Agenda
Delivery System Transformation Committee

July 6, 2023 4:30 – 6:00 pm
Online: Click here to join the meeting
Phone: +1 971-254-1254,,455350178#

1. Welcome and Introductions	**Renee Smith,** Family Tree Relief Nursery	**4:30**
2. Transformation Update	**Beck Fox,** IHN-CCO	**4:45**
3. Capacity Building Discussion & Decisions	**Renee Smith,** Family Tree Relief Nursery	**4:50**
4. Wrap Up	**Renee Smith,** Family Tree Relief Nursery	**5:55**

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
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

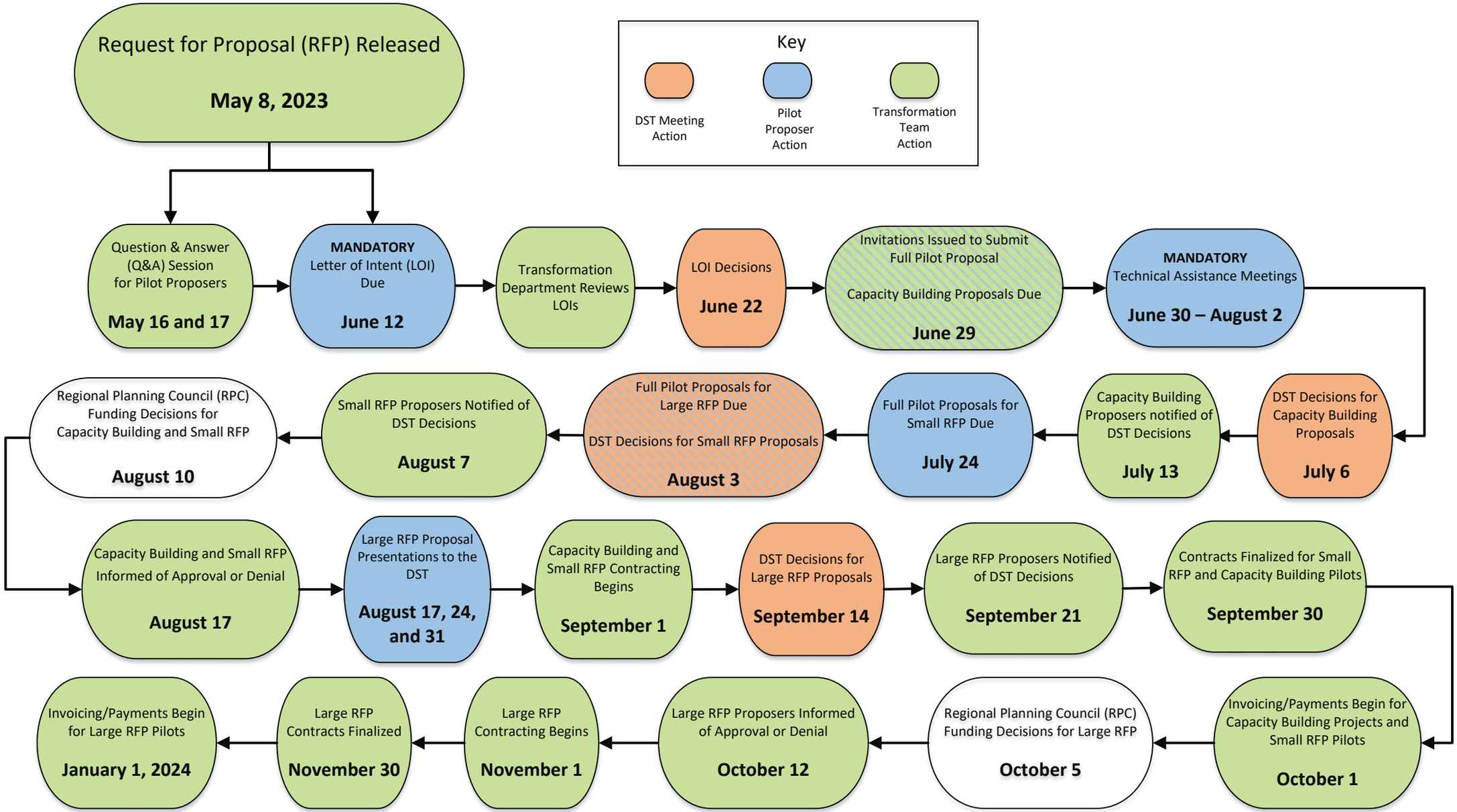
Delivery System Transformation Committee (DST) 2023 Calendar

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	Pilot Expansion Requests	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		
	31	RFP PRESENTATIONS		
Sept	14	RFP DECISIONS		
	28	PSLS		Workgroup Updates
October		**Regional Planning Council October 5**		
	12			
	26		Pilot Updates	
Nov	9			
Dec	7			

KEY

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

IHN-CCO DST Request for Proposal Timeline



Minutes
Delivery System Transformation Committee (DST)

June 22, 2023 4:30-6:00 pm

Teams (online)

Present			
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

- Decolonizing Behavioral Health Supports has requested a pilot expansion. See packet for details.
- Voters will receive voting instructions.

Letter of Interest Discussion and Decisions

- See packet for logic for ranking and other supporting documentation.
- Robust discussion and options for approval and denial process.
    - Options included to deny the proposals that only got a score of 1 in all components, to approve all, or to deny based on total scores.
- **Decision:** invites to submit the full proposal extended to any proposal with a score of 5 or higher.
- The proposers not invited to submit a full proposal will be invited to submit a capacity building proposal and also provided feedback on the reasons for denial.

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
Allison Hobgood	Yes	12	12	10
Andrea Myhre	Yes	10	10	8
Annie McDonald	Yes	18	18	15
Bettina Schempf	Yes	12	12	11
Britny Chandler	Yes	10	10	8
Bryn McCornack	Yes	7	7	5
Carissa Cousins	Yes	3	3	3
Deb Fell-Carlson	Yes	12	12	9
Dee Teem	Yes	4	4	3
Dick Knowles	Yes	21	21	17
Elizabeth Hazlewood	Yes	13	13	9
Emma Chavez Sosa	Yes	18	18	16
Erin Gudge	Yes	20	20	17
Georgia Smith	Yes	2	2	1
Jay Yedziniak	Yes	3	3	2
Karen Weiner	Yes	16	16	14
Linda Mann	Yes	12	12	9
Melissa Isavoran	Yes	17	17	14
Michael Couch	Yes	14	14	14
Paige Jenkins	Yes	9	9	5
Paulina Kaiser	Yes	11	11	10
Priya Prakash	Yes	1	1	1
Rebekah Fowler	Yes	21	21	17
Renee Smith	Yes	18	18	16
Ricardo Contreras	Yes	1	1	1

Rolly Kinney	Yes	21	21	17
Roslyn Burmood	Yes	14	14	10
Sara Jameson	Yes	22	22	18
Shannon Rose	Yes	22	22	18
Stacey Bartholomew	Yes	18	18	15
Susan Trachsel	Yes	11	11	11

Delivery System Transformation Committee
(DST)
2023 Capacity Building Proposals

Champion Organization	Focus	County(s) Impacted
Albany Student Advocacy Project	Supports for marginalized students	Linn
Arc of Benton County	Day support services	Benton, Linn
Benton County Health Services	Personal Health Navigator focus groups	Benton, Lincoln, Linn
Casa Latinos Unidos	Financial infrastructure for Latinx-focused organization	Benton, Linn
Corvallis Clinic	SDoH data	Benton, Linn
Corvallis Daytime Drop-in Center and Vina Moses	Employment workshare program	Benton
Corvallis Environmental Center	Therapeutic garden program for youth and families	Benton, Linn
Corvallis Public Schools Foundation	Culturally appropriate food resources for students and families	Benton
Crossroads Communities	Dental assistance	Benton, Linn
Every Child Linn Benton Lincoln	Recruiting diverse foster families with a focus on Lincoln County	Benton, Lincoln, Linn
Faith Hope and Charity	Supports for the houseless community	Benton, Lincoln, Linn
Innovative Concepts for Families of Lincoln County	Dental van services for Lincoln County	Lincoln
Mid Willamette Trans Support Network	Resource Dispatcher and Community Liaison for the trans community	Benton, Lincoln, Linn
Oregon Family Support Network	Peer support for families of LGBTQIA2S+ youth	Benton, Lincoln, Linn
Santiam Hospitals and Clinics	Community health fair events	Linn

Albany Student Advocacy Project

Applicant Organization: Albany Student Advocacy Project
Primary Contact: Jill Nelson
Primary Contact e-mail address: asapjillnelson@gmail.com
Billing Address: 2039 Chase Loop SW, Albany, OR 97321
County(s) Impacted: Linn & Benton

Albany Student Advocacy Project (ASAP) was initially founded to advocate for and support marginalized students in Greater Albany Public Schools (GAPS), specifically focusing on students of color, LGBTQIA2S+, students in poverty and students with special needs. As additional community partners have undertaken targeted advocacy for students of color and LGBTIQA2S+ students, it became apparent there was a need for a specific focus on the 47% of GAPS students experiencing poverty.

The American Public Health Association has drawn clear correlation between educational equity and health equity, highlighting the disparate experiences of marginalized students. Throughout ASAP's work advocating for students it became clear that low-income students were less likely to receive effective support and had fewer options than their more resourced peers. We also found that Title 1 schools (defined as schools where 40% of students qualify for free or reduced lunch) didn't have the additional funding support from parent organizations, experienced high staff turnover, lacked adequate behavioral health supports, and needed additional help and resources to effectively meet the needs of the entire family supporting their students.

In order to more effectively assist and represent our students in poverty and Title 1 schools, ASAP is re-envisioning itself as a community-based non-profit organization specifically focused on high-needs, high-risk populations in GAPS. We are seeking funding to formalize our status and establish programming. This could include establishing food pantries, laundry services, providing hygiene and clothing items for students, acting as a funding arm for Title 1 schools to bring in behavioral health programming, and culturally reflective events and activities for the whole family. Our initial project will be to establish a fund for new teachers at Title 1 schools to establish their classrooms through the purchase of books, materials, supplies, and other needed materials not covered by the district. High turnover rates and younger teachers at Title 1 schools often means teachers have not built up the type of classrooms where students see themselves, their culture, and their languages reflected in books, classroom and educational materials, and needed classroom supplies.

ASAP is a transformational model that focuses specifically on the school and the students while connecting with other community partners to form a network that elevates the needs and voices of impoverished students. This model will combine direct service and system advocacy that, over time, transforms the lived experience and future opportunities for our students. The health effects will be immediate and long-lasting. While there are other organizations doing pieces of what we will do, ASAP is the only group in Albany with a holistic approach to physical,

mental, emotional and educational success. ASAP is currently recognized by the Greater Albany Public Schools Board as an official community organization and is actively engaging a coalition with the leaders of Albany Pride, Kids for the Culture, Casa Latinos Unidos, and The Albany Public Schools Foundation. We foresee additional partnerships with Linn County Mental Health, Linn County Health Equity Alliance, Family Tree Relief Nursery, the Albany Boys and Girls Club, Young Roots of Oregon, Jackson Street Youth Shelter, and Ofelia's Place. We also foresee partnerships with the local business community for volunteer and financial support.

As an active community partner, ASAP has built relationships with district and school leadership as our first line of communication with teachers and families. Our extensive partnerships also ensure a two-way referral system where school and family needs can be brought to our attention. We expect initial work to be in schools and with Parent Teacher Clubs as a way of providing direct support to schools and building relationships with families.

The NIH has found that, unsurprisingly, individuals with fewer educational opportunities experience poorer health outcomes and increased morbidity and mortality than their more resourced peers. They have observed a widening of these disparities in recent years. As schools struggle to recover from the impact of the COVID-19 pandemic, these disparities have become more pronounced and entrenched with fewer solutions to resolve them. By focusing on social determinants of health in an educational setting, ASAP supports the health and well-being of IHN-CCO members by supporting schools as they address the physical, emotional and mental needs of the families within their populations. Title 1 school designation indicates that a minimum of 40% of students within the school live below the poverty line and with the more stringent federal income guidelines associated with Title 1 schools, we estimate that at least 75% of the students at each title school would be eligible for IHN-CCO membership under Oregon eligibility requirements. ASAP's focus is on a holistic, family-centered approach to meeting the needs of students and the staff who support them, a benefit of which is to reduce disparities and shrink the achievement, opportunity, and health gaps seen in our district.

Primary Project Individuals
Jill Nelson, ASAP Chair
Alicia Bublitz, ASAP Health Equity Coordinator
Dana Algaier, ASAP Vice-Chair

Item	Cost
501c3 filing and designation	$5000
New Teacher Classroom Support	$5000
Community listening sessions/PTA meetings	$2500
Strategic Planning and program development	$2000
TOTAL	$14,500

Arc of Benton County

1. Organizational Details:
   - Applicant Organization: The Arc of Benton County (serving Lincoln County)
   - Primary Contact: Nikki Holland
   - Primary Contact Email Address: nholland@arcbenton.org
   - Billing Address: 928 NW Becca Ave. Corvallis, Or 97330
   - County(s) impacted: Lincoln and Benton

2. Project Description:

The Arc of Benton County (The Arc) is requesting $15,000 for up to one year of capacity-building for Day Support Services (DSA) in rural Lincoln County, where services were significantly diminished by the impact of COVID-19. In the fall of 2021, Shangri La, Lincoln County's only DSA provider, announced their closure due to the staffing hardships caused by COVID. At that point, conversations began between The Arc of Benton County Executive Director, Diane Scottaline, and Nikki Holland, teacher in Lincoln County School District, about how to return DSA services to Lincoln County.

Lincoln County experienced a great loss when DSA programs were discontinued. Many underserved people were left in isolation and lacked programs that could support them to fully access their community and maintain social connections . The Arc has developed a program to fill this void and is ready to expand. We are grateful for the opportunity to apply for this IHN-CCO Capacity Building grant.

As of the writing of this proposal

- 30 participants have The Arc Achievement Program (TAAP) Lincoln County as part of their Individualized Service Plan (ISP).
- 2 additional individuals that do not qualify for medicaid services participate with private pay fees that are currently subsidized by a grant from The Confederated Tribes of Siletz Indians.
- Our activity hours have expanded to 16 hours of in-person and/or virtual community DSA per week.
- We currently have one full time staff (Nikki, our program director) dedicated to providing these services and occasional in person support from our Executive Director and Social Navigator. We are needing to expand our staffing for direct support to participants.
- Programs currently take place in Toledo, Siletz, Waldport, Depoe Bay and Newport.

To fortify The Arc DSA in Lincoln County, we would hire one FTE lead DSP/Van Driver and 1 FTE DSPs to provide support, including one-on-one staffing as needed. Our plan is to continue to increase our ability to provide support for those with higher needs, such as higher-level physical support needs, behavioral supports, and other needs that require close staff support. While we currently have 32 people in Lincoln County signed up for TAAP, nine of them experience barriers to participation. IHN-CCO funds will be used to pay new direct support staff wages to mitigate some of these barriers.

    - This funding will allow us to:
        - Increase the number of participants we can support and the number of community activities we can offer
        - Provide support to participants with higher support needs, including 1:1 support
        - Mitigate loneliness and isolation
        - Increase participants' community access skills
        - Increase staff: participant ratio

- **Community Partners:**
  The Arc Achievement Program (TAAP) of Lincoln County currently partners with The Lincoln County Department Developmental Disabilities, Integrated Service Network, The Olalla Center, The City of Newport Parks and Recreation Center, Bright Horizons Therapeutic Riding Center, The Toledo Community Boathouse, Lincoln County School District, Lincoln County Sheriff's Department, Toledo Fire Department, Pac West Ambulance, and the Newport Community Gardens. We have received donation support from many small businesses throughout our county. We currently have grant funding from The Confederated Tribes of Siletz Indians, The Oregon Community Foundation, and The American Rescue Plan Act Capacity and Restoration Grant.
  The Lincoln County Department of Developmental Disabilities and Integrated Service Network (ISN) support our program by recruiting and assisting individuals with developmental disabilities to learn about and access our services. Our Director is also on the advisory committee with the LIncoln County Developmental Disability services. The Olalla Center provides a space for us to hold classes and has allowed us to build a garden with our participants. The City of Newport Parks and Recreation Department has worked with us to use spaces at their various facilities and parks. We are also working with them, along with the Performing arts center and Newport Library to plan events in the community to support inclusion of all populations in Newport. We work

with Bright Horizons Therapeutic Riding Center and The Toledo Community Boathouse to provide activities for our participants. The Arc works closely with the teachers of the LIncoln County School Districts Transition programs to ensure students that would like to access the program and are ready, can do so seamlessly as they exit the public school system. We work directly with the Lincoln County Sheriff's Department to provide CommCard Training to their officers and our CommCard holders. We have also trained staff/volunteers from the Toledo Fire Department and the Pacific West Ambulance. More information about The CommCard program can be found here. The Newport Community Gardens has allowed us to build a wheelchair accessible bed for their garden area with the potential for future collaboration.

The Confederated Tribes of Siletz Indians has supported the purchase of modified equipment and supplies to allow more people to access activities. They have also provided funds for a scholarship program for those that do not qualify for Medicaid services to be able to access our activities for free or reduced cost. The Oregon Community Foundation has granted us funds for training, overhead, program supplies and indirect costs for the next year. The American Rescue Plan Act Capacity and Restoration Grant has awarded us funds to purchase a wheelchair accessible van, purchase equipment and supplies, train staff, money for facility rental, and to pay some staff wages while staff are in a training period.

The funds from ARPA have limitations on how it may be used for wages. This IHN-CCO Capacity building grant money would allow us to cover new employee wages beyond the training period. It will take the program more time than the training period to build enough capacity in medicaid billable hours to support staff wages. This grant will give us the time to build up the billable hours to sustain employee wages. With this additional time, medicaid billing income can increase to a self-sustaining amount. Additional staff will also allow our director time to fundraise and seek donations and grants which will also add to the program's sustainability.

- Individuals carrying out the project and their responsibilities:

The Arc of Benton County has demonstrated competence in providing high quality support in a community-based setting in a sustainable way. We have over 50 years of experience operating profitable thrift stores, and our organizational infrastructure provides well-established accountability and oversight. Lead Staff and the Board's Program Development Committee address needs and concerns for our expansion into Lincoln County. Nikki Holland will coordinate the DSA Program in Lincoln County, and The Executive Director will oversee her directly. Nikki Holland is the Lincoln County Program Director and has been in this role for one year. Nikki plans and oversees all Day Support Programs in Lincoln County. She will hire, train, and supervise staff. She is responsible for recruitment of new participants,

intake of new participants, and all medicaid billing.. She applies for grants and does fundraising for Lincoln County. She develops new programs to meet the county and participant needs. Nikki collaborates with community partners to ensure inclusion and programs for Adults with Developmental Disabilities in Lincoln County. Nikki is a well-known, expertly-trained and trusted professional among people with IDD and their families. She has known many of them since they were young, serving as their Adaptive Physical Education teacher for the last 16 years. She was also the Local Program Coordinator for Lincoln County Special Olympics for 10 years, which created many valuable connections in the community. Participants, parents and service coordinators were glad to learn that Nikki is facilitating this much-needed program, and they have responded with gratitude and enthusiasm.

Diane Scottaline is the Executive Director of The Arc of Benton County. She has been the director for 9 years. She oversees the operations of chapter programs in Benton and Lincoln Counties.

Misha Marie is the Social Navigator for The Arc of Benton County. She has been with the program for 15 months. Her roles include community outreach and education, specialty training and programs for participants, healthcare improvements programs, and criminal justice advocacy.

- Describe how members of the community will hear about your project:
  We will utilize our website, social media, email, local newspapers, continued collaboration with our local Developmental Disability Services and Brokerage to spread the word about our program and its expanding opportunities.

3. Budget Amount for the Project:

Item	Amount Requested from IHN-CCO	Cost for 1 year	Description
1 FTE Lead DSP/Driver (may be one or multiple people)	$10,000	$58,840	$23/hr x 40 hrs/wk x 52 wks =$47,840 + $9000 benefits + $2000 Workers comp, payroll, taxes
1 FTE entry level DSP (may be one or multiple people)	$5,000	$41,520	$19/hour 40 hours/wk x 52 weeks= $39.520 = $2000 workers comp, payroll, taxes = $41,520
TOTAL	$15,0000	$100,360	

Benton County Health Services

Organizational Details	
Application Organization	Benton County Health Services
Primary Contact	Lizdaly Cancel, Health Navigation Service Manager
Primary Contact Email Address	Lizdaly.Cancel@BentonCountyOR.gov
Billing Address	PO Box 579 / 530 NW 27th St., Corvallis, OR 97330
County(s) Impacted	IHN Tri County Area (Linn, Benton, Lincoln)

Provide a description what you will be doing with the funds and how it impacts social determinants of health & equity.

Benton County Community Health Worker (BC CHW) Training HUB is requesting $15,000 in funding to support one year of exploratory conversations with community partners in the InterCommunity Health Network (IHN) Coordinated Care Organization (CCO) tri county area. These conversations will occur in focus group format held at different venues in the tri county area. Food and drinks will be provided during these focus groups. The goal of these focus groups is to define the Personal Health Navigator (PHN) role and supporting systemic infrastructure needed for the incorporation of the PHN roles within the IHN-CCO. These focus groups will seek to define Oregon Health Authority's goals for PHNs and the benefits of developing the PHN role for the tri-county area. There are currently 0 PHN's supporting the 89,113 members IHN-CCO members, according to the IHN-CCO Traditional Health Worker 2022 Report. Personal Health Navigators primarily serve clients within a clinical setting. While the scope of practice is clearly defined in the Traditional Health Worker Toolkit, there is a gap between the academic description of a PHN and the roles those who hold a PHN certification are currently fulfilling. These efforts will provide the background information and could serve as a foundation to build a PHN Training program.

List all community partners and how they will be supporting the project.

The Benton County Training HUB will utilize the Traditional Health Worker Commission and workgroups to build a mutual understanding of the PHN role in alignment with the OHA definition and objectives for PHN. The BC CHW Training HUB will reach out to those currently certified as PHNs to conduct listening sessions and understand the responsibilities they fulfill.

Describe the individuals that will be carrying out the project, their experience, and responsibilities.

- Beck Low, Benton County CHW Training Hub Coordinator – Coordinator for the Grant
    - Master of Public Health Professional with 5+ years of facilitation experience, including prior focus group coordination for the Integrated Foster Child Well-Being Pilot Project with ABC House and Samaritan Health Plans. This individual will connect with current PHNs, book venues, manage the spending of grant money, and submit final reporting to the DST.
- Sonia Castañeda, Benton County CHW Training Hub Coordinator – Co-Coordinator for the Grant
    - Master of Public Health Professional with two years as a Health Navigator at in the Health Navigation Program at Benton County Health Services. This individual will support the focus groups by guiding the conversations and assisting with data analysis.
- Lizdaly Cancel, Benton County Health Navigation Service Manager
    - Master of Public Health Professional with13of years as a Health Navigator, 6 years as the HN Program Administrator, and 2 of years as the Health Navigation Services Program

Manager. This individual will oversee the work of the Grant Coordinator with weekly check-ins to assess the progress and offer guidance to ensure grant is utilized in accordance with this grant proposal.

- MPH Internship Opportunity – Data Analyst and Report Management
    - Benton County Health Services has a contract with Oregon State University to provide internship opportunities for Master of Public Health Students. This individual will take all focus group notes, analyze data, and participate in report writing under the direction of the Grant Coordinator.

Describe how members of the community will hear about your project.

The Benton County CHW Training HUB will use their point of contact list to reach out to community partners who have utilized either of the trainings currently offered. Additionally, we will reach out to those currently certified and registered with OHA as PHNs in the area.

Casa Latinos Unidos

1. Organizational Details
   - Applicant Organization: Casa Latinos Unidos
   - Primary Contact: Ricardo B. Contreras
   - Primary Contact Email Address: executive.director@casalatinosunidos.org
   - Billing Address: 1435 SW 35th Street
   - County(s) Impacted: Benton and Linn

We are requesting support to strengthen our financial infrastructure by addressing two sets of needs, both of which cannot be funded through grants we currently have: a) develop a system of internal financial controls that will increase our organization's capacity to receive and manage effectively state and federal funding, and that will allow us to be prepared for an eventual financial audit; b) develop an investment strategy that will enhance our capacity to save and increase our financial sustainability.

Since early 2020, Casa Latinos Unidos has experienced a strong and steady growth, which has made us a reliable partner in the Benton and Linn system of service agencies. Relying on our capacity to provide comprehensive and culturally-specific support to the Latinx community across the social determinants of heath, Casa Latinos Unidos played an important role as a bridge between the system of services and the Latinx community during the COVID-19 pandemic, and, among other things, it is now supporting the community with funding from OHA in providing system navigation support and enrollment in the Oregon Health Plan through the Healthier Oregon program extension. Additional areas of work involve providing emergency rent assistance, helping to keep families housed; collaborating with Linn County Public Health and Community Outreach Inc. in bringing medical services to the Colonia Paz affordable housing complex, in Lebanon; and partnering with Community Service Consortium and the Willamette Workforce Development in the Y-CAN workforce development program.

As we grow and increase our impact in the community, we have found it necessary to update our organization's internal administrative processes to better respond to the requirements of increased funding. A key aspect of this has to do with having a solid system of internal financial controls that will strengthen our capacity to obtain and manage funding as well as to be prepared to go through an eventual audit that will be triggered once our organization reaches approximately $600,000.00 from government funding. Although we are not there yet, we estimate that such an audit can take place within the next two years, and we want to be prepared for that. Additionally, to increase the financial sustainability of the organization, we would like to invest a portion of the funds we have accumulated through the years and that are marked as 'unrestricted', most of which come from donations and contracts for services.

The funding requested through this application will be used to pay for two consultants. One will work in developing a system of internal financial controls and will prepare us for an audit, while the other one will help us develop an investment plan. We foresee the following steps for each one of these two consulting projects:

Development of internal controls

a) Examine best practices in terms of financial internal controls for community-based organizations of our size.
b) Identify the financial internal control procedures required from governmental and other funding agencies.
c) Draft financial internal control policies and procedures.
d) The Board of Directors will vote on those internal control policies and procedures.
e) Develop administrative procedures to implement the proposed internal control policies and procedures.

Development of investment plan:

a) Identify best investment options for community-based organizations.
b) Determine how much of our unrestricted funds can be invested.

This project will be managed by the organization's executive director, Ricardo Contreras. Support will be provided by Susan Ibarra, the organization's Administrative Manager. Additionally, the project will involve working closely with the Board officers, particularly the Treasurer and the Board President.

This project is very important for us. The reality of small community-based culturally-specific organizations that rely mostly on donations is different from one that is in process of growth, which is our case. To be sustainable, we need to strengthen our financial policies and we need to save for the future. The sooner we do this the better. Thank you!

Budget Amount for the Project

$15,000.00

Budget Details
$15,000 or less. Indirect, or overhead, costs may not exceed 15% of the budget.

This is an approximation of what we will need for this project. We are in process of requesting estimates from consultants:

Internal financial controls consulting: $6,375.00
Investment consultant: $6,375.00
Indirect (15%): $2,250.00
TOTAL: $15,000.00

The Corvallis Clinic, PC

Applicant Organization: The Corvallis Clinic, PC
Primary Contact: Samuel Robinson
Primary Contact Email Address: Samuel.robinson@corvallis-clinic.com
Billing Address: 3680 NW Samaritan Dr, Corvallis, OR 97330
County(s) Impacted: Linn and Benton

Provide a description of what you will be doing with the funds and how it impacts social determinants of health & equity:

This grant proposal seeks to scale a pilot program for collecting and aggregating Social Determinants of Health (SDoH) data in the Primary Care division at The Corvallis Clinic. By expanding the program to include multiple family medicine clinics, we aim to comprehensively understand the non-medical factors impacting patients' well-being and address health disparities. Our data-driven approach will enable targeted interventions, resource allocation, and collaboration with community partners to promote health equity. Comprehensive staff training will ensure effective implementation of the program, leading to improved health outcomes and reduced healthcare disparities for our diverse patient population.

List all community partners and how they will be supporting the project:

Our project recognizes the significance of community partnerships in addressing the social determinants of health within our patient population. Through the collection and analysis of comprehensive SDoH data specific to each clinic, we will gain insights into the outstanding social needs of our patients. This data-driven approach will inform our selection and establishment of connections with community partners who can provide targeted support and resources to address these specific needs. By leveraging the expertise and resources of community organizations, such as community centers addressing housing insecurity and food access, and social service agencies facilitating social support programs and financial assistance, we will ensure a tailored and effective response to the social determinants impacting our patients' well-being. Furthermore, we will seek collaborations with relevant nonprofit organizations specializing in addressing other identified social determinants, creating a comprehensive network of support to effectively meet the diverse social needs of our patients.

Describe the individuals that will be carrying out the project, their experience, and responsibilities:

Cole Ray, MSW, serves as our Care Coordination Manager. With years of experience as a social worker in various healthcare settings, including inpatient and home health, Cole brings a wealth of knowledge in addressing social determinants of health. They, along with their team of Care Coordinators, will play a critical role in the project's execution. Their responsibilities involve overseeing the coordination of care, ensuring patients' social needs are addressed effectively, and collaborating with community partners to provide appropriate resources.

Samuel Robinson, MHA, as the Director of Quality Improvement. With extensive experience in project management, social determinants of health, health equity, and population health analytics, Samuel brings a comprehensive skill set to the team. Their responsibilities include overseeing the project's quality improvement efforts, analyzing data on social determinants of health, and developing strategies to promote health equity.

Jaren Cannon, our Program Coordinator, has been a valuable member of The Corvallis Clinic (TCC) for over five years. With significant experience in program coordination and operations, Jaren plays a critical role in ensuring smooth implementation and coordination of various project activities. Their responsibilities include managing logistics, coordinating communication between team members, and supporting the overall operations of the project.

Nick DeBrito serves as our data analyst. With expertise in data aggregation and visualization, Nick plays a vital role in collecting, analyzing, and presenting the SDoH data. Their responsibilities involve ensuring data accuracy, identifying patterns and trends, and creating visualizations to facilitate data-driven decision-making.

The team also includes Quality Improvement Specialists (Kay Krueger and Drew Blythe) who will work closely with the project. These specialists, with their expertise in quality improvement methodologies and healthcare systems, will contribute their insights to drive positive changes within the project. They will collaborate with the rest of the team to implement quality improvement strategies, monitor project outcomes, and ensure the delivery of high-quality care in addressing social determinants of health.

Describe how members of the community will hear about your project:

We have implemented a comprehensive communication plan to ensure widespread awareness of our project within the community. We will utilize traditional and digital channels such as social media platforms as applicable. Additionally, we will establish partnerships with community organizations, and actively participate in community events and health fairs. By engaging with healthcare providers and attending applicable meetings, we will directly reach community members and inform them about our project's resources and support. Through these efforts, we aim to effectively communicate the importance of addressing social determinants of health and promote community involvement in our project.

Budget Amount for the Project: $15,000

Corvallis Daytime Drop-in Center and Vina Moses

Organizational Details

Collaborative Applicants:
Corvallis Daytime Drop-in Center, Allison Hobgood, Executive Director
PO Box 1705, Corvallis OR 97339
404-825-4524, Allison.hobgood@gmail.com

Vina Moses, Ilene McClelland, Executive Director
968 NW Garfield Avenue, Corvallis, OR
541-829-1593, director@vinamoses.org

Counties impacted: Benton County

Project Description:

CDDC is a vital service for people who are vulnerable, homeless, or in need. CDDC's motto is "Where Needs Are Met," and the organization is a crucial resource hub for information, referral, and direct services for individuals experiencing poverty in the tri-county community. Beyond just meeting people's basic needs, CDDC provides dignified assistance and advocacy, offers opportunities for building community and social networks, and supports individuals' welfare and rehabilitation across emergency, transitional, and ongoing circumstances. Monday through Friday from 9am-2pm, we provide programs and services across the following needs: mental and behavioral health support; physical health support; housing security; food security; employment support; and social support. CDDC sees 50-80 guests per day, equaling 250 unduplicated guests per month and about 1000 distinct individuals per year. Our Street Outreach Team helps an additional 60-100 people in tents, cars, and RVs each week; only half of those individuals are CDDC Center users who come to the facility proper.

Vina Moses Center likewise helps people through times of hardship and works with our community partners to improve the wellbeing of people we serve. For 105 years, Vina has collected community donations and redistributed them in their Free Thrift Store. From people experiencing homelessness to families experiencing generational or situational poverty, more than 7,000 people per year access Vina's programs. Their free thrift store, seasonal programs, and emergency financial services fund are part of a coordinated community effort to meet urgent and emerging needs of people experiencing poverty, homelessness, and risk. As a 501c3 nonprofit organization committed to equity and inclusion, they address social determinants of health.

Under the umbrella of CDDC is the Homeless Employment Launching Project (HELP). Through HELP, low income and homeless people can receive job training, learn good work habits, develop a work history, earn a paycheck and Social Security credit, and most importantly, experience a renewed sense of hope, purpose, and self-worth. Many people are eager to work

but do not have the opportunity to do so because they lack training, skills, or self-confidence. Others have disabilities or have a life history which precludes them from gaining re-entry into the workforce. Many are veterans. Quite a few have special skills but are victims of ongoing systemic barriers. In various instances, employment with HELP has launched workers from life on the streets into full-time paid positions. With secure paychecks in hand, individuals are able to acquire housing, food, and pay utility bills.

Using CDDC's Homeless Employment Launching Project (HELP) as a springboard, Vina Moses and CDDC propose a collaborative employment workshare program where CDDC guests who are working for HELP can learn new skills, grow in their professional development, earn a steady paycheck, and reenter the workforce via jobs at Vina Moses. We are launching a new pilot program where two HELP employees will be working at Vina Moses to gain support, financial independence, and work history across two non-profit organizations invested in the same kind of world changing. The workers will be "Sorters & Cleaners" who function as part of a team to keep Vina Moses Center accessible, clean, and tidy by sorting and putting out donations and helping with cleanup of the Center grounds.

This project focuses on creating healthier communities with the interrelated objectives of increasing housing, employment, and supportive services. Regarding social determinants of health, this project intervenes around economic stability, education, and social/community contexts. A HELP employment workshare through Vina Moses will enable individuals to maintain consistent work that meets them where they are, address their daily needs through increased financial stability, and create wider social/community support networks and cooperative opportunities across two organizations filled with wonderful staff, volunteers, and guests. The beauty of a HELP workforce collaboration also lies in our ability to scale and tailor work to the unique needs, access, strengths, and limitations of each worker.

Working at Vina Moses through the HELP program also stabilizes workers in their substance use disorders, anxiety and depression, food insecurity, houselessness, and poverty. The HELP workers who will participate in this program will reside in Benton County and will be people whose median income is 30% or less of the Area Median Income. In 2020, Benton County had the region's highest poverty rates for people who identify as American Indian/Alaska Native (24%), Black/African American (35%), Hispanic/Latino (27%) and white (16%). These rates were also higher than the state average for each population. One of our goals is to prioritize support for workers who identify as racial and ethnic minorities.

Our main goal in this pilot is to employ 2 HELP workers at Vina Moses with comprehensive wraparound supports to help them stabilize, learn, grow, and springboard into permanent employment. This goal acknowledges and responds to the reality that the conditions in which people are born, grow, live, labor, and age impact everything from their access to work to longevity of life. Intersectional vectors like socioeconomic status, ability status, education, material environment, and social support networks all nuance and complicate peoples' experiences of being able to take part in the US workforce. Social determinants impinge on peoples' basic access to work and ability to participate in labor cultures. There is a very deep

need for HELP's supported employment opportunities so that people can better support themselves and their families as they move forward out of poverty.

The following goals and outcomes outline ideal program successes. Goal 1: Recruit and register 2 people experiencing extreme poverty for temporary work at Vina Moses; Outcome 1: A small, curated cohort hire of dependable individuals who are skilled general laborers fulfilled by their work at a local non-profit. Goal 2: Springboard workers into permanent, long-term employment. Relieve reliance on city, county, and state services; Outcome 2: Workers who become independent from HELP and move on to successful, permanent employment and housing. People who grow in self-respect, confidence, and ability to support themselves and their families. Goal 3: Open up new directions for people who are unhoused and/or in chronic poverty by offering a nonjudgmental places of respect and understanding where seeking, gaining, and keeping employment is possible; Outcome 3: Together, CDDC and Vina Moses offer ideal working environments for people entering/reentering the work force. We assist with soft skills and workplace coaching; accommodations for physical/mental disabilities; assistance in job search, cover letter, resume, and interview skills; partnering across community organization and resources to move workers towards affordable housing and more stable living situations. Goal 4: Prioritize American Indian/Alaska Native, Black/African American, and Hispanic/Latino workers. Outcome 4: Support work opportunities and wraparound support for individuals whose racial/ethnic identities dramatically increase their risk of marginalization due to systemic oppression and other factors.

CDDC and Vina Moses are both deeply committed to high quality, culturally responsive services that enable greater health, fuller humanity, and better social equity for people who are chronically marginalized in multiple ways. We believe in dignity and compassion; social justice and transformation; equity, diversity, and inclusion; and harm reduction and healing-centered engagement. At CDDC, the people we support are key drivers of our services; we collaborate with guests to empower them and increase self-advocacy, and as we do so, they help shape CDDC. We are deeply invested in collaborative partnerships that forward social justice. This investment is especially embodied in Sarah Ligon CDDC's HELP Workforce Coordinator who will oversee much of this project. Sarah is a competent, compassionate staff member who is trained as a peer support specialist and has been with CDDC coordinating the HELP program for many years. Vina Moses Center is equally committed to creating an inclusive, respectful, equitable, and responsive environment. Supporting Vina Moses Center's diverse community, including its staff and volunteers, is a Volunteer Coordinator who recruits, trains, and supervises 30+ people every day as well as 120 seasonal volunteers. Vina's Volunteer Coordinator, Dazie Carnes, supports these individuals and manages the donation room, including volunteers' daily tasks to accept, sort, recycle, and distribute donations. Dazie will work closely with Sarah from CDDC and be responsible for supporting HELP workers participating in the workshare program on site at Vina Moses Center.

The two HELP workers employed in the workshare program at Vina Moses will be Sorters & Cleaners working as part of a cohort team to keep the Center accessible, clean, and tidy by

sorting and putting out donations and cleanup of the Center grounds. Workers will: sort, organize, and put out donations according to Sorting Guidelines; do grounds cleanup outside of the Center; work cooperatively and supportively with staff and volunteers; help keep the Center tidy and restock as needed; meet Center guidelines for cleanliness, organization and overall safety; maintain confidentiality and professionalism in all interactions. This workshare collaboration will empower individuals to learn new skills and reenter the workforce in a safe, loving environment with structured supports and direct mentorship. It will also bring workers new community as well as greater social and financial stability as they move out of homelessness.

Budget Amount for the Project

Please see attached a three-year combined project budget for CDDC and Vina Moses. DST Capacity grant funding will support year one HELP worker wages (working at Vina Moses) as well as CDDC Workforce Coordinator Wages.

Corvallis Daytime Drop-In Center
IHNCCO DST Capacity Grant Funds
Project Budget 2023/2024/2025

BUDGET INCOME FORM

RESOURCE	1/2 year 2023	2024	2025	TOTAL
Other Grant Requests	18,686	67,383	70,216	156,285
IHNCCO DST Capacity Grant Funding	15,000			15,000
Restricted Donations	5,000	10,000	12,000	27,000
TOTAL	38,686	77,383	82,216	**198,285**

BUDGET EXPENSE FORM

ITEM	1/2 year 2023	2024	2025	TOTAL
Help! Work Force Coordinator Wages	16,380	35,053	37,507	88,940
Help! Work Force Employee Wages	6,656	14,244	15,241	36,141
CDDC Executive Director	5,000	10,700	11,449	27,149
CDDC Payroll Taxes	2,425	5,553	5,942	13,920
Vina Moses Salary	7,410	10,660	11,180	29,250
Vina Moses Payroll Taxes	815	1,173	897	2,885
TOTAL	**38,686**	**77,383**	**82,216**	**198,285**

Corvallis Environmental Center

Organizational Details

Applicant Organization: Corvallis Environmental Center
Primary Contact: Diane Converse
Primary Contact Email Address: diane@corvallisenvironmentalcenter.org
Billing Address: PO Box 456, Corvallis, OR 97339
County(s) Impacted: Benton and Linn

Project Description

Provide a description of what you will be doing with the funds and how it impacts social determinants of health & equity.

The Corvallis Environmental Center (CEC) is a community-based, educational non-profit that has prioritized partnerships to implement programs to address community needs since 1994. CEC's mission is to create a healthy, sustainable community. We do this through pre-K through 8th environmental education, Farm to School programs, and food security. We are based in Corvallis and work in Benton and Linn counties. CEC's programs include after school programs, summer camps, a nature-based preschool in Avery Park, classroom education in partnership with school districts in Benton and Linn Counties, family events, and a 1-acre production and education garden in Starker Arts Park known as SAGE. The food grown at SAGE is donated to those in need through our social service partner agencies. Farm to School programs increase access to fresh produce among children while addressing food insecurity, community health issues, and learning outcomes. Activities support children's development of healthy eating habits such as preferences for and consumption of fruits and vegetables.

The project we are proposing focuses on using gardens and similar outdoor spaces to improve behavioral and mental health outcomes for children and families in Benton and Linn counties. We will begin with a needs assessment with potential partners and key stakeholders to refine the list of potential activities and select those that can be most impactful for training and pilot testing. Staff training and workforce development will also occur in the first year of the project in addition to development of an intern position focused on therapeutic horticulture. Partnership development will build or deepen connections with mental health professionals.

The target population is low income families with young children and their communities. Potential activities could include a Family Garden Group that meets once or twice a week, a class designed for Old Mill participants, an after school program, as well as augmented Classroom Food Adventure lessons as part of our overall Farm to School work with Title 1 schools. Activities within each program could include gardening, mindfulness practices, cooking classes, sharing cultural food experiences, scavenger hunts, games, and science lessons.

This project brings together the healing quality of outdoor garden spaces with behavioral and mental health programs and professionals to support healthy family goals. It utilizes Corvallis Environmental Center's expertise in Farm to School and food security work with new and expanded partnerships. The staff training and partnership work will support positive outcomes for thousands of children in this region for years to come. This project will improve the health and wellbeing of participants by encouraging physical activity and time spent in nature which builds connections to the natural world, family or social connections, and increases overall wellbeing.

As an example of one potential new program: The Family Garden Group would promote mental health through gardening, which has been shown to reduce stress, anxiety, and depression while promoting relaxation and mindfulness. The group's emphasis on child-caregiver relationships strengthens bonds within families. Through the activities offered, children and caregivers can engage in meaningful interactions that promote trust, understanding, and connection. The families will gain knowledge about growing their own food and healthy nutrition. These skills empower families to make informed choices about their food, promoting better dietary habits and overall physical health. The connections made within this group will build social connections and support networks for families.

This project respects the varied cultural and socio-economic backgrounds of IHN-CCO members. It helps create a welcoming and inclusive environment. Activities and content will be designed to be culturally responsive, taking into consideration the unique needs, values, and traditions of different families. This recognizes and addresses the specific cultural factors that influence health and well being. By offering free or reduced price programs, we lower financial barriers to access. This provides opportunities for all families, regardless of their background, to engage in gardening and spending more time in urban and rural greenspaces. By providing a program meeting at Title 1 schools, it will improve access by reducing transportation needs supporting a wider range of work schedules.

The project's focus on community building and engagement is crucial in reducing health disparities. For example, by meeting regularly, participants in Family Garden Groups would have the opportunity to connect with others who share similar experiences and challenges. This fosters social support networks, reduces isolation and provides a platform for exchanging knowledge and resources.

List all community partners and how they will be supporting the project.

CEC is the primary source of Farm to School programming in this region. Therapeutic horticulture activities have been carried out by several other organizations in the state. They will be a great source of lessons learned as we further develop this idea and gain needed skills. In this work we interact with many partners and local businesses and impact hundreds of students each year. Potential core partners for this project are OSU's Therapeutic Horticulture program, Old Mill Center for Children and Families (Corvallis, Monroe, and Albany locations), school districts and health departments in Benton and Linn counties.

The Therapeutic Horticulture program at OSU is a valuable resource that aligns with the goals of this project. It focuses on the therapeutic benefits of engaging with plants and nature. Collaborating with this program can provide additional expertise and resources to enhance the therapeutic aspects of the children's garden redesign and as a key source of interns with specific training that can be utilized throughout the region.

The Old Mill Center for Children and Families, which has a location next to SAGE, supports families and children through a range of services. Their offerings include a preschool that is inclusive to children with special needs and an intensive psychiatric day treatment program for young children with emotional and behavioral challenges. The Center is very interested in partnering on this project. There are several potential program ideas that could benefit the families they serve by blending the expertise of both organizations. This collaboration can enhance the program's ability to address the specific needs of children with special needs and behavioral challenges, as well as support the development of activities aimed to strengthen bonds within families.

CEC's existing relationships with school districts in Benton and Linn counties can be leveraged to expand and/or deepen existing programs both in class and after school. Schools with existing on-site or nearby community gardens would be prioritized for the early stages of the project in addition to the content offered to schools coming to SAGE garden for field trips in the fall and spring. Collaborating with parent groups and garden clubs presents an opportunity for community engagement and strengthening the school-community relationship. By involving these groups, the project can tap into existing resources and expertise in support of health outcomes.

And finally, the needs assessment portion of this pilot would include conversations with health navigators, pediatricians, LInn Benton Health Equity Alliance members, teachers and families with different cultural backgrounds, and others who can inform our understanding of community needs, health outcomes, and program priorities specific to using gardens and related educational content to support desired mental and behavioral health outcomes.

Describe the individuals that will be carrying out the project, their experience, and responsibilities.

CEC staff with primary responsibility for this project include:

Diane Converse, Executive Director

Project oversight, financial management, reporting

Dr. Converse has almost four decades of experience in educational nonprofits primarily in leadership roles. She has been Executive Director of CEC for 5.5 years.

Liz Hably, Food Systems Manager
Partner development, evaluation, reporting, garden logistics
Ms. Hably has been with CEC in the Food for Families and Farm to School programs for four years and has a total of over ten years' experience devoted to our local food system, educating about farming and gardening, and promoting equitable access to fresh produce. She is fluent in Spanish.

Evelia Verburg, Nature Programs and Camps Coordinator
Project management, evaluation, reporting, partner development
Ms. Verburg has over five years of supervisory and management experience and has been leading our nature programs and camps this year. She has over three years of working with pre K-8 children from diverse backgrounds in outdoor settings including those with behavioral challenges.

Describe how members of the community will hear about your project.
The community will hear about the project through our e-news and social media and through our partnership with the Linn Benton Health Equity Alliance as well as the conversations with partners, potential partners, and key informants during the needs assessment work.

Budget Amount for the Project
$15,000 for a one year period

Budget Details
Personnel $10,900
Contractor Training Costs/Incentives $2,000
Program Supplies $400
Mileage $200
Indirect $1,500

Corvallis Public Schools Foundation

Organizational Details:
Applicant Organization: Corvallis Public Schools Foundation
Primary Contact: Angela Hibbard, Executive Director
Primary Contact Email Address: angela.hibbard@corvallis.k12.or.us
Billing Address: 1555 SW 35th Street, Corvallis, OR 97333
County(s) Impacted: Benton County

Provide a description of what you will be doing with the funds and how it impacts social determinants of health & equity.

The Family Support Program supports students and families who are navigating poverty and homelessness in the 13 Corvallis public schools, and consists of 13 staff who deliver services to an average of 90 students per week (40 families), with a total of more than 400 families served per year. The Program reaches new families each week and typically delivers supplies within 24 hours. The Family Support Program fills a critical gap in community services, and works at the intersections of many social determinants of health: poverty, homelessness, race, disability, language, immigrant/refugee status, and more. Our multidisciplinary team, which includes staff fluent in Spanish and Arabic, as well as those who work with refugee/newcomer families, works to meet families' basic needs, such as food/nutrition, clothing, housing, and access to healthcare. This work is especially critical to the district's commitment to equity because the families served by the Family Support Program have been historically marginalized within systems (including school systems) and previously had diminished access to many of the vital resources available through the Program.

The Family Support Program relies on donations and grant funds to cover all of our direct services to families, including nutrition (school food pantries and grocery gift cards), eviction/homelessness prevention (partial emergency rent payments, apartment application fees), and other emergency financial assistance (car repair, phone bill payment, utility payment, vital records payment, and more) that contribute to families' increased stability, health, and ability for students to equitably access education.

The funds from this grant would allow us to expand the availability of culturally diverse and responsive food available in our district food pantries in the 2023-2024 school year. Our goal is for all of the families served by our program to be able to find healthful food in our pantries that they enjoy and are able to prepare. Many of these foods are less commonly found in food drives, community food pantries, etc, so our ability to provide access to these foods is a crucial aspect of our equity work with families from a diverse range of cultures, dietary traditions/restrictions, etc. Our focus is especially in having foods our Hispanic and Arabic families commonly eat, as well as more healthful prepared foods/ready-to-eat foods; we have had a sharp increase in the past six months of families camping or living in cars, and they have unique nutritional needs, particularly when members of the family have a chronic illness

(hypertension, diabetes, etc) and can't eat many processed/packaged foods. In a typical year, we provide supplemental nutrition support to over 350 families.

List all community partners and how they will be supporting the project.

The Corvallis School District is fortunate to partner with the Corvallis Public Schools Foundation as a fiscal sponsor for grants, as well as the Benton County Health Department, whose co-located Health Navigators are a crucial component of the Family Support Program.

Describe the individuals that will be carrying out the project, their experience, and responsibilities.

Sarah Devine is the Family Outreach Supervisor and coordinator of the Family Support Team. She directly supervises the district's Student & Family Advocates and Arabic/Newcomer Family Liaisons, and serves as the district liaison to BCHD for the Health Navigators.

The Family Support Team consists of Student & Family Advocates, some of whom are bilingual, who serve families across our district's 13 schools. In addition, we have Benton County Health Navigators bilingual in Spanish co-located at Garfield and Lincoln Elementaries and Linus Pauling Middle School, assisting families with OHP enrollment and access in addition to other basic needs support. We also have two Arabic and Newcomer Family Liaisons who serve across the district with our Arabic-speaking and newcomer/refugee families. These staff provide extensive case management support to families on their caseloads, connecting them with district and community resources, as well as educational opportunities.

All of these staff have frequent communication with the families they serve, and will provide input/guidance regarding which foods are in highest demand for each round of purchasing (that can vary based on what is available in other food pantries at the time, how many families we have currently camping, and other factors).

Describe how members of the community will hear about your project.

With the help of the Corvallis Public Schools Foundation and Family Support Team/other district staff, we are able to share our work within the school and larger community. We can share regarding our food pantry project on social media, during community presentations, and in interactions with other donors/supporters. These are valuable opportunities to highlight the work we are doing and the level of food insecurity experienced by so many families in our community.

Budget Details
We are requesting $15,000 for this project.

There are no overhead costs associated with this project, as we already have the staff capacity, space, etc. to build out culturally responsive food pantries in several schools. The entire grant award would go to bulk purchases of food from local grocery stores.

Crossroads Communities

Crossroads Communities (CRC) is a coordinator of services focused on connecting low-to-moderate (LMI) populations of Linn County to care organizations that help address their needs. CRC's focus has always been service coordination and collaborative care, but adding on the capacity to help cover the costs of service will improve service connections and empower clients with the ability to utilize identified partners who cannot offer service for free. The focus of this grant request is to increase staffing to address collaborative partnerships with service providers and to establish a benefit account to pay for LMI client dental care costs obtained through community partner referrals.

The Community Health Centers of Benton and Linn Counties specialize in dental care for low-to-moderate income households providing a sliding scale cost of service, thereby making care easier to afford. They receive HHS funding and have Federal Public Health Services (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals. Their expertise in the field and established status within the region makes them an obvious choice for a partner.

CRC and the Community Health Centers of Benton and Linn Counties are partnering to address the health needs of vulnerable populations of East Linn County by combining the case management, service coordination, and administrative capacity of Crossroads Communities with the dental services available through the Community Health Centers and their sliding scale billing system. While some preliminary progress has been made in addressing dental care utilizing East Linn County SIT funds, CRC would like a more formalized and approved pool of funds to serve specifically in this capacity.

A study on dental care in the State of Oregon done by MGT Consulting found that 70% of tooth loss in the state is a result of decay or disease; the vast majority of this can be prevented with proper care and maintenance. Many rural LMI households do not frequent dental offices due to a lack of insurance, funds, and/or knowledge of the importance of maintaining oral health.

By empowering social service case managers to assist with funding checks up and preventative care in the dental field, a reduction in tooth loss, dental pain, and vectors for more serious conditions (abscesses, sepsis, et al) will result in a marked improvement in health and wellbeing for the serviced market. Further, by proactively addressing both dental needs and educating on the importance of dental health, the likelihood that more severe medical intervention such as an ER trip or lifesaving intervention due to heart infections or sepsis (surprisingly common side effects of oral afflictions) will decrease.

Low-income households in rural areas face three great challenges when it comes to dental service: Service Connection, Cost of Service, and Transportation/Coordination. This pilot program will address all of these barriers.

1) Many households do not take their dental health into consideration until it becomes a problem; this is often because they are worried about the expense and do not have time to identify a provider. CRC's program will include referral connections to the Health Centers of Benton and Linn County to improve rural access to dental care.

2) LMI households often lack insurance and/or funds to address dental needs. This program will allow CRC to engage Community Health Centers to provide service at a reduced price (sliding scale based on income) compared to traditional provider pricing.

3) LMI households in rural areas have difficulty with transportation and coordination of scheduling. CRC serves these households and coordinates care through case management. In addition to helping with coordination of care, CRC also has the ability to assist with transporting clients to appointments. The partnership between CRC and Community Health Centers allows for clear communication and scheduling as well as facilitating the movement of clients from home to office and office to home.

In addition to partnering with the Community Health Centers of Benton and Linn Counties, CRC also partners with a large number of service organizations in East Linn County. As a founding member of the LASAR (Lebanon Area Service, Advocacy, and Resource) Partnership, CRC is able to connect with a dozen social support teams in Lebanon, Sweet Home, and Albany. This network creates a large broadcasting range to reach low-to-moderate income households in need of services. Examples include:

The Lebanon Soup Kitchen has provided meals three times a week since the early 1980s and has never missed a dinner session. They see most of the community's homeless, many of whom are in desperate need of dental care but do not have the ways or means to get help.

St Martin's Episcopal Church is another provider of meals to the homeless, serving breakfast three times a week. Like the Soup Kitchen, they encounter many individuals in need of dental care who do not have the capacity to obtain it without assistance.

The Lebanon School District Welcome Center addresses the needs of students who are in crisis, are from low-income families, and/or who meet the McKinney-Vento definition of homeless. They have been an amazing referral partner in the past and will certainly provide many referrals for services for youths and their families through this program when funded.

The Community Outreach Assistance Team (COAT) from Creating Housing Coalition (CHC) is an amazing street outreach partner for CRC and will be able to provide numerous referrals for the proposed program from among vulnerable populations in Albany. Further, CHC's Hub City Village, when open, will house individuals in need of services, which will create another avenue for referrals to assist with dental needs. Between housing and outreach services, CHC and COAT will be able to provide an entrance portal into the dental benefits program.

The Cities of Lebanon and Sweet Home are both connected to Crossroads Communities at the administrative level; CRC is proud to have the support from the city managers of both communities and works closely to address homeless and houseless programming for both cities.

The funding request for this program includes $13,000 for direct assistance to low-to-moderate income individuals/households in need of dental services, and a $2,000 administrative cost (13.33%).

Every Child Linn Benton Lincoln (ECLB)

550 S. Main St.
Suite 102 , Lebanon, OR 97355

Every Child Linn Benton Lincoln (ECLB) has been in Linn and Benton county for just over 5 years. We've recently added Lincoln county under our umbrella, as it seemed fit since our Child Welfare District D4 covers all of Linn, Benton and Lincoln. ECLB, has been working over the last 5 years alongside ODHS Child Welfare to help recruit and retain foster families within our district. We work via an affiliate model through Every Child Oregon, which is contracted with the State of Oregon. Our partnership goals are to not only have enough families hosting foster children, but to have an abundance of families, so that children can be placed equitably when needing to be placed into the foster care system.

As for many organizations EDI has been at the top of our list with our goal planning, and we have realized that we must work diligently to recruit homes that children who are at risk of entering the foster care system may be placed with, that not only look like them, but share their same language, culture, values, affirmations, and culture. As we have recently taken Lincoln county under our umbrella, we have found that outside of the White community, Latinx community members are the most prevalent in this county, as well as the Siletz Tribal Community. There is a significant deficit within Lincoln county when it comes to the number of foster homes and the number of foster children. There is a need for open homes and retaining children within communities that they are familiar with, however it is equally important to place said children in homes that are equitable for them. We could use this grant to contract with bilingual partners to help us recruit families across all of district 4, with a focus on Lincoln County. It is our goal to have all of our printed materials in both English and Spanish by 2024. In early 2023, we launched a new website that can be toggled between English and Spanish by clicking a button. However, we anticipate hosting in person and live - online recruitment events with a bilingual translator, as well as offering all printed materials in both English and Spanish once again.

We will have the executive director of Every Child Linn Benton Lincoln, our D4 Champion for the state of Oregon, Benjamin Potter, our bilingual child welfare worker for D4, Roberto Sandoval, and the Lincoln County Cultural Center participating in this project. In order to make some of the materials and social media posts we have created readily accessible in both English and Spanish, Roberto Sandoval has already begun translating them. Furthermore, he is willing to contract with us to serve as our bilingual assistant during public recruitment events, as well as assist with the creation of printed materials for the Latinx community. Furthermore, we are currently establishing listening sessions with the Siletz Tribal Child Welfare unit in order to

discover the best way to serve this community. Since we do not want to rush into these communities without hearing from them and understanding what their actual needs are, we are working on listening to them and following up with action utilizing advisory councils, etc.

Community members will be made aware of this because we will use a portion of this grant money for targeted advertising on social media platforms, on our website, and, of course, on the newsletters we send to our subscribers (approximately 1,000 and growing).

We hope that you will see that our program goals align well with the actions you hope to take with this capacity building grant for Linn, Benton and Lincoln counties.

With Gratitude,

Jen O'Connell-Barker
Executive Director
ECLB

Equitable Home Recruitment	**Budget**	**$ 19,900.00**

Category List	**Total**
Marketing Materials	$4,500.00
Contract workers	$3,500.00
Quarterly Advisory Committee Meetings (total of 6)	$4,500.00
Online Advertising	$1,000.00
Childcare and meals during recruitment events (x16)	$6,400.00
TOTAL PROGRAM COST	***$19,900.00***
REQUESTING	***$15,000.00***

Faith, Hope, and Charity Inc.

Sheila Thompson
sheila@faithhopeandcharityinc.org
460 S.W. Madison Ave. Suite 1
Corvallis, Oregon 97333
Linn, Benton, and Lincoln counties

Faith, Hope, and Charity Inc. (FHC) is a 501(c)(3) Non-profit organization providing Peer Support, Peer Wellness, Mentoring, Street Outreach, Emergency Inclement Weather Sheltering, BIPOC, Case Management, Harm-reduction and Resource and Referral Services. FHC is a dynamic, engaging resource that builds strong, diverse, and self-sustaining communities. We strive to assist individuals and families move from feeling stagnant and overwhelmed to thrive and become successful through coaching, mentoring, resource connection and support. Our mission is to empower others through support, advocacy and promoting self-efficacy. We serve Linn, Benton, and Lincoln counties with a physical office in Benton County. FHC's peer outreach and mentoring services provide health navigation to enroll clients into the Oregon Health Plan so they can have insurance for mental health, drug, and alcohol treatment, medical and dental. We provide transportation to and from medical-related appointments. We provide health equity by ensuring all our clients, especially the most vulnerable, disadvantaged, and underrepresented have access to OHP/IHN, improving their quality of life.

FHC also provides emergency sheltering for the medically fragile so they can recover in a clean and safe environment. We also help clients apply for SNAP benefits, housing, identification cards, social security cards, birth certificates and employment. When funding allows, we provide tents, sleeping bags, backpacks, personal hygiene, phones, and food. Funding is paramount in continuing to provide these services. Most of FHC's clients are houseless. Often, when a homeless individual is released from the hospital, they have no safe or sanitary place to heal and recover and their wounds or incisions become infected and or septic.

FHC has partnered with First Christian Church for the influx of overflow. They have agreed to let us use their space when our allotted hotel rooms reach capacity. The Days Inn, Super 8, and The Rodeway have agreed to a designated number of rooms for FHC clients. Benton County who provided initial funding and the Corvallis fire chief who approved the church space. FHC is also a part of the Regional Behavioral Resource Network that includes: Family Tree Nursery Relief, Lincoln County Health and Human Services, Milestones Family Recovery, Pathfinders of Oregon, Phoenix Wellness Center, Samaritan Treatment and Recovery Services, The Confederate Tribes of Siletz Indians, Albany Comprehensive Treatment, Benton County Health Department Harm Reduction Program, Coastal Phoenix Rising, Community Services Consortium, Community Helping Addicts Negotiate Change Effectively, Corvallis Housing First, and Emergence Addiction Counseling and Education Services. We refer our clients to the appropriate organizations above when necessary.

FHC has four certified recovery mentors who are the only persons other than a physician that can refer individuals to a drug and alcohol treatment facility. All our staff are Traditional Health Workers, Certified Recovery Mentors, Peer Support Specialists and Peer Wellness Specialists. All our staff identify as BIPOC. Faith, Hope and Charity's THW's start by doing an intake with each client to access their needs whether walk-in or by referral. Our staff have many years of lived experience and relate to clients meeting them "where they are" in their current

Innovative Concepts for Families of Lincoln County

Primary Organization	Innovative Concepts for Families of Lincoln County
Primary Contact	Eva Gonzalez Munoz
Primary Contact Email	egonzalez@halc.info
Partnering Organization(s)	Medical Teams International/Centro de Ayuda
Project Name	Lincoln County Dental Vans

1. **Describe your project and how it impacts social determinants of health & equity in a few paragraphs. Include how it is transformational and innovative. (250-500 words)**

Innovative Concepts for Families of Lincoln County (IC) is filling a oral health service gap left by Interfaith Community Outreach's dissolution in 2018 and a lack of insurance coverage for vulnerable populations. IC had been providing free dental vans in the Newport area for several years using funds received from Siletz Tribal Charitable Contribution and United Way Grant.

2. **How do you expect to improve the health & wellbeing of IHN-CCO members? (100-250 words)**

Innovative Concepts focuses on Uninsured and underserved folks in our county. Based on the LINCOLN COUNTY COMMUNITY HEALTH ASSESMMENT 2018-2022, 22% of the population is uninsured. Low income elderly, foreign born and non-citizens have very high uninsured rates, at 46% and 63%. IC staff is purposely bilingual to accommodate spanish speakers who don't have access to dental insurance.

3. **How will your project promote equity and reduce health disparities for IHN-CCO members? (100-250 words)**

Program Coordinators will assist with scheduling Dental vans, Dentists and assist in delivering services to uninsured county residents who need emergency dental services. Success will be measured in serving 75 county residents, providing access to dental services to person who cannot pay for services, or those who don’t have Health insurance. Phone calls will be monitored regularly to ensure access to services. Screenings will provide eligibility for residents who need this service, uninsured and underinsured folks who are experiencing a dental emergency. Referrals for medical vouchers will be made to ensure dental assistance.

4. **How does this project connect with related activities happening in our region? Which other community organizations are involved with this idea or similar work? Do you plan to collaborate with any other organizations? (250-500 words)**

Innovative Concepts entered into an agreement with Medical Teams International (MTI) for dental vans. In 2022, we had 13 dental vans. Each van costs $1250 per day utilizing volunteers,

dentists and dental assistants who donate their professional expertise to this effort. Innovative Concepts also entered into a contract with Advantage Dental, to provide Emergency Dental Vouchers for Dental Emergencies. Centro de Ayuda works with our uninsured clients for OHP eligibility.

5. **What is your approximate budget?**

$15,000 or less

circumstances. Members of the community will hear about our project through printed materials, social media, partner referrals, word-of-mouth, and we are listed with 411.

Line Item	Activity	Period of Use (Total # of Months)	Amount Requested
Hotel Sheltering/Respite Beds	**Coordination and resources for medically fragile clients in need of emergency sheltering and respite care.**	**12 Months**	**$3,960.00**
Van Repairs	**Make maintenance repairs to transport clients to appointments safely.**	**12 Months**	**$2,800.00**
Tires	**Replace 4 worn tires on van that will be transporting clients.**	**12-24 Months**	**$1,150.00**
Fuel	**Fuel to operate van.**	**12 Months**	**$2,400.00**
Meal Vouchers	**Provide 100 emergency meals**	**12 Months**	**$1,500.00**
Tents	**36 tents to provide up to 3 a month.**	**12 Months**	**$1,800.00**
Total Direct Expense	**Annually**	**12 Months**	**$13,610.00**
Indirect Expense	**Rate 10%**	**12 Months**	**$1,361.00**
Total Project Budget	**Annually**	**12 Months**	**$14,971.00**

Mid Willamette Trans Support Network

Organizational Details

- Applicant Organization: Mid Willamette Trans Support Network
- Primary Contact: Elijah Stucki
- Primary Contact Email Address: midwillamettetsn@gmail.com
- Billing Address:
    - 2945 NW Circle Blvd, Corvallis, OR
- County(s) Impacted: Linn and Benton and Lincoln Counties

Project Description:

- Provide a description of what you will be doing with the funds and how it impacts social determinants of health & equity.
    - Due to disparities in access to care for trans, gender diverse, and intersex individuals and their dependents, we propose significant engagement programming that will assist in connecting regional providers to trans health professionals and folks with lived experience. Understanding that IHN-CCO has strategic goals of ensuring equitable access to care for diverse health populations, we suggest funding individuals from our organization to perform targeted outreach with provider networks, social service organizations, and county public health officials through various county/regional boards, committees, and direct service trainings/workshops.

    - No other organization specifically targets this unique population which relies on unique methods of sharing healthcare information that are traditionally closed to outsiders. Funding a Resource Dispatcher & Community Liaison position will allow for dedicated time and services to become available to community members and to allow our organization to better engage with and vet providers that become part of our resource networks. The RDCL will collaborate with key partners at events, and track some of the most crucial programmatic data that will help our Grant Program & Health Promotion Coordinators analyze program effectiveness and to report needed data and trends to relevant Funding will allow us to have dedicated communication hours so that community members can have clear access timeframes and quicker access to care.

- List all community partners and how they will be supporting the project.
    - The Mid-Willamette Trans Support Network (MWTSN) will develop and implement a community outreach program that will allow subcontractors and organizational staff/members, and community members to engage with regional and community boards, advisory councils, and committees. We will collaborate with key partners including but not limited to Oregon Health Authority Community Advisory Council, IHN CCO Regional Advisory Committees, and health service partners, the HOPE board and DEI related committees through Good Samaritan and Linn County. Participation may include organizations/groups outside of the

region that work on issues related to the health of Linn County residents such as councils through the Oregon Health Authority (examples of this include the OHA Consumer Advisory Board, IHN-CCO Community Advisory Council, Community Harm Reduction Mentors and Allies (CHRMA).

- Describe the individuals that will be carrying out the project, their experience, and responsibilities.
    - We already have had a Resource Dispatcher for over two years now, they have already been helping members of our community with access to resources and access to community partners' support. But the ability to pay them for their time and labor will help them continue to be more involved in providing services and resources for folks on a more timely schedule.
    - Our Resource Dispatcher and Community Liaison will facilitate community programming and outreach events, and sustain our micro-grant program that helps people maintain basic needs related to wellness such as access to document changes, healthcare bills, safe/inclusive housing, etc. Direct funds to individuals will help maintain access to care because individuals will not have to forgo paying for medical services due to a lack of basic needs resources.
- Describe how members of the community will hear about your project.
    - Through our social media, our outreach at events for the Queer and Trans communities, and through fliers posted around town at popular venues frequented by our communities.

3. Budget Amount for the Project
    - We ask for 10,000 to fund the Resource Dispatcher position and 5,000 to fund our microgrant program.

Oregon Family Support Network, Inc.

Organizational Details

Applicant Organization: Oregon Family Support Network, Inc.
Primary Contact: Sandy Bumpus, Executive Director
Primary Contact Email Address: sandy.bumpus@ofsn.net
Address: 4275 Commercial St. N.E., Suite 180, Salem, OR 97302
Billing Address: PO Box 4322, Salem OR 97302

County(s) Impacted: Benton, Lincoln, Linn

Project Description:

A 501(c)3 nonprofit, OFSN a Family Run Organization providing family support services in Oregon offering advocacy, support and peer delivered services to families with children and youth experiencing significant social, emotional and mental health challenges. OFSN services and supports include 1:1 peer support, support groups, educational trainings, as well as specialized supports, such as wraparound, crisis stabilization, culturally specific supports.

OFSN proposes increasing family peer support to parents and caregivers raising youth identifying as LGBTQ2SIA+ in Linn, Benton and Lincoln counties by offering a monthly support group. This work will be supported by an OFSN Family Support Specialist who identifies as a parent with lived experience raising a child or youth identifying as LGBTQ. The project aligns with IHN's Community Health Improvement Plan by focusing on improving mental health care and well-being for youth who identify as LGBTQ2SIA+, and ties to the Diversity, Equity and Inclusion focus. By supporting families to understand the importance of accepting and supportive behaviors,

Historically, the LGBTQ community has overlooked family as a resource for their child or youth. This is due to the number of LGBTQ adults who have expressed highly rejecting and harmful behaviors that have been experienced from family. According to a 2009 (C. Ryan – Family Acceptance Project) publication in the American Academy Journal on Pediatrics, higher rates of family rejection result in poorer health outcomes for adolescents facing high levels of family rejection. Rejecting behaviors have demonstrated higher than average negative outcomes such as suicide, depression, illegal drug use and unhealthy sexual behaviors. Youth receiving higher levels of family support and acceptance tend not to experience these increased risks.

For this IHN Community Investment opportunity, OFSN will expand support families raising LGBTQ youth by offering a monthly support group. OFSN is able to support this work due through:

- Investments in Diversity, Equity and Inclusion, including staff training on experiences shared by families raising LGBTQ youth, understanding and appropriate use of pronouns.
- OFSN's family peer delivered services work, ensuring that families are met with support from their peers – meeting families where they are at.
- Provision of research-based psycho-education, which can help influence parental behaviors that are more accepting, and supportive; increasing youth resilience.

This approach is based on research and practice principles associated with the Family Acceptance Project developed by Dr. Caitlin Ryan, PhD.

Provide a description of what you will be doing with the funds and how it impacts social determinants of health & equity.

OFSN will:

- Hire a .25 FTE Family Support Specialist to run monthly Family Support Group in the Linn, Benton, Lincoln county region. (Another .25 FTE Family Support Specialist will be hired to provide support group in the Lane Co. region).
- Offer a monthly support group to parents and caregivers raising LGBTQ youth. Support groups led by those with lived experience have shown evidence to increase mental health awareness and to reduce social isolation.

- Utilize Healthy Futures Posters, and Supportive Families, Healthy Children publications from The Family Acceptance Project and other recommended resources for parents. Support groups that include a psychoeducation component, particular that are research-based demonstrate increased mental health awareness and often results in improved outcomes. According to the same 2009 (C. Ryan – Family Acceptance Project) publication in the American Academy Journal on Pediatrics, there is very low correlation of increased health risks associated when children and youth experience high levels of support and/or acceptance from their family.

- Provide food for a light meal, and other program related supports to families attending monthly support group meetings. In person connections among support group participants increases connection and reduces isolation.

List all community partners and how they will be supporting the project.

- <u>Schools/School Based Mental Health Services</u>

OFSN is currently expanding work through an existing grant with ODE LGBTQ2SIA+ Student Success Plan grant program to schools and school based mental health staff in the Benton,

Lincoln and Linn County region. Community partnerships will begin with schools and school personnel who participate in Family Acceptance Project training sessions and consultation (as part of the Department of Education Grant. Schools will be natural partners in referring families to this OFSN Support Group.

- Linn, Benton, and Lincoln Counties

OFSN has strong partnerships with all three County Mental Health Programs, and will partner with each to inform and invite collaboration with this project specifically. Outreach will consist of phone calls, flyers and brochures related to OFSN Family Supports serving families of LGBTQ Youth.

- InterCommunity Health Network – Coordinated Care Organization

OFSN will leverage the support of InterCommunity Health Network to promote the project and will provide ongoing project updates and reports on outcomes.

InterCommunity Health Network – System of Care Governance Committees

OFSN will participate in SOC committees and share information and promote the project once it has started. OFSN will also provide ongoing project updates and reports on outcomes.

Describe the individuals that will be carrying out the project, their experience, and responsibilities.

1. Sandy Bumpus, Executive Director – sandy.bumpus@ofsn.net – Sandy has been Executive Director for over 11 years, and will be overseeing the grant contract and reporting requirements.
2. Clarissa McGee – Regional Manager for the Linn, Benton, Lincoln Co. region. Clarissa McGee has been the Regional Manager for the Benton, Lincoln, Linn county region for the past several years. She has cultivated strong working relationships with Benton & Lincoln counties. Linn County is new region that OFSN will be supporting, and we are already cultivating working relationships with the County and One2Another.
3. (TBA) .25 FTE LGBTQ2SIA+ Parent Support Group Facilitator – This Support Group Facilitator will be a parent that has Lived Experience raising a child or youth experiencing significant mental health challenges and identifying as LGBTQ, This individual will coordinate and facilitate a monthly support group meeting focused on the needs of parents or caregivers raising LGBTQ youth living in Linn, Benton, Lincoln counties

Describe how members of the community will hear about your project.

-OFSN will provide ongoing outreach to schools within the Linn, Benton, Lincoln county regions. This outreach will consist of:

- 1:1 in person or virtual presentations about OFSN/Reach Out Oregon, and the LGBTQ Parent Support Group.
- Flyers/Brochures
- Announcements about LGBTQ Support Group at local/regional SOC Governance Meetings
- Flyers & Brochures to be distributed at local/regional health community fairs.

Budget Amount for the Project – Project Total = $15,000

TBA - .25 FTE Family Support Specialist –Support Group Facilitator = $11,400
Regional Manager Support – 4 hrs/month – $1,320
Program Supports - $960 – educational materials, technology for virtual meetings.

Santiam Hospital and Clinics

Organization Details:
Applicant Organization: Santiam Hospital and Clinics **Primary Contact:** Kim Klotz
Primary Contact Email Address: kklotz@santiamhospital.org
Billing Address: 1401 North 10th Ave., Stayton, OR 97383
County(s) Impacted: Marion and Linn

Project Description:

Integrated Health and Outreach (IHO) is a grant funded department of Santiam Hospital and Clinics. Santiam hospital is one of only three independent, acute care hospitals in Oregon. Sometimes a bit lost amongst larger hospital systems in the area, it is prudent to note that Santiam Hospital is included in the service area of IHN members, particularly those that reside in Scio and Mill City. In September 2022, Santiam Hospital added a Scio team to its well-established Service Integration Program. With this addition, Service Integration has increased visibility and partnerships in Linn County, and with that, a significant increase in assistance requests. This project proposes to collaborate amongst Service Integration teams of Scio and Santiam Canyon to bring community events, aimed at addressing social determinants of health (SDoH) to rural Marion and Linn Counties. Working with local service partners to identify community needs, health-assistance fairs will bring resources to these rural communities with a new nuance -the addition of post event support from a Traditional Health Worker (THW). Rural Linn County host sites will be identified in Mill City and Scio. A health-assistance fair will be held in each location, which will include health screenings, partner presence and information about local resources. Community members identified with SDoH needs will receive follow-up by the project THW to further assess their needs and provide additional support or referrals as needed, which may include referrals to IHN care coordinators for more long-term support.

Our project is based on the belief that health and wellbeing start outside of the hospital and clinic system. Health fairs have been a commonplace and a great starting point to connect with community members. Unfortunately, a single contact at a health fair lacks the necessary follow-up and support that marginalized populations may need. This project aims to go beyond the single touchpoint of a health fair to better address the many factors that contribute to health disparities. IHO is well suited to coordinate this project given its direct ability to connect with the health system, has a well-established and strong service integration program and has a developed community health worker program that is already well-versed to assisting SDoH needs.

With a lens for equitable access, this project's overall intention is to address barriers that pose difficulties to access and utilize local resources and healthcare in rural settings. Post event follow-up support by a THW may include resources for financial assistance for transportation, health club memberships for access to exercise equipment, or delivery of food as a few examples. An example includes working with Scio SD, Linn Benton Lincoln ESD and Santiam

Canyon ESD to identify students that need better healthcare connection, such as coordinating for vaccines to avoid school exclusion day and facilitating vaccine access or leveraging with community partners or service integration for school supplies or clothing necessary to succeed in the classroom. Further, the THW will be certified as an OHP assister to help with enrolling into IHN-CCO or collaborating with ODHS (Oregon Department of Human Services) for appropriate additional resources. This can be followed by helping the members to establish a primary care provider. Further, if the provider is in the Santiam Hospital system, then the member will stay within the care continuum of our integrated health care system, if needed they may continue services with a community health care worker.

The project will be evaluated by measurement of:

- The number of community members in attendance of the event.
- Surveys of attendees and community partners of the health-assistance fair.
    - will assess the strength of the relationships between community partners.
    - will assess the subjective impact of the project on the health and wellbeing of rural community members.
- Closed loop referrals.
- Feedback collected from community partners.

The project timeline is anticipated to be approximately 9 months to include pre-event planning and collaboration, 2 events and THW follow-up.

This project will help to strengthen existing and build new relationships with Linn County service area partners. Community organizations that are involved in general improvement of health and addressing SDoH needs, behavioral health supports, child and youth health, maternal health, and those with a strong focus on improving access for Spanish speakers will be invited to participate in the rural assistance fairs.
Community partners already established with Santiam Hospital's Scio and Santiam Canyon Service Integration teams include:

- Family Tree Relief nursery -child and youth health.
- Community Services Consortium -utility, weatherization, housing.
- C.H.A.N.C.E -behavioral health services.
- Crossroads Community -housing supports.
- Jackson Street- youth homelessness.
- Scio Community Improvement
- Linn, Benton, Lincoln Education Service -services for students.
- Santiam School district -services for students.
- Linn County Department of Health and Services -general health improvement; mental health, substance use, tobacco use resources, STI screening.
- Scio Youth Club- youth services.
- Scio School District- services for students.
- Hand in Hand Farm- youth and families.

- North Santiam Gleaners -food security.
- Pollywog -child development.
- Serenity Lane -behavioral health supports.
- City of Mill City
- ODHS

Describe the individuals that will be carrying out the project, their experience, and responsibilities:

- Traditional Health Worker will be responsible for outreach, coordination, and follow-up of the health-assistance fair. They will also be responsible for learning about and referring to specific Linn County resources that are focused on SDoH and equity needs. The THW will have experience working with marginalized populations and providing social support. THW will participate and be a valuable contributor to the Delivery System Transformation meetings bringing a unique perspective from those in our service area, the rural Santiam region.
- The Project Supervisor will be responsible for overseeing the project and ensuring that it meets its goals. They will have experience in project management and community outreach. They will serve as support assistance to the THW.
- Community Partners will be responsible for providing resources and participating in the health-assistance fair. They will have experience working in the areas of health, social services, education, and equity.
- Service Integration teams of Scio and Santiam Canyon will be involved in collaboration and potential leveraging of additional resources or funding. Service Integration of Santiam hospital has had experience in this region since 2017.

Describe how members of the community will hear about your project:

- The project will be promoted through word-of-mouth, social media, flyers, Canyon Weekly and KYAC radio.
- The project will also be promoted at community events and through partnerships with local organizations to include service integration, school systems and participants.

The purpose of this project is to provide a sense of community and provide resources for improved health and wellbeing of Linn County residents of the Santiam service area. Whether a member finds themselves in a community environment, in the hospital system or associated with one of our community-based rural healthcare clinics, a goal of our integrated health workflow is to assist with social supports to decrease overall costs of health care, improve patient satisfaction and overall health, and improve provider satisfaction.

Budget amount for the Project

The grant funds will be used to cover the following expenses:

- Staffing time for outreach, coordination, and follow-up of the health-assistance fairs.
- Swag and incentives for attendees of the health-assistance fairs.
- Costs associated with supporting vetted SDOH needs.
- Partner meetings and education related to SDoH or equity resources.

Project Timeline: 6 months	**Estimated attendees/event 100**
Resource	**Amount Requested**
THW staffing time for outreach, coordination, and follow-up. 6hrs/wk. * 24 weeks @ $25/hr.	$3600
Swag and giveaways for attendees of the health-assistance fairs	$2000
Incentive (possible food cart) $1000/event	$2000
Cholestech Analyzer supplies (point of care blood glucose and lipid screening)	$3,000.00
Flexible funds for supporting vetted SDoH needs not covered by IHN, while working towards sustainability. Based on individual participant need (examples: grocery gift card, gas card, rec center membership/wellness activities, vehicle needs, hotel stay, childcare).	$4400
Translation & Interpretation Services for outreach efforts to participants 6 hours @ $50 / hour = $300	In kind Santiam Hospital
Sharps disposal service @ $125	In Kind Santiam Hospital
Additional staffing for events. Health station: blood pressure checks, height, weight, etc. = $1000	In kind Santiam Hospital
Materials and Supplies: flyers, event signage/pull up banner =$500	In Kind Santiam Hospital
Staff travel expenses	In kind Santiam Hospital
Partner meetings and education related to SDoH or equity	In kind Santiam Hospital
	Total amount requested: $15,000