO member communication tools to inform members.
3. Contribute to sustained transformation of the health care delivery system through development of a formal Healthy Creativity Sustainability Plan and conducting scientifically robust evaluation to measure important outcomes and to inform the DST about lessons learned during the pilot.

PILOT DESCRIPTION

Pilot Goals

Goal 1: *Establish sustainable Healthy Creativity Program infrastructure through formation of non-traditional partnerships and linkages between PCPCHs and non-medical community organizations.*

The first goal for the pilot project is the formation of sustainable community infrastructure that will support continuation of the transformational activities after the grant period has ended. Outcome indicators include the effective functioning of a newly formed LCAH Advisory Committee, the timely completion of a strategic plan, and delivery of DBT training to build capacity of community health workers and artists in the local community. These indicators will be measured through observation and review of meeting minutes and documents.

Goal 2: *Deliver accessible and culturally-appropriate Healthy Creativity workshops for the youth and adults in Lincoln County.*

The second goal pertains to the delivery of eight Healthy Creativity workshops. Each workshop consists of six weekly sessions co-led by an artist and community health worker. The artists – many of whom are art educators – know how to teach art skills that can be used beyond the workshop while instilling a love of the practice. Community health workers have deep understanding of the needs of the target populations they serve and will help ensure that workshop sessions are culturally-appropriate. Outcome indicators include completion of promotional activities, development and implementation of the tracking system, delivery of eight workshops, and scientific measurement of health outcomes. The first three indicators will be measured through observation and document review. Participant health outcomes will be measured through administration of pre- and post-tests consisting of standardized, reliable and valid, behavioral health instruments. IRB approval will be obtained prior to collection of participant outcome data.

Goal 3: *Sustain the evidence-based Healthy Creativity Program model to continue ongoing transformation of the health care delivery system.*

The third goal has two components. The first is to gather evaluative information to inform the DST about the pilot's outcomes and its contribution to transformation of the health care delivery system. The second is the development of a Healthy Creativity Program Sustainability Plan. This plan will provide a roadmap for sustainability in Lincoln County and also information that would enable other communities to replicate the program model in their own regions. Outcome Indicators include the delivery of relevant and scientifically valid findings that will inform the DST about the pilot's outcomes and lessons learned about its effectiveness in transforming the healthcare delivery system, and development and implementation of the sustainability plan. These outcomes will be measured through observation, document review, and post-pilot discussions with stakeholders.

Population Served

At its inaugural meeting, LCAH Advisory Committee members will receive an overview of the pilot goals, an introduction to DBT, and a refresher course on the goals of the IHN-CCO and the Quadruple Aim. At this first meeting, committee members will identify the most urgent, high-priority, target populations in their communities which, based on preliminary discussions with partner organizations identified below, we expect to be teens and young adults who have experienced adverse events and trauma in their lives. Committee members are truly the local experts about community needs because their own organizations serve low-income individuals (many are tribal members) who have experienced inequitable access to healthcare. Their organizations provide services such as housing, access to food and clothing, and childcare. If their clients are under age 65, they are likely to be IHN-CCO members or uninsured.

Over the 12-month period, we expect to serve at least 120 community members. Our community-based partners, who serve low-income populations, have already agreed to refer their clients and to host workshops. The

involvement of these partner organizations gives us the confidence to expect that 60% of the participants will be IHN-CCO members. We also expect 50% of participant referrals to come from PCPCHs.

Pilot Description

This pilot will test the delivery of eight arts-based workshops designed to improve the health of low-income target groups in Lincoln County. Workshop participants will attend six sessions, each session beginning with a 45-minute group discussion led by the community health worker about a particular health issue. Following the discussion, participants will work with a professional artist on an art-activity that is linked with the discussion topic.

Personnel. A part-time local Healthy Creativity Program Coordinator will be hired to implement the pilot and ensure that sustainable infrastructure is solidly established. Ideally, the coordinator will be a licensed behavioral health provider or experienced health educator with experience with the arts. A contract will be established with an outside professional evaluator to collect and report on process and outcome indicators. Community Health Hub will provide in-kind support through significant involvement of four of its employees in the development and operation of the pilot (see question #5).

Utilizing experience and expertise found in existing health partnerships. Existing partnerships, including the IHN-CCO Community Advisory Council, ArtsCare Advisory Board, Coast to Cascades Community Wellness Network, Partners for Health and Lincoln County Oral Health Coalition will be asked to identify potential members for the new LCAH Advisory Committee and to provide guidance in the event barriers to implementation arise.

Formation of new partnerships via the new LCAH Advisory Committee. Members of the new LCAH Advisory Committee will include healthcare professionals, representatives from PCPCHs, representatives from partner Community Based Organizations (CBOs), professional artists and community health workers. The LCAH Advisory Committee's input on the development of a Healthy Creativity Program Strategic Plan will ensure that the pilot is carried out in a locally-relevant, planned and systematic way.

Building local capacity. The pilot will host a free introduction workshop to DBT in Lincoln County, provided by a certified DBT trainer. DBT uses particular strategies to build clients' mindfulness skills (ability to be present in the current moment), distress tolerance (ability to tolerate negative emotion rather than escape from it), emotional regulation (coping strategies) and interpersonal effectiveness (communication skills).

Healthy Creativity workshops will focus on one particular aspect of DBT – the development of mindfulness skills through participation in the arts. The training is intended to provide a basic introduction to DBT and to provide a common vocabulary for artists and community health workers as they work together. Artists and community health workers who have participated in the DBT training will be eligible to facilitate Healthy Creativity workshops during the pilot year and beyond. This training will also be available free-of-charge for others in Lincoln County who wish to gain a basic understanding of the principles of DBT.

Workshop structure. Participatory arts are at the center of Healthy Creativity workshop sessions. Each session will begin with a group discussion, led by the community health worker. Following the discussion, a professional artist will guide participants in an art activity that is specifically designed to reinforce the information that has just been provided by the community health worker. For example, in the Teen Mindfulness workshop described in the opening paragraph, when the musician led the interactive drumming/rhythm session, he would systematically cover the following:

- The physical and emotional symptoms of stress
- Grounding focal points: body, breath, senses
- Self-awareness exercise
- Developing a daily mindfulness practice
- Using the five senses to tune in to the present moment

PCPCH at the center of the transformative workshop. Healthy Creativity workshops will be explicitly connected with the PCPCH, with provider referrals serving as a primary recruiting strategy for participants. Keeping in mind that the pilot is likely to focus on the behavioral health needs of teens and young adults, we are hopeful that, in the near future, IHN-CCO members will undergo a screening for Adverse Childhood Events (ACEs) as part of their regular health care. For those with higher ACE scores, PCPCH referrals to a Healthy Creativity workshop could become a best practice that is documented in the patient’s medical record.

Evaluation and outcomes. A professional evaluator will develop an evaluation plan that includes collection of process data for ongoing improvement and outcome data to measure the effectiveness of the pilot. Once target populations and workshop topics have been identified, specific participant outcomes will be selected. For example, to what degree does participation in the *Healthy Creativity: Teen Mindfulness* workshop increase teens’ resilience, as measured by the Connor-Davidson Resilience Scale. Once workshops have been developed, the evaluator will suggest other standardized instruments to measure expected outcomes.

Community Partnerships

We have spoken with the following individuals and they have agreed to support this pilot project by serving on the LCAH Advisory Committee, hosting Healthy Creativity workshops on their own sites, recruiting participants and/or assisting us in making further connections with other potential sites accessible to IHN-CCO clients.

Benton County Health Department
Center for Health Education, Newport
Depoe Bay Clinic
Lincoln County Health and Human Services
Samaritan Coastal Clinic and Lincoln City Medical Center
Samaritan Early Learning Center
Samaritan Women’s Health Center

Project Leadership

Healthy Creativity Program Coordinator: Ideally, the coordinator will be a licensed behavioral health provider or health educator. If such an individual can be retained, that person will be present and facilitate all workshop sessions. In addition, the coordinator will be responsible for logistical arrangements of the workshops, including finding and reserving suitable space, registering participants and collecting tracking data. The coordinator will schedule workshop facilitators (health workers and artists), set up master schedules and send session reminders to participants. This individual will display marketing materials throughout the county. Importantly, he/she will make and sustain a personal relationship with staff and providers in local PCPCHs, keeping them informed about upcoming workshops and encouraging referrals for their patients who could benefit.

Evaluator – Our evaluator has over thirty years’ experience developing and evaluating arts, health and educational programs. With input from the LCAH Advisory Committee, she will design the evaluation plan, conduct the process and outcome evaluation activities, and report to the DST on lessons learned, participant outcomes, and expected impact on sustained transformation of the healthcare delivery system.

The services provided by the following four individuals will be provided in-kind by Community Health Hub.

High-level leadership of the pilot and facilitate important connections between the regional health care system and community organizations in Lincoln County.

Individual responsible for all aspects of the pilot, including hiring and supervising the new Healthy Creativity Program Coordinator. In addition, this person will hire, train, supervise and evaluate new artists in Lincoln County. She will be responsible for the financial aspects of the pilot and will create the marketing materials for the workshops.

Two community health coordinators that have lived and worked in Lincoln County for many years. They both attend and provide support for the existing partnership meetings in their county. They are extremely well connected and respected in the communities they serve. They will facilitate the development of new partnerships related to arts and health and will advocate for the pilot during their daily work.

Outcomes

Our proposal outcomes are described in the SMARTIE form, found in the attachment. Our expected outcomes will provide evidence that the pilot goals have been achieved.

Primary outcomes for Goal #1 include the formation of a sustainable LCAH Advisory Committee that creates linkages between traditional health providers and non-medical community organizations; development of the Healthy Creativity Program Strategic Plan; and development of a trained cadre of artists and community health workers.

Primary outcomes related to Goal #2 include behavioral changes in participants that have been measured using standardized, valid and reliable, instruments. These outcomes will inform the DST about the contribution of this pilot to the transformation of the health care delivery system in Lincoln County.

Primary outcomes related to Goal #3 are the completion of the Healthy Creativity Program Sustainability Plan, continued functioning of the LCAH Advisory Committee, and continued Healthy Creativity workshops in Lincoln County. Members of the committee will take responsibility for continuation of the Healthy Creativity Program in Lincoln County, ensuring continued equitable access to these program services in future years. After Healthy Creativity has been established and the infrastructure is in place, Community Health Hub has agreed to assign ongoing coordination of Healthy Creativity to one of the employed Lincoln County Community Health Coordinators.

Potential Risks

Low enrollment. We recognize that it can take some time for new programs to be fully enrolled. We have taken several steps to address this issue. As much as possible, workshop sessions will be held in places where the target population normally congregates. Our community partners have already offered meeting space so that their own low-income clients will feel at home attending workshops. Further, the marketing strategies include public announcements (brochures, etc.) as well as personal outreach in locations frequented by those in the target population. The coordinator will conduct one-on-one meetings with providers and PCPCH office staff to educate them about Healthy Creativity workshops as well, so they will be more likely to alert their patients to these possibilities.

Attrition. Our tracking system will provide current information about whether attrition over the six-week course of a workshop becomes an issue. In anticipation of some challenges in this area, workshop participants will receive an email reminder a few days prior to the weekly session. For those who can demonstrate need, financial incentives will be provided to offset travel and childcare costs (\$20 per session). Workshop hosts (partnering organizations) who referred their clients to the workshop will provide ongoing guidance to help limit attrition as well.

Health Equity Plan

The composition of the LCAH Advisory Committee includes representatives from different community organizations. We expect that most workshops will be held in buildings run by the partner organizations, these are locations that will most likely be perceived as “safe.” It is important that all people are treated equally no matter who they are.

It is important to make sure that the target population is aware of Healthy Creativity workshops and is able to access the services as easily as possible. In addition to working with those who work in PCPCHs and encouraging them to inform their patients about Healthy Creativity, we plan to carry out a variety of print and face-to-face marketing activities in locations where the target population is most likely to receive the information. It is vital that they are informed about topics, dates and convenient locations of the workshops.

Finally, designing and implementing a tracking system is one of the first tasks that will be undertaken during the development of a sustainable infrastructure. A tracking system will be developed and the Coordinator will collect and enter participant demographics, insurance status, and monitor workshop implementation into the system. These data will enable us to track participation on an ongoing basis.

Social Determinants of Health

Community Health Workers (CHW) are an important cornerstone of the Healthy Creativity Program. Several CHWs are currently employed by partner organizations – locations where participants will continue to congregate and receive services after a workshop has ended. By the end of a workshop, these CHWs will have established trusting relationships and will be in an excellent position to continue to advocate for those who can benefit from a sustained relationship – to assist with navigational issues and to connect participants with social, behavioral and health care resources. There are currently 14 registered and certified CHWs who work exclusively in Lincoln County or in the tri-county region. We will reach out to these individuals to invite their involvement in the project.

SUSTAINABILITY

Mid-way through the 12-month funding period, the LCAH Advisory Committee members (with assistance from the project coordinator) will begin to develop a written Healthy Creativity Program Sustainability Plan. This plan will designate specific responsibilities of community partners for continuation of the transformational activities tested during the pilot. These responsibilities are likely to include both in-kind and financial support for future workshops. This expectation is feasible, especially among for CBO members who have hosted the workshops in their own buildings.

In preparation for development of the sustainability plan, each month the LCAH Advisory Committee members will identify strategies for sustainability after DST funding ends. The following topics will be discussed:

- Gaining full understand of the costs (and cost savings) of Healthy Creativity by monetizing the full range of costs and resources needed to provide program services.
- Gathering evaluation data that demonstrate value added to IHN-CCO, Community Health Hub, partner organizations and other funding sources.
- Identifying feasible strategies for covering Healthy Creativity costs in the future through in-kind contributions by community partners (e.g., employed health workers facilitating future workshops, partner organizations managing workshop registration, donated meeting space).
- Identifying feasible strategies for covering these costs in the future through other sources of financial support. Community partners have a budget to provide a variety of services for the populations they serve.

To what degree are community partners able to pay for Healthy Creativity services that can't be provided in-kind (such as artist and CHW compensation) when the workshop is delivered under their own roofs?

- Exploring options for Alternative Payment Methods with appropriate funders.

Sharing information about Healthy Creativity is one of the best ways to ensure its sustainability locally and its replication in other communities. We will support replication of the Healthy Creativity Program through distribution of documents (strategic plan, evaluation report, sustainability plan) to enable others to replicate this program in their own communities.

MEASURES AND OUTCOMES

Goals	Measure(s)	Methodology	Frequency	Definition of Success	
Establish sustainable Healthy Creativity infrastructure through formation of non-traditional partnerships and linkages between PCPCHs and non-medical community organizations	Coordinator is hired	Document review	One time	Coordinator is on board	
	Evaluator contract signed	Document review	One time	Evaluator is on board	
	Documented involvement of existing partnerships and creation of a Lincoln County Arts and Health (LCAH) Advisory Committee	Review of meeting minutes and pilot records	Observation	Ongoing	Existing health partnerships provide guidance regarding membership and function of the newly formed LCAH Advisory Committee
			Monthly	Advisory Committee consists of representatives from PCPCHs, community organizations, and the artist community The PCPCH is at the center of the project Non-traditional connections are formed PCPCHs and community organizations	
	Completed Healthy Creativity Program Strategic Plan	Review of strategic plan	One time	Completed strategic plan provides sufficient detail to guide activities for the year and advances Triple Aim goals Pilot delivery is efficient and timely as a result	
IRB Approval to collect participant outcomes	Document review	One time	IRB approval is obtained and participant outcome data are collected		
	Completion of Dialectical Behavior Therapy (DBT) training	Review of DTB training registration records	One time	Practical knowledge about DBT principles is increased in Lincoln County artists, community health workers and others, increasing potential for sustainability	
Deliver accessible and culturally appropriate Healthy Creativity workshops for the youth and adults in Lincoln County	Marketing activities carried out according to the Strategic Plan	Counts and locations distributed marketing materials	Ongoing	Community knowledge about Healthy Creativity is widespread as a result of diverse placement of marketing materials in public locations (eg, library) and healthcare settings	
	PCPCH is at heart of pilot	Observation and interviews	Ongoing	Healthcare providers and other staff in PCPCH routinely encourage their patients to participate in Healthy Creativity workshops, as appropriate At least 50% of workshop participants heard about the workshops from someone in their PCPCH	
			Ongoing		

	<p>Tracking system is established to document participation of IHN-CCO members and all others served by the pilot</p> <p>Eight Healthy Creativity workshops were conducted and evaluated</p>	<p>Tracking system data</p> <p>Tracking system</p> <p>Participant surveys</p> <p>Observation</p> <p>Records Review</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Tracking system provides detailed, accurate and useful information about pilot participants DST receives accurate and timely information about IHN-CCO members who participate in Healthy Creativity workshops At least 60% of participants are IHN-CCO members</p> <p>Workshops are reaching and serving low-income target populations Lincoln County residents have equitable access to health promoting programs</p> <p>Process data are collected in an ongoing manner by an independent evaluator, who provides ongoing feedback to optimize Healthy Creativity roll-out and implementation</p> <p>Standardized participant outcome measures are gathered before group sessions begin and after all four sessions have been completed</p> <p>Process data are collected in an ongoing manner by an independent evaluator, who provides ongoing feedback to optimize Healthy Creativity roll-out and implementation</p>
<p>Sustain the Healthy Creativity Program evidence-based model to continue ongoing transformation of the healthcare delivery system</p>	<p>Evaluation findings are communicated to DST</p> <p>Completion of Healthy Creativity Program Sustainability Plan</p>	<p>Document review</p> <p>Observation</p> <p>Review of Advisory Committee meeting minutes</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>DST is informed about the effectiveness, replicability, and generalizability of this innovative approach to healthcare delivery system transformation</p> <p>The Healthy Creativity Program is sustained in Lincoln County after grant funding has ended</p> <p>Lincoln County IHN-CCO members have ongoing equitable access to the health enhancing the Healthy Creativity Program Health disparities in Lincoln County in the target group(s) served by Healthy Creativity workshops begin to diminish</p>

			Ongoing	Healthcare delivery system in Lincoln County is transformed in an innovative and sustainable way The Healthy Creativity Program is replicated in other communities
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Healthy Creativity: Improving Behavioral Health Through Participatory Arts

Pilot Start Date:	01/01/19	Pilot End Date:	12/31/19
General and Contracted Services Costs			
Resource		Total Cost	Amount Requested*
Improve health - develop and deliver eight participatory arts workshops		\$130,000.00	\$63,000.00
Increase knowledge about effective practices for transforming healthcare delivery		\$15,000.00	\$12,000.00
Reduce barriers to increase participation of low-income target population		\$3,000.00	\$3,000.00
	Subtotal Resource Costs	\$148,000.00	\$78,000.00
Materials & Supplies			
Create positive learning environment for participants (books, supplies, snacks)		\$4,000.00	\$3,000.00
	Subtotal Materials & Supplies	\$4,000.00	\$3,000.00
Travel Expenses			
Strengthen pilot implementation and outcomes through face-to-face connections		\$3,000.00	\$2,000.00
	Subtotal Travel Expenses	\$3,000.00	\$2,000.00
Meeting Expenses			
Expand and increase collaborative partnerships to transform healthcare delivery system		\$1,000.00	\$1,000.00
	Subtotal Meeting Expenses	\$1,000.00	\$1,000.00
Professional Training & Development			
Build local capacity to sustain transformational services		\$6,500.00	\$4,500.00
	Subtotal Training & Develop	\$6,500.00	\$4,500.00
Other Budget Items			
Increase access/reduce health disparities by informing low-income target about Healthy Creativity (marketing materials)		\$10,000.00	\$3,000.00
	Subtotal Other	\$10,000.00	\$3,000.00
Total Direct Costs	Rate (%)	\$172,500.00	\$91,500.00
Indirect Expenses (not to exceed 15% of Direct Costs)	10.00%	\$17,250.00	\$9,150.00
Total Project Budget		\$189,750.00	\$100,650.00

*if amount requested is different from total cost, please describe the source of the additional funds in the narrative.