

DELIVERY SYSTEM TRANSFORMATION

September 13, 2023

InterCommunity 
Health Network CCO

HOW WE SUPPORT HEALTHCARE TRANSFORMATION

Build on current resources and partnerships in the Benton, Lincoln, and Linn counties and reports directly to the Regional Planning Council

REGIONAL PLANNING COUNCIL

Open to anyone who can positively affect the health outcomes of IHN-CCO members in Linn, Benton, and Lincoln counties

DELIVERY SYSTEM TRANSFORMATION COMMITTEE

PRIORITIES

Improve community-driven and community-focused approaches

Elevate the lived experiences of marginalized populations

Collaborate with and align with member needs

Advance health equity

Engage in relevant, meaningful, and collaborative data collection and analysis

Support, sustain, and spread new and transformational initiatives

STRATEGIC PLANNING

COMMUNITY PARTNER LED AND SUPPORTED BY IHN-CCO
ALIGNED WITH THE COMMUNITY ADVISORY COUNCIL'S
COMMUNITY HEALTH IMPROVEMENT PLAN



FUNDING

Funding source is Transformation dollars as a percentage of the CCO Incentive Metrics Quality Pool

Request for Proposal (RFP) released annually in the Spring focusing on innovative strategies

Process is community-driven and overseen by the DST, prioritizing marginalized population led proposals

Foundation is the Community Advisory Council's (CAC's) Community Health Improvement Plan (CHIP)

Equity

Inclusion

Collaboration

Innovation

Respect

Transformation

Mission of the DST

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

**DELIVERY SYSTEM
TRANSFORMATION**

2023 GOALS & STRATEGIES

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

- Strategy: Center 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: Strengthen lines of communication between different organizations, the traditional healthcare system, and community-based health.
- Strategy: Support meaningful, two-way relationships that foster trust, transparency, and a genuine commitment to partnership.

2023 GOALS & STRATEGIES

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.

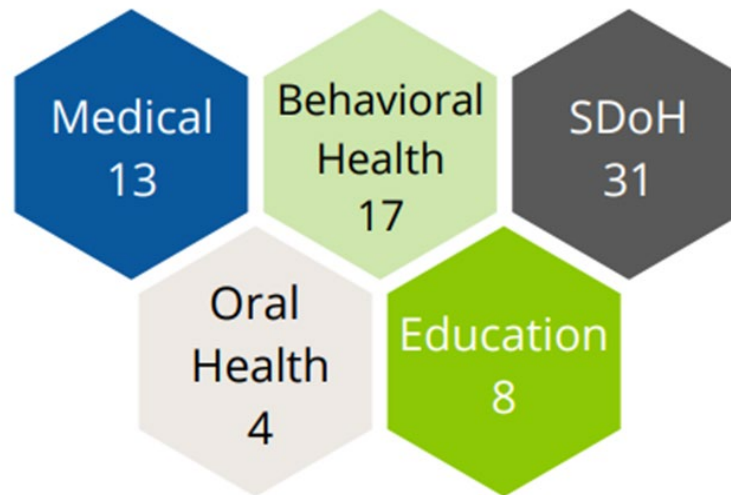
2023 GOALS & STRATEGIES

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

- Strategy: Use 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.

ENGAGEMENT AND PARTNERSHIPS

- ❖ Over 70 current community partners including:
 - CBOs providing housing, food, and climate services, child and family services, traditional health workers, culturally specific organizations, physical, oral, and behavioral health providers, and more
- ❖ Since 2012, more than 120 pilots have been funded for over \$27 million



Healthcare & SDoH-E Integration

New and innovative partners representing community voice to improve the historically siloed medical system

- Improved access to healthcare through community-based organizations
 - Community Doula Program: supporting training, certification, and services for culturally-matched birth doulas as part of the perinatal team
- Increased touchpoints for behavioral health and social determinants of health screenings
 - Advantage Dental: Implemented depression screenings in dental offices and created referral pathways to behavioral health
- Supported the development of community spaces to promote health equity and address issues regarding social determinants of health in a culturally specific manner
 - Olalla Center: established Project Bravery, an open, accepting environment where youth can access mental health, educational, vocational, mentorship, and other community resources

Improved Health Outcomes

CHANCE: reduced
Emergency
Department visits
through Peer Support
Specialists

Integration of
Behavioral Health
Clinicians in Primary
Care: increased
behavioral health
utilization, decreased
wait times

Community Doula
Program: decreased
c-section & preterm
birth rates, increased
breastfeeding
initiation rates

Health & Housing
Planning Initiative:
improved eviction
prevention rates,
increased access to
vaccine clinics & well
child checks

Community-Based Workforce

Traditional Health Workers Funded by IHN-CCO

2nd CHANCE Shelter	Greater Albany Public Schools
Advantage Dental	Heart of the Valley Birth and Beyond
Albany Fire Department	Lincoln County Health Department
Albany Partnership for Housing	Lincoln County School District
Benton County Health Department	Linn County Public Health
Capitol Dental Care	North End Senior Solutions
Casa Latinos Unidos	Olalla Center
Corvallis Daytime Drop-in Center	Senior & Disability Services
Creating Housing Coalition	Pathfinder Clubhouse
DevNW	Samaritan OB/GYN
Disability Equity Center	Samaritan Primary Care
Faith Community Health Network	Samaritan Specialty Care
Family Assistance Center	Samaritan Pediatrics
Family Tree Relief Nursery	Unity Shelter

Community Benefit Initiatives

DST, SHARE Initiative, and other Health-Related Services

Pilot projects (DST) are innovative, new, provides learning opportunities, brings new partners to the table, low (ish) barrier funding program

- Provides in-depth technical assistance to new partners
- Results are often qualitative – stories, partnerships, engagement

SHARE funds evidence-based solutions

- Dedicated to housing
- Can fund brick & mortar

Health-Related Services Community Benefit Initiatives (HRS CBI)

- Less formalized process
- Based on real-time community needs (air conditioners, workforce support)
- DST pilots CAN be HRS, but it is not required



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USE CASE

Unity Shelter

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