InterCommunity Health Network CCO

IHN-CCO Delivery System Transformation
Pilot Progress Reports

January 2021 to June 2021

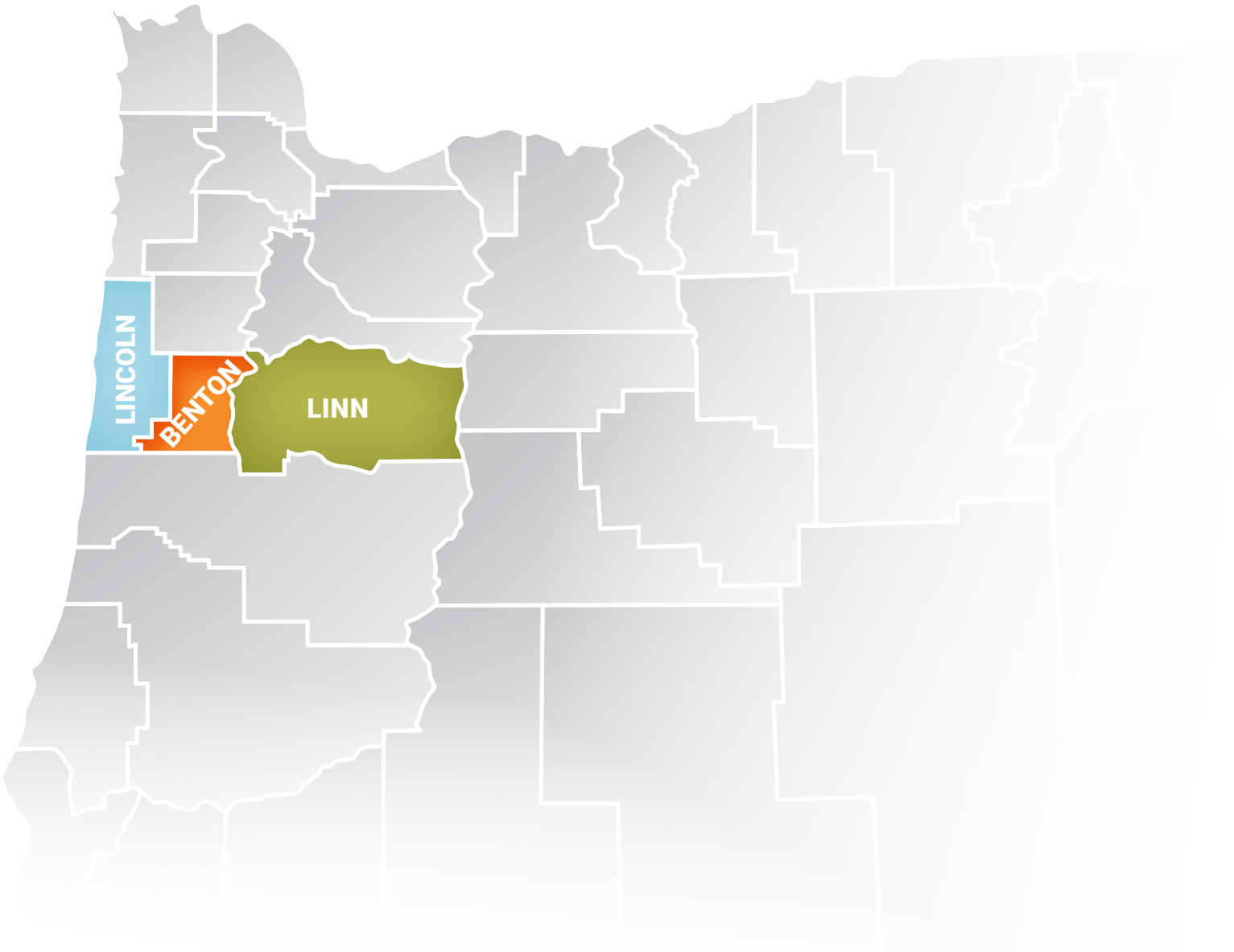


Table of Contents

Beck Fox

Bravery Center

- $150,075
- January 2020 to July 2021
- Resources and supports for LGBTQ+ youth and young adults in Lincoln County and throughout our region, LGBTQ+ health equity, and community/provider education
- Highlights of the Quarter
  - Highlights: Youth leadership team, Pride month resolution, and trans health equity work
  - Learning opportunities: Sustainability and collaboration with new partners

Successes

- Youth leadership team led group conversation about Pride, community visibility/acceptance
  - Drafted a formal request and presented to Lincoln County Commissioners
  - Official resolution was passed, designating June as Pride month in Lincoln County
- Building volunteer base
- New community, regional and state partnerships
- Collaboration with bilingual, bicultural Olalla staff and external partners to start addressing lack of LGBTQ+ outreach and support to Spanish-speaking LGBTQ+ youth and their families
- Connecting with healthcare providers and administrators through presentations and honest conversations about trans health equity and opportunities for improvement

Challenges

- Increase in COVID-19 cases has further delayed opening of the drop-in center due to health and safety concerns
- Continuing to seek funding to support a program coordinator/resource navigator
- How to maintain a strong, meaningful hybrid model in the future so that Bravery can continue to support families outside Lincoln County

Sustainability

- Grants pending
  - S.H.A.R.E. Initiative - Brave Pathways Coalition project to address unique needs around LGBTQ+ housing in Oregon
  - Oregon Community Foundation - Resource Navigator/Program Coordinator
  - Pride Foundation - general operating support
- Continuing to expand mental health services

Conferences and Presentations

Most recent presentations include:

- Willamette Valley Pride panel - May 2021
- Trans Healthcare within Lincoln County: Investigation and Review for the Lincoln County Community Advisory Council - May 2021
- Basic Rights Oregon Pride panel - June 2021
- Trans Healthcare within the Lincoln County Samaritan Network: Investigation, Review, and Opportunities for Action - June 2021
- Oregon Pacific Area Health Education Center
    - Transgender Mental Health and Wellbeing: The Impacts of COVID-19 - July 2021

Stories from the Field

When one of Bravery's youth leaders presented to the Lincoln County Board of Commissioners regarding the Pride month resolution, they were asked what adults can do to be more supportive of LGBTQ+ youth in our community. The youth's response was short and simple:

Be kind. Seriously, kindness goes a long way. Just be open-minded, listen, and be kind to LGBTQ+ people, and it can make a huge difference.

IHN-CCO CommCard Pilot Program

- January 2021 to July 2021
- Highlights
  - Conducted six healthcare trainings for community members with developmental disabilities
  - Trained another health care professional to assist with CommCard sessions
  - Offered two virtual informational sessions for helping professionals working in Linn, Benton, and Lincoln Counties

Successes

- Were able to hold four CommCard Training Sessions within the schools despite the small window of time between schools opening (after COVID-19 closures) and letting out for summer break
- Conducted two CommCard Training Sessions that were open to the public
- Overwhelmingly positive feedback from participants, support staff, educators, and parents

Challenges

- COVID-19 restrictions made planning and holding in person trainings challenging
- It is difficult to measure self-advocacy skills and health outcomes of participants

Sustainability

The Arc of Benton County has utilized IHN-CCO funding to purchase necessary equipment and to cross-train staff to ensure that they are able to continue supporting The CommCard Program.

The Arc is also in the process of creating an informational video to assist educators and healthcare professionals in identifying who can benefit from a CommCard and to assist their students/clients in registering for a training.

Conferences and Presentations

Presented "Developmental Disabilities: Building Trust Through Equity and Accommodations" at the Kinsman Bioethics Conference. Dozens of healthcare workers were educated about the need to provide sensitive care that fully includes and accommodates people with developmental disabilities.

CommCard®

Next Steps

Finalize informational video

Produce informational flyers to be distributed to schools and health clinics

Schedule training sessions for Middle and High School Students

Presenters

Community Doula Program

Summary

Facilitates the recruitment, training, and reimbursement of birth doulas to serve pregnant members of IHN-CCO

Birth doulas build trusting relationships with pregnant people and provide physical, emotional, and informational support during labor and birth

The Community Doula Program builds relationships and strengthens connections with providers and key stakeholders, recruits and trains trusted community members, and connects doulas to pregnant people

- Reporting Period: January 2021 to June 2021
- Budget: $151,455
- Partners: Heart of the Valley Birth and Beyond, Oregon State University, Nurture Oregon, Reconnections Counseling, Linn County Public Health, Every Mother Counts, ABC House, Family Connects, Oregon Doula Association, Corvallis/Albany NAACP, LBHEA, Critical Mass, Otherness, Nurse Family Partnership Lincoln County, Aetna, CVS
- Highlights
  - Partnership began with Samaritan's Care Coordination Team.
    - Received 4 referrals from their team the next day.
  - 6 safe sleep baby bundles processed
  - Collaboration with Every Mother Counts; National Digital Doula Project (Aetna, CVS)
  - Contracted with Nurture Oregon Lincoln County
  - Collaboration established with Nurse Family Partnership Lincoln County: Mam speaker outreach
  - Educational video series for outreach initiatives
  - 2 rural doula trainings scheduled (October, November); 36 enrolled, 25 waitlisted
  - Black Maternal Health Week Event with Corvallis/Albany NAACP, LBHEA, SHS, IHN-CCO
- Learning experiences
  - Getting correctly reimbursed is hard
  - Contracting is confusing and slow

Successes

- Presented and began partnership with Samaritan's Care Coordination Team.
- Increase in referrals from Lincoln county
- Increase in referrals from east Linn county
- First doula in Lincoln City to become a THW doula
- 4 new THW doulas, 4 more in process.
- 6 safe sleep baby bundles processed
- Monthly trainings & collaboration with community partners
- THW Learning Collaborative Presentation
- Developed reflective supervision practices including Story Circles with accountability partner Micknai Arefaine.
- CDP Doulas are beginning to contract with other CCOs

Challenges

- Moving from pilot to a sustainable organization
- Establishing billing hub and being correctly reimbursed for doula services
- COVID-19 continues to result in decrease in referrals to the doula program
- Telehealth / remote prenatal and postpartum visits. Decrease in postpartum visits

"I've seen this tension in the doula world. On the one hand is this idea that everybody should have a doula or should be able to access a doula whether or not they can pay—which I absolutely agree with—and on the other end there's this idea that every doula should be paid what she's worth. We deserve to make a living as well. It's really difficult to find that balance between being accessible and also being able to support yourself." (CDP THW doula)

"That is the hardest part—sort of living my philosophy or maybe I'll call it my calling even as a birth worker—which is to provide support to people who wouldn't usually be able to get it. And then also having to recognize that I can't always drop everything for someone else's family because I have to care for my own kids, and I don't have childcare or I, you know, can't afford child care. Whatever it is, a lot of times I can't afford to be on call." (CDP THW doula)

Goals

Goal	Measure	Methodology	Frequency	Definition of Success	Progress to Date
10% referral rate - East Linn County	(25 referrals in year one), 10 doulas trained to serve in this region	Track in CDP database	To be evaluated quarterly and at conclusion.	See measure	11/25 referrals to date (7 to Lebanon hospital, 3 Lebanon home birth, 1 Sweet Home birth), 24 doulas enrolled in trainings
10% referral rate - Lincoln County	(30 in year one), 10 doulas trained to serve in this region	Track in CDP database	To be evaluated quarterly and at conclusion.	See measure	9/30 referrals to date (7 from Lincoln City and 2 from Newport). Invited to present at Lincoln County Grand Rounds, 12 doulas enrolled in training
Parenting groups: Addition of queer parenting group, sustain Spanish speaking group	>50% increase in attendance, participant feedback on value	Track attendance, program evaluations	To be evaluated quarterly and at conclusion.	See measure	Identified leadership and building a network via social media. Spanish support group is actively meeting. High participation and positive feedback.

Goals, continued

Goal	Measure	Methodology	Frequency	Definition of Success	Progress to Date
Safe Sleep resources:	(estimated 20-30/year)	Distribute safe sleep resource baskets through doulas who identify need	To be evaluated quarterly and at conclusion.	See measure	3 delivered to families, 3 ready for pick up
Contraception Counseling:	>70% of CDP clients who receive postpartum (PP) care receive contraception counseling and assistance to access services as needed	Doulas work through contraception checklist with each client at last postpartum visit	To be evaluated quarterly and at conclusion.	See measure	Met with Linn County Public Health Community Health Specialist, Adaline Padlina. Developed a training for doulas to offer contraception counseling, check list draft completed
Expanded PP visits: **Healthy Families**	>50% of clients served receive 4 in-home (or zoom) postpartum visits; Collaboration: 10 joint visit warm hand-offs/year one	Track in Qualtrics outcomes database	To be evaluated quarterly and at conclusion.	See measure (revise measure due to complications from COVID?) Many families still want remote visits.	2 families have had their doula become their Healthy Families home visitor, 10% of clients have received 4 in-home PP visits, more have received 4 combined in –person and telehealth/ remote visits.

Sustainability

- New website has donation button
- Awarded Funding from Oregon Community Foundation
- Contracted with Nurture Oregon to provide services and program support
- Presented to Samaritan Foundation
- Grant writing, ongoing
- Interns
- Set up Facebook donation option
- IHN contract for doula services

"One of the other things I have really enjoyed about the CDP is actually working with other people where we have different strengths and we balance each other. That's one of the things I loved about my work life is working in groups like that. And you know really appreciating what different people bring to the party. It feels like a family." (CDP THW doula)

"They've [the CDP] really created a system of support within itself for the doulas. I think it is the community. We are partially being paid in joy and support, plus the trainings. That is something that really makes a difference and helps with doulas who are struggling with their doula work. The program really helps you overcome the challenges." (CDP THW doula)

Conferences, Presentations, Papers, & Outreach

Date	Conference	Details
January-February 2021	Racism in Perinatal and Pediatric Health Series	6 week workshop series with ongoing community workgroups focusing on cross sector collaboration to improve maternal and infant outcomes and workforce support.
	National Perinatal Epidemiology Centre, Cork, Ireland	Community Doulas and Maternal Choice: The Oregon Community Doula Program
	Doula Training	Program Update & Doula Refresher Training
	OSU College of Liberal Arts	Social Justice Works project that is centering the Community Doula Program
February 2021	Society for Applied Anthropology	Pregnancy and Birth in a Complex Society: Scaling up doula services for Medicaid Populations in Oregon
April 2021	American Association of Biological Anthropology	States of Exception, Structural Vulnerability and Resiliency: Providing Doula Care During COVID-19
May 2021	Research and Social Justice Forum (OSU)	The Community Doula Program in Linn, Benton, and Lincoln Counties
Articles	*Journal of Community Health*; American Anthropological Association Annual Conference	Finding our Way in a System not Built for Us: Staying With the Trouble in a Community Doula Program
	In Prep for *The Journal of Perinatal Education*	The Oregon Community Doula Program: A Pilot Program Serving Medicaid Priority Populations

Stories from the Field

"My client literally had nothing for her baby. The safe sleep baby bundle meant so much to her." (CDP THW doula)

"Right now I am taking care of two sisters and they don't know yet because of client confidentiality. I can't wait until they find out!" (CDP THW doula)

"With my program I can only serve a family one time. But now I am going to be a doula for someone who I cared for for 3 years before. We are both so excited!" (CDP THW doula)

"I cannot overstate the difference a doula makes for members of the MAM community I care for. Sometimes this is the first time they have ever been in a hospital, and I can see they are terrified. I wish I could be in the room with them the entire time, but I can't. I really can't say enough about how just having [doula's name] there, even if it is just to hold their hand. It makes all the difference." (Midwife)

"I still cannot believe our program is one of three that was selected to be highlighted with the CVS program. Can you imagine scanning a QR code next to a pregnancy test and seeing our doulas talking about how to avoid an unnecessary cesarean? This work is mostly volunteer, and when this kind of thing happens. it really makes it all so worth it." (CDP leadership team member)

DST PILOT Disability Equity Center

Laura Estreich
Abby Mulcahy
Allison Hobgood


the truth is
DisABiLITY
IS
HOT
SAD
heart-breaking
UNLOVABLE
CHIC
BEAUTIFUL
a tragedy.

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

3-Pronged Approach:

- meet the diverse needs of **people living with disabilities**, as well as their family and friends, as a resource, community, and cultural center for disabled people and their allies--pride and culture

- address the specific needs of **healthcare providers**, concentrating on gaps and augmenting partnerships across formal disability support services to fill gaps and help with resource navigation--resource navigation hub

- educate our **local community** about ableism and change social misperceptions about people with disabilities--education and outreach

- $ 183,750 for 2021
- January 2021 to June 2021, 6 month report

Highlights, Pride and Culture:

- 4-part Disability and Race seminar, especially amplifying the voices of DEC members/allies of color
- Collaborative Storytelling via Story Circles and with OSU DisArchive
- Discover the Artist Next Door, local disabled artists gallery tour
- Dan Wayne free-form, mixed abilities weekly dance movement class

Highlights, Resource and Healthcare Navigation and Support

- Founding partnerships to help to create mental health supports at CHS
- Long-running Wellness Wednesdays art therapy mindfulness group
- COVID-19 presentation on vaccines confidence and disability know your rights
- Research projects on mental health for adults with developmental disability; Benton county disability resources; and supports for people with learning disabilities

Highlights, Education and Outreach

- ADA 30 celebration awareness event, #BeautyforAccess
- Art for All, mixed-ability art classes
- Pending Disability Justice and Equity Training with Samaritan
- Linn-Benton Health Equity Alliance leadership team
- Willamette Criminal Justice Council advocacy work


ACCESS FOR ALL

Successes

DEC has been able to:

* offer coalition building, social connection, decreasing isolation and stigma, creating self-discovery

* remove some obstacles to care, increase resource navigation and support, cultivate knowledgeable, equitable healthcare providers, and link existing support systems

* fight against ableism, change social misperceptions about people with disabilities, and enhance disability justice

Some Important Partnerships & Collaborations

- IHNCCO Delivery Systems Transformation
- The Arc of Benton County
- Grateful Moth Collective
- Aging and Disability Services OR Cascades West Council of Governance
- Corvallis School District
- Oregon State University
- Homelessness Service providers Benton, Linn, Lincoln Counties
- Rural Organizing Project
- Cornerstone Associates
- Linn-Benton Health Equity Alliance
- Oregon Council on Developmental Disabilities

Challenges

- COVID-19! obstacle to gathering, planning, and development
- Meeting the *very* diverse needs of all community members
- Engaging communities of color as robustly as DEC should
- Outreach to constituents in light of the pandemic

Learning Experiences

Navigating a pandemic!

Working to decenter white folx and amplifying supports for disabled, BIPOC community members

Identifying and sustaining leadership and volunteers

Negotiating start up of a brand-new organization

Identifying and narrowing DEC programming foci

Sustainability

- New grants
- Innovative fundraising strategies
- Creative outreach initiatives
- New leadership from first-ever DEC Executive Director!
- Deepening and strengthening partnerships
- Openness to change and growth as dictated by DEC community, especially BIPOC members and allies

Conferences and Presentations

CONFERENCES:

ORAHEAD: Oregon Association of Higher Education and Disability
https://www.orahead.org/

SDS: Society for Disability Studies
https://disstudies.org/index.php/sds-annual-conference/2021-sdsosu/

PRESENTATIONS:

DEC has been offering ongoing, consistent presentations across myriad disability topics as part of our basic programming

Stories from the Field: words in pictures


Welcome
Beat FOR
Access


#BeautyforAccess

Stories from the Field

Rachel Adams, interview by Laura E.

Why are disabled people important? All people are important, regardless of disability. But disabled people are especially valuable to our society because they add a kind of diversity that often gets overlooked. When we find ways to fully include them, we all benefit from having a more varied and just society. We also sometimes develop innovations that are useful to everyone like close captioning or curb cuts.

How could the world be better for people with disabilities? The world could be better if we expanded our efforts at inclusion beyond just meeting the basic legal requirements. What if we created a welcome atmosphere, instead of just an accommodating one, our goal? We could try to find other ways of valuing human life than who gets the best test scores, is the most productive, the fastest, or the most athletic.

What else would you like to say about disability or your experience with it? I feel so lucky to have a person who is disabled in my life! My biggest regret is that I didn't realize this when my son was born. I thought he might make my life sad and difficult. But I didn't know how much joy and fun he would bring.

George Estreich, interview by Laura E.

Why are disabled people important? First, because all people are important. Second, because people whose bodies and minds work differently often see the world in new and different ways. "Disability is a site of creativity," as my friend Sara Hendren says. (Sara has a son with Down syndrome.)

How could the world be better for people with disabilities? Less discrimination, more accommodation. Put another way: Nondisabled people should not just be nicer to people with disabilities, but welcome them as equals; and we should try to build a world where people with disabilities can flourish.

What else would you like to say about disability or your experience with it? After you were born, I realized I didn't know anything about disability. Since then, I have been trying to learn more, by reading and writing books. This has led to meeting many, many people--some disabled and some not--who have greatly enriched my life.

“I am Laura Regina Estreich born with down syndrome heart defect repair with disability i have a sister also i have two best friends in corvallis oregon am in Wings educational program i am on oregon council on developmental disabilities since 2012special olympics unified sports program i did swimming, basketball with team in high school team. was gold medalist. am intern at disability equity center i do very big ideas.”

Thank you, DST, for all of your support!

Harm Reduction + HCV Treatment in Primary Care

Aimee Snyder
Isabelle Cisco

Lincoln County Public Health - Health Promotion

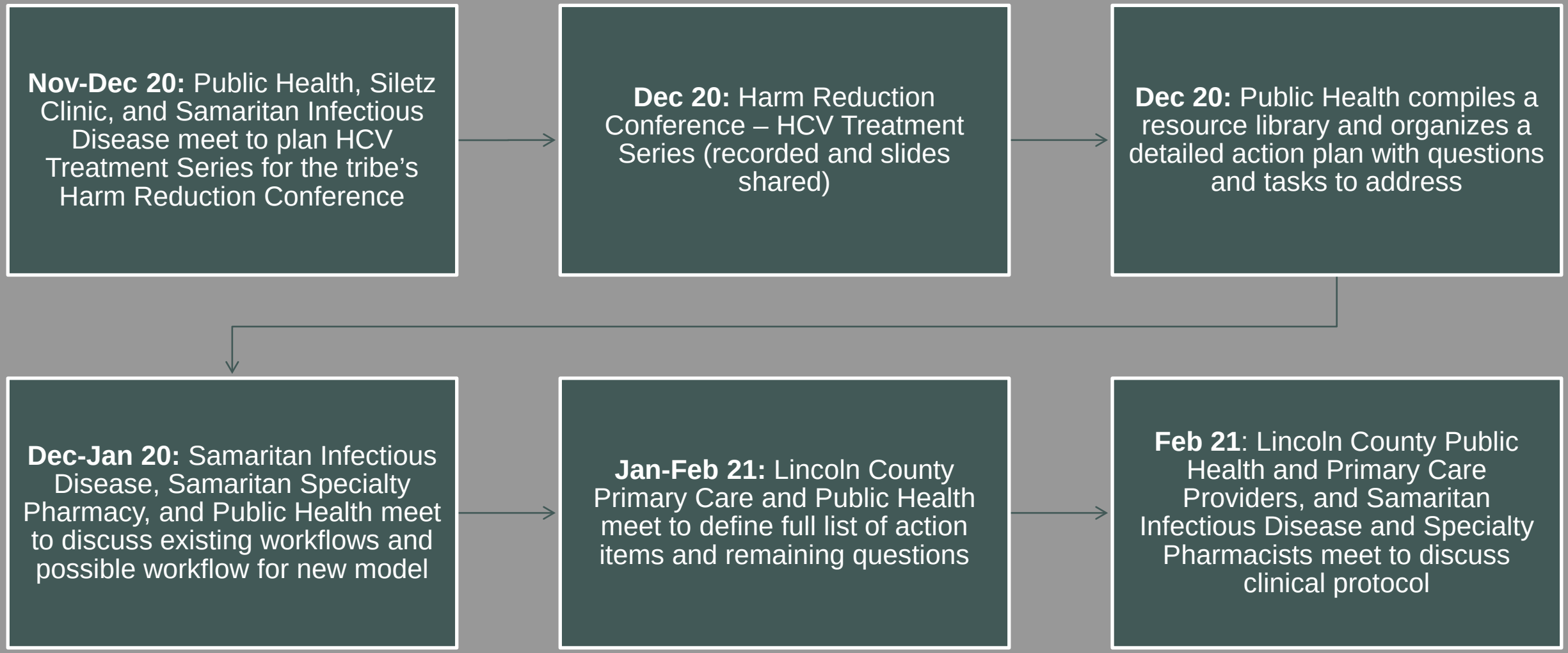
- $39,404.33
- January 2021-December 2021
- Summary of Project:
  - Reducing time to Hepatitis C Virus (HCV) treatment by:
    - Adding same-day low-barrier HCV confirmatory testing in Primary Care settings
    - Adding HCV diagnosis and treatment through Primary Care settings
    - Increasing linkages between existing Harm Reduction Community Health Workers and Primary Care
- Highlights of first 6 months: Inter-agency collaboration, new inter-professional social networks, and expanding knowledge of HCV treatment across systems
- Learnings from first 6 months: Different languages across disciplines and systems, varying workflows of other systems, and possible interaction points for connections between systems and workflows

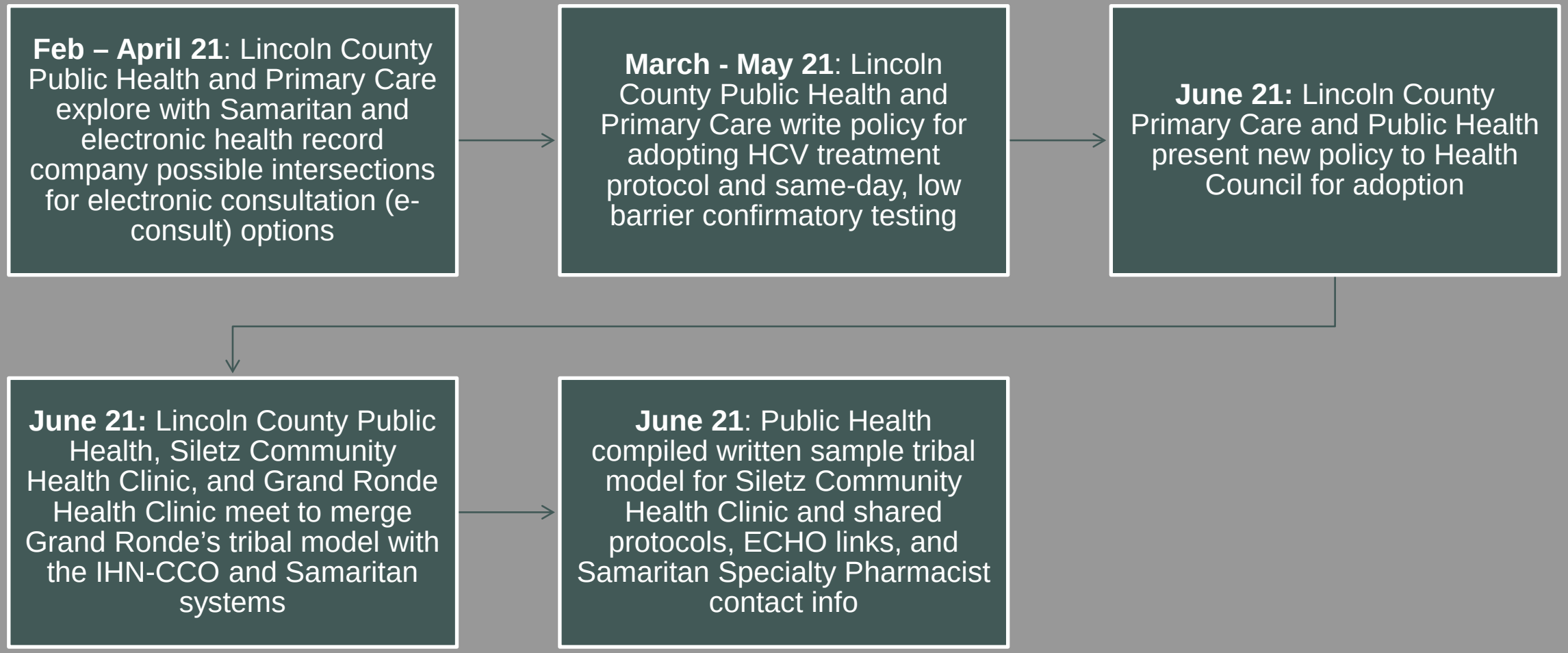
Successes

- Inter-professional social networks (inter-discipline peer mentorship) developed across systems to share and combine knowledge and expertise, amongst:
  - Lincoln County Public Health and Primary Care
  - Siletz Community Health Clinic and Grand Ronde Health & Wellness Center (tribal clinics)
  - Samaritan Infectious Disease, Samaritan Specialty Pharmacy, and Samaritan administration
- Increase in readiness and preparation for Hepatitis C Virus treatment in Primary Care settings in Lincoln County
- Development of a shared resource library for HCV treatment in Primary Care settings, including provider training presentations and videos from the Siletz Community Health Clinic's Harm Reduction Conference which included 3 sessions on HCV treatment
- Lincoln County Public Health and Primary Care partnering to adapt Primary Care's policies and procedures to reduce barriers to care for people who are most at risk for HCV
- Identified two models for HCV treatment: 1. Lincoln County Primary Care and 2. Sample Model for Tribal Clinic in IHN-CCO area

Challenges

- COVID-19 response requiring prioritization and reducing staff availability and resources
- Determining who from each system needs to be at certain meetings together and scheduling inter-departmental or inter-organizational meetings with the right people to pool the necessary information and launch an action item
- Identifying what component can translate across a system or how it can be adapted
- Complexity of each system and gaps in understanding of each other’s systems, languages, or functions
- Information Technology gaps between different electronic health records systems


Nov-Dec 20: Public Health, Siletz Clinic, and Samaritan Infectious Disease meet to plan HCV Treatment Series for the tribe's Harm Reduction Conference
Dec 20: Harm Reduction Conference – HCV Treatment Series (recorded and slides shared)
Dec 20: Public Health compiles a resource library and organizes a detailed action plan with questions and tasks to address
Dec-Jan 20: Samaritan Infectious Disease, Samaritan Specialty Pharmacy, and Public Health meet to discuss existing workflows and possible workflow for new model
Jan-Feb 21: Lincoln County Primary Care and Public Health meet to define full list of action items and remaining questions
Feb 21: Lincoln County Public Health and Primary Care Providers, and Samaritan Infectious Disease and Specialty Pharmacists meet to discuss clinical protocol


Feb – April 21: Lincoln County Public Health and Primary Care explore with Samaritan and electronic health record company possible intersections for electronic consultation (e-consult) options
March - May 21: Lincoln County Public Health and Primary Care write policy for adopting HCV treatment protocol and same-day, low barrier confirmatory testing
June 21: Lincoln County Primary Care and Public Health present new policy to Health Council for adoption
June 21: Lincoln County Public Health, Siletz Community Health Clinic, and Grand Ronde Health Clinic meet to merge Grand Ronde's tribal model with the IHN-CCO and Samaritan systems
June 21: Public Health compiled written sample tribal model for Siletz Community Health Clinic and shared protocols, ECHO links, and Samaritan Specialty Pharmacist contact info

Lincoln County Primary Care Model

Low Barrier Confirmatory Testing and Navigation

- Primary Care will accept same-day, lab-only appointments for Harm Reduction clients for confirmatory testing
- Harm Reduction or Primary Care Community Health Workers can aid the client in Oregon Health Plan enrollment and identifying their intended medical home for follow up care

HCV Treatment in Primary Care

- For clients choosing Lincoln County Primary Care for follow up care: Primary Care Providers will follow the simplified treatment protocol and will order low-barrier fibrosis assessments that do not require out-of-county travel
- Patients will be provided with an introduction letter describing the local HCV treatment process at appropriate health literacy levels for people who use drugs

Referrals by Complexity

- Simple cases will be assessed and monitored locally by Lincoln County Primary Care. Simple cases will be referred to Samaritan Specialty Pharmacy's phone- and mail-based services for medication; Samaritan Specialty Pharmacy will serve as the care coordinator for treatment period, as required by IHN-CCO
- Complex cases will be referred to Samaritan Infectious Disease, per usual course of HCV for Lincoln County residents

Developing Tribal Clinic Model

Assemble an in-house HCV Care Team

- Tribal clinic will assemble a HCV care team: A medical provider, a case manager, and an in-house pharmacist
- In-house pharmacist will procure HCV medications for the clinic pharmacy
- Case manager will assess whether client has health benefits through Indian Health Services, IHN-CCO, or other, and will provide navigation through administrative barriers
- Case manager can apply for financial assistance for patients without coverage directly from drug manufacturers

HCV Treatment in Primary Care

- The medical provider will follow the simplified treatment protocol and will order low-barrier fibrosis assessments that do not require travel out of tribal lands
- Provider can seek case consultation through HCV "ECHO" programs* and by contacting Samaritan Infectious Disease
- Patients will be provided culturally appropriate education from the medical provider, care coordinator, or in-house pharmacist
- Case manager will provide regular check-ins with clients throughout treatment

Referrals by Benefits and Complexity

- Tribal members with simple cases will be assessed, monitored, and treated by tribal clinic
- IHN-CCO members with simple cases will be assessed and monitored by the tribal clinic's provider and will be referred to Samaritan Specialty Pharmacy's phone- and mail-based services for local treatment; Samaritan Specialty Pharmacy will serve as the care coordinator for treatment period, as required by IHN-CCO.
- Complex cases will be referred to Samaritan Infectious Disease, as usual course of care for tribal and Lincoln County residents

*ECHO (Extension for Community Healthcare Outcomes) programs are interactive, case-based provider mentoring programs. ECHO is an effective research-tested approach to providing provider consultation to expand HCV treatment through rural and primary care settings.

Sustainability

Lincoln County Public Health

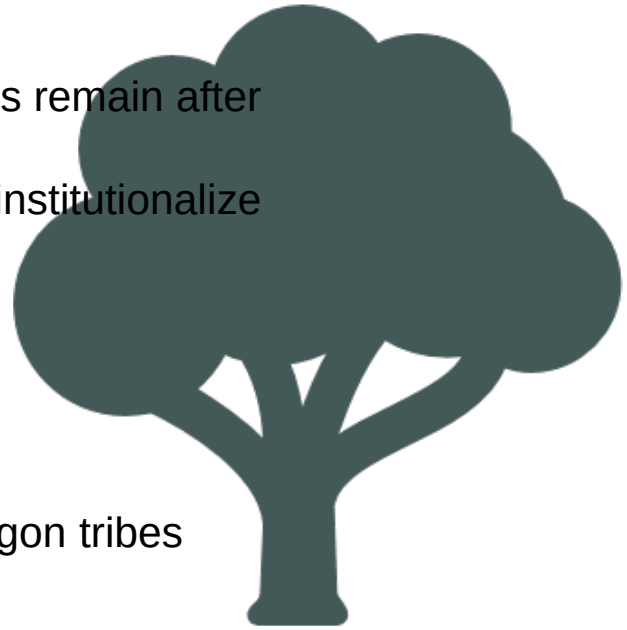
- Compiled internal resource library for HCV treatment in primary care
- Example models are being “packaged” and shared across systems to allow other institutions to adopt

Lincoln County Primary Care

- Institutional policies and procedures are being changed so that changes remain after funding and staff changes
- Electronic health record interface and billing practices are changing to institutionalize HCV treatment

Siletz Community Health Center

- HCV treatment series recordings saved as resource library
- Strengthening mentorship with Grand Ronde providers
- Adding to Grand Ronde’s goal for HCV Elimination strategy for all Oregon tribes



Conferences and Presentations

- Oregon Viral Hepatitis Collective:
  - *Lincoln County Harm Reduction + HCV Treatment in Primary Care Pilot Program*
  - Oregon Viral Hepatitis Collective Annual Meeting - April 16th, 2021
  - Presented by: Isabelle Cisco

Stories from the Field

Why low barrier testing and treatment by local primary care providers is needed:

"The population we are working with have many barriers making **just getting tested hard.** There are appointments to be scheduled and transportation arrangements made, let alone coming to terms with testing positive. **Not having access to treatment locally is the biggest barrier of all.** We are asking folks that are often without a place to live or any means of transportation to travel not just outside their community but outside the county to access treatment. **Without proper support many will drop out of treatment, which is an unacceptable consequence of inadequate access."**

-Siletz Community Health Clinic Leadership

Linn County Crisis Outreach Response

Shirley Byrd
Executive Director

Budget: $149,900

Reporting Period: Jan 21 to June 21

Summary: FAC mission is to establish TRUST and inspire HOPE by providing access to resources, services, and education to those who are experiencing homelessness and housing instability.

Highlights:

- Winter Shelter
- Shower Trailer
- Hired 1st Resilience worker
- 1st transitional housing Sweet Home
- Leading SH Sleep Center effort
- Led unsheltered PIT count in East Linn County

Learning Experiences:

- Understand and relate to people that are in vulnerable marginalized groups.
- We may not share the same experiences but we do share the same feelings.
- It takes 15-50 contacts to build trust

Successes

- ***Zero*** reported Covid cases
- 1st Transitional placement in Sweet Home
- Showers/Shower Trailer
- Client wellness check resulted in 100+ day sobriety
- Sweet Home City partnership
- East Linn Harm Reduction Program
- Laundry Love partnership
- Community Health Worker training

Challenges

- Covid BH Case Increase from 30 to 120 police Dispatch requests 2021, sustainability impacted
- Partner participation pull-back
- Hub implementation Partnership fell through for space delay 4 month
- Finding non-traditional health workers for outreach
- No Client mgmt system
- Volunteers

Baseline or Current State	Monitoring Activities	Benchmark or Future State	Met By (MM/YYYY)	Outcome
On the street many no-show's to appointments. Unable to access medication. Behavior problems (acting out) on the street in public spaces.	Monitor behavior through personal interaction on the street.	No missed appointments.	12/1/2021	Difficult to track, from inquiry ~50% appointments are missed. reports of BH impacts increased from 30 to over 120
No usage of telehealth or telephone visits from street outreach program. (Mobile outreach vehicle, outreach hub).	Implement and track use of telehealth and telephone for: Behavioral health with Linn County Public Health Samaritan appointments. Legal Appointments	Increase telehealth and telephone appointments.	April-21	Implemented a telehealth solutions that was utilized several times. Appointment coordination is difficult, missed appointments and availability difficult when required or needed. Conversation to changes to availability etc. with Linn Co Health
Chronic homelessness individuals and family units.	At 6 month and 12 month updates through case management activity reporting.	Increase in stably housed individuals and families.	6/1/21 12/1/21	34 individuals served at winter shelter, scarcity of transitional housing continues to be a problem 6-8 others served for transitional / respite housing needs

Baseline or Current State	Monitoring Activities	Benchmark or Future State	Met By (MM/YYYY)	Outcome
There is no formalized continuum of care	Implement a case management system that links and strengthens collaborations with partners, programs, services, and education to people experiencing homelessness and the unstably housed.	Increased utilization of services, programs, and referrals.	December-21	In Progress, Health resiliancy worker hired and formalized case management needs to be selected and implemented
Ineffective and inefficient education.	Track client utilization of educational opportunities. Increase in awareness of partners understanding of the marginalized homeless population. Increase community awareness and understanding of the marginalized homeless population.	Offer one class on life skills per quarter to clients. Provide partners with information and trainings dealing with highly marginalized populations. Provide community with information and trainings dealing with the marginalized homeless population.	4/1/21 7/1/21 10/1/21 12/1/21	Client education with each interaction for Covid, Partner information sharing strong and but due to covid no life skills training has occured
Inequity in medical services	Monitor treatment of clients through case management and street outreach reporting .	Decrease usage of acute care. Increase adherence to treatment plans. Improvement of clients care and treatment. Increase client engagement and usage of primary and preventive healthcare services. Promote and build relationships between partners and clients.	December-21	Promotion of client care and some successes from advocacy. Clients clean and sober for 14 weeks
There is no formalized continum of care	Implement a case management system that links and strengthens collaborations with partners, programs, services, and education to people experiencing homelessness and the unstably housed.	Increased utilization of services, programs, and referrals.	December-21	In Progress, Health resilience worker hired. Formalized case management needs to be selected and implemented

Sustainability

- Samaritan & Linn County Health-
  - Grant $, covid ed materials, and covid supplies

- Confederated tribes of Siletz Indians Charitable Contribution Board
  - Grant $ for Sleeping bags tents and backpacks

- Partner CSC, Chance
  - Rental Assistance
  - Transitional / Respite Housing

- One Sweet Home - Grant $

- Private donations - Grant $, Resources

- Organization Fundraising Can Drive

Conferences and Presentations

- Live Longer Lebanon
- Housing Equity and Resource Coalition East Linn County (HERC)
- Linn Local Advisory Committee
- Helping Hands
- Lebanon Rotary Club
- Albany Police Dept
- Sweet Home Health Committee
- Various Partner Conferences: (CSC, Chance, Sweet Home Pregnancy center, Helping Hands, Samaritan, Oregon Red Cross, Linn County Behavioral Health
- Leading Sweet Home Health Sub-Committee on Homelessness
- Samaritan Foundation

Stories from the Field

Covid Response

Winter Shelter

Harm Reduction

Hygiene

Outreach

Partnerships for Oral Health

Karen Hall, Linda Mann

- $49, 601
- January 2021 to Dec 2021
- Partnerships for Oral Health uniquely coalesces traditional health workers (THWs), social workers, family relief centers, behavioral health, mental health, primary care and prenatal providers to increase access to oral health services and navigation utilizing a truly innovative approach to integration. In addition, an expanded practice dental hygienist (EPDH) will be available to provide onsite assessments, preventive services and navigation to community members at Department of Human Services-Lebanon (DHS), Samaritan Treatment and Recovery Center (STARS) and Samaritan Mid Valley Health Center (SMVHC).
- Highlights of the Quarter
  - Tested and evaluated curricula in the field and 90% completed curriculum for THWs working with populations of substance abuse disorder and recovery
  - Created and distributed a THW questionnaire from input by the THW workgroup
  - Created partnerships and workflows with DHS system. Have meetings scheduled with two additional partners
  - Learned from the THW feedback that the THWs are more interested in resources and help with navigation rather than oral health information
  - Learned that currently the DHS foster care children are getting their oral health assessments in E Linn county, but that education and additional services for birth parents are needed

Successes

- We were able to connect with the DHS and foster children advocates several times and develop strong connections
- Our partnership with SMVHC has grown from the original intent of our EPDH occasionally visiting the clinic to an onsite EPDH co-located. We are in the process of ironing out the details and getting the MOU signed.
- We have connected with THWs working in the region and also learned that they would like information about what they can provide to medical and dental offices distributed to the region. I have proposed that the THW workgroup tackle this as a project in the fall.

Challenges

- We had a staff change with our EPDH, and it has taken quite a bit of time for the new provider to be credentialed at the hospital
- We have had difficulty getting STARS meetings scheduled
- It has taken longer than anticipated to get the EPDH collocated in SMVHC

Sustainability

- Once the relationships are established, the navigational tools are distributed, any community education pieces are created and referral mechanisms are in place, the pilot should be self-sustaining.
- In the future, if we decide to finish the curriculum for THWs, we will need to secure a partner to make it available for THW continuing education.

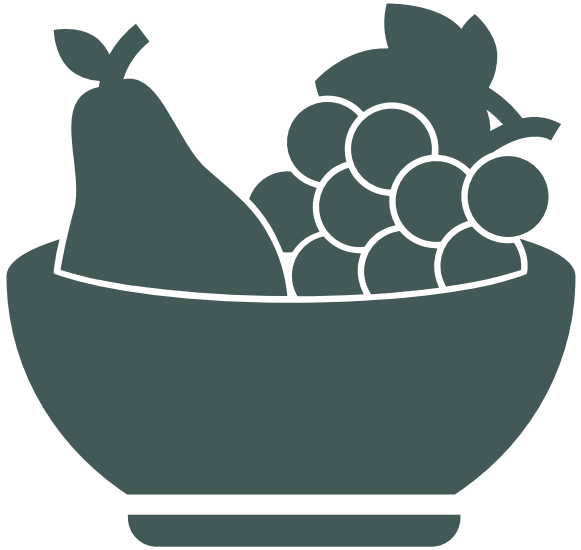
Stories from the Field

- None yet

Allison Myers

Wellness in Neighborhood Stores

July 31, 2021

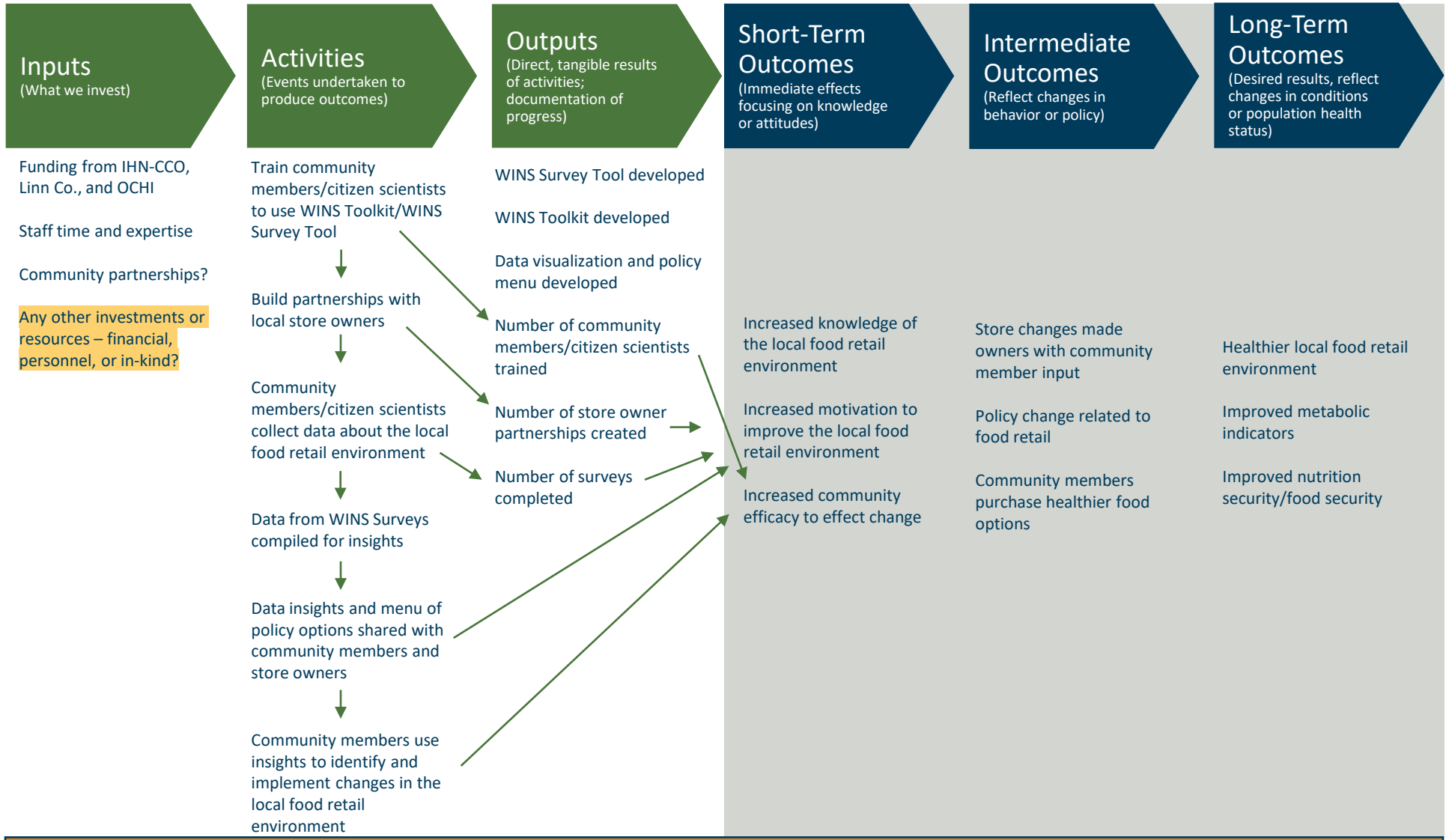


Summary

Linn County Public Health (LCPH) and the OSU Center for Health Innovation (OCHI) are partnering with convenience store owners and managers on tobacco environmental and health impact assessments.

Opportunity exists for convenience store owners and managers to grow as partners in the larger health ecosystem and to improve healthy eating and food security.

- Reporting Period: Through July 2021
- Budget: $99,485
- Partners
  - Linn County Public Health
  - OSU Center for Health Innovation
- Ultimate goals are to
  - work in partnership with owners and managers in small food stores in Linn County.
  - work with store-shoppers who are members of IHN-CCO.
  - make store-based changes that can improve food security and promote healthy eating.
- Highlights
  - As restrictions in Oregon and within partner organizations ease, team members are directing attention back to WINS.



ASSUMPTIONS:

- Beliefs we have about how the program will work (translate theory/framework from TRL initiatives for example)
- Surveys/data insights will work as intended
- Changes to the food environment/policy adoptions will cause changes in purchasing behaviors/food choices

EXTERNAL FACTORS:

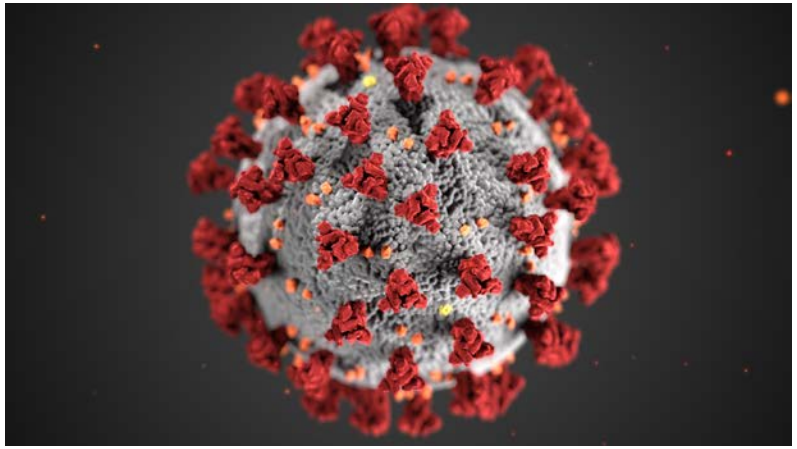
- Socioeconomic, geographical, and food preferences of the target audience will also influence intended outcomes
- Local politics will influence enactment of identified food retail policies
- Other barriers or factors to identify?

Successes

- Team made good progress until the week of March 9, 2020. It was that week when Oregon State University ceased in-person activities.
- As of July 2021, Governor Brown has lifted restrictions and Oregon State University is allowing research activity without restriction.
- Team is now reviewing peer-reviewed literature to see how interventions have changed and plans to restart regular meetings.
- Navigating program outcomes: food insecurity v. food behaviors v. health behaviors v. health outcomes
- Sustainable place-based changes to affect food security will be more important than ever as continue to respond to and recover from COVID-19

Challenges

Our collective need to respond to the COVID-19 pandemic halted the project for many months. Our team members were required to serve in other capacities, and our leadership, rightly so, prohibited non-essential community activities.



Linn WINS Project Goals

Goals	Activities	Measures	Met By	Progress to Date
Engage IHN-CCO member shoppers to learn about member needs and behaviors in the retail space	Work with IHN-CCO members to assess shopper needs and behaviors	# of key informant/focus groups conducted	12/31/2022	
	Identify convenience stores in Linn County proximate to highest number of IHN-CCO members	List of top twenty stores that are closest to the largest amount of members	12/31/2021	Done
	Complete agreements with stores to participate in assessments	# of completed agreements (5)	12/31/2022	
Collaborate with stores to assess and implement store level changes	Partner with store owners and managers to complete WINS assessments	# of completed store assessments (5)	12/31/2022	
	Hold bimonthly meetings with store partners to review assessment results and provide technical assistance on policy and environmental changes	Meeting every other month with store partners (5)	12/31/2022	
	Assist stores in implementing healthy store-based changes.		12/31/2022	
Evaluate and revise toolkit	Conduct process evaluations with participants	Completed evaluations	12/31/2022	
	Use evaluations to revise components of toolkit	Toolkit revisions	12/31/2022	
	Finalize WINS Toolkit 1.1	Final toolkit	12/31/2022	
Increase number of WIC/SNAP certified stores in Linn County	Partner with store owners to work towards WIC/SNAP	At least two stores move towards WIC/SNAP certification	12/31/2022	

Linn WINS Background & Rationale

- 1 in 4 children and 1 in 6 adults in Linn County **do not have enough nutritious food to eat** to be healthy.
- **Place matters for food insecurity**. Often, people who experience food insecurity live far away from grocery stores, and instead live close to convenience stores. Grocery stores tend to carry a lot of foods to support a balanced diet; convenience stores generally do not.
- 55% of IHN-CCO members live in Linn County. Among this population, **64% live within one half mile of a convenience store; whereas just 30% live near a grocery store**.
- Since 2018, Linn County Public Health and the OSU Center for Health Innovation have been partnering with convenience store owners to characterize tobacco retail environments. That is now being **expanded to address food insecurity** within the county.

Linn WINS Expected Outcomes & Timeline

- The main outcome of this pilot proposal is to increase the percentage of IHN-CCO members who have access to healthy foods.
- Specifically, outcomes include complete store-based changes in 5 convenience stores and a complete WINS Toolkit to be used in other areas.

Activities	2021		2022			
	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun	Jul Aug Sep	Oct Nov Dec
Develop WINS food environment observational survey tool						
Develop and pilot test *draft* WINS Toolkit with component pieces						
Recruit and confirm partner convenience store owners and managers						
Recruit IHN-CCO members and assess shopper needs and behaviors						
Partner with/assist store owners and managers to implement store-based changes						
Meet regularly with store partners to ensure progress						
Conduct process evaluations with store partners						
Develop *final* WINS Toolkit (survey tool + component pieces) for dissemination						

Expected completion of the activities described here is now, given the COVID-19 pandemic, **December 31, 2022**.

Sustainability

- A sharable WINS Toolkit will be developed and used in other communities.
- Well-planned, thoughtful store-based changes that are acceptable and interesting to store owners/managers and shoppers are inherently a sustainable place-based strategy
- Linn Co PH will operationalize store-based change support
- OSU and Linn Co PH hopes to scale this effort once an acceptable pilot program/toolkit is developed

Conferences and Presentations

Date	Meeting	Details
JAN 2020	Meeting of CCOs with Jennifer Chandler, Oregon Health Authority	RP and AEM responded to request for information about Linn WINS at a meeting of CCOs who are working on systems changes to promote food security.
FEB 2020	OSU College of Public Health and Human Sciences Community Advisory Council	AEM presented Linn WINS effort at Dean Javier Nieto's request to members of the CPHHS Community Advisory Council at Portland University Day
JAN 2021	Oregon State University Ignite Sessions	AEM presented Linn WINS "Community science for store-based changes to promote food security" at January 2021 university-wide Ignite symposium
OCT 2021	Oregon Public Health Association; Corvallis, OR	Next year, when we have more to report, we plan to submit an abstract/proposal to the Oregon Public Health Association annual meeting.

We are very grateful for the financial support of IHN-CCO, with in-kind support from all project partners.

If anyone has interests in food security and healthy eating, please reach out to us!

Questions and Discussion

Wellness to Smiles

Summary

Addresses barriers to nutritious affordable food, housing, and oral health by improving the collaboration between oral health care and social services in Lincoln County

A community-based dental care team including an Expanded Practice Dental Hygienist (EPDH), Dental Assistant/Community Health Worker (CHW) and teledentist will provide oral health services, education and navigation, and also utilize teledentistry

The overarching goal of the pilot is to coordinate systems among community partners to reduce health disparities and improve oral health and overall health outcomes for IHN-CCO clients

- Reporting Period: January 2021 to June 2021
- Budget: $100,214 (2020), no fund extension for 2021
- Partners: SNAP ED, HALC, Food Share of Lincoln County and Centro de Ayuda
- Highlights
  - Virtual nutrition education and gift card incentive
  - COVID related barriers
  - SDOH screenings and referrals
  - No-fund extension

Successes

- Providing dental services at 3 sites
- Partnership with OSU Extension to provide
  - virtual nutrition education and grocery gift cards
  - lettuce grow kits
- On-site produce provided
- Dedicated program partners
- One-year no-fund extension
- SDOH screenings and referrals
- Increased marketing – flyers, direct mail, radio, social media
- Highest utilization numbers since pilot inception

Challenges

- Client participation
- Providing services during COVID
- Program promotion
- Staff turnover

Goals 2020

Baseline or Current State	Monitoring Activities	Benchmark or Future State	Met By	Progress to Date
2020 Data	Increase overall dental utilization by all IHN-CCO clients assigned to the Advantage Dental Clinic in Newport by a 3 percentage point increase from previous measurement year	42.79% 2019	12/31/2020	27.67%
2020 Data	Increase overall dental utilization by pregnant IHN-CCO clients assigned to the Advantage Dental Clinic in Newport from previous measurement year	24.44% 2019	12/31/2020	8.11%
2020 Data	Reduction in ED visits from previous measurement year for nontraumatic dental pain by IHN clients assigned to the Advantage Dental Clinic in Newport, and corresponding cost savings associated with ED visits	1.50% 2019	12/31/2020	1.35%
2020 Data	Increase overall dental utilization by adult IHN-CCO clients assigned to the Advantage Dental Clinic in Newport from previous measurement year	37.38% 2019	12/31/2020	26.36%
2 sites	Increase access points to oral health care in Lincoln County using teledentistry	5 sites	12/31/2020	3 sites

Goals 2021

Baseline or Current State	Monitoring Activities	Benchmark or Future State	Met By	Progress to Date
2021 Data	Increase overall dental utilization by all IHN-CCO clients assigned to the Advantage Dental Clinic in Newport by a 3 percentage point increase from previous measurement year	27.67%	6/30/2021	18.68%
2021 Data	Increase overall dental utilization by pregnant IHN-CCO clients assigned to the Advantage Dental Clinic in Newport from previous measurement year	8.11%	6/30/2021	7.55%
2021 Data	Reduction in ED visits from previous measurement year for nontraumatic dental pain by IHN clients assigned to the Advantage Dental Clinic in Newport, and corresponding cost savings associated with ED visits	1.35%	6/30/2021	.81%
2021 Data	Increase overall dental utilization by adult IHN-CCO clients assigned to the Advantage Dental Clinic in Newport from previous measurement year	26.36%	6/30/2021	15.97%
2 sites	Increase access points to oral health care in Lincoln County using teledentistry	3 sites	6/30/2021	3 sites

Sustainability

- Advantage Dental from DentaQuest continues the use of teledentistry as an enterprise initiative which provides support from Executive Leadership
- Dedicated program partners

Stories from the Field

- Participant was grateful as she planned on making stew for dinner that night and was provided the necessary ingredients on-site, so she didn't need to purchase them.
- A 6-year-old and his mother were offered a grow kit during their dental visit. The child was very excited about the opportunity to grow produce, exclaiming he wanted to make salsa with their tomatoes!