2023 IHN-CCO DST Pilot Proposals Crosswalk: Small RFP

		ArroyoSalud: Decision-making Environmental Contaminants	**Nurturing Fathers Wellbeing**	**Public Health Hub**	**Street Medicine Team**
Pilot Champion		Oregon State University	Oregon Family Support Network	Linn-Benton Community College	Unity Shelter
Budget		$49,394	$49,923	$49,920	$27,868
Counties	Benton				
	Lincoln				
	Linn				
CHIP SDoH/E Areas	Food Security				
	Housing				
	Transportation				
	Equity				

ArroyoSalud: Decision-making Environmental Contaminants

Backbone Organization: Oregon State University

Primary Contact: Veronica Irvin, Ph.D., MPH

Partnering Organizations: OSU Extension
Billing Address: Office for Sponsored Research and Award Administration
A312 Kerr Administration, Corvallis, OR 97331-2140
sponsored.programs@oregonstate.edu
Authorized Official: Jennifer Creighton, Associate VP for Research Adm., Finance & Ops

Site(s): NA for virtual/phone interviews with Spanish speakers. We plan to conduct focus group/listening sessions in each county, either at established community events or working with local community partners in each county.

County(s): Benton, Lincoln, and Linn

Priority Area(s): social determinants of health and equity

Community Health Improvement Plan (CHIP) Outcomes, Indicator Concepts, and Areas of Opportunity: Social determinants of health and equity, Increase health equity

Budget: $49,393.65

Brief Summary:

The Arroyo de Salud project is an essential initiative that addresses the urgent need for Spanish-language information on nitrate contamination in Oregon drinking water. Through the development of a user-friendly mobile app and web version, we aim to bridge the information gap and empower Spanish-speaking individuals to tackle the detrimental effects of contaminated well water. By providing crucial information on health impacts, test result interpretation, treatment options, and access to resources, we are actively addressing social determinants of health and promoting health equity. Through collaboration with experts and community engagement, we strive to ensure equitable access to information and empower underserved communities to make informed decisions, reducing health disparities and fostering a healthier and more equitable society.

Pilot Description:

The Arroyo de Salud project is dedicated to ensuring equitable access to accurate information and resources on the health effects of water contamination for Spanish-speaking communities. There are approximately 350,000 active private domestic wells in Oregon serving nearly 1 million residents. Nitrate is among the most commonly detected toxic chemicals in drinking water supplied by wells. However, water from private drinking water is not monitored by the government because private wells are excluded from management practices supported by the Safe Drinking Water Act. Unsafe water sources contaminated with nitrates pose serious health risks to children and adults, impairing the blood's oxygen-carrying capacity and leading to health conditions such as thyroid dysfunction, recurrent respiratory infections, and cancers. Pregnant persons are at risk for pre-term birth, miscarriage, and delivering a baby at low birth weight, while young children are at higher risk for health concerns such as Methemoglobinemia. Disadvantaged communities, particularly those with language barriers, face challenges in accessing understandable information and necessary resources, perpetuating existing health disparities.

Our pilot goals include development of an innovative and mobile app for the Spanish-language community. We aim to adapt an existing English mobile app into an offline Spanish version that incorporates decision-based tools, comprehensive information on the health effects of contaminated water, interpretation of test results, treatment options, and access to relevant resources. We go beyond traditional methods by incorporating an audio feature into our mobile app. This feature provides an additional avenue for individuals who prefer audio content or have difficulty with reading materials to access the information. By offering comprehensive resources in a culturally appropriate manner, we ensure that individuals have the necessary knowledge to protect their health and well-being, regardless of their preferred mode of information consumption.

The original content material was developed by experts at OSU Extension. The Cooperative Extension Service infrastructure has offices in every US county with research and practice faculty. Cooperative Extension has been meeting the health needs of the US population for more than 100 years, and is committed to a multi-disciplinary Extension National Framework for Health Equity and Well-being. OSU Extension expert will serve on this grant as a technical advisor as well as how to disseminate through their channels.

The pilot places a strong emphasis on health equity and inclusivity by prioritizing the needs of Spanish-speaking communities. By engaging with the target community throughout the app's development process, the pilot aims to ensure the app aligns with their specific needs and preferences. This approach promotes

inclusivity, participation, and ownership among community members, contributing to the overall health equity of the community. We will engage with different Spanish-speaking communities – those who live in the area and get their drinking water from a well and with medical students who are members of the Latino Medical Student Association at the InReach safety-net clinic.

To measure the success of the pilot, we will conduct a comprehensive evaluation process that includes user feedback, engagement metrics, and impact assessments through focus groups and in-depth interviews. This evaluation will be led by a doctoral student in public health who is bilingual and bicultural with experiences in community engagement and health education. We will provide demo devices at focus groups with in-person tech support from our tech project manager with experience in working with the underserved population. We will incorporate user feedback into the iterative development process of the app to ensure it aligns with the needs, preferences, and cultural considerations of the community.

We are working with the following stakeholders who will actively support the pilot. Our partners include:

1. OSU Extension: This organization will provide access to their community center for focus groups and provide insights from their experience working with the target community. This group brings environmental contaminant expertise.
2. Latino/Hispanic community organizations: our team's bilingual and bicultural doctoral student will collaborate with community organizations serving Spanish-speaking communities to promote the mobile app. They will leverage their language and cultural skills to engage effectively through the organizations' network and outreach channels, while also providing support in organizing a focus group with their members.

Limited availability of information in Spanish presents a significant barrier in addressing the needs of Spanish-speaking communities, particularly among disadvantaged populations. To effectively bridge this information gap, a mobile app with Spanish resources becomes crucial. Mobile technology is a powerful tool for reaching disadvantaged populations, with individuals relying heavily on smartphones for accessing information. By adopting a mobile app approach, the pilot project aims to provide equitable access to crucial information on water contamination and its health effects, empowering Spanish-speaking individuals to make informed decisions about their health. This innovative approach leverages the increasing accessibility of smartphones, even among low-income populations, to effectively reach and engage underserved communities, ultimately promoting health equity and reducing disparities.

Our health equity plan includes the following:

Culturally Responsive Design: The app will incorporate culturally appropriate language, visual elements, and content to ensure accessibility and relevance for Spanish-speaking communities. By incorporating culturally responsive design elements, we aim to enhance the app's usability and connection with Spanish-speaking individuals.

Community Engagement: We are committed to actively involving the target community throughout the project's development, from design to evaluation. Through focus groups, surveys, and interviews, we will gather insights and feedback from Spanish-speaking individuals to ensure the app aligns with their needs, preferences, and cultural considerations. Community members will have opportunities to provide input on app features, content, and design, fostering a sense of ownership and inclusivity. By engaging community members as partners, we aim to address power imbalances and promote equitable decision-making.

Dissemination Strategies: To ensure the app reaches underserved populations, particularly Spanish-speaking communities, we will collaborate with community organizations and stakeholders, including community centers and local events. We have established partnership with OSU Extension where we can disseminate our materials on their website and catalogs. The app will be packaged as a companion to the printed guide materials. By strategically disseminating information and resources, we aim to increase access among the target population, reducing the information gap and improving health outcomes.

The pilot project is committed to reducing health disparities and promoting health equity among Spanish-speaking communities. To achieve this, the project will collect demographic data voluntarily provided by app users and conduct thorough analysis to understand the impact of the intervention on different communities. Data collection tools, including log meetings, user feedback forms, satisfaction rates, focus groups, and interview guides, will be utilized to gather comprehensive insights. Additionally, tools for assessing mobile device proficiency and computer usability satisfaction questionnaires will be employed to ensure accessibility and user-friendliness. By closely tracking access and outcomes, the project will be able to implement targeted interventions and strategies that address disparities and promote health equity, ultimately ensuring equitable access to crucial information on water contamination and its health effects.

The Arroyo de Salud project team consists of experienced professionals with diverse backgrounds in public health, software development, health care, health education, environmental health, and community engagement. The team includes:

Community engagement leaders play a crucial role in facilitating focus groups, coordinating community outreach activities, and ensuring ongoing community input throughout the project. Maritza Leon Gutierrez is a doctoral student in Public Health. She is bilingual and bicultural with experience conducting focus groups, delivering community-based health education, coding qualitative data. Maritza will lead the focus groups with both well owners and medical students. Chrissy Lucas-Woodruff is Small Farms Ground Water Quality Outreach Program Coordinator with OSU Extension and serves the Willamette Valley. She provides expertise in water contamination and can recruit though her networks and assist with dissemination strategies.

Veronica Irvin is Associate Professor in Public Health at OSU and is co-PI on grants that developed previous printed materials on nitrate and the English-language version of the mobile app. Her previous work in programming and evaluation engages with communities who may have experienced health inequities due to their race, ethnicity, language, and/or geographical location. She will provide oversight for project timeline, methodology, evaluation, team and stakeholder coordination, and reporting.

The app developers, Miao Zhao and Doug McGirr have successfully worked together to develop the English BeWell app with Veronica Irvin. Miao, who has over a decade of professional experience in healthcare and community partnerships, will serve as the project manager, user interface designer, and developer specialist. With a Bachelor's degree in Computer Science from Oregon State University, Miao has pursued additional courses in interaction design, UX research, and user experience testing. She has successfully developed and launched four nutrition apps in six languages with an international nonprofit. Additionally, Miao completed the Health Literacy Specialist Certificate Program administered by the Institute for Healthcare Advancement, which included courses on language, culture, and diversity. Doug McGirr will work as the mobile app developer for this project. He holds a Bachelor's degree in Computer Science from California Polytechnic State University, and has demonstrated his expertise in developing effective mobile applications by successfully creating a diabetes app tailored for Spanish-speaking populations in both the U.S. and Guatemala.

To ensure widespread awareness of the project within the target community, we will implement the following outreach strategies using both print and social media outreach:

OSU Extension catalog: They can share information about the app and the focus groups through their existing listserv, social media, and in-person events throughout the region. They have a platform to disseminate materials and they can add a link to the developed mobile or web platform to their online catalog.

https://extension.oregonstate.edu/es/catalog/pub/em-9400-s-el-nitrato-en-su-agua-potable

Partner Organizations: Our community partners (such as LBHEA) will help disseminate information about the project through their communication channels, including websites, social media platforms, and newsletters.

InReach Clinic: We will collaborate with the bilingual team and medical students to help raise awareness about the project within the community. These volunteers will disseminate information, share the benefits of the app, and encourage community members to participate and provide feedback.

Community Events: We will attend local community events, health fairs, and cultural festivals to engage directly with community members and distribute information about the project.

Spanish Informational Webinar: We will develop a Spanish-language webinar to ensure that participants with varying levels of technological proficiency can easily engage. The webinar will provide step-by-step guidance on how to access the app or webpage and the intent of the material. This webinar will be in conjunction with the focus groups to make sure that we provide some training on digital skills if needed by participants. The webinar will be hosted on the OSU website so that potential participants can review before deciding to join a focus group or interview.

We acknowledge the potential risks and barriers to success and have developed strategies to address them:

Language Barrier: To overcome language barriers, we have a bilingual and bicultural team leader that will ensure all project materials, including the mobile app and outreach materials, are accurately translated into Spanish.

Trust and Cultural Sensitivity: We will establish trust and cultural sensitivity by engaging community leaders and stakeholders early in the project, incorporating their input, and addressing concerns. The mobile app development team has experience in working with underserved communities and have developed health education apps in Spanish and other languages.

Digital literacy: We will provide user-friendly tutorials and support to assist individuals with limited digital literacy skills.

Access to participants: we will establish partnerships with local community organizations, engage bilingual volunteers, participate in community events, collaborate with Spanish-serving listservs, and provide a digital literacy webinar.

Access to smartphones and tablets: Access to smartphones and tablets plays a crucial role in our pilot project, as these devices have become increasingly

prevalent, even among disadvantaged populations. By providing demo devices and offering tech support, we aim to empower individuals who may not have their own devices to still benefit from the wealth of information and resources available.

Experience well water contamination: If any participant expresses that their well has a contaminant, we can link them to free program through OSU Extension and OSU College of Health that provides free water testing for nitrate and access to a bilingual navigator who can direct them to state and county resources.

Sustainability Plan:

The Arroyo de Salud pilot is innovative, as it addresses nitrate contamination in drinking water among Spanish-speaking communities through the development of a user-friendly Spanish app and community engagement strategies. We aim to create a sustainable solution that can be replicated and adapted in different languages facing similar challenges.

To ensure the pilot's sustainability within our organization, we will integrate it into our existing programs and initiatives. We will allocate dedicated resources for app maintenance, updates, and technical support. Our organization will assign a team to oversee the ongoing development and management of the app, including content updates and bug fixes. Partnerships with local health departments and community-based organizations will further support long-term sustainability.

To facilitate scalability and transferability, we will document the pilot's processes, methodologies, and lessons learned. This will create a toolkit and best practices guide to be shared with other organizations interested in similar initiatives. We will actively seek partnerships and collaborations with regional and national health organizations to promote the adoption of our model and support its replication in other communities.

We plan to engage interested organizations, such as local health department, community health centers, and community-based organizations as partners. Valuing diverse perspectives and expertise, sharing resources, and enhancing community networks to ensure sustainability and overall impact. OSU Extension has agreed to disseminate materials and they can add a link to the developed mobile or web platform to their online catalog. OSU can share on their well water website (wellwater.oregonstate.edu). OSU has consented to feature the BeWell mobile app project in their news stories. Oregon Health Authority Domestic Well Safety Program can also share through their networks and website.

Beyond the initial funding from DST, we have developed a multi-faceted funding strategy to secure ongoing financial support. We will leverage the pilot's success, data, and impact to demonstrate its value and attract further funding from public

and private foundations that align with our mission of health equity and community-based intervention.

In addition to funding continuation, we recognize the value of sharing our findings and experiences with other organizations. We will document the pilot's outcomes, lessons learned, and best practices in a comprehensive report. This report will be submitted to relevant journals and publications, increasing visibility and establishing the pilot as a model for addressing nitrate contamination in Spanish-speaking communities. Potential publication opportunities will serve to attract attention, recognition, and further funding from the academic and research community.

Through the continuation of funding and potential publication opportunities, we are committed to sustaining the Arroyo de Salud pilot and promoting its replication in other organizations and communities. By disseminating our findings and supporting knowledge sharing, we strive to create a broader impact on health equity and improved access to crucial information for Spanish-speaking communities

Budget Narrative:

Personnel

Veronica Irvin, PhD, MPH, Principal Investigator, is an Associate Professor in the College of Public Health and Human Sciences and will supervise the personnel on the project. Chrissy Lucas-Woodruff, BS, Outreach Coordinator, has over 19 years of ground water quality experience in Oregon State University (OSU) Extension and will devote .06 FTE effort for 6 months to the project. Lilly Anderson, Research Program Coordinator, MPH with specialization in Health Promotion & Health Behavior and special focus of rural health, will contribute .033 FTE to the project for 6 months. Maritza Leon Gutierrez, Doctoral Student Summer Assistant, is in the Health Promotion & Health Behavior program and has previous work experience in OSU Extension in addition to being bilingual, will contribute .50 FTE for 2 months to the project. Personnel costs are requested at $7,235 for salaries and $2,319 for fringe benefits per actuals for each employee=$9,554.

Consulting Costs are requested for a total of $29,400 as itemized below:

1) Linn Benton Health Equity Alliance (LBHEA) is budgeted at $2,000 to assist with guidance on the app and outreach.
2) The Tech Project Manager budgeted at $9,400 to ensure successful planning, execution, and delivery of mobile app projects. The PM will communicate with stakeholders, define project scope and specifications, project planning,

prioritize tasks, resource estimation and allocation, budget management, progress monitoring, maintain quality and deadlines, and analyze survey responses to guide enhancements to the app. The PM will also prepare reports and presentations to communicate project updates and outcomes effectively to stakeholders.

3) The User Interface Designer/ Developer Specialist is budgeted at $9,000 to develop user-friendly interfaces based on user-centered design principles for the app and web version for beta testers. The designer will collaborate with the mobile app developer to ensure that the user interface integrates seamlessly with the back-end functionality.
4) The Mobile App Developer is budgeted at $9,000 to write code and implement features based on defined requirements. The developer will conduct testing and debugging to ensure the software functions correctly, optimize software performance, address scalability issues, and maintain and update software as needed.

Other Direct Costs

Project-specific supplies (including light refreshments for in-person focus groups and printing and postage and computer supplies) are requested at $3,100 total.

In-State Mileage is requested at $147 for staff or participants attending focus groups in Linn, Benton, and Lincoln Counties estimated at 45 miles per trip x 5 trips x $.655 per mile although individual trips will vary according to actual mileage.

Human subject payments/participant incentives for focus groups are requested at $10 each x 3 groups x 25 participants each for a total of $750.

Indirect costs

Indirect costs are requested at 15% of total direct costs per sponsor guidelines.

	Baseline or Current State	Monitoring Activities	Benchmark or Future State	Met By
Specific Measurable Attainable Relevant Timely Inclusive Equitable	To develop a Spanish mobile app and web platform for nitrate, providing information on health effects (cancers), testing options, interpretation of test results, action steps for contaminated water, water treatment options, water treatment tips, and resources.	1. Provide a functional representation of the app's design for stakeholders and community partners. 2. Obtain feedback to make necessary adjustments to ensure the final app meets the needs and expectations.	# stakeholders and community partners who have reviewed and approved the prototype.	Month 3
	To recruit 50 Spanish-speaking individuals who rely on well water or are interested in well water management through targeted outreach, to provide feedback on the app's design, features, usability, and user experience.	1. Work with local stakeholder group to recruit and promote app and website	# users who have tested the prototype and provided feedback. % of user feedback that has been incorporated into the final app.	Month 6
	To recruit 25 Spanish-speaking medical students though targeted outreach, to provide feedback on the app's design, features, usability, and user experience.	1. Work with local safety net clinic and medical school to recruit and promote app and website	# users who have tested the prototype and provided feedback. % of user feedback that has been incorporated into the final app.	Month 6
	To gather comprehensive feedback from the previously-described 75 participants on the app's functionality, navigation, user interface, user experience, barriers, and acceptability.	1. Conduct focus groups or interviews with use of demo app for participants to engage with	percent completion & satisfaction rate, improvement rate (and suggestions for improvement) intention to use the app and under what conditions, percent who would engage in well water mitigation strategies and what additional features needed, percent who would refer app or webpage to others	Month 8
	To finalize, publish, and disseminate final products	Publish app on app sharing platforms as well as disseminate and host on free websites (such as OSU Extension website)	Count and type of number of sites posting or sharing products	Month 12
	To engage with local community partners to receive input before the prototype developed, after evaluation, and before product released	Engage in community listening sessions and/or present at stakeholder community meetings	number and type of orgnaization feedback and narratives on ideas for changes to align with communtiy needs	Four times throughout project period

Pilot: ArroyoSalud: Decision-making Environmental Contaminants

Pilot Start Date:	**10/1/2023**	**Pilot End Date:**	**12/31/2024**
Direct Costs		**Total Cost**	**Amount Requested***
Personnel Working on Goal 1 (Chrissy Lucas at .06 FTE for 6 months, Lilly Anderson at .03 FTE for 6 months, and Maritza Leon Gutierrez at .50 FTE for 2 months)		$9,554.00	$9,554.00
Travel (In-State travel in Linn, Benton, and Lincoln Counties)		$147.00	$147.00
Project-Specific Supplies		$3,100.00	$3,100.00
Consultants - Tech Project Manager		$9,400.00	$9,400.00
Consultants - UI Designer/ Developer Specialist		$9,000.00	$9,000.00
Consultants - Mobile App Developer		$9,000.00	$9,000.00
Consultants - Linn Benton Equity Alliance, Consulting Organization		$2,000.00	$2,000.00
Recording Audio (Free services at OSU)		$0.00	$0.00
Participant Incentives/Human Subject Payments		$750.00	$750.00
Total Direct Costs	**Rate (%)**	**$42,951.00**	**$42,951.00**
Indirect Expenses (not to exceed 15% of Direct Costs)	15.00%	$6,442.65	$6,442.65
Total Project Budget		**$49,393.65**	**$49,393.65**

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

Nurturing Fathers: Promoting Health and Well Being for Fathers

Backbone Organization: Oregon Family Support Network

Primary Contact: Tammi Paul

Partnering Organizations: IHN System of Care; Linn, Benton, Lincoln Early Learning Hub; local school districts; Confederated Tribes of Siletz Indians; Casa Latinos Unidos;

Billing Address: 4275 SE Commercial Street, Salem, Oregon 97302

Site(s): Virtual and Community Based locations

County(s): Linn, Benton, Lincoln

Priority Area(s): Behavioral Health, Child and Youth Health, Social Determinants of Health and Equity

Community Health Improvement Plan (CHIP) Outcomes, Indicator Concepts, and Areas of Opportunity:

BH1: Reduce stigma and increase community awareness that behavioral health issues are normal and widely experienced. Indicator B: Peer-delivered behavioral health education and services. Areas of Opportunity: i. Behavioral health stigma within the community, and ii. Community supports in the community to normalize behavioral health issues

BH3: Increase mental health and substance use screenings, services, referrals, and peer and parent support. Indicator B: Rates of suicidal ideation, attempts, suicide, and/or self harming behaviors. Areas of Opportunity: i. Peer delivered education and support, and iv. Lack of mental health services for those not in crisis.

CY1: Increase the percentage of children, youth, and families who are empowered in their health. Areas of Opportunity: i. Utilization of advocacy services and supports.

CY2: Decrease child abuse and neglect rates. Areas of Opportunity: a. Neglect; emotional, physical, and sexual abuse rates.

SD4: Increase health equity. Areas of Opportunity: a. Health disparities experienced by Members due to age, disability, gender identity, geographical location, income, race or ethnicity, sex, sexual orientation, etc.

Budget: $49,922.77

Brief Summary:

OFSN is proposing to deliver the evidence based Nurturing Fathers Program (NFP) in the IHN region. Nurturing Fathers is a 13-week training course designed to teach parenting and nurturing skills to men and father figures. The Nurturing Fathers curriculum will become the foundation of support to fathers who often feel disenfranchised by child serving systems in Oregon. Currently, OFSN is the only organization delivering Nurturing Fathers and this partnership would allow IHN to be the first region in the state to offer Nurturing Fathers groups across all three counties.

Pilot Description:

In recent OFSN conducted listening session, mothers and fathers frequently identified issues around effectively engaging fathers in their child's lives required by state and local child serving systems. Fathers also seem to have inequitable access to resources that could help facilitate increased involvement in the child's lives. This is particularly true for families where mothers and fathers are living in separate households.

OFSN is proposing to deliver the evidence based Nurturing Fathers Program (NFP) in the IHN region. Nurturing Fathers is a 13-week training course designed to teach parenting and nurturing skills to men and father figures. Each 2 hour class provides proven effective skills for healthy family relationships and child development. Topics include:

1. The Roots of Fathering
2. Nurturing Ourselves/Our Children
3. Fathering Sons/Fathering Daughters
4. Discipline Without Violence
5. Playing with Children
6. Managing Anger/Resolving Conflict
7. Teamwork with Spouse/Partner
8. Balancing Work and Fathering

9. Communication and Problem Solving

10. Cultural Influences

11. Dealing with Feelings

12. The Father I Choose To Be

The topic areas identified correlate to health disparities by providing information, support and opportunities for fathers to increase their connection with one another. These things are seen as essential in promoting child wellbeing and can be correlated to improving health outcomes.

In addition, fathers will engage in monthly community building events called Father's Night Out. These events are intended to be provided using an in-person father friendly format and will be led by the interests of the fathers in the group. As an example, many OFSN support groups are attended by women. The typical support group structure is to gather around (mostly in person - however can be virtual) to talk about what's going on in the family, describe what is needed and provide fellow support to other parents (who are also mostly women). Men typically have different styles of interacting with one another. These sessions will look different and it is intended that fathers will help develop a monthly event that would be more what they would attend. The emphasis will be on building positive connections with one another in a pro-social activity. The group will establish ground rules around engagement, and how the group will operate.

SAMHSA's Guide for Fathers in System of Care (2013) states "In the behavioral health field, sometimes we assume that fathers (and especially fathers of color) don't care when they are not present at their children's appointments. As a group, fathers are less likely to attend meetings than mothers. A father who is absent from an appointment, however, is often assumed to be an "absent father," while similar judgment is rarely expressed about a mother in the same circumstance. In fact, most fathers are not absent fathers. Both systemic and historical factors help us to understand why fathers may sometimes be—or appear to be—less involved in the lives of their children than mothers are."

Other barriers to father engagement mentioned in OFSN listening sessions showed that fathers perceive that "systems are more oriented to mothers". "I've tried to gain access to information about how my child is doing, and often hear that meetings have already occurred, and decisions have been made". The net impact of this experience is that fathers feel increasingly disenfranchised by systems that are meant to help. Other fathers returning from being incarcerated find it harder to do everything to reintegrate into the community and with their children as well. Finally, system attitudes and beliefs about fathers and their absence are not

always accurate and many dads slip through the cracks - many who give up because they don't know what else to do.

Other research shows early and frequent involvement of fathers in their child's lives has shown positive impacts (R. Parke (1996-Fatherhood, Cambridge MA: Harvard University Press); including lowered levels of disruptive behavior, acting out, depression, as well as increasing positive attributes like being kind to others, and being willing to try new things. Multiple research findings on father engagement have concluded that the quantity and quality of father involvement positively influences child development over time.

OFSN believes this project is innovative and necessary because having both mother figures and father figures involved in a child's life actually increases resilience, hope and wellbeing for the whole family. The Nurturing Fathers curricula is transformational because it challenges 'system stereotypes' about fathers and offers a range of topics, specifically focused on the needs and role of fathers, that helps parents work effectively together to bring about greater success, and this results in health promotion for the whole family. The presence of both mother figures and father figures in their children's lives also has demonstrated effectiveness in addressing symptoms of anxiety and depression in children and youth.

The Nurturing Fathers program is different from other existing parent education or parent groups because it is based on the development of nurturing practices specifically for fathers and father figures. It is guided by those with lived experience as a father and supports participants to reflect on how they were parented, what nurturing practices they were modeled and how to develop nurturing practices that often conflict with the societal expectations or stigma of what a father or father figures role entails. The facilitators develop an environment in which fathers can express strong emotions, cry, share their struggles without judgement, find support from other fathers and explore new ways of being with their children and families.

To date, OFSN has delivered three Nurturing Fathers trainings in other parts of the state. Participants have included self identified dads, father, and/or father figures who have been incarcerated, single parents, fathers who are estranged from their children, dads who are serving in the military far from their families, teen dads, grand dads, and fathers to be.

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

OFSN will use existing and new community partnerships to collaborate and engage fathers in the Nurturing Fathers Program (NFP). OFSN has already engaged in

work and community partnerships in the IHN region by providing community based family support specialists in Lincoln and Linn Counties. Through this project, OFSN will have an expanded network of organizations to engage around information sharing, and promotion of the Nurturing Fathers program. This project allows for additional opportunities to leverage the partnerships that OFSN has already formed in Lincoln, Benton and Linn counties over the last 12+ years. The outreach strategies used will include: 1) 1:1 contact either virtual or when appropriate in person, 2) introduction to OFSN and the Nurturing Fathers Program, goals of the program, dates of training and 3) sharing flyers and brochures to promote registration/participation.

OFSN has also been in frequent conversation with OHA's Child & Family Services Division School Based Mental Health programming staff and has presented about OFSN and Reach out Oregon to school based mental health staff in the IHN region. Conversations with these organizations will continue throughout the project, which will help to inform future efforts in this work with fathers. Additionally, OFSN looks forward to developing new partners with organizations such as ReConnections Counseling in Lincoln County, Faith Hope and Charity in Benton County and Young Roots Oregon in Linn and Benton Counties. Building new partnerships is something that OFSN will continue to do through its Communications and Outreach programming.

Health Equity Plan:

The proposed project aims to decrease health disparities for fathers and father figures in support and participation of their child/youth in treatment of mental and behavioral health challenges. Health disparities are present most commonly when services and supports do not speak to specific needs of a population. In this case, fathers and father figures are the marginalized community for which this project is developed. Our capacity to improve supports to fathers will have a direct impact on their ability to promote and achieve better health outcomes for their child.

Additionally, OFSN will be offering the Nurturing Fathers Program in both English and Spanish and the facilitators of the training all identify as both fathers and as members of historically marginalized communities.

The Nurturing Fathers curricula has demonstrated positive outcomes around father engagement. Over time, participants in this work with fathers will help reduce disparities around the number of fathers who engage in peer support opportunities. Currently, there are many more women (mothers) involved as THW Certified Family Support Services work. This particular project will increase the number of fathers who are interested and/or engaged in becoming THW certified staff, which will then increase more opportunities for fathers to have equitable

access to family peer supports not only in Linn, Benton, Lincoln counties, however around the state as well.

As the program becomes more robust, we anticipate that additional barriers may be addressed for children and youth just by having more engagement and involvement by both parents in their care.

Finally, the Oregon Health Authority has prioritized equitable access to healthcare over the past two years. This is a deep and strong commitment that OFSN has as well. OFSN has worked over the past four years to develop more meaningful and responsive practices within the organization to ensure our capacity to better serve families identifying as a member of BIPOC and LGBTQ+ communities. The equity work that OFSN continues to do has resulted in hiring and sustaining a more ethnically, linguistically and gender diverse staff, the implementation of an equity filter for organizational decision making, funding a DEI Organizational Strategist in a senior leadership position, partnerships with the Family Acceptance Project and the development of the Oregon LGBTQ Resource web page for parents, and ongoing inclusion labs that are required for all staff across the organization as well as our Board of Directors.

OFSN recognizes and acknowledges the negative impact that white supremacy and systemic racism has in our communities, on our families and within the system that supports them. We are committed to dismantling systematic practices to work toward inclusion, equity, and diversity in Oregon. We recognize that we have a responsibility to condemn acts of racism, and discrimination. OFSN equity work directly impacts our mission of serving ALL families in Oregon and the vision that ALL families deserve to be heard and understood. OFSN's commitment to address cultural and linguistic barriers is demonstrated by hiring trainers that identify as fathers and are from historically marginalized communities. This will challenge system transformation and the stereotypes about fathers being 'absent' from their child's life, having 'aggressive' behaviors, being 'unengaged' with systems, etc. For this reason, the curricula will be taught and administered by OFSN staff who identify as men, fathers, and members of a historically marginalized community. This begins the process for addressing the unique needs of historically marginalized individuals.

Individuals Carrying Out the Pilot:

Oscar Alvarez- Oscar is a bilingual (English/Spanish) trainer employed by OFSN and is a Certified Nurturing Fathers trainer. He is a father and identifies as part of the Latinx community.

Christopher Smith- Christopher is a father of 4 and is a certified Family Support Specialist (FSS) with OFSN. Chris identifies as Navajo and Alaskan Athabascan, he

grew up on the Navajo reservation and is bilingual (Navajo/English). Chris is a certified Nurturing Fathers trainer.

Eric Richardson- Eric is a father of 5 and identifies within the African American and Black community. Eric serves as the DEI Organizational Strategist within OFSN and is currently being certified to be a Nurturing Fathers trainer.

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

OFSN will be using the resources of our Communications and Outreach team to develop family friendly flyers that will be distributed among System of Care participants. Flyers will also be distributed among current support groups and family events in the IHN region. Connections with the Linn, Benton, Lincoln Early Learning Hub will also be used to share information and recruit fathers interested in the program. Current and future partnerships with the Confederated Tribes of the Siletz Indians, Reconnections Counseling, Young Roots Oregon, Jackson Street Youth Services, and Casa Latinos Unidos will be leveraged to grow the opportunity for fathers within these historically marginalized communities to participate and benefit from the Nurturing Fathers program.

Potential risks or barriers to success and how the pilot plans to address them:

A potential risk to the success of the program would be a lack of participation by fathers and father figures. This will be minimized by developing a strong case for an evidence based program that focuses on the father's role in the family and strengthening nurturing practices that lead to increased wellness for the entire family.

A potential barrier to the success of the program is the lack of or instability of internet services in rural areas in the IHN region. This will be addressed by supporting participants to access public technology/internet resources via libraries, schools, mental health offices, community centers, faith based organizations, etc where more reliable internet can be accessed.

A potential barrier to engaging in Father's Night Out events may be the cost of travel. This barrier will be addressed by providing gas cards to support travel as needed.

While the Nurturing Fathers program is an evidence based packaged curriculum, it is important that OFSN acknowledge that it is also uses heavily gendered language. This will be addressed by using gender neutral language as much as welcoming father figures that may not identify as 'fathers' or 'dads' but self-identify as benefiting from the curriculum and intent of the program. Additionally, OFSN will create intentional spaces to discuss the experiences of fathers or father

figures raising children/youth identifying with the LGBTQ+ community, led by our trainer with similar lived experience.

Sustainability Plan:

Because the project focuses on fathers as an underserved community, we are very confident that there are multiple funding opportunities to keep this moving. The greatest cost to funding this effort statewide is going to be around increased staffing to support implementation of the Nurturing Fathers training and associated monthly Fathers Night Out. It is anticipated that the costs associated with this as a start up project are going to be related to training for OFSN staff to become trainers of the curricula, facilitation of the monthly Father's Night Out events, and purchase of Nurturing Fathers materials.

The primary sources of funding that OFSN sees to offer this support annually is through continued support from OHA, which provides funding that supports OFSN's Training Program. OFSN will continue to apply for SAMHSA Statewide Family Network Grant funding and include this as a project, given that it aligns with SAMHSA's stated priorities. In addition to these efforts, OFSN continues to explore funding opportunities through local, regional and state foundation networks. OFSN has successfully worked with the Oregon Community Foundation, Collins Foundation, and The Ford Family Foundation to support various related projects throughout the state.

In the long term, OFSN also sees the Nurturing Fathers work as a stable service we offer as part of its Training Program. We have successfully integrated other training courses into an extensive list of offerings for families, and community partners around the state. Examples of this success include: Navigating the Tough Stuff: Family Experiences of Suicide, Collaborative Problem Solving Parent Training, and Mental Health First Aid (Youth and Adult).

Budget Narrative:

The primary costs associated with the work will include outreach to the community, delivery of the Nurturing Fathers modules and community building events.

Nurturing Fathers is a prepackaged training that comes with out of the box materials including instructor manuals, student manuals, a Starter Kit, and workbooks that can be ordered separately for ongoing classes. OFSN will support this with in-kind contributions for certifying 3 trainers, purchasing the facilitator manuals and providing the technology and electronic materials required to deliver the training.

Additional funding for the project is required for facilitator travel expenses and community building Father's Night Out activities. Participant gas cards will be provided as needed to reduce travel barriers to the in-person events.

Additional in-kind support will come from data collection activities and report writing.

	Baseline or Current State	Monitoring Activities	Benchmark or Future State	Met By
Specific Measurable Attainable Relevant Timely Inclusive Equitable		OFSN will engage with 4 agencies in each IHN county to introduce the project, goals and solicit	Specific partner agencies will actively support the project by distributing flyers	11.31.23
		Staff will have registration and other related logistics to plan for training.	2024 NF trainings are scheduled on OFSN training calendar and flyers distributed.	1.1.23
		OFSN will begin the first 13-week Nurturing Fathers training	12-15 fathers will be registered.	3.1.23
		OFSN will engage fathers in Monthly Fathers Night Out events	15 fathers participating	4.30.23 and monthly ongoing
	0 fathers have been trained in Nurturing Fathers curricula in IHN region	Fathers in the IHN region have completed Nurturing Fathers training	120 fathers	8.31.25
	0 fathers are engaged in Fathers Night out events in IHN region	Fathers Night Out events have been completed.	20	8.31.25
	Assumptions that fathers (and especially fathers of color) don't care	Challenging the health care system to include fathers and fathers figures.	Providers will shift stereotypes of fathers being intentionally 'disengaged', etc.	Ongoing
	A father who is absent from an appointment is often assumed to be an	Challenging the health care systems view of parent involvement and engagement.	Providers will shift stereotypes of fathers being 'absent' and 'non nurturing'	Ongoing

Pilot: Nurturing Fathers

Pilot Start Date:	9/1/2023	Pilot End Date:	9/1/2025
Community Outreach and Delivery of Program			
Resource		**Total Cost**	**Amount Requested***
Delivery of Training modules and Father's Night Out events		$32,384.34	$32,384.34
Community Outreach		$800.00	$800.00
		$0.00	$0.00
		$0.00	$0.00
	Subtotal Resource Costs	**$33,184.34**	**$33,184.34**
Materials & Supplies			
Nurturing Fathers Workbooks for participants- 120 quantity		$1,800.00	$1,800.00
Nurturing Fathers Program Kit		$1,050.00	$0.00
Digital Materials		$180.00	$0.00
Facilitator Manuals		$270.00	$0.00
	Subtotal Materials & Supplies	**$3,300.00**	**$1,800.00**
Travel Expenses			
Facilitator travel for Father's Night Out events		$1,400.00	$1,400.00
		$0.00	$0.00
		$0.00	$0.00
	Subtotal Travel Expenses	**$1,400.00**	**$1,400.00**
Meeting Expenses			
Program Supports for 13 week session X 8 (includes participation		$2,000.00	$2,000.00
Fathers Night Out events- monthly (includes room rental, activity fees,		$8,000.00	$7,000.00
Technology, virtual platforms (zoom)		$5,000.00	$0.00
	Subtotal Meeting Expenses	**$15,000.00**	**$9,000.00**
Professional Training & Development			
Facilitator Training/Certification		$2,400.00	$0.00
		$0.00	$0.00
		$0.00	$0.00
	Subtotal Training & Development	**$2,400.00**	**$0.00**
Other Budget Items			
		$0.00	$0.00
		$0.00	$0.00
		$0.00	$0.00
	Subtotal Other	**$0.00**	**$0.00**
Total Direct Costs	**Rate (%)**	**$55,284.34**	**$45,384.34**
Indirect Expenses (not to exceed 15% of Direct Costs)	10.00%	$5,528.43	$4,538.43
Total Project Budget		**$60,812.77**	**$49,922.77**

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

Linn-Benton Community College
Public Health Hub

Backbone Organization: Linn-Benton Community College

Billing Address: 6500 Pacific Blvd SW, Albany, OR 97321

Site(s): Albany, Corvallis, Lebanon

County(s): Benton, Linn

Primary Focus:

- ☐ Food Security
- ☐ Housing
- ☐ Transportation
- ☒ Equity

Community Health Improvement Plan (CHIP) Outcomes, Indicator Concepts, and Areas of Opportunity:

Pilot Contacts	Name	Email
Primary	Liv Gifford	gifforl@linnbenton.edu
Proposal	Mike Jerpbak	jerpbam@linnbenton.edu
Contracting	Sheldon Flom (AA: Lisa Blackburn)	floms@linnbenton.edu blackbl@linnbenton.edu
Financial	Kristina Holton	holtonk@linnbenton.edu
Reporting	Liv Gifford	gifforl@linnbenton.edu

InterCommunity Health Network CCO

Delivery System Transformation Committee

Small Pilot Proposal

Linn-Benton Community College
Public Health Hub

Liv Gifford
Kristi Murphey

July 2023

Linn-Benton Community College (LBCC) will become a hub for training and developing public health workers in the Mid-Willamette Valley. We aim to increase options for students, promote regional economic development, and build healthier rural and urban communities, especially among historically excluded populations. With this grant, LBCC will build upon established programs to accomplish three linked goals:

1. Create a Certificate of Completion in Community Health that prepares students to work in public health, health care, and community-based organizations.

2. Keeping equity, diversity, and inclusion at the center, focus on recruitment and retention for public health careers.

3. Create a replicable and sustainable Public Health Hub.

Proposal Narrative

A. Executive Summary

This project equips Linn-Benton Community College (LBCC) to become a hub for training and developing public health workers in the Mid-Willamette Valley. In doing so, we aim to increase options for students, promote regional economic development, and build healthier rural and urban communities, especially among historically excluded populations.

COVID-19 revealed entrenched health inequities and exacerbated a labor shortage in public health. Agencies struggle to find and retain qualified public health candidates who are representative of the communities they serve. This project addresses these issues by increasing recruitment for public health careers, creating new pathways to entry-level positions, and adding scaffolding for those who may someday wish to further their training. We will draw on the multi-dimensional framework of "servingness" to not only enroll Latinx students and other students of color, but to fully serve them (Garcia, Núñez, and Sansone, 2019). As such, this project moves LBCC closer to its goal of becoming an Hispanic-Serving Institution.

A homegrown approach to investing in a local workforce has many benefits, including the likelihood that workers will stay in the area and make a significant contribution to their communities. Skilled local workers will fill an immediate need for entry-level positions and serve as the backbone of the future Mid-Willamette Valley workforce. With this grant, LBCC will build upon established programs to accomplish three linked goals:

1. **Create a Certificate of Completion in Community Health that prepares students to work in public health, health care, and community-based organizations**: Working in partnership with key stakeholders, examine the skill sets needed by Traditional Health Workers and behavioral health paraprofessionals. Design a "stackable" certificate that can be applied toward the Associate Degree in Public Health or four-year university transfer pathways. Completers will demonstrate entry-level proficiency in Oregon Health Authority Traditional Health Worker core competencies.
2. **Keeping equity, diversity, and inclusion at the center, focus on recruitment and retention for public health careers:** Partner with community-based organizations and high schools to enroll students with diverse identities, backgrounds, and lived experience into the LBCC public health program. Incorporate best practices in EDI in higher education, such as scholarships and opportunities for mentoring, peer support, and community engagement. Ensure that graduates are connected to local organizations and informed about multiple opportunities, including Traditional Health Worker, Qualified Mental Health Associate, and Certified Drug and Alcohol Counselor certificates. Develop a plan for providing Continuing Education Units (CEU) to lift a burden from community partners.
3. **Create a replicable and sustainable Public Health Hub:** Working in collaboration with Central Oregon Community College and other two-year institutions, develop a model for

community college public health programs that addresses workforce needs and can be replicated across the state or beyond. Maintain a commitment to continuous improvement and strong community partnerships in order to best serve the region.

B. Pilot Description

In September 2022, Linn-Benton Community College (LBCC) public health faculty launched an assessment to determine how to reshape the work of our department to meet the needs of local communities. Our assessment was rooted in a belief that there is more we can do to prepare students for critical public health roles in our region, and that expanding our work could simultaneously address three complex problems: workforce shortages, health inequities, and declining enrollment in higher education. Among other questions, we asked key stakeholders, "What public health workforce gaps do you see now, or anticipate in the future? What jobs are you currently hiring for? Is it difficult to find qualified applicants? What do you think LBCC can do to support local and regional health and wellness?" Conversations with more than thirty leaders of local agencies and organizations revealed opportunities for greater collaboration and innovation to address multiple regional issues. This pilot project proposal translates our findings into action.

The goals of this project are 1) to create a Certificate of Completion in Community Health that prepares students to work in public health, health care, and community-based organizations; 2) to focus on recruitment and retention for public health careers while integrating best practices in equity, diversity, and inclusion into every aspect of the program; and 3) to create a sustainable and replicable Public Health Hub. We arrived at these goals through our conversations with local leaders. Several findings stood out to us and galvanized our plan of action:

- Old Mill Center for Children and Families urged us to figure out how to increase the number of Qualified Mental Health Associates in our region, especially those with training in infant and early childhood mental health. After this conversation, we consulted with the Mental Health and Addictions Certifying Board of Oregon and discovered that preparing students for QMHA-R is easily within reach for LBCC.
- Benton County Health Department described the workload of training Community Health Workers (CHW) and keeping the team up-to-date on Continuing Education Units (CEU). They also spoke of employees with high school diplomas who want further training, but for whom a four-year degree seems an insurmountable goal. Subsequently, the Oregon State University Center for Health Innovation said they have more demand for CHW training and CEU than they can meet, and that referring students to LBCC might allow them to focus on expanding their work in new directions, such as developing a Spanish-language CHW training program.
- The Community Doula Program (CDP), which trains doulas from underserved communities, approached LBCC for help with their OHA-certified Birth Doula training

program. Through discussion, we realized that a partnership could leverage the strengths of both organizations. For example, CDP can recruit students and refer instructors with diverse cultural and linguistic skills, while LBCC can offer foundational training, infrastructure, credit, cross-training opportunities, and community.

Our aim is not to duplicate or compete with the offerings of any of these organizations, but rather to find ways to build regional capacity by offering affordable opportunities for for-credit training within a college context. Our strength lies in welcoming students from diverse backgrounds for classes in a variety of subjects, ensuring that classes are "stackable," and connecting students to regional partners for practical experience, certification, and specialization.

Developing a thriving Public Health Hub at LBCC will require both internal- and external-facing work throughout the two-year grant period. Internal-facing work will include continuing to study and analyze multiple, entry-level, public health specialties, revising and enhancing coursework and degree/certificate requirements, and building our capacity as a department and college to serve students and to develop, market, and support new pathways. None of this internal-facing work will be possible without a significant investment of time and energy in meaningful regional relationships. External-facing work will include bringing organizations together, identifying and welcoming part-time instructors and guest speakers, and collaborating with project partners on an ongoing basis to recruit students and to ensure that our work is relevant and connected to the communities we serve.

As such, our outcomes for this project are as follows:

- **Outcome 1: Advisory board and workforce development summit.** By June 2024, we will establish an advisory board consisting of representatives of at least five key agencies, including the Linn-Benton Health Equity Alliance and other agencies focused on serving marginalized populations. The advisory board will help us expand relationships in the field, find strategic direction, champion the marginalized voice, and host an equity-informed public health workforce development summit in the first year of the project.
- **Outcome 2: Expanded public health pathways.** By June 2024, we will have a new one-year certificate that covers THW core competencies and is compatible with the AS and AAOT degree pathways. Success will look like clear information in English and Spanish that is easy to find, understand, and is culturally and linguistically relevant to a diverse audience.
- **Outcome 3: Culturally and Linguistically Informed staff.** By June 2024 and continuing throughout the grant period, we will have advisors at LBCC who are equipped to assist public health students in culturally and linguistically appropriate ways, reflecting the marginalized populations we seek to serve. We will accomplish this by participating in DEI efforts, convening people and disseminating information as needed.

- **Outcome 4: Outreach and marketing materials.** By June 2024, we will publish at least one print and one web-based resource on LBCC's public health pathways. We will draw from examples at Central Oregon Community College to get started, and we will revise materials periodically as needed.
- **Outcome 5: Working relationships.** By June 2025, we will have at least five Cooperative Work Experience options, 10 guest speakers and/or part-time instructors, and working relationships with agencies representing or offering experience related to at least three THW pathways, QMHA, and CADC. We will work with LBCC's IEDI team to intentionally establish rapport with partnerships serving first generation, Spanish speaking, and BIPOC populations.
- **Outcome 6: Student enrollment.** By September 2024, we will enroll at least 12 students in the one-year certificate program. By September 2025 (slightly beyond the scope of this grant), we will enroll at least 20 students in the program. At least 50 percent of students will be from culturally, linguistically, and historically marginalized communities, rural communities, and communities experiencing health inequities. We will accomplish this by developing working relationships with at least three local high schools and three community-based organizations.
- **Outcome 7: Dissemination of lessons learned.** By the end of the grant period, we will begin seeking opportunities to present at one or more regional, statewide, or national gatherings. In addition, we will provide a toolkit on our website or that can be emailed directly to participants.

Project partners with defined roles include Linn County Public Health, Linn Benton Health Equity Alliance, Casa Latinos Unidos, Oregon State University Center for Health Innovation, Old Mill Center for Children and Families, Northwest Oregon Works, Willamette Workforce Partnership, and the Community Doula Program. Other active partners with whom we are in communication include Benton County Health Department, Oregon State University's College of Health, Central Oregon Community College, Lane Community College, the Mental Health and Addictions Certifying Board of Oregon, and Strengthening Rural Families. All of these organizations are enthusiastic supporters of the long term success of the program.

We will enhance LBCC public health pathways by making a capstone course, clinical field experience, and/or Cooperative Work Experience (CWE) available to all students. CWE is an instructional program providing opportunities for students to obtain experience with an employer in their field of study while earning a degree or certificate. Incorporating these elements will require active partnerships with a variety of organizations. Key to the success of this work is providing our team with anti-racist training at the outset of the project. If possible, we would like to schedule two, two-hour sessions with "A Long Talk about the Uncomfortable Truth" to give LBCC faculty a common, foundational understanding of the issues we must confront to build a more inclusive program and college. We will partner with LBCC's Office of

Institutional Equity, Diversity, and Inclusion (IEDI) and open this training opportunity to all LBCC employees.

Leadership for this endeavor will be provided by LBCC Public Health faculty Liv Gifford and Kristi Murphey, in collaboration with Jason Dorsette and Angel Dorantes (LBCC's Office of IEDI), with oversight by Dean Kristina Holton. Liv Gifford brings to the team decades of non-profit administration and program development experience, significant anti-racist training, and a passion for community organizing. Kristi Murphey brings nearly two decades of experience building and developing public health degree pathways at LBCC, institutional expertise as department chair, and long-standing relationships with local universities and high schools. Jason Dorsette is the Chief Diversity Officer at LBCC and President of the Linn-Benton NAACP and Angel Dorantes is the Latino Outreach and Retention Manager at LBCC. Kristina Holton leads LBCC's largest division, oversees an annual budget of nearly ten million dollars, and believes strongly in building teams that can meet evolving student and community needs.

Throughout every stage of the project we will maintain an attitude of continuous improvement in order to best serve the region. We are committed to keeping students at the center and integrating best practices in equity, diversity, and inclusion into every aspect of the program. We will accomplish this in part by holding team meetings, maintaining strong, bi-directional community partnerships, and convening our advisory board on a regular basis.

Findings from the Linn, Benton, and Lincoln 2022 - 2026 Regional Health Assessment (RHA) underscore the need for an expanded workforce in our tri-county area. Our populations lack access to quality care, especially with regard to behavioral health: 14 service areas in the LBL region had fewer than five mental health care providers per 10,000 individuals in 2021, while five service areas had no mental health providers at all. The percentage of individuals living in poverty with a disability in one or more counties was higher than the state as a whole, as were rates of teen pregnancy, foster care, food insecurity, and K-12 student homelessness (Holland et al, 2023). Other areas for improvement included gestational parent and child health, mental health, chronic disease, economic disparities, and affordable housing. One in nine individuals in our region spoke another language at home in 2020, and minoritized racial and ethnic groups were more likely to live in poverty than White individuals (Holland et al, 2023). Entry-level traditional health workers and behavioral health and substance use paraprofessionals could make a difference in all of these arenas and populations.

Finally, Latinx students represent the fastest-growing demographic in LBCC's service district. We aim to draw on the multi-dimensional framework of "servingness" to not only enroll Latinx students and other students of color, but to fully serve them (Garcia, Núñez, and Sansone, 2019). As such, this project moves LBCC closer to its goal of becoming an emerging Hispanic-Serving Institution and making a larger difference in the Mid-Willamette Valley.

Potential risks and barriers to this project are the uncertainty of funding in the higher education landscape, the difficulty of recruiting students, and the reliance on bringing in guest speakers

and instructors to build the capacity of our department. We will address these issues by continuing to seek funding from diverse sources, partnering with multiple organizations and LBCC departments to develop effective outreach and recruitment strategies, and making guest speakers and instructors part of our team through compensation and recognition.

The program will be evaluated throughout the funding period using both formative and summative measures in order to be responsive to feedback received from students and key partners, as well as any shifts in the enrollment landscape. Program statistics, such as student enrollment, demographics, attrition, and completion rates will be monitored quarterly. Progress toward outcomes will be shared with the advisory board. This will constitute the principal measure of outcomes listed above.

Qualitative data on students' and project partners' experiences will also be gathered quarterly, with results shared with program personnel to aid continuous improvement. On an annual basis, these quarterly data will be combined with the quantitative measures to allow for adjustments and comparison to goals, objectives, and outcomes. Summative evaluation of the project as a whole, including successes, areas for improvement, and lessons learned, will be shared with key stakeholders, the InterCommunity Health Network (IHN-CCO), and the Delivery System Transformation Committee at the conclusion of the funding period, or as requested.

C. Sustainability Plan

The LBCC Public Health Hub is a concept we hope will apply to two-year colleges throughout Oregon, and perhaps beyond. LBCC was among the first in the nation to develop a two-year associate's degree in public health, and with this grant we hope to enrich our program in multiple ways, including launching a one-year certificate of completion. Central Oregon Community College will be a key partner in this work, as they obtained approval from the Higher Education Coordinating Commission for a Certificate of Completion in Community Health very recently (June 2023).

Developing a successful Hub will involve consultation with key stakeholders, such as approved training agencies for THW. It will also include continued communication with the Mental Health and Addictions Certifying Board of Oregon (MHACBO). We will continue to participate in the Mid-Willamette Valley Behavioral Health Consortium to understand how to promote the QMHA and CADC certifications. Close coordination with Central Oregon Community College and other two-year colleges in the state will help us ensure that we develop something that is replicable.

We will strive to embed sustainability and resilience in all aspects of the LBCC Public Health Hub. One of the program's strengths is the fact that it emerged from conversations with multiple organizations, all of whom are enthusiastic supporters of the pilot program. Other strengths include the project's close alignment with recommendations of the Oregon Coalition

of Local Health Officials' 2021 report, as well as national recommendations published in the American Journal of Public Health for the role of community colleges in addressing public health workforce needs (Riegelman et al, 2023; Leider, Burke et al, 2023). We are committed to staying abreast of state and national guidance for public health education and incorporating best practices in equity, diversity, and inclusion into our program at LBCC.

Integral to our work plan is the formation of an advisory board that will be charged with grounding the project in local needs and identifying the resources needed to continue into the future. This could include future grant opportunities, business-supported stipends and scholarships for students, or leveraged resources from local agencies. LBCC is committed to expanding and sustaining the Public Health Hub beyond the grant period, and we will draw on available funding streams to accomplish this goal.

Rather than becoming an isolated, invisible, siloed program with little local relevance, we intend to reach out to project partners on a consistent basis and bring value to their organizations. As each new graduate or completer enters the workforce and makes a contribution to the community, this should become easier. Stories of success will likely lead to identifying new sources of funding, sharing resources and assets, and perpetuating the aspects of the program that are most effective. Intentional alignment with community organizations, especially those who serve culturally specific and marginalized communities, will lead to creative ideas for sustaining the work.

References

Garcia, Gina A., Anne-Marie Núñez, and Vanessa A. Sansone. 2019. "Toward a Multidimensional Conceptual Framework for Understanding 'Servingness' in Hispanic-Serving Institutions: A Synthesis of the Research." Review of Educational Research. https://doi.org/10.3102%2F0034654319864591.

Holland, A., Caro, A., et al (March 2023). Linn, Benton, and Lincoln Counties Regional Health Assessment 2022-2026. Retrieved from https://www.co.benton.or.us/sites/default/files/fileattachments/health_department/page/8637/rha_data_report_-_final_draft_-_4.3.23.pdf

Leider, J., Burke, E., et al (2023). Trends in degree conferrals, degree-associated debt, and employment outcomes among undergraduate public health degree graduates, 2001-2020. *American Journal of Public Health*, Vol 113, No. 1.

Riegelman, Richard (2023). Two decades of progress in undergraduate public health: Where do we go from here? *American Journal of Public Health*, Vol 113, No. 1.

	Baseline or Current State	Monitoring Activities	**Benchmark or Future State**	Met By
Specific Measurable Attainable Relevant Timely Inclusive Equitable	Identifying key stakeholders	Health Equity Alliance and other agencies focused on serving marginalized populations. The advisory board will help us expand relationships in the field, find strategic direction, champion the marginalized voice, and host an equity-informed public health workforce development summit in the first year of the project.	**Advisory board and workforce development summit.**	June-24
	Information gathering and departmental conversations was ongoing during the 22-23 school year	Establish a new one-year certificate that covers THW core competencies and is compatible with the AS and AAOT degree pathways. Success will look like clear information in English and Spanish that is easy to find, understand, and is culturally and linguistically relevant to a diverse audience.	**Expanded public health pathways**	June-24
	LBCC Advisors are already assigned to public health pathways	Advisors at LBCC will be equipped to assist public health students. to assist public health students in culturally and linguistically appropriate ways, reflecting the marginalized populations we seek to serve. We will accomplish this by participating in DEI efforts, convening people and disseminating information as needed.	**Culturally and Linguistically Informed staff**	June-24
	Exemplars have been gathered	LBCC's public health pathways. We will draw from examples at Central Oregon Community College to get started, and we will revise materials periodically as needed.	**Outreach and marketing materials**	June-24
	Beginning stages of networking and identifying key stakeholders	Establish at least five Cooperative Work Experience options, 10 guest speakers and/or part-time instructors, and working relationships with agencies representing or offering experience related to at least three THW pathways, QMHA, and CADC. We will work with LBCC's IEDI team to intentionally establish rapport with partnerships serving first generation, Spanish speaking, and BIPOC populations.	**Working relationships**	June-25
	Beginning stages of building relationships with high schools and CBOs	Enroll at least 12 students in the one-year certificate program by September 2024. By September 2025 (slightly beyond the scope of this grant), we will enroll at least 20 students in the program. At least 50 percent of students will be from culturally, linguistically, and historically marginalized communities, rural communities, and communities experiencing health inequities. We will accomplish this by developing working relationships with at least three local high schools and three community-based organizations (CBOs).	**Student enrollment**	September-24
	Established relationships in the public health field	Seeking opportunities to present at one or more regional, statewide, or national gatherings. In addition, we will provide a toolkit on our website or that can be emailed directly to participants.	**Dissemination of lessons learned**	June-25

Pilot: Public Health Hub

Pilot Start Date:	**10/1/2023**	**Pilot End Date:**	**12/31/2023**
Direct Costs		**Total Cost**	**Amount Requested***
Marketing and promotional materials		$8,000.00	$8,000.00
Food and supplies for meetings and gatherings		$2,000.00	$2,000.00
Guest speaker stipends		$8,000.00	$8,000.00
Travel for guest speakers/to training		$2,000.00	$2,000.00
EDI (Equity Diversity Inclusion) training and other professional development		$8,000.00	$8,000.00
Student scholarships		$20,000.00	$20,000.00
Total Direct Costs	**Rate (%)**	**$48,000.00**	**$48,000.00**
Indirect Expenses (not to exceed 15% of Direct Costs)	4.00%	$1,920.00	$1,920.00
Total Project Budget		**$49,920.00**	**$49,920.00**

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

Street Medicine Team

Backbone Organization: Unity Shelter

Primary Contact: Shawn Collins

Partnering Organizations: Corvallis Daytime Drop-in Center, Jackson Street Youth Services, Community Outreach, Inc., Samaritan Health Services, Benton County Health Department

Billing Address: 4515 SW West Hills Rd, Corvallis, OR 97333

Site(s): Unity Shelter sites and locations throughout the county

County(s): Benton

Priority Area(s):

- Addressing trauma, including environmental
    - Reduction of wait times for mental health services
- Language access
    - Health literacy
- Reengaging the community in personal health and community resources
- Subpopulations of IHN-CCO members that experience health disparities

Community Health Improvement Plan (CHIP) Outcomes, Indicator Concepts, and Areas of Opportunity: Access to Health Care, Behavioral Health, Child & Youth Health, Healthy Living, Maternal Health, Social Determinants of Health & Equity

A1: Increase the percentage of Members who receive appropriate care at the appropriate time and place.

Indicator Concepts:

a. Length of time from IHN-CCO enrollment to first appointment

b. Length of time from appointment request to appointment for behavioral, physical, and oral health services

A2: Increase the percentage of Members who receive care communicated in a way that ensures that they can understand and be understood by their care providers, and that they are effectively engaged in their care.

Indicator Concept:

a. Percentage of Members who report that they receive care communicated in a way that ensures that they can understand and be understood by their care providers, and that they are effectively engaged in their care

BH3: Increase mental health and substance use screenings, services, referrals, and peer and parent support.

Indicator Concepts

a. Screening, Brief Intervention, Referral to Treatment (SBIRT)rates
Areas of Opportunity:
ii. Peer delivered education and support
iii. Mental health service wait-times

HL1: Increase the percentage of Members who are living a healthful lifestyle
Areas of Opportunity
i. Disease prevention, management, and recovery

SD3: Increase the percentage of Members who have access to healthy food.
Areas of Opportunity
i. Food security

SD4: Increase health equity.
Areas of Opportunity
i. Health disparities experienced by Members due to age, disability, gender identity, geographical location, income, race or ethnicity, sex, sexual orientation, etc.

Budget:
Total Project Budget: $31,575.06
Total Requested Budget: $27,867.66

Brief Summary:

A Street Medicine team is a mobile collaboration that goes directly to the places people live and seek shelter so that our most vulnerable citizens (often including the elderly, pregnant women, children, and the LGBTQ community) can connect with providers in ways that are accessible, trauma-informed, and rooted in the care of the whole person.

In Benton County people experiencing houselessness must be willing to travel to a medical facility or clinic to receive medical/psychological/or spiritual care. While there are outreach teams that connect with people where they are, we have never experimented with the street medicine model. By combining the trusted relationships of outreach workers who are already engaged with folks living in camps with medical and other care professionals, we have the capacity to transform lives with holistic care of mind, body and spirit.

Pilot Description

Executive Summary:

Unity Shelter's mission is providing safe shelter through collaborative care; offering low-barrier emergency and transitional housing to those in our community who have none. When people lack safe shelter they are often denied hygiene, access to clean water, nutritious food, and the ability to be located. In addition to recognizing the importance of these physical needs, Unity Shelter recognizes that people who lack safe shelter can also experience a deficiency of social

connection and may suffer the complications of trauma, mental illness, and/or addiction. We strive to pay exquisite attention to the ethics of belonging, community, purpose, and dignity. We value relationships of equity where the inherent purpose, dignity, and wisdom of each individual results in mutual support and communities of care.

Unity Shelter envisions a community where lack of housing or shelter is rare, brief, and nonrecurring, and where all people have a safe and stable place to live, connect, and thrive.

Unity Shelter operates two emergency shelters for men and women, a hygiene center, and two transitional housing programs. Unity Shelter's programs offer case management in partnership with Corvallis Housing First, access to traditional health worker support, and resource navigation.

In our work, it has become clear that additional support is needed to serve individuals experiencing homelessness effectively. Unity Shelter hopes to add a Street Medicine component to our organization to increase access and support by providing direct care to the individuals on the margins of our program offerings. Our emergency shelter options and transitional housing programs are simply not adequate to shelter the number of individuals sleeping rough in Benton County. These individuals are on our waiting lists and may interact with the resources offered at the Hygiene Center but are unlikely to be engaged with supportive systems partnering in their wellness.

Every day, we encounter individuals in our programs who have various medical needs (physical, mental, emotional and spiritual) that are not being addressed because of lack of access to provider networks. While there is a lack of capacity in the provider community, many people living out are unable to walk into a medical facility and encounter a professional, clinical space because of a lifetime of poor encounters with the medical community, PTSD, the anxiety of being inside, or the real risk of leaving their campsite and belongings vulnerable.

Utilizing a Street Medicine model means traveling to the places people are living (and often hiding in fear of being legally prosecuted for living outdoors) rather than requiring them to leave their personal belongings and homes. Leaving a campsite is an incredibly vulnerable act and people will often not risk it, even in the most dire of circumstances. By working to mitigate barriers of access and distrust, we will be able to better serve the most vulnerable members of our community and on our housing waiting lists in an equitable and humane way.

Pilot Description:

Achieving the goals of the pilot project will increase health and well-being among the chronically homeless population that connect with Unity Shelter through the Hygiene Center, or may utilize emergency shelter and transitional housing through Unity Shelter in the future.

The pilot's first goal is to *identify the holistic health needs of Corvallis' homeless population living rough*. Our Street Medicine (SM) team will spend a dedicated amount of time at camps to build relationships and trust with individuals. By further understanding the social determinants of health that are at play in an individual's social status, SM providers can successfully identify

needs, and assist in overcoming barriers to accessing healthcare, often offering treatment at the campsite. This will be measured through Shelterware intake assessments, and further case notes that stem from engaging with individuals to understand their specific needs, traumas, and barriers. This data can be compiled to provide a broader understanding of the needs faced in this community.

The second goal of the pilot is to *increase access to mental, physical, behavioral, and spiritual health for people experiencing homelessness*. The SM team will often be able to offer immediate care and when appropriate and over time will assist clients in culturally sensitive resource navigation and advocacy to address a client's specific needs. The SM team will also assist in enrolling eligible individuals in IHN-CCO, then work to create a bridge toward providing continuity of care between street medicine and potential in-house mental, physical, and behavioral health care. Relationship building among those living rough and the SM team will assist in decreasing untreated chronic illness and instead get people the care they need and deserve.

The third goal of the pilot is to *increase overall health and well-being through consistent, supportive and accessible services*. The SM team will have the training necessary to fulfill their role, along with Unity Shelter staff and volunteer training that provides insight into the realities that folx living rough experience. The SM team will partner with folx who have lived experience that can provide an extra level of understanding and compassion when understanding an individual's needs and hesitations. The SM team will truly be able to meet guests where they are (in reality as well as metaphorically) to increase comfort and trust within the relationship. This approach can ultimately re-engage the client in their personal health, and increase the client's self-confidence in advocating for their health through traditional models, housing, and well-being in the future.

Community Partners:

Corvallis Daytime Drop-in Center- The SM team will work closely with the SORT (Street Outreach Response Team) group to identify and engage the campsites of those living rough in our area. These volunteers have the most contact and relational connection to the folx we intend to serve and will be our necessary, trusted partners in forming connection and relationship.

Jackson Street Youth Services - Like the CDDC, Jackson Street has a volunteer team of individuals who visit campsites regularly to make connections with youth. Partnership with their outreach team will be critical for relationship building.

Community Outreach, Inc. - Community Outreach, Inc. is the single, ongoing provider of free, acute and primary medical care to members of our community. They are a source of knowledge and experience for this pilot project - as well as a point of connection to the providers in our community who already volunteer their time and expertise. Communicating across projects will be important as we work to build quality care across the continuum of spaces for those in need of medical care.

Community Services Consortium - This community action agency's caseworkers often know where their housing clients are living and sleeping off the grid. Their knowledge of location and background on individuals will be critical to connections for the SM team.

Samaritan Health Services - An ongoing partnership with the pharmacy, individual providers, and Anita Earl, supervisor of the care management team, are critical partnerships for providing quality care and connection to the hospital and ER.

Benton County Health Department - The health department's Harm Reduction team is a knowledgeable guide for where people are living and sleeping (especially those most remote locations). This connection point will serve as a bridge to relationship building from those who already hold trust in the community we hope to serve.

Health Equity Plan:

This pilot will promote health equity by increasing the accessibility of becoming a member of the IHN-CCO and subsequently receiving the proper care to address a myriad of health issues both pre-existing and chronic, and emergent. With COVID-19 came a lack of health navigation and clinical support services within social services settings, as well as a proliferation of the homeless population. Unity Shelter's experience is that our guests often arrive with untreated chronic illness, and a lack of awareness of how to address them, an unwillingness, or inability to navigate the traditional healthcare system. Individuals experiencing chronic homelessness experience a high rate of health disparities compared to a housed community because they can often not meet the expectations of filling out paperwork, making and attending multiple appointments, and understanding and consenting to needed care due to continued displacement and lack of stability. A SM team will remove the barriers associated with leaving one's campsite vulnerable to receive care, trauma and distrust associated with entering a medical facility, and work from a relational starting point, rather than a transactional process; aligning with Unity Shelter's goal of being a community in-service to others.

This pilot has the capacity to address long-standing health conditions in a timely manner, and provide a bridge to more traditional healthcare when appropriate.

The data will be tracked in a system called Shelterware. All Unity Shelter clients are entered into this program at intake, and asked basic questions regarding resources, benefits, previous housing and homelessness, and basic needs. From this data, the SM team will be able to assess where their services are needed and update the information regularly and add case specific notes to support collaboration with each other and Unity Shelter's Traditional Health Workers (THW). Through help from a data specialist and Shelterware administrators, Unity Shelter will be able to request health equity data so improvements can be addressed on the administrative and direct-service fronts.

Individuals Carrying out the Pilot:

Shawn Collins, Executive Director, is an experienced people and project manager. Shawn began working in the area of housing and homelessness in 2016, serving as the program

manager of the Housing Opportunity Action Council. In 2019, he was part of the group that formed Unity Shelter, with the intent to bring multiple shelter and transitional housing programs into one organization and was named Executive Director in July 2020. Shawn will provide primary supervision and support for the Street Medicine project.

Ailiah Schafer, Operations Coordinator, holds a Master of Public Health degree, and has worked in youth mental health support, housing case management, development, and operations roles. She has extensive experience as a case manager, working with low-income individuals, and training in suicide awareness and prevention and trauma-informed care. She will assist in administrative support of the SM team.

Rev. Jennifer Butler, *Project Lead,* is the Senior Minister of First Congregational Church in Corvallis, Oregon. The congregation has a longstanding commitment to social justice - including a focus in the areas of poverty and healthcare. In July of 2019 Reverend Butler established Safe Camp, a managed camping site for 30+ individuals in a grassroots advocacy effort. Over the last four years, Safe Camp has become SafePlace (Benton County's microshelter program) and leadership for the program was transferred to Unity Shelter. Today, this program is the most successful transitional housing program in our area. Rev. Butler has 20 years of nonprofit and volunteer management experience and has spent the last several years building relational connections with the unhoused community in Corvallis through her work and ongoing volunteerism with SafePlace and Unity Shelter, the SORT team, and collaborations with numerous social service organizations. She is committed to providing care of spirit in culturally-appropriate, trauma-informed ways, in times of acute crisis and otherwise.

Data Entry Specialist TBD, The individual in this role will assist the Street Medicine team in ensuring accurate data input into Shelterware and the Homeless Management Information System (HMIS). They will also be the point person for pulling data and reports to show success and improvements throughout the project.

Individuals Committed as Volunteers -

- Dr. Gabriel Ledger from the Good Samaritan Emergency Department
- Dr. Jim Phelps, retired psychiatrist
- Dr. Andrea McCann from the Good Samaritan OB GYN Department
- Dr. Mary Boucher, a private practice Naturopath and Midwife
- Rev. Garrett Beatty, chaplaincy support from Corvallis Evangelical Church
- Rev. Jennifer Butler, interfaith spiritual care support from First Congregational United Church of Christ
- Angela Koning, LPC, a therapist in private practice and volunteer with White Bird Clinic in Eugene
- Lisa Hawash, MSW Program Director, Portland State University

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

Many of the individuals in the target population already utilize Unity Shelter's scope of services, and have connections with our identified partners. Unity Shelter staff strive to build a

sense of trust within the community, therefore outreach efforts for this project will begin immediately. Signage (in English and Spanish) will be posted at each of the US locations and partner sites, and individuals will be able to ask questions of staff members and volunteers that connect them to the SM team. The program will be promoted on social media and the Unity Shelter website. The SM team will immediately begin a weekly visitation of campsites with community partners to begin building relationships.

Potential risks and how the pilot plans to address them:

The surge in homelessness throughout the pandemic poses a risk to the success of the project. With the scope of needs that continue to arise from the effects of the pandemic it is possible that Unity Shelter and those involved in this project cannot meet the demand in a timely manner.

Distrust of social services agencies and reluctance to participate in services poses a risk to the success of the project. Barriers of access support in standard setting require flexibility of the participant to be able to make appointments and navigate a complex web of systems on their own. Due to this, many individuals have difficulty believing that any social service will be able to help them address their needs. Unity Shelter will address this by taking the time to build trust and strong relationships with individuals on a timeline that works for them. Meeting guests in their own locations and building trust before offering services will be critical. Leveraging our relationships with partners who have lived experience when we began to build these relationships and make connections is essential to our success, as well as understanding the necessity of patience and consistency when working with individuals who have a history of poor experiences with social service agencies and medical professionals.

Sustainability Plan:

Street Medicine is not a new concept, but it is still a rarity on the West Coast. Having a collaborative Street Medicine team partnering with a community's emergency and transitional sheltering system is a unique concept. The focus on a wide variety of partners (including spiritual care and non-western medicine practitioners) is also an innovative experiment.

Partnering with Unity Shelter's existing Traditional Health Worker program as well as the Outreach teams at collaborating organizations will provide our community with access to trusted relationships and advocacy partners that will support the intersection of health, wellness, and housing goals.

If the implementation of the pilot is successful, Unity Shelter will integrate Street Medicine into the core operations of the organization. Through close community partnerships with organizations serving this population, the resource of Unity's THW's, alongside healthcare practitioners, we believe we can drastically increase health and well-being across all social determinants of health among the unhoused community.

If this pilot is successful, Unity Shelter's budget would be adjusted to include the project costs. Unity Shelter will continue to seek and apply for funding opportunities that support staffing and operational costs.

Budget Narrative:

Funding from this request would primarily go to supplies needed to successfully build rapport and safely engage with and meet the needs of individuals the SM team encounters. All volunteers would go through Unity Shelter's staff training protocol if the content is new to them, and engage in Street Medicine training as available. The Street Medicine Institute (SMI), which is a recommended resource from White Bird Clinic and Portland Street Medicine is a global leader in developing a practicing street medicine, helping boost these programs in 140 cities in 27 countries. SMI has a wide and expanding variety of training and research resources, and provides consultations for new and existing teams. Content is accessible through a yearly membership, which would be a critical resource for Unity Shelter's SM team. Unity Shelter will also dedicate eight hours weekly to staff time to ensure proper documentation, scheduling, and resources are available.

	Baseline or Current State	Monitoring Activities	Benchmark or Future State	Met By
Specific Measurable Attainable Relevant Timely Inclusive Equitable	There is no consistent supportive services structure that travels to camped locations to identify and/or address the needs of the community living rough. This kind of model promotes equity and inclusivity in terms of access as we work to pay attention to the intersectionality of how race, ethnicity, gender, culture, socioeconomic status, language, sexual orientation, age, spirituality and literacy impact this population.	A team dedicated to establishing rapport using access to camped location through trusted outreach workers will immediately begin mapping locations, individuals, and building relationship. Case notes will be documented in Shelterware and potentially through an EMR platform.	Data will be collected and pulled regarding not just those currently in shelter, but also those living rough. For example: the last time an individual had contact with a PCP, sought treatment in a traditional setting, basic health status. This data will contribute to more complete and accurate information across the social services spectrum, as well as in the healthcare network.	December-24
	Our relationships through emergency shelter operations, guests of the Hygiene Center, and campsites at the fringes of our services reveal a preponderance of untreated chronic illness, social isolation, and loneliness that has not been addressed in a timely manner, if ever.	Need is documented in Shelterware, and communicated to the appropriate volunteer provider. Partnerships are supported by THW's for followup care, if appropriate.	Unsheltered individuals will be enrolled in IHN-CCO and have support and advocacy in addressing primary care for physical, mental, and behavioral health needs. Through the bridge of a street medicine team, eventual treatment in a medical facility setting may become possible.	December-24
	Unity Shelter has support service staff (THW's) but lacks the holistic health team that can create a wider harm reduction and community health net than currently exists.	Street Outreach Team refers to other team members, THW's as appropriate, and other partner organizations. Through networked collaboration, presenting issues, treatment, goals and progress will be documented through Shelterware.	85% of Unity Shelter guests are offered supportive services immediately upon and intake and staff (THW's CM's, frontline staff) have capacity to refer and assist.	December-24
	Data is inconsistent regarding health equity and basic needs, largely due to the difficulty connecting and communicating with this population	Street Medicine team will undergo a training through Unity Shelter staff regarding data collection and input. Regular data reporting and analysis will be collected.	100% of data entered into Shelterware is accurate, reliable, and consistent with the number of individuals served through the Street Medicine project.	December-24

Pilot: Street Medicine Team

Pilot Start Date:	**1/1/2024**	**Pilot End Date:**	**12/31/2024**
Direct Costs		**Total Cost**	**Amount Requested***
Equipment (tablets, PPE, first aid)		$8,000.00	$6,000.00
Outreach supplies (Coffee, snacks, socks, etc)		$3,000.00	$3,000.00
Training (Street Med Training, US staff and volunteer training)		$3,340.00	$2,000.00
SMI (Street Medicine Institute) Membership		$786.00	$786.00
Staff time (8hrs/ week @ $20/hr)		$8,320.00	$8,320.00
Mileage reimbursement at $0.585/mile for outreach visits		$5,000.00	$5,000.00
Total Direct Costs	**Rate (%)**	**$28,446.00**	**$25,106.00**
Indirect Expenses (not to exceed 15% of Direct Costs)	11.00%	$3,129.06	$2,761.66
Total Project Budget		**$31,575.06**	**$27,867.66**

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