

# Agenda

## Delivery System Transformation Committee

July 20, 2023 4:30 – 6:00 pm

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

Phone: [+1 971-254-1254,455350178#](tel:+19712541254,455350178#)

<b>1. Welcome and Introductions</b>	<b>Renee Smith, Family Tree Relief Nursery</b>	<b>4:30</b>
<b>2. Easy A Progress Report</b>	<b>Sharna Prasad, Sol4ce</b>	<b>4:50</b>
<b>3. Mental Health Home Clinic Progress Report</b>	<b>Heidi May-Stoulil, Samaritan Health Services</b>	<b>4:55</b>
<b>4. PUENTES: Improving Language Access and Culturally Appropriate Messaging Progress Report</b>	<b>Ricardo Contreras, Casa Latinos Unidos</b>	<b>5:00</b>
<b>5. Wellness Care Team Progress Report</b>	<b>Shirley Byrd, Family Assistance Center &amp; Resource Group</b>	<b>5:05</b>
<b>6. Women Veterans Cohort Progress Report</b>	<b>Paige Jenkins, Red Feather Ranch</b>	<b>5:10</b>
<b>7. Walk 'n Roll Progress Report</b>	<b>Bryn McCornack, Newport 60+</b>	<b>5:15</b>
<b>8. Health Navigation Station Progress Report</b>	<b>Sara Jameson</b>	<b>5:20</b>
<b>9. Disability Equity Center Progress Report</b>	<b>Abby Mulcahy</b>	<b>5:25</b>
<b>10. Overcoming Obstacles to Dental Care Progress Report</b>	<b>Linda Mann</b>	<b>5:30</b>
<b>11. Culture of Supports Progress Report</b>	<b>Jan Molnar-Fitzgerald</b>	<b>5:35</b>
<b>12. Transformation Update</b>	<b>Beck Fox, IHN-CCO</b>	<b>5:45</b>
<b>13. Wrap Up</b>	<b>Renee Smith, Family Tree Relief Nursery</b>	<b>5:55</b>

Acronym	Meaning
ACEs	Adverse Childhood Experiences
APM	Alternative Payment Methodology
CAC	Community Advisory Council
CCO	Coordinated Care Organization
CEO	Chief Executive Officer
CHIP	Community Health Improvement Plan
CHW	Community Health Worker
COO	Chief Operations Officer
CRC	Colorectal Cancer
DST	Delivery System Transformation Committee
ED	Emergency Department
EHR	Electronic Health Records
ER	Emergency Room
HE	Health Equity
HN	Health Navigator
HRS	Health Related Services
IHN-CCO	InterCommunity Health Network Coordinated Care Organization
LCSW	Licensed Clinical Social Worker
MOU	Memorandum of Understanding
OHA	Oregon Health Authority
PCP	Primary Care Physician
PCPCH	Patient-Centered Primary Care Home
PMPM	Per Member Per Month
PSS	Peer Support Specialist
PWS	Peer Wellness Specialist
RFP	Request for Proposal
RHIC	Regional Health Information Collaborative
RPC	Regional Planning Council
SDoH	Social Determinants of Health
SHP	Samaritan Health Plans
SHS	Samaritan Health Services
SOW	Statement of Work
TI	Trauma Informed
THW	Traditional Health Worker
TQS	Transformation and Quality Strategy
UCC	Universal Care Coordination
VbP	Value Based Payments
WG	Workgroup

## Delivery System Transformation (DST) Pilots and Workgroups

Acronym	Project	Sites	Counties	Start	End
AHEAD	Ahead of the Curve	Olalla Center	Lincoln	1/1/2023	12/31/2023
AMP	Amplifying Voices	SHS ArtsCare Program	Lincoln	9/1/2022	12/31/2023
ARCC	Arcoiris Cultural	Olalla Center	Lincoln	1/1/2022	12/31/2023
CRPS	Culturally Responsive Peer Services	Family Tree Relief Nursery	Benton; Linn	1/1/2022	12/31/2023
CSUP	Culture of Supports	North End Senior Solutions	Lincoln	1/1/2021	12/31/2023
DBHS	Decolonizing Behavioral Health Supports	Corvallis Daytime Drop-in Center	Benton; Lincoln; Linn	1/1/2022	12/31/2024
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	12/31/2024
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
HEALTH	The Health Collective	Lebanon Community Hospital Physical Therapy	Benton; Lincoln; Linn	9/1/2022	12/31/2023
HNS	Health Navigation Station	St. Martin's Episcopal Church	Linn	9/1/2022	12/31/2023
HUBV	Hub City Village 2	Creating Housing Coalition	Linn	7/1/2023	12/31/2024
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
MHHC	Mental Health Home Clinic	Samaritan Medical Group	Linn	1/1/2021	12/31/2024
NAMRX	Namaste Rx	Namaste Rx LLC	Benton; Lincoln; Linn	1/1/2022	12/31/2023
NPSH	Navigation to Permanent Supportive Housing	Lincoln County Sheriff's Office	Lincoln	1/1/2020	12/31/2023
OODC	Overcoming Obstacles to Dental Care	Capitol Dental Care	Benton; Linn	1/1/2023	12/31/2024
PUENTE	PUENTES	Casa Latinos Unidos	Benton; Linn	1/1/2022	12/31/2023
TIAH	Transitioning into a Home	Furniture Share	Benton; Lincoln; Linn	9/1/2022	12/31/2024
WELLTM	Wellness Care Team	Family Assistance and Resource Center Group	Linn	1/1/2023	12/31/2023
WnR	Walk 'n Roll	Newport 60+ Activity Center	Benton; Lincoln; Linn	9/1/2022	12/31/2023
WVC	Women Veterans Cohort	Red Feather Ranch	Benton; Lincoln; Linn	10/1/2021	12/31/2023
<b>Workgroups</b>					
COWG	Connect Oregon Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	5/1/21	present
HEWG	Health Equity Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	5/1/15	present
SDoHWG	Social Determinants of Health Workgroup	InterCommunity Health Network CCO	Benton, Lincoln, Linn	11/16/17	present
SUSTWG	Sustainability Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	1/26/22	present
THWWG	Traditional Health Workers Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	5/21/13	present

# Delivery System Transformation Committee (DST) 2023 Calendar

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

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

**KEY**

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

## 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	Voting July 6 (13 to vote)	Voting August 6 (14 to vote)	Voting Sept 14 (13 to vote)
Abby Mulcahy	Yes	9	9	7
Adam Rodakowski	No	0	0	0
Adam Shanks	No	1	1	1
Adam Vang-Erickson	No	0	0	0
Ailiah Schafer	No	4	4	3
Aimee Snyder	No	0	0	0
Alex Guevara	No	0	0	0
Alex Llumiquinga	No	3	3	3
Alexandria Tesch	No	0	0	0
Alicia Bublitz	Non-voter	18	18	14
Alison Hellums	No	2	2	2
Allison Hobgood	Yes	12	12	10
Allison Myers	No	2	2	1
Amanda Martin	No	0	0	0
Amanda Sunseri	No	0	0	0
Amelia Wyckhuyse	No	0	0	0
Analuz Torres	No	0	0	0
Andrea Myhre	Yes	10	10	8
Andy Radmacher	No	0	0	0
Angel Harris	No	3	3	3
Angel Parmeter	No	0	0	0
Angie Chisholm	No	0	0	0
Anita Earl	No	2	2	1
Ann Craig	No	0	0	0
Ann Lavond	No	0	0	0
Annie McDonald	Yes	18	18	15

Ashley Dworakowski	No	0	0	0
Ashley Hoffman	No	9	9	9
Barb Croney	No	0	0	0
Beck Fox	Non-voter	22	22	19
Ben Williams	No	0	0	0
Beth Crane	No	0	0	0
Bettina Schempf	Yes	12	12	11
Bill Bouska	No	0	0	0
Brandy Waite	No	1	1	0
Brigetta Olson	No	0	0	0
Britny Chandler	Yes	10	10	8
Brock Byers	No	5	5	3
Bruce Butler	No	0	0	0
Bryan Decker	No	12	12	10
Bryn McCornack	Yes	7	7	5
Caden Deloach	No	0	0	0
Caitlyn Young	No	0	0	0
Caleb Larson	No	2	2	0
Candace Russo	No	1	1	0
Carissa Cousins	Yes	3	3	3
Carla Jones	No	0	0	0
Carly Castaneda	No	0	0	0
Carmen Moody	No	1	1	1
Carol Davies	No	2	2	1
Cassie McCrea-Bell	No	3	3	3
Catherine Baker	No	1	1	1
Cathi Roberts	No	0	0	0
Cathy Kaufmann	No	0	0	0
Chad Niegel	No	0	0	0
Charissa Young-White	Non-voter	20	20	16
Charlie Fautin	No	0	0	0
Chiharu Blatt	No	0	0	0
Chiho Sakamoto	No	0	0	0
Chiho Sakamoto Gunton	No	0	0	0

Chris Folden	No	0	0	0
Christian Moller-Andersen	No	1	1	0
Christine Mosbaugh	No	0	0	0
Christy Hudson	No	0	0	0
Christy Weinhold	No	0	0	0
Clarice Amorim Freitas	No	0	0	0
Claudia Torres	No	0	0	0
Connie Kay	No	0	0	0
Corinna Zib	No	0	0	0
Crystal Rowell	No	0	0	0
Crystal Scheese	No	0	0	0
Cyndee Pekar	No	0	0	0
Cynthia De La Torre	No	0	0	0
Dakota Mcknight-Todd	No	0	0	0
Dan Easdale	No	0	0	0
Dana Bowers	No	0	0	0
Danae Wahlert	No	0	0	0
Dani Crabtree	No	0	0	0
Daniel Sidder	No	0	0	0
Daniela Aguilar	No	2	2	2
Danny Magaña	No	21	21	18
David Hickerson	No	0	0	0
David Ladwig	No	0	0	0
David Simmons	No	0	0	0
Dawn Donato	No	0	0	0
Deb Fell-Carlson	Yes	12	12	9
Debbi Barreras	No	0	0	0
Debbie Cowart	No	0	0	0
Deborah Morera	No	0	0	0
Dee Teem	Yes	4	4	3
Deidre Greene	No	0	0	0
Dena Everett	No	0	0	0
Denise Saboe	No	0	0	0
Dennis Sandow	No	0	0	0

Dharma Mirza	No	0	0	0
Diane Scottaline	No	1	1	1
Dick Knowles	Yes	21	21	17
Diego Nieto	No	1	1	1
Donna Holt	No	0	0	0
Dusti Linnell	No	0	0	0
Earlean Wilson Huey	No	0	0	0
Elijah Stucki	No	1	1	0
Elizabeth Gartman	No	0	0	0
Elizabeth Hazlewood	Yes	13	13	9
Emily Barton	No	0	0	0
Emma Chavez Sosa	Yes	18	18	16
Emma Deane	No	3	3	3
Eric Howe	No	0	0	0
Eric Vinson	No	2	2	1
erin bradley	No	0	0	0
Erin Gudge	Yes	20	20	17
Erin Sedlacek	No	10	10	8
Erin Zolach	No	1	1	1
Esther Sou	No	0	0	0
Florence Pourtal	No	0	0	0
Fritz Darling	No	0	0	0
Gabriel Parra	No	1	1	1
George Matlaud	No	0	0	0
Georgia Smith	Yes	2	2	1
Gillian Chandler	No	1	1	0
Giovanni Galvez	No	0	0	0
Glen Cunningham	No	1	1	0
Glenna Hughes	No	0	0	0
Heidi May-Stoulil	No	0	0	0
Helen Higgins	No	1	1	1
Hilary Harrison	No	0	0	0
Holly Horan	No	0	0	0
Iris Bicksler	No	0	0	0



Isabelle Cisco	No	0	0	0
Jaimie Page	No	1	1	0
Jammie Gardner	No	0	0	0
Jan Molnar-Fitzgerald	No	1	1	1
Jana Kay Slater	No	0	0	0
Jana Svoboda	No	0	0	0
Jason Cripe	No	0	0	0
Jay Yedziniak	Yes	3	3	2
Jeanene Smith	No	0	0	0
Jeannette Campbell	Non-voter	0	0	0
Jeff Blackford	No	0	0	0
Jennifer Clemens	No	0	0	0
Jennifer Schwartz	No	0	0	0
Jennifer Solberg	No	1	1	1
Jennifer Vazquezteell	No	0	0	0
Jenny Glass	No	0	0	0
Jill Byrd	No	1	1	0
JoAnn Miller	No	0	0	0
Joe Laykam	No	0	0	0
Joell Archibald	No	0	0	0
John Gotchall	No	0	0	0
Jonathan Ropp	No	0	0	0
Joseph Aaron	No	0	0	0
Jude Lubeck	No	0	0	0
Jude Lubeck	No	0	0	0
Julia Saltzgeber	No	1	1	0
Julie Arena	No	0	0	0
Julie Manning	No	0	0	0
Justin Thomas	No	0	0	0
Kacey Urrutia	No	0	0	0
Kalyanii Kennedy	No	0	0	0
Kameron Carroll	No	0	0	0
Kami Beard	No	14	14	10
Kara Beck	No	0	0	0

Kara Cuevas	No	0	0	0
Karen Burger	No	0	0	0
Karen Douglas	No	0	0	0
Karen Hall	No	2	2	2
Karen Weiner	Yes	16	16	14
Karla Olsen Smith	No	0	0	0
Karla Smith	No	0	0	0
Kate O'Kelley	No	0	0	0
Kate Williams	No	1	1	0
Katelyn Hershberger	No	0	0	0
Katelyn Hershberger	No	1	1	1
Katie Gregory	No	0	0	0
Katie Walsh	No	0	0	0
Kaylynne Todd	No	0	0	0
Kedo Baye	No	0	0	0
Kellie Lewis	No	0	0	0
Kelly Hower	No	0	0	0
Kelly Volkmann	No	0	0	0
Kelsey Allen	No	0	0	0
Kenneth Carlson	No	0	0	0
Kenny McDonald	No	0	0	0
Kevin Cuccaro	No	0	0	0
Kevin Ewanchyna	Yes	0	0	0
Kevin Russell	No	0	0	0
Kimberly Lane	No	3	3	1
Kirk Ericksen	No	0	0	0
Kitty Carter	No	0	0	0
Kody Gorringer	No	0	0	0
Krik Eriksen	No	0	0	0
Kristina Mack	No	0	0	0
Kristina Wonderly	No	0	0	0
Kristty Zamora-Polanco	No	9	9	8
Kyle Romey	No	0	0	0
Lalori Lager	No	5	5	4

Lance Liden	No	0	0	0
Larry Eby	No	5	5	4
Laura Arbogast	No	0	0	0
Laura Estreich	No	0	0	0
Laurel Schwinabart	Non-voter	20	20	17
LeAnne Trask	No	1	1	1
Lenora O'Toole	No	0	0	0
Libby Smith	No	0	0	0
Linda Lang	No	0	0	0
Linda Mann	Yes	12	12	9
Lisa Butler	No	0	0	0
Lisa Wong	No	0	0	0
Liv Gifford	No	1	1	1
Lizdaly Cancel Tirado	No	0	0	0
Lorenzo Froehle	No	2	2	2
Loretta Cordova	No	2	2	2
Lynn Hall	No	0	0	0
Lyrice Stelle	No	0	0	0
Madelyn Baker	No	0	0	0
Madelyn Hiner	No	0	0	0
Marci Grace Frederic	No	0	0	0
Marci Howard	No	4	4	1
Marcy Shanks	No	1	1	0
Marie Laper	No	0	0	0
Marie Long	No	3	3	2
Marissa Mayeda	No	0	0	0
Marit Bovbjerg	No	0	0	0
Maritza Leon Gutierrez	No	0	0	0
Maritza's Leon	No	1	1	1
Mark Hampe	No	0	0	0
Martha Lyon	No	0	0	0
Mary Ann Wren	No	3	3	2
Mary Wunderle	No	0	0	0
Matt Davis	No	0	0	0

Matthew Sinnott	No	0	0	0
Maureen Liden	No	0	0	0
Maygen Blessman	No	0	0	0
Mayrean Carter	No	0	0	0
Megan Dailey	No	0	0	0
Melissa Cheyney	No	4	4	2
Melissa Isavoran	Yes	17	17	14
Melissa Jackson	No	0	0	0
Melissa Woods	No	0	0	0
Miao Zhao	No	2	2	2
Mica Contreras	No	12	12	10
Michael Couch	Yes	14	14	14
Michael Huntington	No	0	0	0
Michael Ketsdever	No	0	0	0
Michele Roberts	No	0	0	0
Michelle Crawford	No	0	0	0
Michelle Maddux-Robinson	No	1	1	1
Mike Jerpbak	Yes	12	12	12
Miranda Miller	No	1	1	1
Miranda Tasker	No	4	4	4
Miriam Cummins	No	0	0	0
Misha Marie	No	1	1	0
Misty Sorte	No	0	0	0
Mitzi Naucler	No	0	0	0
Molly Johnson	No	0	0	0
Molly Mew	No	0	0	0
Molly Morse	No	0	0	0
Molly Perino	No	0	0	0
Mona Manwaring	No	0	0	0
Monica DeMasi	No	0	0	0
Nancy James	No	0	0	0
Nancy Vargas	No	0	0	0
Neftali Pizano	No	0	0	0
Nicole Breuner	No	7	7	5

Nicole Fields	No	0	0	0
Niki Kelley	No	0	0	0
Nikki McFarland	No	0	0	0
Nina Hills	No	0	0	0
Paige Jenkins	Yes	9	9	5
Patti Kenyon	No	0	0	0
Paulina Kaiser	Yes	11	11	10
Peggy McGuire	No	0	0	0
Philip Warnock	No	0	0	0
Priya Prakash	Yes	1	1	1
Rachel Cannon	No	0	0	0
Rachel Lytle	No	0	0	0
Rachel Petersen	No	1	1	1
Rebecca Austen	No	0	0	0
Rebecca Fordyce	No	0	0	0
Rebecka Weinstein	No	0	0	0
Rebekah Fowler	Yes	21	21	17
Reenie Schwallie	No	0	0	0
Rene Knight	No	0	0	0
Renee Smith	Yes	18	18	16
Rhonda Green	No	0	0	0
Ricardo Contreras	Yes	1	1	1
Rich Blum	No	0	0	0
Rita Curr	No	0	0	0
Robert Fallows	No	0	0	0
Robert Long	No	0	0	0
Robin Davis	No	0	0	0
Rolly Kinney	Yes	21	21	17
Ronda Lindley-Bennett	No	0	0	0
Rosa Wolff	No	1	1	0
Roslyn Burmood	Yes	14	14	10
Ruby Moon	No	0	0	0
Ruth Moreland	No	0	0	0
Sabrina Alexander	No	0	0	0

Sadie Peterson	Non-voter	1	1	0
Sandi Phibbs	No	2	2	2
Sandy Bumpus	No	0	0	0
Sara Jameson	Yes	22	22	18
Sarah Goode	No	0	0	0
Sequoia Eady	No	1	1	1
Seynabou Niang	No	0	0	0
Shana Palmer-Whalen	No	1	1	1
Shannon Rose	Yes	22	22	18
Sharity Ludwig	No	0	0	0
Sharna Prasad	No	3	3	2
Sharon Oldsfield	No	0	0	0
Shauna Robins	No	0	0	0
Shawn Collins	No	1	1	0
Shelagh Baird	No	0	0	0
Sheree Cronan	No	0	0	0
Sherlyn Dahl	No	0	0	0
Sheryl Fisher	No	0	0	0
Shirley Byrd	No	5	5	3
Stacey Bartholomew	Yes	18	18	15
Stefani Sackinger	No	0	0	0
Stephanie Cameron	No	0	0	0
Stephanie Dreiling	No	0	0	0
Stephanie Hagerty	No	0	0	0
Stephanie Jensen	No	0	0	0
Stephanie Maxon	No	0	0	0
Stephanie Wiegman	No	0	0	0
Steve Cowart	No	0	0	0
Sugat Patel	No	0	0	0
Susan Ibarra	No	0	0	0
Susan Trachsel	Yes	11	11	11

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

July 6, 2023 4:30-6:00 pm  
Teams (online)

<b>Present</b>			
Beck Fox	Renee Smith	Andrea Myhre	Elizabeth Hazlewood
Miranda Tasker	Miao Zhao	Rolly Kinney	Emma Chavez Sosa
Michael Couch	Susan Trachsel	Allison Hobgood	Roslyn Burmood
Karen Weiner	Sara Jameson	Rebekah Fowler	Cassie McCrea-Bell
Larry Eby	Shannon Rose	Mike Jerpbak	Charissa Young-White
Paulina Kaiser	Rebekah Fowler	Dick Knowles	Arianna Pennington
Erin Gudge	Mica Contreras		

**Transformation Update**

- The Decolonizing Behavioral Health Supports pilot expansion request was approved.
  - 11 yes, 3 no, 1 abstain.
- \$1.6 million for DST spending this year.
  - After approved pilot expansion requests of \$321,772, there is about \$1.3 million left.

**Capacity Building Discussion and Decisions**

- See packet for proposals.
- Small RFP = \$250,000
- Large RFP = \$550,000 - \$1,500,000
- Total RFP range = \$800k to \$1.75m
- Capacity building proposals total = \$225,000
- If fully funding the Capacity Building proposals, there would be almost \$1.2 million for the Request for Proposals.
- Discussion including points on all 15 proposals using the capacity building criteria to guide the conversation.
- Decision: voting members will vote on each capacity building proposal one by one via a SurveyMonkey.
  - The survey will close at 5 pm Friday, July 7, 2023.
  - 15 voters attended this evening and will receive the survey.

## Capacity Building Proposal:

### 1. Oral Biotech/CariFree Community Outreach Program

Lacey Bergevin

[lbergevin@oralbiotech.com](mailto:lbergevin@oralbiotech.com)

421 Water Ave, Suite 301, Albany, OR 97321

Linn County with opportunity to reach Benton and Lincoln counties in the future?

2. We would host a 2-3 hour community event with the Albany Boys and Girls Club Dental Clinic where Dr. Susan Maples would be brought in to educate parents and children about cavity-prevention, oral systemic health, nutrition, and healthy choices. She is a dentist and author of an amazing parenting book, "Brave Parent- Raising Healthy, Happy Kids Against All Odds in Today's World." Each family would receive a free copy of her book as well as CariFree dental products. We would provide a free healthy meal along with childcare. Dr. Maples also has some scientific learning labs she has created to get kids excited about health and dentistry. This event could coincide with Caries Disease Awareness Month in October depending on timing.

Dental caries (tooth decay) remains the most prevalent chronic disease in both children and adults, even though it is largely preventable. Providing cavity-prevention education and products can minimize the disease of dental caries in our community. By educating people to determine what their specific risk and protective factors are, we can help them make small daily adjustments that can change their future. We can also reach families that might not have access to oral-systemic health information. There are so many health issues related to the health of your mouth that people don't realize (example: possible false ADHD diagnosis that could be caused by sleep/breathing disorders in children). Sharing this information will make a huge difference in the lives of many community members.

We are working on a collaboration with the Albany Boys and Girls Club Dental Clinic. Raquel Hultberg is the clinic director and will be working with me (Lacey Bergevin) on the event. The Boys and Girls Club will host the event and has a Director of Marketing and Events (McKena Roberts) that will be assisting us with logistics such as location, chairs/tables, and advertising. Raquel and I will be working on the event schedule, logistics, childcare, and catering. We will have an eblast that goes out through the B+G club mailing list, a public Facebook event page, flyers sent to local schools, and possibly an ad in Mom's magazine to spread the word to the public. Pre-registration will be required, and we are basing our numbers on 200 families attending.



3. The \$14,250 budget amount for the project is as follows based on 200 families attending:

\$4500 - 200 copies of the "Brave Parent" book, Dr. Maple's speaking/event supplies

\$2000 – Dr. Maple's travel expenses

\$0 (donation) - CariFree oral hygiene product packs for 200 families

\$6500 – healthy dinner for 200 families

\$750 – childcare and activities

\$500 – advertising in Mom's magazine and flyer distribution

# IHN-CCO DST Pilot Expansion Request

## Increasing Access with THW's

**Pilot start date:** January 1, 2023

**Original end date:** December 31, 2023

**New end date:** December 31, 2024

**Original pilot funding amount:** \$ 108,261.45

**Additional funds requested:** \$ 80,896.80

**Brief pilot summary:** Unity Shelter has added THWs to the team to meet more individual medical and health needs of our guests across locations.

### A. Describe the requested change.

Unity Shelter would like to extend the duration of the pilot and increase the funding to support two THWs working across programs. The THWs have created a significant impact in the lives of Unity Shelter guests, and it's important that we are able to support them further by increasing their wage, and sustaining their positions.

### B. What is the reason for the requested change?

Unity Shelter initially hired and trained four THWs to work across programs. However, two have moved out of state, and two are taking on additional hours to expand their work with guests across Unity Shelter programs. While this is a pilot project, the additional support provided by Unity's THWs has been critical in connecting guests with basic needs, primary care, mental health care, and general health support.

### C. If this request is not granted, what, if any, activities or outcomes from the original proposal not be possible?

Due to the senate walkout in the Oregon Legislature this year, and a change in funding priorities at the state level, Unity Shelter has had to drastically decrease service because of the lack of funding streams. Corvallis Men's Shelter and Room at the Inn have combined to create a coed shelter to serve some of the most vulnerable of the unhoused communities. Without additional funding to support our existing THWs, Unity Shelter will not be able to sustain the positions beyond the length of the original pilot program.

### D. If this request is granted, are there new activities or outcomes that will be possible?

If this request is granted, Unity Shelter will be able to sustain the THW positions throughout 2024, and expand their reach as guests transition in and out of emergency shelter and transitional housing. If additional funding is granted, THWs will be able to be trained in administering additional assessments, SDoH for example, to increase visibility and needs among a vulnerable population.

Overall Goal	Baseline or Current State	Monitoring Activities	Benchmark or Future State	Met By (MM/YYYY)
Increase access to primary health care for IHN-CCO members in US programs	60% of guests in US programs keep health appointments	Keep track of services provided in Shelterware	90% of US guests with IHN-CCO make and keep primary health appointments	12/31/2024

Increase assessments administered to IHN-CCO members at US programs	SDoH assessment is not currently utilized	Utilize UniteUS to keep documentation of assessments and referrals	75% of US guests are assessed within 2 weeks of entry to program	12/31/2024
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Resource		Amount Requested
THW Wages (30 hrs/wk @ \$20/hr) x2		62,400
THW wage increase for 2023 (30 hrs/ wk @ \$2/hr) x2		2,880
Direct Service Assistance (\$250 month x 2)		6,000
Mileage Reimbursement (100 miles/month) x2		1,600
<b>Total Direct Costs</b>	<b>Rate (%)</b>	<b>72,880</b>
Indirect Expenses (not to exceed 15% of Direct Costs)	11.00%	\$8,016.80
<b>Total Expansion Budget</b>		<b>\$80,896.80</b>

DR. SHARNA PRASAD

# Easy A

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Our initial budget was \$202,650 and all funds have been used.

Easy A is an online health curriculum, created for k-12 educators, but has since evolved to include a broader range of professionals who educate and support others

This curriculum is strengths and values based and has 12 modules that addresses burnout, trauma informed, social, mental, physical, and behavior health.



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## Highlights

- Participants loved the materials
- Participants felt supported
- Participants loved the asynchronous style

## learning experiences

- Providing more options is better
- Participants would benefit from more opportunities to connect with each other

# Challenges

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- Challenge: Holding participants accountable without making the program a burden
  - Solution: Provide options that participants can choose from to support their participants (e.g., option to have a partner to support you while in the program)
- Challenge: Provide opportunities for participants to connect with each other.
  - Solution: Develop a platform where participants can connect and discuss various topics related to Easy A and their personal experiences



# Sustainability

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- We are setup to do a pilot with Lebanon Community hospital Rehab department.- 3 phases
  - Employee wellness
  - Train the trainer
  - Program for patients with the trainers.
- We have also reached out to the Employee health and well-being council at Samaritan to gauge the scope of this curriculum.
- We are applying for grants in school districts for educator training.





HEIDI MAY-STOULIL,  
DIRECTOR OF  
SPECIALITY PRACTICE  
–BEHAVIORAL  
HEALTH

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# Mental Health Home Clinic

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The Mental Health Home Clinic pilot purpose is to bring together community partners in a place for patients who need more of a focus on their mental health/behavioral health, and crisis needs while still getting their medical needs met.

### Highlights -

- The partnership and community working together. Partnership include: Samaritan Mental Health Psychiatry, Samaritan Behavioral Health Consultants, Primary Care, C.H.A.N.C.E, and Linn County Mental Health.
- Creating new roles such as Community Psychiatrist.

### Learning experiences -

- Consultants and learning from similar programs.
- Learning how to navigate fragmented systems of care and bring multiple entities together in order to provide best practice care to the patients



## Budget DST FUNDS \$149,155 and timeline

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### Budget breakdown:

Materials & Supplies \$50,000

Consulting & Conferences \$17,000

Professional Training & Development \$15,000

Meeting & Travel expenses \$7,700

Other budget items & indirect cost \$59,455

### In process timeline:

Recruitment of positions: Psychiatry (secured), Primary Care, and Therapy

Partnership agreements

Identified Co-hort and working PCP's

Project management: Assigned in Q3 2023 to be operational in 2024

Tracking: Both physical and mental health markers (i.e. HgA1c, PHQ9, etc) of patients once operational – ensure EMR has what we need ahead of time

# Challenges

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- List out 1-3 current challenges along with strategies to address
  - **Challenge:** Recruitment of therapist **Solution:** Being creative with internal resources/personnel to help fill gaps while reviewing and looking at expanded recruiting network (i.e. Provider type).
  - **Challenge:** Securing and receiving accurate data for reporting **Solution:** Continue to partner with SMG Primary Care, SHP, and internal EMR system to identify high utilizers and costly patients.
  - **Challenge:** Competing priorities and system resources. **Solution:** Having a project manager and continued advocacy for the Mental Health home, at all levels



# Sustainability

- Plans for becoming sustainable
- Strategies that have been implemented already to create sustainable practices

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DST Fund- to operationalize the pilot

Prepared budgets and funding secured for operational Year 1-2 provide billing services (fee for services) with supplementary funds to help us gather data for to help create values-based payment to sustain our future program.

Create the reports to help with measured outcomes such as decrease in ED utilization and AC 1 control to show cost saving for the system and patient success.



RICARDO CONTRERAS PHD

ALMA TORRES PHD, MPH

GUSTAVO ESPARZA BA

CASA LATINOS UNIDOS

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# PUENTES:

Improving Language Access and Culturally Appropriate  
Messaging

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Budget \$52,500

Time Frame

- i. Data analysis: July-Sep 2023,
- ii. Report Writing: October 2023
- iii. Submit Final Report: November 2023

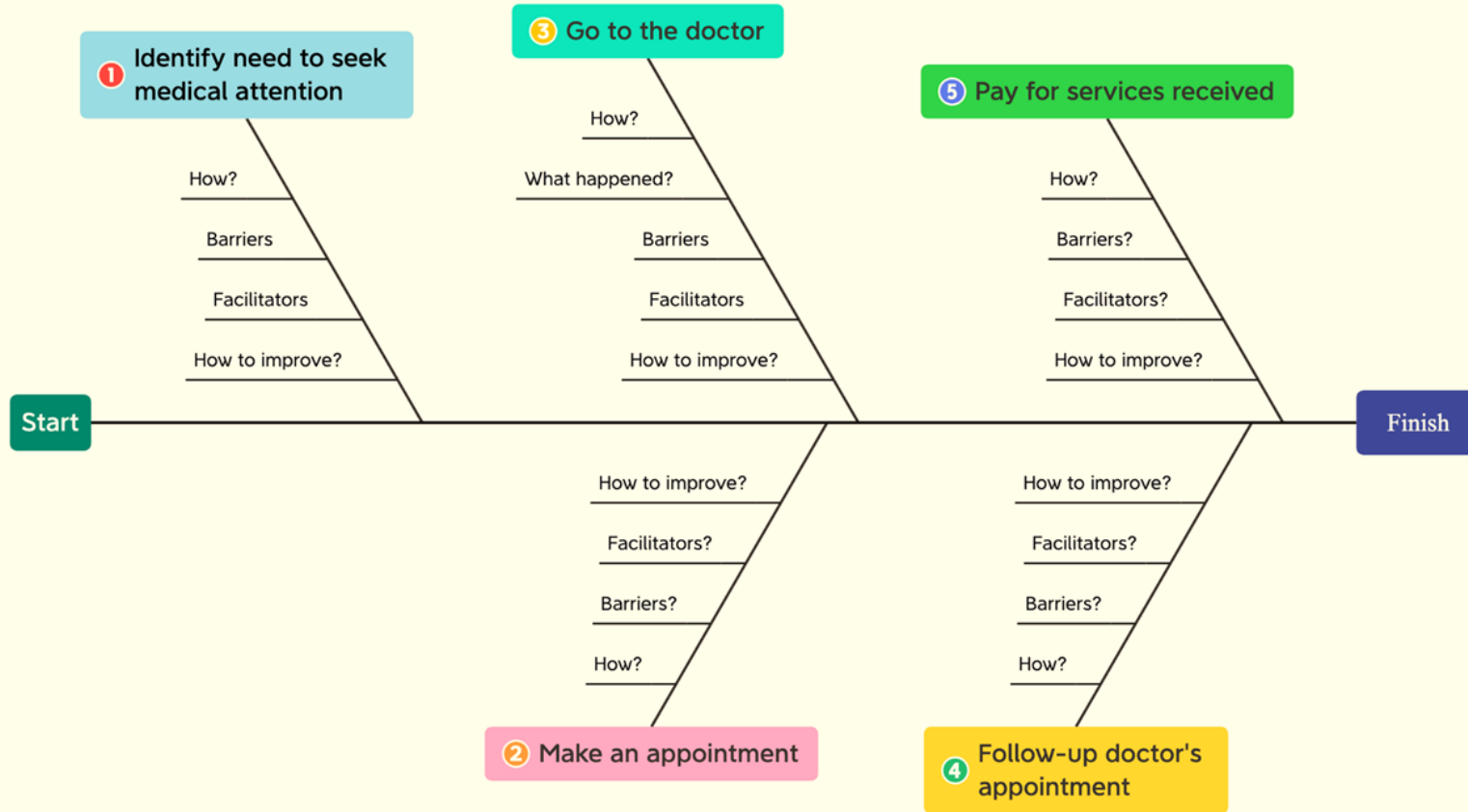
We are studying the healthcare experiences of Samaritan clients to identify barriers and alternatives for improving access and utilization of medical services.

We are looking at stages from identifying problems seeking medical care to paying for services.



## The Samaritan Health Services Patient Pathway

### The Experience of Latinx Patients



Presented with XMind

# The Model



After conducting two in-depth interviews and three in-person focus groups with Latinx Samaritan clients and other community members, we have found distinctive experiences:

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Obstacles to getting medical help extend beyond the ability to communicate in a specific language.

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Experiencing trauma and uncertainties can cause fear when seeking medical care.

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Latinx patients place a high value on preventative healthcare measures.

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The Focus Groups had some unforeseen outcomes, such as fostering connections between individuals, building community, and facilitating the exchange of experiences, resources, and knowledge among participants.

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We have successfully initiated contact with the Mam people, a subgroup of the Guatemala Maya Nation. This is a crucial step in ensuring their inclusion in our broader community, as well as acknowledging their valuable knowledge and needs.

# Challenges

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- ❑ Due to the absence of phone numbers in the Samaritan client list, we openly recruited participants through social media and partner organizations.
- ❑ Collaboration with Arcoiris Cultural Center in Lincoln County with recruitment, primarily from the Mam-speaking community in the Newport area, successfully including a community with great inclusion needs in decision-making.
- ❑ The recruitment response was great, and we were able to gather relevant data; due to a great recruitment response in Benton & Linn County, we were compelled to put many individuals on the waitlist; this presents a significant opportunity for a potentially valuable follow-up study to be conducted.
- ❑ Our project coordinator left, causing a delay in the project's continuation. We hired a new team to take over and ensure its completion.



# Sustainability

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- ❑ Based on our initial findings, we intend to investigate further the experiences of our Latinx clients, including those receiving IHN CCO/Samaritan services.
- ❑ We also plan to create sustainable systems for data collection, analysis, and reporting that will allow us to better understand and respond to the needs of Latinx clients/patients.
- ❑ This will involve working with staff members to establish data collection and reporting processes, and ensuring that data is collected, analyzed, and reported in a way that is consistent, accurate, and meaningful.
- ❑ Strategies to create sustainable practices and positive outcomes for Latinx clients include providing culturally competent services, increasing access to resources, and creating a safe and welcoming space. Additionally, bilingual services and staff should be available to bridge the language gap between Latinx clients/patients and the healthcare system.
- ❑ Our collaboration with our new partners in Newport will also enable us to explore projects including the Mam community.



# Preliminary Results

	Specific Issue/Outcome	Preliminary Themes	Participants' voice
<b>Identify needs to seek medical attention</b>	<p>Insurance and related costs. Legal status. Fear of going to hospital. Waiting time</p> <p><i>Self-medication</i> Alternative care</p> <p>Communicate symptoms. Challenging first contact</p>	<p>Uncertainties &amp; Trauma</p> <p>Beyond language access</p> <p>Self-help</p>	<p><i>"I feel frustrated [at the hospital] when you see that your children are sick... like when you have a temperature and they don't give them anything, they don't do anything. ... 2 or 3-hours pass, and my kid [still] sick. You no longer feel confident that they are going to help you, but that you are going to return with your kid just the same."</i></p> <p><i>"When I am in pain, I self-medicate. My only visit to the doctor is in case of an emergency."</i></p>
<b>Make an appointment</b>	<p>Nurses help navigate. Connection with language concordant provider.</p>	<p>Rapport with providers</p>	<p><i>The nurse who assists me is the one who manages all the necessary navigations. She guides me to the offices I need to visit. --Newport</i></p>
<b>At the appointment with provider</b>	<p>Lack of continuity/coordinated care Distrust</p>		<p><i>"...I scheduled another appointment with the doctor and explained to her that I had been referred to her by another doctor. However, she did not believe me and suggested further testing before making a referral. Every doctor who reviewed my medical history did not see the previous referral."</i></p>
<b>Follow-up Provider's appointments</b>	<p>Financial stress Lack of trust</p>		<p><i>"Out of fear that we would have to pay more for the treatment, I said to [husband], 'wait longer;' he had screws placed on his knee that they had to remove."</i></p>
<b>Pay for Services</b>	<p>Unknown financial resources Payment transparency issues</p>	<p>Navigation skills/access</p>	<p><i>"Less than five minutes with the doctor and we got a bill for \$700" --The majority were unaware of the financial options available for paying</i></p>

# Next Steps

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- We will finalize the analysis and present the results following the Patient Pathways model.
- We plan to create sustainable programs and services designed to meet the unique needs of our Latinx clients/patients, as well as to advocate for policy changes that will address systemic barriers they face.

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# Questions?

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THANK YOU!



SHIRLEY BYRD

FAMILY ASSISTANCE  
& RESOURCE CENTER  
GROUP (FAC)

EXECUTIVE DIRECTOR

# FAC Wellness Care Team

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# Successes

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- ❖ 109 Overdose Lives Saved
- ❖ 10 clients housed
- ❖ Only facility in Linn County with Nurse on Site
- ❖ Samaritan Doctor Partnership
- ❖ Linn County Mental Health access
- ❖ Linn County Alcohol & Drug access
- ❖ Partnership with Community Resource Officer
- ❖ Nurse on Outreach
- ❖ Client path to recovery
- ❖ Victim of domestic Violence security
- ❖ Meet people where they are

Overall, the FAC Wellness Team has been successful at working with the most marginalized and vulnerable people NOT the most cooperative.

We are reaching our goal of helping our clients achieve their highest potential.



# Challenges

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- Acquiring qualified and trained Personnel in the mental health & recovery services area (Behavioral Health, Peer Support, CHW)
- Retention of organization talent
- Stabilization of shelter site (Client trauma)
- Traumatic Brain Injury (TBI)



# Sustainability

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## Grants, Partnerships, Donation, & Service Billing

- Adding Federal Grant options
- Currently have a partnership with City Of Sweet Home for personnel
- Community, and private donors
- Fundraising
- FAC owns all assets (2.6 acres, Facility and outreach vehicle)





# Women Veterans Cohort

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PAIGE JENKINS

PILOT NAME: WALK 'N ROLL

PRESENTER: Bryn McCornack, EBI Coordinator  
Friends of The Newport 60+ Activity Center

Budget: \$52,500

Time Frame: 09/2022 – 01/2024

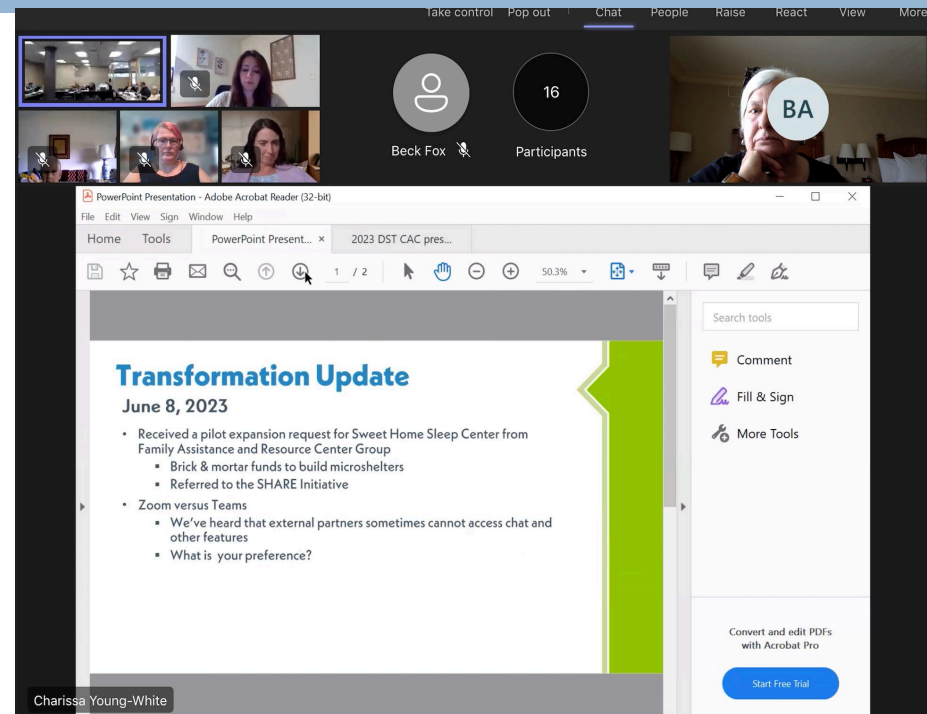
Summary: Our pilot's objective is to design a delivery system piloting the hybrid evidence-based intervention Walk With Ease (WWE) which will reach participants in-studio and connected electronically with an equitable experience. The goal: Engage isolated and homebound older adults with the benefits of physical exercise and a community of support. Encourage more mobile participants to be less anxious about the possibility of being homebound.

Highlights: May/June sessions included a member who could only join on-site when transportation was available. She completed the program with a combination of from-home and in-studio participation, using equipment which was available as a result of this pilot.

"My favorite part? Meeting all the people who have similar problems" --MT

"I learned to be more regular about walking, and ways to avoid falling. When you have to keep a diary you tend to make sure to do the work" --KM

# Why center on an equitable experience?

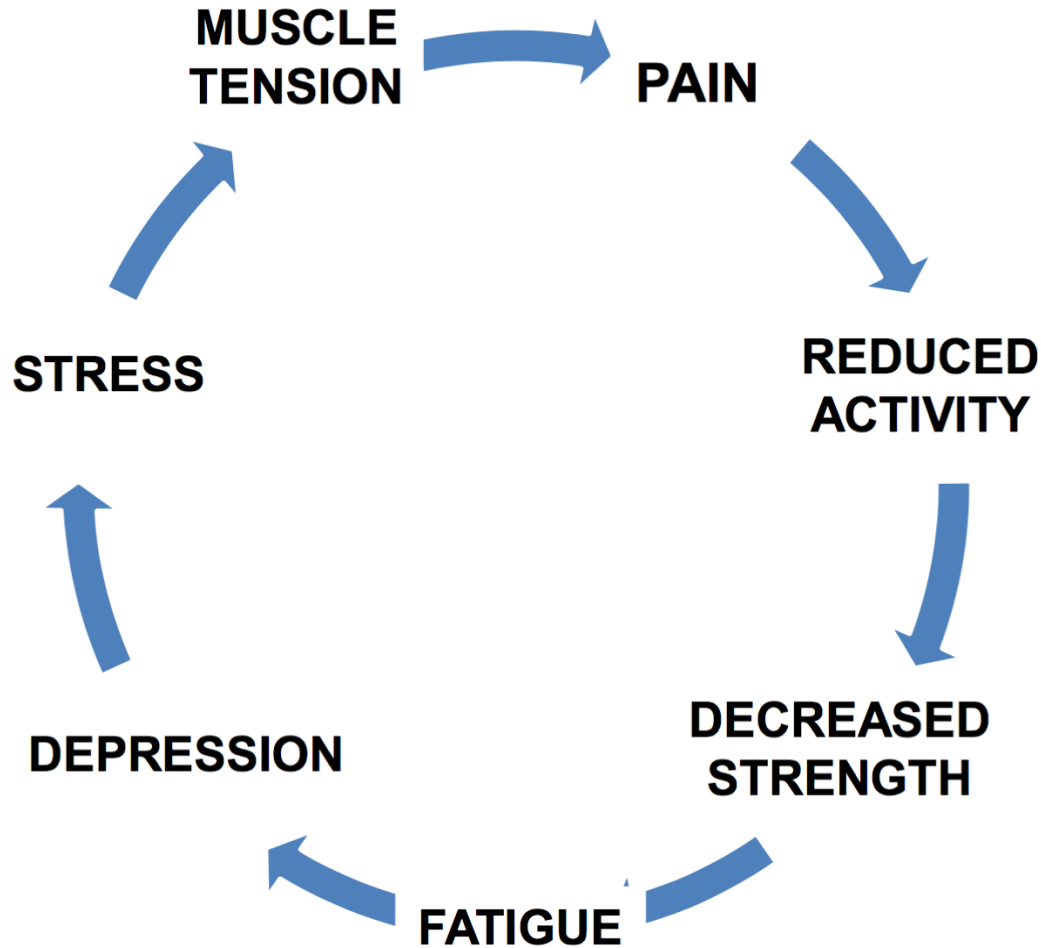


DEI: Meet participants where they are. Create a fellowship of homebound and more mobile individuals. Focus on the UNITY in commUNITY.

Reach those most difficult to reach – isolated individuals suffering from a combination of the results of isolation: physical decline, emotional stress, depression, loneliness, lack of self-efficacy, sleep disruption, and more.

Offer community members an evidence-based life-long option for improving physical and emotional health, regardless of their abilities; reach older adults in the entire IHN-CCO tri-county service area.

# Chronic Illness Symptom Cycle



Goal: bring all participants into the same space





# Solution







YOU CAN  
DO IT

# CHALLENGES

NEW TECHNOLOGY FOR PRESENTERS – Challenge: steep learning curve. Strategy: don't panic! Take advantage of support from Transformation team members.

REACHING ISOLATED INDIVIDUALS – Challenge: find creative methods to engage reluctant participants. Strategy: secure support from partners, including SHS RHEHub members, Meals-on-Wheels drivers, Lincoln County Health, VA, senior living facilities; promote program via electric bill stuffers.

NEW TECHNOLOGY FOR PARTICIPANTS – Challenge: make Zoom option user-friendly. Strategy: Loan Meta Portals and (when needed) hot spots to remote participants; provide one-on-one instruction and push-and-play access to classes.

LOW REGISTRATION – Strategy: work in progress. Support from print media, radio psa's, distribution of fliers. Referrals from Samaritan Health Services Health Education Department

# Sustainability

- Exploring fee-for-service
- Creating universal PowerPoint emulating the Arthritis Association syllabus for Walk With Ease. This will be available to all WWE facilitators throughout Oregon via OSU Extension, the Oregon WWE Program Coordinator.
- Recruit WWE instructors; training fee paid by Newport 60+ Activity Center.
- Promote this new hybrid solution to program delivery partners.
- Develop a document which can be used by other organizations to include with grant proposals (Facts and figures, engagement as suicide prevention, number of new participants reached, results, sample budget, testimonials).

# WALK WITH EASE



Tuesdays and Thursdays 11am-noon  
starting August 15

***Walk With Ease at 60+ is a free program for anyone 60 or over who wants to move more, reduce pain, and engage safely and comfortably in a gentle walking program.***

***Join us for camaraderie, exercise and support***

#### **This evidence-based program can:**

- Reduce pain
- Build confidence in being physically active
- Improve overall health

#### **Participants will:**

- Receive a FREE Walk With Ease guidebook
- Participate in 12 bi-weekly classes either on-site or via Zoom
- Learn how to safely and comfortably be more active
- Work towards goals you set for yourself

-- Can't get to 60+? **No problem!** Join us from wherever you are via zoom.

-- Don't have access to zoom? **No problem!** Contact 60+ for our lending library of portals and hotspots.

-- Limited or no experience with Zoom? **No problem!** We'll teach you what you need to know.

-- Can't stand for a long period of time? **No problem!** If you can stand for 5 minutes, this program will help you improve strength, balance and stamina.

-- Haven't exercised for awhile? **No problem!** This fun program will help you get back in the groove.

Questions? **No problem!** Call the Newport 60+ Activity Center at (541) 265-9617

#### **TO REGISTER**

[http://bit.ly/Walk\\_August\\_15](http://bit.ly/Walk_August_15)

or call 60+ Center (541)265-9617

# Health Navigation Station

SARA JAMESON, OUTREACH  
COORDINATOR, KATHRYN MERRITT  
ST. MARTIN'S EPISCOPAL CHURCH,  
LEBANON, OR



DST 7/20/2023

57

# Our Story from the Field:

This health navigation kiosk helps folks connect to services via free computer / printer / telephone

## Highlights

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- Users - 34 unique users in first 6 months; 2-4 use daily users; one user accessed 38 days, nearly daily. We exceeded our goal of 10 users weekly
- Equipment used - computer 95%; phone 5%; printer 1%
- Services accessed - transportation (including bike repair), id cards, Soc Sec; SNAP benefits, legal aid, etc.
- Location - Hallway alcove is private enough / public enough
  - If in the social hall, more might try it?.

## We learned

- To monitor & remind users to sign in on our data collection sheet



- Summary:
  - 34 unique users; top user 38 times, the daily number growing
- Time Frame:
  - Application approved fall, 2022,
  - Funding received December 2022
  - Equipment purchased and installed Jan 2023
  - Kiosk Open for use Jan 25, 2023
  - End of Pilot December 2023
- Budget: Balance on June 30, 2023 = \$11,824.50
  - Equipment = \$1323.00 + Installation ~ \$300
  - Monthly Internet etc. = approx. \$150/ month
  - Overhead for use of space = \$40/month



# Challenges



- **Challenge #1** – **slow uptake** / overestimated speed of adoption “If you build it, they will come”
  - Advance research implied eagerness but in fact reluctance
- **Possible Solution**
  - Get more peers to mentor; encourage folks to try, encourage community partners
  - We COULD and SHOULD try to recruit Health navigators (students, volunteers, etc.)
- **Challenge #2** – inadequate staffing / underestimated the amount of time and staff the Project would take to be most effective
  - thought it would run itself / takes longer for folks to be comfortable with a new resource
  - overestimated my skill, my time, my energy
- **Possible Solution**
  - Same as for Challenge #1
- **Challenge #3** - overestimated IT expertise/ knowledge
  - Learned that we needed a tech mentor
- **Possible Solution**
  - Recruit a tech mentor

# Sustainability



- We did not plan doing this long term because
  - Our main goal was to be a guinea pig – to show how it could be done – identify challenges to help others
  - Hoping that an agency / community partner in East Linn would take over once we show that the resource is needed
  - Our church still in limbo with regards to a permanent rector so we can't plan long term

ABBY MULCAHY

# Disability Equity Center

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Disability Equity Center (DEC) is a visionary grassroots community cultural center built by and for disabled people.

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- meet the diverse needs of **people living with disabilities**, as well as their family and friends, as a resource, community, and cultural center for disabled people and their allies--pride and culture
- address the specific needs of **healthcare providers**, concentrating on gaps and augmenting partnerships across formal disability support services to fill gaps and help with resource navigation--resource navigation hub
- educate our **local community** about ableism and change social misperceptions about people with disabilities--education and outreach

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\$183,750 total

Final report

DEC has suspended all programming as of June 1, 2023

Highlights

- DEC has done some amazing things
- We provided a much-needed lifeline during the COVID-19 pandemic
- As the world largely left COVID-19 regulations behind, we struggled to make the transition



# Successes

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- DEC was an organization of disabled people for disabled people
- Our programming reached hundreds of people from all over the Willamette Valley
  - Social groups
  - Wellness-based programming
  - Arts-based programming
  - Sex Ed and Healthy Relationships groups
  - Microgrants
  - Resource navigation
- No idea was too big or too small
  - If there was a will to do something, we were committed to finding a way to get it done



# Challenges

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- Leadership
  - DEC employed a very flat leadership hierarchy
  - This led to challenges with organization and communication
- Bandwidth
  - Staff members had competing, often contradictory, accessibility needs
  - The time and resources needed to address these competing needs limited our ability to function
- Funding
  - We hit a point where, even with the promise of funds coming in, we were unable to invest in addressing both the leadership and bandwidth issues





# Sustainability

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- Right now, DEC has suspended programming and laid off all staff
- We are choosing to frame this suspension of programming as a hibernation
- A large portion of our programming is in the process of being nested into another organization
- The Board of Directors continues to meet monthly
- At this time, there is no timeline or clear plan for relaunch



LINDA MANN

# Overcoming Obstacles to Dental Care

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## Budget; Time Frame 12/22-12/23

**Brief Summary (1-3 sentences)** Our pilot aims to improve oral health for children and adults with special needs by utilizing a Community Health Worker to be the central hub of the dental care team, to improve daily preventive mouth care, and to improve access to and the quality of definitive dental treatment.

### Highlights

- choose 1-3 highlights
- choose 1-3 learning experiences



# Highlights Learning Experiences

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- The patients whom we have engaged and served are extremely happy with our services. In other regions we have collected patient satisfaction surveys and the results are very positive.
- It is very rewarding work when patients are able to get much needed dental services because we took the time to acclimate them to services and provide services in their home. Many are able to then go to a dental office without the need of GA

This region has been extremely difficult to get a case load. We had thought that creating partnerships with other organizations who serve the same community would be the best way to reach patients with dental needs, but in other regions cold calling gap lists has been the most effective way to enroll patients. Once in these settings, however, word of mouth tends to improve enrollment (in other regions).

# Challenges

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- Finding patients who need or want our services
  - Calling gap lists, patients are already connected to dental care
  - Have not received any referrals from community partners
- Will reach out to dental providers who serve the population and see if they have anyone who might prefer to have some services done in the home.
- Open for suggestions and additional partners who want to provide referrals



# Sustainability

- Plans for becoming sustainable
  - Strategies that have been implemented already to create sustainable practices
- 

- We have applied for and received an extension to be able to develop the relationships and word-of-mouth referrals necessary to get traction in IHN land.
- There are new codes available from OHA to encounter for navigation/care coordination, which will potentially help offset the cost of the CHW services. We are hoping to be able to use these codes within 12 months



North  
End  
Senior  
Solutions

Jan Molnar-Fitzgerald, Exec Dir

# Culture of Supports

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Budget: \$75,738.00      Time Frame: 12-31-2023 (extended)

Brief Summary: The desired outcome will be an engaged “partnership in health” resulting from a Culture of Supports within the Lincoln County community.

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### Highlights (since January 2023)

- Consequences of isolation continue to surface; NESS works with Signature Home Health RN to provide daily meals and monitor medication for a 91-year-old man who refuses to leave his house.
- In the last 2 ½ years, NESS provided over 7K miles in rides to medical appointments and grocery shopping. (35 unduplicated people)
- Plus, NESS provided telehealth appointments for two others, from their homes with NESS providing internet access and laptops.
- Expanded working relationship with ADRC, Adult Protective Services, and Senior and Disability Services.





# Learning Experiences:

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- At PCH's request, NESS uses PCH disclosure forms allowing information sharing.
- ADRC, while respecting confidentiality, works with NESS in order to discover eligibility for potential consumers.
- Samaritan Clinics and ADRC can engage with NESS as “partners in health” in emergency situation: At nearly 4:30pm on a Friday afternoon, NESS working with the clinic supervisor, Signature Health, and ADRC, helped to provide Hospice care and other services for a frantic spouse.



# Challenges

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- List out 1-3 current challenges along with strategies to address
  - Behavioral Integration and screening is still challenging; few people want the screening, no one wants to come to the center, speaking remotely through support groups proves difficult. Remedy: Experience has taught it takes time to establish programs; continue advertising and be there when scheduled.
  - Likewise, support groups and classes have low, if any, participation. Remedy: Samaritan Education Center has invited NESS back to use their spaces for the Care-giver Support Group. Maybe Newport location will attract more participation. Education Center will provide more outreach and advertising.
  - Communications Workshop: Scheduling is difficult for this all day event. NESS is creating an invitation list and surveying for best day and time for most attendees. This will be a Fall event and the last program sponsored by this pilot.



# Sustainability

- Plans for becoming sustainable: [Become Licensed In-home Agency](#)
- Strategies that have been implemented already to create sustainable practices: [Re-certified as Medicaid Provider](#)

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- The Adult Day, NESS Club, re-certified as a Medicaid Provider June 2023, after temporary extensions during the pandemic. Medicaid continues to pay for participants fees for consumers.
  - NESS has requested grant funds to pay for licensing fees to increase our services as a Licensed In-home Agency which DHS allowed during the pandemic; this will enable private pay and Medicaid for home care.
  - Next steps: Set up program to bill insurance companies for service, including long-term care insurance.



# Questions



North Enders Transport



NESS Club Meeting Virtually 2021