

December 5 8:30 AM – 3:00 PM



PACIFIC HOSPITAL
PRESERVATION &
DEVELOPMENT AUTHORITY

Acknowledgements

We acknowledge the land on which we are meeting – the ancestral lands of **Duwamish**, **Muckleshoot**, and **Snoqualmie Tribes** – and recognize their continuing connection to land, water, and community. We honor with gratitude the land itself and the **Coast Salish people** who are still here today.

We recognize the systemic oppression of Indigenous people, enslaved Africans, and other historically exploited people which has led to the disproportionality in representation and disparities in health of these communities we serve.





Welcome!

TOGETHER WE WILL CREATE A SAFE LEARNING SPACE

- Be kind and respectful.
- Give grace and offer help.
- Seek support and ask questions.
- Include everyone.
- Have fun!





PHPDA Staff



Virgil Wade (He/Him) Executive Director



Christina Bernard
(She/Her)
Finance & Program
Director



Mallory Fitzgerald (She/Her) Grants & Program Specialist



Whitney Regan (She/Her) Grants Coordinator



Brenda Hernandez
(She/Her)
Executive Assistant





Pacific Hospital PDA

Championing Health Equity

The mission of the Pacific Hospital Preservation & Development Authority is to support and provide funding for the provision of the best possible healthcare in the **Puget Sound region** in an effort to **eliminate disparities** in access to health resources and improve health outcomes.





Thank You, Sponsors!













PHPDA Opening Remarks



Virgil Wade

Executive Director of Pacific Hospital PDA





Presentations: 2022 – 3rd Year

- Akin
- Evergreen Treatment Services
- Global Perinatal Services
- Lutheran Community Services Northwest
- Purpose. Dignity. Action. (PDA)
- Tubman Center for Health & Freedom









Promoting Equitable Access to Early Childhood Services through Culturally Responsive Family Support

Transforming Primary Care one Relationship at a time



One Family's Experience



Key Lessons

- Repair through reflective listening
- Reframe to reduce future harm
- Impact through the parallel process

Supporting children, families, the clinic team, and each other to be our best selves.

Thank you!

TREATMENT IN MOTION

Building access and improving outcomes through community-based, rapid access to OTP services.



WHO WE SERVE

Our patient/client population is one of the most vulnerable and underserved populations in society.

ETS provides support services to:

- People who use drugs or are in recovery
- People who are unhoused or unstably housed
- People who are incarcerated or formerly incarcerated

Their needs are extremely complex and often compounded by:

- Extensive trauma
- Homelessness
- System barriers
- Social inequity
- Stigma and criminalization

- Access to and affordability of care
- Stigma and criminalization
- Untreated medical conditions
- Unaddressed mental and behavioral health issues



METHADONE EFFICACY

Methadone is a medication approved by the FDA to treat Opioid Use Disorders (OUD). It helps individuals achieve and sustain recovery and to reclaim active and meaningful lives.

- Reduced mortality by 50%
- Reduced illicit opioid use
- Decreased injection drug use
- Reduced HIV transmission risk behaviors
- Reduced risk of HIV diagnosis
- Reduced risk of hepatitis C virus infection
- Improved social functioning
- Better quality of life
- Retention rate is highest for methadone, 4 times that of drug-free or placebo treatment



PROGRAM GOALS

- Increase access to health resources by initiating a mobile treatment program for OUD that combines outreach with clinical expertise, using a holistic, collaborative approach to target and provide services to underserved communities and people that are disproportionately impacted by OUD.
- Improve health outcomes for individuals with OUD by creating partnerships with organizations serving clientele often not able to access MOUD treatment, by bringing lifesaving treatment directly to those in need, and by establishing a system that supports routine access to care and sustained treatment that are critical for MOUD's success.



WHAT HAVE WE ACCOMPLISHED THANKS TO THE PHPDA GRANT?

Thanks to the grant from PHPDA we have been able to successfully launch the T.I.M program in Seattle and realize the benefit of launching similar programs across our other sites.

Since the launch on May 23, 2023. We have Completed:

- 271 Intakes
- 1102 Dose Evaluations
- 307 Medical Consults
- 330 Reinstatements
- 805 Individual Counseling Sessions
- 57 ASAM completions
- 132 Case Management Individual Sessions
- 287 Case Management General Support
- 224 Case Management Brief Contacts



PHPDA 2024 All Grantees Meeting:

Global Perinatal Services

December 5th, 2024



Mission & Vision

Mission: To create culturally responsive pregnancy and parenting experiences for Black, immigrant, and refugee families.

Vision: Every mother and baby survive and thrive through pregnancy, labor, and beyond.

Program: Black Bundle of Joy

This program aims to assist expecting first time Black/African American parents with transitioning to their role into parenthood.

Services include:

- Doula Support
- Lactation Support
- Childbirth Education
- Father-to-Father Support



Since 2021, GPS has supported **623 births** with a breastfeeding initiation at birth rate of **93%** (584 families).

2022 Renewal Grantee (3rd year)

What have been your key learnings over the past three years?

- Feedback from clients and the community through quality control calls and focus groups has helped GPS adjust the program to fit the needs of the community
- Expanding on the support services offered
 - IBCLC Support added
 - Virtual and In-Person options
 - Additional Postpartum Doula support

What are your plans moving forward based on these insights?

- Hire and train additional doulas to assist with the growing number of referrals
- Strength relationships with existing referral partners such as NeighborCare Health, Healthpoint and Auburn Multicare and form new relationships with other non-profits and clinics

Thank you!

Have any questions? Connect with us:

Email: info@globalperinatal.org

Office Phone: 206.679.0782

Instagram: @GlobalPerinatalServices

Website: globalperinatal.org





Asylum Assistance Program

Wrap Around Case Management - An empty stomach has no ears.

Access to Community Resources: Housing, healthcare, and employment opportunities through referrals and in-house programs.

Emergency Assistance: Offering immediate support with food, clothing, and transportation to help meet basic needs during critical times.

Legal Support: Assisting with immigration processes, including applications for Employment Authorization Documents, to help clients gain legal work status.

Health Services Navigation: Connecting clients to medical care, including mental health services, and assisting with applications for programs.

Cultural Orientation: Conducting educational workshops to help clients understand life in the United States, covering topics such as accessing resources, financial literacy, and understanding rights.

AAP Program Challenges/ accomplishments

Last Presentation	Present
Securing Housing	Landlords specifically catering for immigrants, concessions
Funding	More funding/more advocacy/creativity
Staffing	Language Barriers

Staff who care but compassion fatigue.



Mental Health Program

All 3 Culturally Relevant Supervisors from last year are still here!

2 Common Threads Groups this year (Arabic, Russian + Ukrainian)

3 First Aid Arts Groups this year (Somali, Arabic, Spanish)

Islamic Trauma Healing pilot project for Afghan community (research)

Our Milestones

PHPDA project year 3 reflections

Year 1 Year 2 Year 3 **Moving Forward** Hiring > consultants (even Advocacy goes a long way Connecting with others Creating a sustainable if it's hard) toward in-kind services in helps secure what our program and team means clients need having a playbook the long run (continuum/network)

CoLEAD: Innovation, Impact & Growth Sustained

Presented by:

Chevonna Gaylor, MA, LMFT (CA BBS89366)

PDA Director of Education and Resiliency



December 5, 2024 | PHPDA Health Equity Fund: 2024 All Grantees Meeting

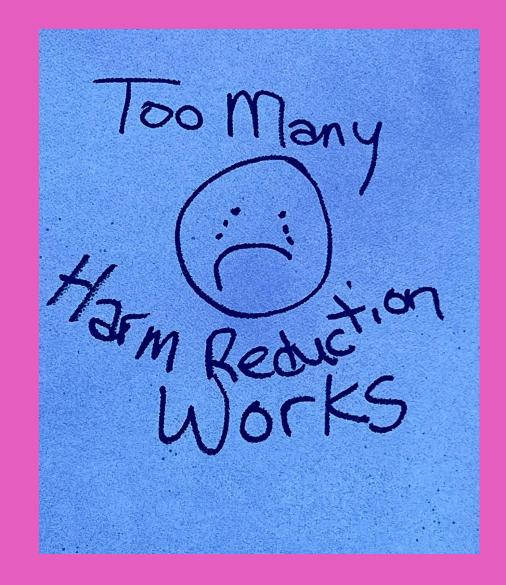
Year 1

You helped us achieve...

- √ Harm Reduction and Overdose Reversal Supplies
- √ Staff Training on MI and System Navigation
- √ Hiring a Legal Systems Coordinator

We've sustained...

- √ Zero overdose deaths in CoLEAD lodging
- ✓ Ongoing training in MI, Harm Reduction, Communication in the Workplace, Serious Mental Illness, Deescalation and more
- √ Significant increase in legal collaboration and advocacy
- ✓ Increased integration of LEAD Legal Team and Case Management staff





Year 2

- ✓ Supported CoLEAD Leadership transition and stabilization
- ✓ Developed sustainable systems for reporting, collaborating and advocating (a comprehensive and collaborative approach)
- ✓ Increased CoLEAD staff knowledge and awareness regarding legal system dynamics
- ✓ Continue to strengthen relationships with Seattle City Attorney and King County Prosecutor LEAD Liaisons (retreats, trainings and one on one interactions)





Year 3 Taking Care of the People that Take Care of Everyone Else

- √ Consecrated Role Director of Education and Resiliency
- √ Wellness and Professional Development for CoLEAD Team
- ✓ Workforce Support Model A Culture of Care, Well-being and Skill Building
- ✓ Mindful Monday, Monthly Wellness Articles, Restoration Groups, Care Coordination to Benefits and more (Cultural Humility and Consciousness)



√ No direct service staff left for another job in 2024



PDA Workforce Investments

Wellness + Healthcare + High Wages + Retirement Benefits =

Employee Retention & Positive Program Participant Outcomes

What's Next: Research. Share. Impact.









PHPDA All Grantees Gathering
December 2024

















Q&A: 2022 – 3rd Year

- Akin
- Evergreen Treatment Services
- Global Perinatal Services
- Lutheran Community Services Northwest
- Purpose. Dignity. Action. (PDA)
- Tubman Center for Health & Freedom





(5) Minute Break

THANK YOU SPONSORS!













Presentations: 2023 – 2nd Year

- Afghan Health Initiative
- Downtown Emergency Service Center (DESC)
- Elizabeth Gregory Home
- Neighborcare Health
- Peer Washington
- UTOPIA Washington
- Youth Experiential Training Institute (Y.E.T.I.)







About Afghan Health Initiative

Afghan Health Initiative (AHI) is a community-centered organization dedicated to empowering immigrant and refugee families to achieve stability and self-sufficiency. By addressing the social determinants of health, we provide culturally and linguistically tailored services that foster resilience, promote equitable access to opportunities, and improve overall well-being.

Our Focus Areas:

independence and stability.

Case Management: Connecting families with critical resources to support their resettlement journey.
 Youth Empowerment Programs: Leadership development and educational support for immigrant and refugee youth.
 Family Programs: Distribution of essential items to ease the financial burden of resettlement.
 Health and Wellness Initiatives: Addressing physical and mental health needs to promote holistic well-being.
 Economic Development: Employment support and skill-building to enhance financial

Afghan Health Coalition

Program Overview: The Afghan Health Coalition (AHC) tackles maternal health equity by addressing systemic and cultural barriers Afghan refugee women face. This program emphasizes education, fosters community involvement, and enhances access to culturally competent care, empowering women to navigate the healthcare system confidently.

Program Goals:

- Increase knowledge of maternal health rights and the importance of prenatal care.
- Equip Afghan refugee women with tools to navigate the U.S. healthcare system.
- Promote culturally responsive maternal health through community-led efforts.

Program Activities:

- Host monthly meetings on family planning and prenatal care.
- Conduct educational workshops tailored to community needs.
- Organize community forums for open discussions on maternal health concerns and solutions.



First Year Insights

	PROGRAM LAUNCH	CHALLENGES	ADJUSTMENTS
•	Needs Assessment: Conducted a needs assessment to gather insights from pregnant Afghan women and their families on challenges within the medical system, such as (1) Lack of access to services, (2) Limited cultural and linguistic representation, and (3) Barriers to understanding their rights and navigating care. Findings highlighted a critical need for culturally competent maternal healthcare solutions. The AHC was formed in response to these findings to drive meaningful change and serve as an advocate for community-driven initiatives.	 Navigating systemic barriers while ensuring alignment with the coalition's goals and priorities. Aligning the program's goals with the varied needs of the community. 	 Increased engagement by tailoring events and activities to community preferences, including feasibility discussions to gauge buy-in. Pivoted to explore embedding a Community Health Navigator (CHN) to address cultural and linguistic gaps in clinical care settings.

What's Next?

- **1. Community Health Navigator (CHN)**: Develop and test a CHN role embedded within clinical care settings to address cultural and linguistic gaps, fostering accessibility and trust in maternal healthcare services.
- 2. Workshop Expansion: Develop and implement additional educational workshops to bridge gaps in maternal health knowledge and address emerging community needs.
- **3. Partnership Building**: Strengthen collaborations with healthcare providers, community organizations, and cultural leaders to enhance program effectiveness and buy-in.
- **4. Data-Driven Improvements**: Use insights from initial assessment and ongoing community feedback to refine program goals and activities.
- **5. Sustainability Planning**: Explore long-term funding opportunities to support the CHN pilot and other maternal health initiatives.

What to Learn More? Connect with us!

Cynthia Mwansa Email: cynthia@afghanhealth.org Website: www.afghanhealth.org



DESC ConnectCare

Part of a Constellation of Programs

DESC offers:

- Five behavioral health programs
- Crisis response services
- Permanent Supportive Housing
- Emergency Shelter
- SUD counseling

Goals and Values:

- Eliminate unsheltered homelessness
- Housing First
- Work with the most complex and difficult clients

ConnectCare: Targeted & Intensive Support

For a small (25-30) cohort with:

- Highly complex, multi-provider medical needs (long-term)
- High-cost or highimpact interventions (short term)

Outcomes:

- Decreased missed visits
- Increased referrals & completions
- Increased medication adherence
- Increased client medical self-efficacy

Challenges & Lessons from Year 1

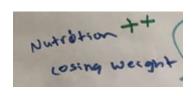
- Our population is aging, vulnerable; resources/access to care is limited
- Meeting specific needs (i.e. DME or transportation) often requires out of the box thinking or novel approaches
- "We don't know what we don't know" about clients' health and goals
- Frequent or unexpected changes to case management team, primary or internal med or other care providers increases risk for gaps in care

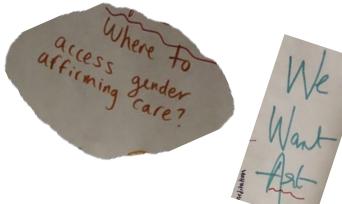
Readjusting in Year 2!

- Survey clients in shorter, more direct format to elicit their preferences, levels of satisfaction and services they find valuable
- Communicate, advocate, and communicate some more to care teams, service providers, referring staff and agency leadership around goals of program and systems barriers
- Maximize and leverage all available resources, providers, and knowledge holders!











Elizabeth Gregory Home Health Navigation Program

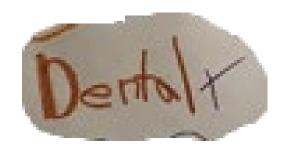
Challenges, Successes, and the Future











Highlights from our First Year

- 7 health emergencies that we were able to assist our clients with.
- Education events on topics such as Hot Weather Exposure, STIs, Nutrition, and Health as you Age.
- Recurring health events where clients have learned about health conditions they didn't know they had such as diabetes/prediabetes, gum disease, and chronic high blood pressure.
- Clients referred to providers they still see.
 This stability of providers is so beneficial to our clients.

Metric	Full Term Goal	7/1/23- 9/30/23 Actual	10/1/23- 12/31/23 Actual	1/1/24- 3/31/24 Actual	4/1/24- 6/30/24 Actual	Total Actual	% of goal
Number of clients receiving 1:1 Health Navigation Support	150	36	71	60	71	160	106.67%
Number of hours of individualized case management provided by the Health Navigator	450	52	129	120.4	125.75	427.15	94.92%
Number of Health Workshops held	12	0	4	7	4	15	125%
Number of clients who attended a Health Workshop	48	0	10	39	13	52	108.33%
Total unduplicated clients across all services (Please fill out total year-to-date for each report submitted)						<u>160</u>	

Challenges

- Continuity- A challenge has been ensuring clients maintain their healthcare goals.
 Clients do not attend appointments if they feel it is not a priority. Being unhoused can cause a massive priority shift.
- Lack of Resources- There is a huge shortage of mental health resources in the area.
 There is also a struggle to find optometry and complex dentistry services covered by Medicaid.
- Clients, staff, and providers may have differing views on the urgency or severity of a situation.



Successes

- Safer and more successful handoffs in emergencies. During medical and behavioral health crises we were able to have our health navigator accompany clients and stay with them as needed.
- Insurance Navigation- Having our health navigator be a Medicaid Navigator has allowed guests to renew insurance, enroll, change plans, or just have general questions answered quickly and easily.
- Providers at the Day Center. We have had A1C testing, Nursing Clinics, Dental Vans, Vaccinations, STI and Hepatitis Testing all at the day center





PHPDA 2024 ALL GRANTEES MEETING:

NEIGHBORCARE MIDWIFERY

DECEMBER 5, 2024

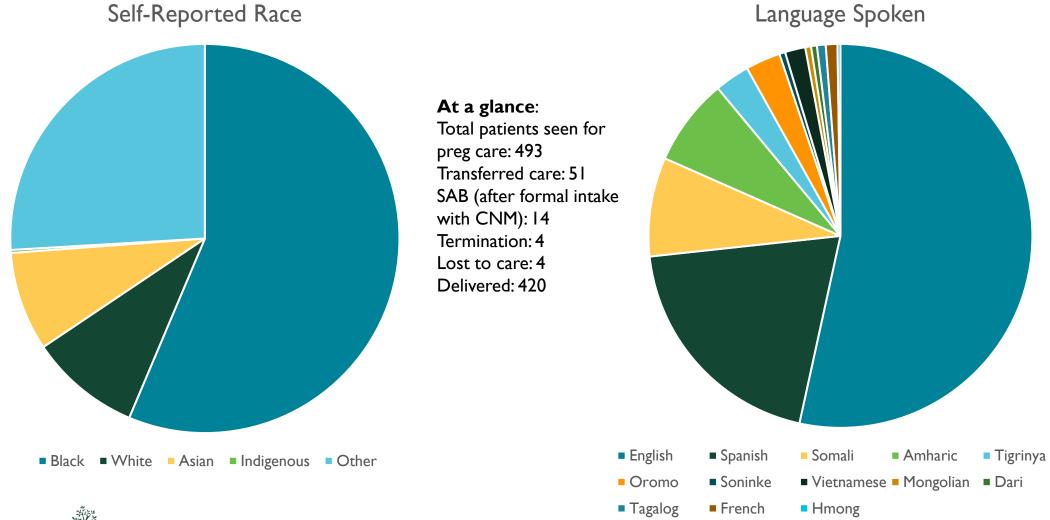


PROGRAM OVERVIEW

- The Neighborcare Midwives use a group care model to offer services at five Neighborcare clinics as well as 24/7 inpatient coverage at Swedish First Hill. We are supported by an interdisciplinary team of OB nurses, perinatal coordinators, and OB medical assistants.
- The midwifery practice is grounded in the principle of shared decision making and culturally congruent care. We emphasize individualized care coordination and trust-building. In addition to excellent clinical outcomes, our aim is to help our patients feel educated and empowered to make the best decisions regarding their healthcare.
- The PHPDA grant specifically funds our perinatal coordinators. These key members of our team assess social determinants of health on every patient and connect them to the resources they need. Their work spans from assisting our patients with WIC enrollement to arranging Hopelink rides to securing doula services, and quite a lot in between!



NEIGHBORCARE MIDWIFERY PATIENT CHARACTERISTICS





NCH MIDWIFERY PATIENT OUTCOMES: 2021-2023

	2021	2022	2023: 420 births attended	
Cesarean Birth (total)	20%	26.1%	21%	
NTSV cesarean rate	22%	23.2%	26.8%	
VBAC	71%	75.3%	63.2%	
Preterm Birth (<37 weeks)	2.9%	3.9%	2.9%	



TAKEAWAYS AND NEXT STEPS

What have been your key learnings over the past year? What are your plans moving forward based on these insights?

- The practice NTSV (nulliparous, term, singleton, vertex) cesarean section rate for 2023 was 26%. This represents an increase from prior years.
- Initial analytics indicate that the majority of the primary cesarean sections were called for non-reassuring fetal heart tones. There appear to be significant discrepancies between US born and immigrant patients.
- We have connected with the UW School of Nursing for assistance in the analysis of our dataset and will begin working with a biostatistics PhD candidate in early 2025.
- We plan to use the data insights to develop a detailed and focused plan for quality improvement on our key benchmarks.



SKCMCPIP

SOUTH KING COUNTY MUNICIPAL COURTS PEER INTEGRATION PILOT (YEAR 2) Marjorie Drieu (she/her), Program Manager: Peer Kent

Marcella Campolo (she/her), CPC, PSS, TCC: Des Moines & Federal Way Municipal Court

Joaquin Delgado (he/him), CPC, PSS: Renton Municipal Court

Ashley Pfaff (she/her), CPC, PSS: Federal Way Municipal Court

Peer Principles

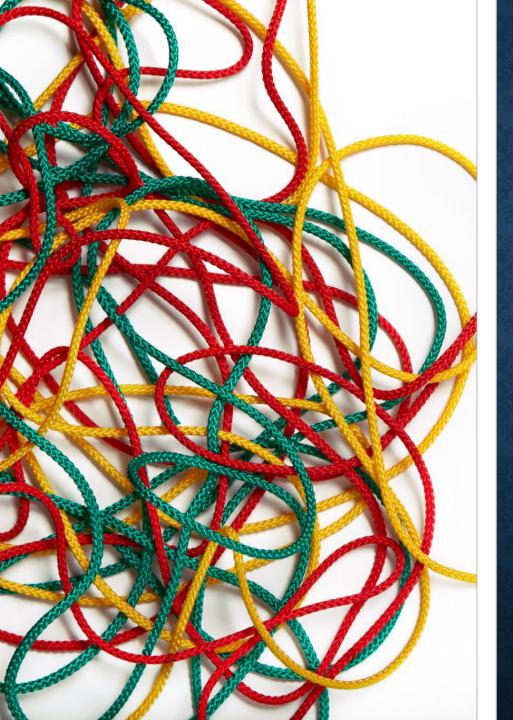
Member privacy/confidentiality

Harm-reduction, Trauma-informed approach

Establish connection & trust through peer emotional support

Our role is to support individuals as they navigate their recovery journey, as defined by the individual, while navigating justice system

Services are always voluntary and member-driven



BRAIDED FUNDING

2022 Funding:

- **SKCMC**: 1.4 FTE (Feb–Dec)
- General Fund: 3.5 FTE (Mar-Jun)
- HHI Addendum 20: 1.6 FTE (Jul-Dec)

2023 Funding:

- SKCMC: 1.4 FTE (Jan-Dec)
- HHI: 1.6 FTE (Jan-Dec)
- PHPDA: 1.5 FTE (Jul-Dec)

2024 Funding:

- **SKCMC:** 1.4 FTE (Jan–Jun); 2.0 FTE (Jul–Dec)
- PHPDA: 2.6 FTE (Jan–Jun); 2.25 FTE (Jul–Dec)

2025 Funding:

- **SKCMC:** 2.0 FTE (Jan-Dec)
- PHPDA: 2.25 FTE (Jan-Dec)

LESSONS LEARNED AND ADJUSTMENTS

Key Insights from Year 1

- Importance of consistency and familiarity in building trust with peers, especially during in-custody visits.
- Data collection and tracking are essential but require robust systems.

Challenges Encountered

- Funding complexity:
 despite complexities, these
 efforts supported flexibility
 and continuity of services
- Shifting peer needs
 necessitated additional
 support and flexibility.

Adjustments Made

- Expanded in-custody peer support: now present at SCORE Jail 3-4 days/week.
- Implemented stronger
 outcomes tracking
 processes to refine
 measures of success.

LOOKING AHEAD

Goals for Year 2

- Enhance outcomes tracking infrastructure and pilot identified metrics
- Increase resource center engagement with peers and vendors
- Continue focusing on peer principles while integrating feedback from Year 1

Anticipated Impact

- Increased peer connection and improved social determinants of health
- Empowerment of individuals through tailored support and resource navigation

UT SPIA WASHINGTON



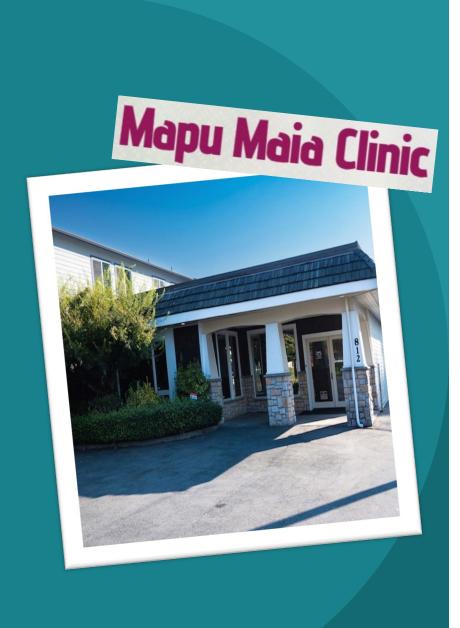
Founded and led by transgender women of color from the Pacific Islands migrating to the Pacific Northwest

Mission

We are actively replacing systems of oppression with ecosystems of care and safety for all our communities through Black and Brown organizing, prioritizing land and bodily autonomy, and reclaiming our cultural narratives.

Vision

A world of abundance, autonomy, and harmony, where all forms of supremacy cease to exist for all life.



A Place of Refuge

Closing the gap between holistic health services and the well being of our community



Questions?
206.774.9746 tel.
mapumaiaclinic@utopiawa.org
https://utopiawa.org/mapu-maia-clinic/



Community Outreach

Meeting our communities where they are

Key Communities: Sex Workers, Houseless, Use Disorders

Services

- Rapid STI Testing
- Education
 - Naloxone
 - Substance Testing Strips
- Wound Care
- Warm Meals
- Linkage to Care
 - Medical
 - Mental Health
 - Recovery Navigation
 - Care (Social) Services
 - Food Access
 - Hygiene

Supplies

- Naloxone
- Substance Testing Strips
- Safe Syringe Services
- Safe Smoking Supplies
- Wound Care Kits
- Safe Sex Supplies
- Personal Safety Kits
- Clothing



Asylum Seeking Encampments

Care Work (Social Support Services)

Community showing up for each other

Services

- 1:1 Care Work, Goal Mapping
- Name & Gender Marker Changes
- Medical Services Navigation (e.g. surgical support)
- REAL TALK Support Group
- HIV Early Intervention and Resource Navigation
- WA State Benefits Enrollment
 - AppleHealth, EBT, SNAP
- Resume Building & Job Search
- Resource Navigation
 - Housing
 - Education
 - Food Access
 - Other (e.g. Personal & Family needs)



Direct Medical Services

Meeting our communities where they are

Services

- Gender Affirming Care
 - Hormone Access, Referral/Letters of Support for Surgical Procedures, Thrive Causemetics, Electrolysis
- Sexual Health Clinic
 - STI Screening & *Treatment*
 - PrEP, PEP & doxyPEP access
 - Plan B, contraception and safe sex supplies
- Medical Case Management
 - HIV Care Linkage
 - Referrals, Scheduling, Transportation
- Primary Care
- Urgent Care
- Community Education
- Mental Health
 - Cultural Health Practices



LOOKING TO THE FUTURE



Mobile Clinic Services



Smoking Cessation Program



Vision Support



Dental Support



Education

Mahalo! Fa'afetai! Thank you!





Theory Of Change - Logic Model

Y.E.T.I. Programs

Outdoor Educators
Right People in Right Place

Resources & Lowering Barriers Food - Transportation - Gear - Food - Signups

Fun & Flexible Adventure
Student Voice and Choice

All In Community Collaboration
Show Up & Cast the Net for Schools and Partners

Positive Adventures Connected Peers & Adults
Positive Community

Social Emotional Skills
Grit & Resiliency

Physical Health
Student Voice and Choice

Mental Health
Time in Nature

Environmental Ethic

Inspire the next generation of stewards

Healthy Young People and Leaders

Increase opportunities for outdoor adventure and time in nature for young people in South King County and beyond, unlocking all the benefits of these experiences and the communities that make them possible.

Public Schools & Public Lands



Excellence In Delivery



Leverage Collaboration



Y.E.T.I. 4 Ever!



Strategic Priorities



Celebrations

154 Outdoor Trips350+ students8 Weekly SchoolsGrowing Staff Team

Calibrations

Right Staff
Schools Take Time
Capstone Experiences
Long-Term Funding

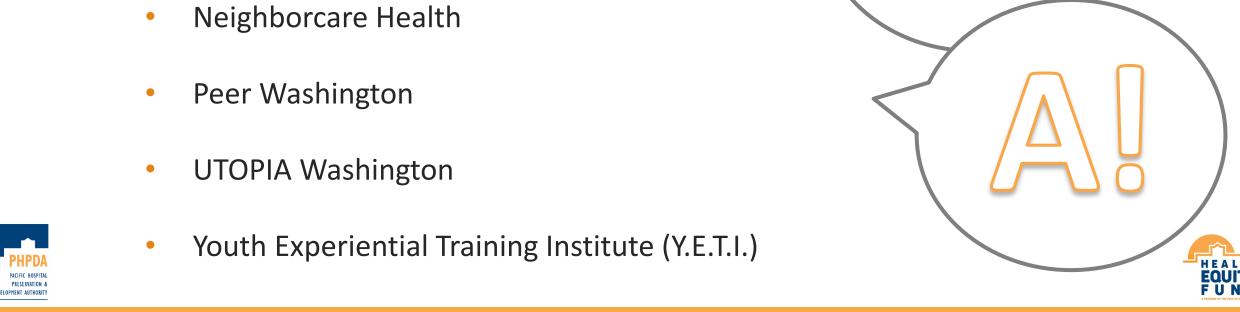


David Dunphy david.dunphy@goyeti.org 206-530-0019



Q&A: 2023 – 2nd Year

- Afghan Health Initiative
- Downtown Emergency Service Center (DESC)
- Elizabeth Gregory Home







THANK YOU SPONSORS!













HEALTH POLICY ADVOCACY CLINIC SPRING 2025

VICTOR COLMAN, JD



HPAC -- COURSE DESCRIPTION

This course offers students the opportunity to develop a range of policy advocacy skills by working on current policy development projects brought to the clinic by partner organizations seeking to advance health equity and support community health and safety.

POTENTIAL STUDENT ROLES

- Create and further advocacy partnerships
- Conduct policy research, analysis, and writing
- Develop regulatory and legislative language
- Produce advocacy documents (e.g., policy briefs, fact sheets, comment letters, testimony, presentations)

ORGANIZATIONAL (CLIENT) ROLE

- Develop a project description
- Present (pitch) your project to the class
- Be part of short weekly conversations with the students
- Review work products developed by the students

ORGANIZATIONAL PARTICIPANTS TO DATE

Arcora

Children's Alliance,

King County Medical Society Public Health Roundtable

Public Health – Seattle & King County Statewide Poverty Action Network (SPAN) Surge Reproductive Justice

Toxic-Free Future

WA State Public Health Association

WA State Dept of Health - Div. of Environmental Health

CONTACT INFORMATION

Victor Colman, JD (he, him)

Visiting Clinician, Seattle University School of Law

vcolman@seattleu.edu

360.878.2543

Presentations: 2024 – 1st Year (New) – Part 1

- Chief Seattle Club
- Downtown Emergency Service Center (DESC)
- Encompass Northwest
- Harborview Medical Center
- HealthPoint
- Hepatitis Education Project (HEP)







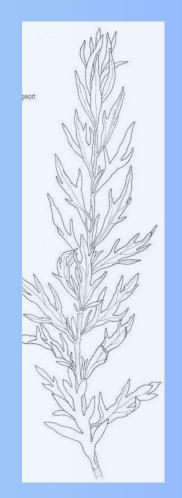
Chief Seattle Club Traditional Wellness Team





Traditional Wellness Team

This traditional wellness team works with the guidance of Chief Traditional Officer and The Executive Director to support the Mental, Emotional, Physical, and Spiritual health of the members and residents of Chief Seattle Club. Their role will ensure that all members and employees experience Chief Seattle Club as a place grounded in Native culture that nurtures, affirms, and strengthens the spirit of Urban Native people. The team will work individually and in group settings utilizing trauma informed mental health and cultural tools and practices to support the healing and wellness modalities that ensure quality of care from ancestral knowledge.



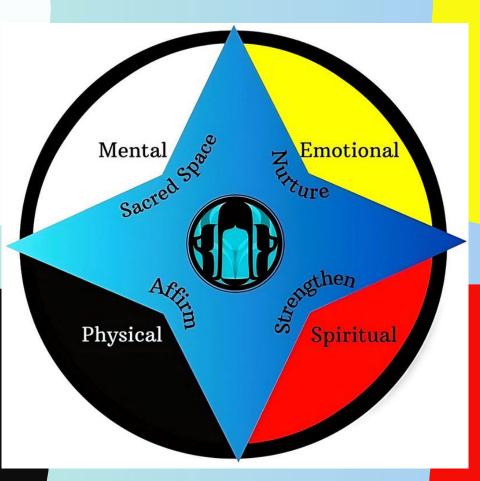
MENTAL

EMOTIONAL

- Engaging in positive communication
- Writing in your journal
- Talking to relatives
- Cultural dancing
- Getting out in nature
- Practicing breathwork
- Attend Wellness Wednesday

PHYSICAL

- Going for a walk/jog/run
- Eating a traditional food or learning about a traditional food from your nation
- Personal hygiene
- Joining a gym
- Going to a primary care physician for regular check ups
- Dancing
- Sleep



- Honoring your feelings
- Laughing with loved ones
- Asking for help when you need it
- Go to community events
- Encouraging your own strengths
- Strong relationships
- Honoring the power of your mind

SPIRITUAL

- Smudging
- Lodge ceremonies
- Harvesting
- Praying during difficult times
- Cultural activities. For ex. Making moccasins or sewing reglaia
- Attend drum group





What we do

- 1:1 with members
- Talking circle
- Harvest classes
- Drum making
- Moccasins
- Art room activities
- Memorial walk
- Medicinal teas
- Language restoration
- Red Road teachings
- Prayer/Medicine offering



PHPDA Grant Year 1 'Improving success of field-based buprenorphine inductions'

Jeremy Hoog, RN, BSN, M.A. (Bioethics)

Nurse Care Manager of the 'Opioid Treatment Network' at DESC



















Opioid Treatment Network

- Treating individuals that are using opioids (fentanyl, heroin)
 - Medication for Opioid Use Disorder (MOUD)
- Unhoused, shelters, permanent supportive housing, private residences
- Significant mental health diagnosis, complex medical conditions, varying disabilities, substance use disorders
- 90% of the work we do is done by going to the client for treatment



Why PHPDA Grant?

- Medication for opioid use disorder (MOUD) is highly effective
 - Limits and or stops opioid use
 - Stops overdoses
- MOUD starts need close management
- Medication can cause severe opioid withdrawal
 - Withdrawal that causes people to immediately abandon treatment and return to use
- Experience has taught us:
 - Increasing the number of visits during the initiation of MOUD increases the probability that somebody will successfully start medication



PHPDA Project

- Funded an RN to increase the success of field-based medication starts
- The RN meets with clients daily during the medication start
- The RN follows up regularly during the first month of MOUD treatment
- The RN helps to manage withdrawal symptoms with supportive medications
- The RN helps to manage and support the emotional and psychological discomfort that occurs during the MOUD initiation phase



PHPDA Project Goals Year 1

- 100% of clients who achieve their substantive medication goal will report the absence of any opioid overdose
- 85% of clients who achieve their substantive medication goal will report increased knowledge & understanding of fentanyl addiction and strategies for managing opioids in the future
- Serve: 40 new clients, 60 current clients = total of 100 clients
- Current Outcomes:
 - RN was hired on September 4th:
 - 45% of new client total has been achieved



Encompass Northwest

About Us

At Encompass, we passionately believe that every family deserves a place to turn when they need help. Through <u>Early Learning</u>, <u>Pediatric Therapy</u>, and <u>Family Enrichment</u> programs for children ages 0-8 and their families, Encompass has given thousands of children the foundation they need to get the right start—and thrive for a lifetime.

With locations in Snoqualmie, North Bend, and Carnation, plus a host of programs offered at community locations and in the home, Encompass supports children and families across the Snoqualmie Valley and greater Eastside. Just like parents, we hold ourselves to the highest standard as we reach out to and embrace children—as if they were our own—at the most critical stage in their development.

OUR MISSION

We partner with families to build healthy foundations for children.

OUR VISION

A community where ALL children thrive



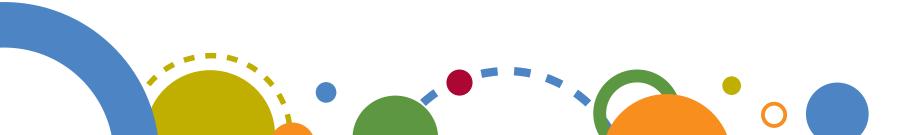
What is it?

Our Community Based Services (CBS) program provides therapeutic services to children within their school/childcare environment, integrating mental health, speech and language and occupational therapy support directly into the educational setting. By bringing therapists into schools, we aim to reduce barriers to accessing therapies and improve outcomes through a holistic and collaborative approach.

What are the benefits?

- Increased therapy attendance
- •Reduced stigma associated with receiving therapy services
- •Enhanced collaboration between therapists and educators
- •Seamless integration of therapeutic strategies into daily school routines





What does it look like?

Our Community Based Services team partners with schools and childcare to provide:

- On-site Therapy: Licensed therapists conduct sessions within the school premises, eliminating transportation barriers
 and reducing time away from classes.
 - In-classroom sessions: Therapists observe and intervene in the child's natural learning environment.
 - Playground sessions: Therapy occurs during recess or outdoor activities, allowing for social skills development in real-time.
 - One-on-one sessions: Private sessions in designated spaces within the school/childcare facility when appropriate.
- Teacher Collaboration: Therapists work closely with educators to:
 - Share strategies for supporting the child's physical, emotional and behavioral needs in the classroom.
 - Develop consistent approaches between therapy and daily school life.
 - Provide teachers with tools to reinforce therapeutic goals throughout the school day.
- Integrated Care Model:
 - Regular communication between therapists, teachers, school counselors, and administrators.
 - Coordination with families to ensure continuity of care between school/childcare and home environments.



What is the PHPDA Grant funding?

Full Time Family Services Coordinator

- Maintaining relationships with current schools/childcares
- Connecting with and recruiting new community partners
- Assist families with the intake process
- Coordinate with therapy supervisors on evaluation scheduling
- Collaborate with Family Services Manager (clinic) to ensure all families receive same level of care
- Communication with community partners and families

In a nutshell, the hiring of the Family Services Coordinator is increasing efficiencies within the program and is enabling program growth.





- Our goal is to increase youth and young adult access to medical and mental health services at shelter sites.
- By increasing our presence and availability, we aim to create a trusting partnership with clients and shelter staff that will facilitate increased awareness and use of our clinical services.





Expansion thanks in part to PHPDA

- More than doubling our presence at both shelter locations.
- 2 clinics each week held at ROOTS young adult shelter.
- 2 clinics each week held at YSIC in Auburn.
- UW hiring process
- APP start date January 2025
 MHP start date TBA





Long Term goal.

- To have an operating model and supporting data to present to the Medical Center for consideration for ongoing operational funding.
- We are dedicated to Harborview's mission to provide healthcare for the most vulnerable residents of King County.

HMC Youth Clinic memories.





Team members, colleague, and volunteers



Dr. Vaidehi Pidaparti and Amy Wesner program manager





12.05.24



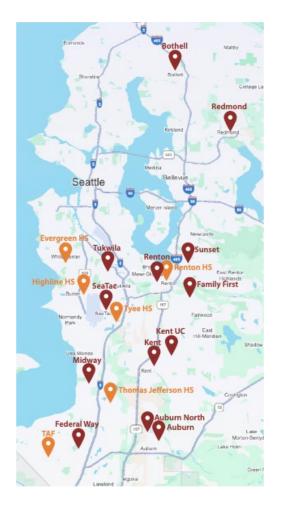
PHPDA-Asylum Seekers Project

Presenters: *Fidelie Nawej Lydia Bukonde*

HealthPoint – Who We Are:

- HealthPoint was founded in 1971
- FQHC Federally Qualified Health Center
- Community Health Organization that is in King, WA.
- 12 health clinics and 6 school-based across King County

WHO WESERVE HealthPoint serves over 100,000 patients annually. + 99% of patients are low income Care provided in 70+ languages A patients identify as an ethnic or racial minority To patients are children and adolescents A patients are children and adolescents



HealthPoint's Mission Statement:

To strengthen communities and improve people's health by delivering quality health care services, breaking down barriers, and providing access to all."

HealthPoint is a community-based, community-supported, and community-governed network of non-profit health centers dedicated to providing expert, high-quality care to all who need it, regardless of circumstances. We serve approximately 70% of newly arrived refugees in King County.

The Purpose of the Asylum Seekers Project



Outreach Care Navigation	Healthcare costs removal	Healthcare Provision
 Care Connection and Establishment Appointment Scheduling and Follow-Up Health Clarification Language support Resource Referrals 	Health care costs cover through Humanitarian Aid	 Primary and urgent care Dental urgent care Health education

Desired Outcome/Goal



- Ensure that 90% of asylum seekers at the Riverton shelter attend their recommended and scheduled appointments and understand how to navigate the healthcare system.
- Support eligible asylum seekers in establishing care with a primary care provider and receiving medical and dental services through this program.
- Complete 8 educational health sessions for asylum families at the Riverton shelter and other shelters.
- Graduate patients from Care Coordination Services.

Thank you!





Questions?



HealthPoint | Everyone Deserves Great Care

Fidelie Nawej, Refugee health program manager

Contacts: fnawej@healthpointchc.org

Lydia Bukonde, Asylum seeker care navigator

Contacts: lbukonde@healthpointchc.org

Hepatitis Education Project

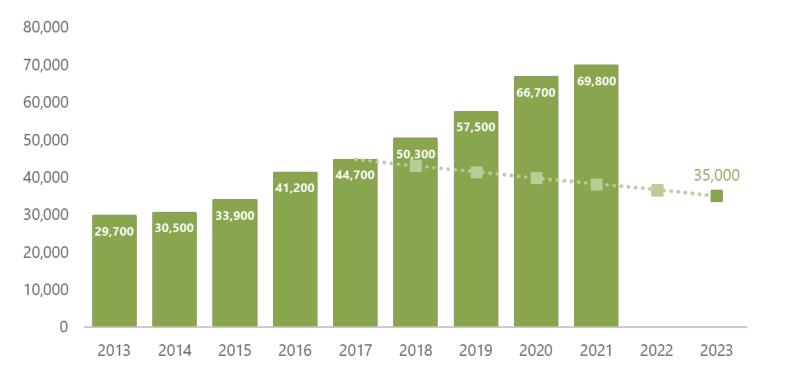


Health and Harm Reduction Services at Encampments and Supportive Housing Sites

Apoorva Mallya, Executive Director Kimberly Taber, Care Coordination Program Manager

Hepatitis C mainly impacts people experiencing homelessness and people who use drugs – infections have been on the rise

Estimated acute hepatitis C virus infections and annual targets for the United State by year





Goal of reducing estimated new HCV infections ≥90% by 2030.

HEP's Project:

Provide access to hepatitis C and overdose prevention services to communities living in encampments and transitional housing facilities, with a particular focus on South King County.

- **Expand Harm Reduction Services:** Intensify harm reduction efforts at encampments and transitional housing sites, focusing on overdose prevention through naloxone distribution and training.
- Increase Hepatitis C Testing and Education: Offer on-site hepatitis C testing and education on viral hepatitis and overdose prevention to residents.
- Innovate Hepatitis Care Coordination: Develop new systems for comprehensive viral hepatitis care coordination and treatment at encampments, including updates to outreach supplies and the use of medical telehealth platforms.
- Enhance Linkage to Care: Expand community-based treatment models directly at encampments to increase the number of residents linked to hepatitis C care and treatment.
- Facilitate Access to MOUD Services: Partner with fixed-site and mobile MOUD providers to enhance access and transportation for residents needing these services.

Project Outcomes

Hepatitis C
Treatment Initiations

Start 25 people per year on hepatitis C treatment, with 40% of South King County participants identifying as BIPOC.

Reduction in overdose death rate

25% reduction in the overdose death rate across encampment populations in the targeted areas.

Develop a Hepatitis
C Treatment Model

Develop a replicable model for delivering critical health services, such as hepatitis care, in challenging settings like encampments and transitional housing sites across King County, to enhance access for individuals facing significant barriers to healthcare.

Thank You!



We are immensely grateful to:

- PHPDA
- Dr. Judith Tsui





Q&A: 2024 – 1st Year (New) – Part 1

- Chief Seattle Club
- Downtown Emergency Service Center (DESC)
- Encompass Northwest
- Harborview Medical Center
- HealthPoint
- Hepatitis Education Project (HEP)





(5) Minute Break

THANK YOU SPONSORS!













Presentations: 2024 – 1st Year (New) – Part 2

- Living Well Kent Collaborative
- Native American Women's Dialog on Infant Mortality (NAWDIM)
- Open Arms Perinatal Services
- Somali Family Safety Task Force
- South Park Senior Citizens







Community Initiated Behavioral Health Care

PACIFIC HOSPITAL PRESERVATION & DEVELOPMENT AUTHORITY MAJOR GRANT

DECEMBER 5, 2024





Background

About Living Well Kent Collaborative (LWK)

- Celebrating 10 years this year
- Food Access, Early Learning, Youth Empowerment, and Health
 Wellness Departments
- Learn more: www.livingwellkent.org

Public Health Seattle-King County data from 2017-2021 reveals higher rates of poor mental health among residents of Kent and South King County compared to the county average.

In 2022, LWK piloted an 18-month Community Initiated Care program in Kent, WA, where we introduced mental health basics, addressed unmet mental health needs, tackled stigma, and created a safe space for community to gather

<u>Initiate:</u> Community Navigators receive monthly training on behavioral health topics such as mental health first aid and opioid use disorder

<u>Cultivate:</u> Community Navigators convene with community leaders to pass on knowledge learned from trainings. These community leaders will integrate trainings with culturally affirming practices

Integrate: Trained community leaders will integrate knowledge into community spaces of worship, community gatherings, and individual relationships. LWK will provide support to referrals, culturally appropriate materials, and service navigation

Project Overview: Community Initiated Behavioral Health Care





Goal

Communities Served:

o Somali, Iraqi, Afghan, Latinx, and Ukrainian communities

Outcome:

- o LWK hosts 10 monthly trainings for LWK Community Navigators
- LWK conducts cohort meetings with Community Navigators and community leaders
- LWK hosts 2 community convenings biannually
- o Reach more than 2,000 community members in Kent, WA to receive behavioral health and substance use education, referral navigation, and community connection



25 Years for Indigenous Birth Equity

—— NAWDIM Collective Community ——

THE DATA BARRIER

King County's infant mortality rate (IMR) was **4.1 deaths per 1,000 live births** between 2019 and 2021, which is lower than the national average of 5.4. However, there are significant disparities in infant mortality rates by race and ethnicity in King County:

• American Indian/Alaskan Native: 9.7

• Black: 8.0

• Native Hawaiian/Pacific Islander: 6.2

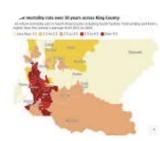
• **Hispanic**: 4.3

• Multiple Race: 5.4

• White: 3.2

• Asian: 2.8 @

About 70% of infant deaths in King County occur in the south end of the county, which is home to some of the poorest and most diverse neighborhoods.



NATIVE AMERICAN WOMEN'S DIALOG ON INFANT MORTALITY

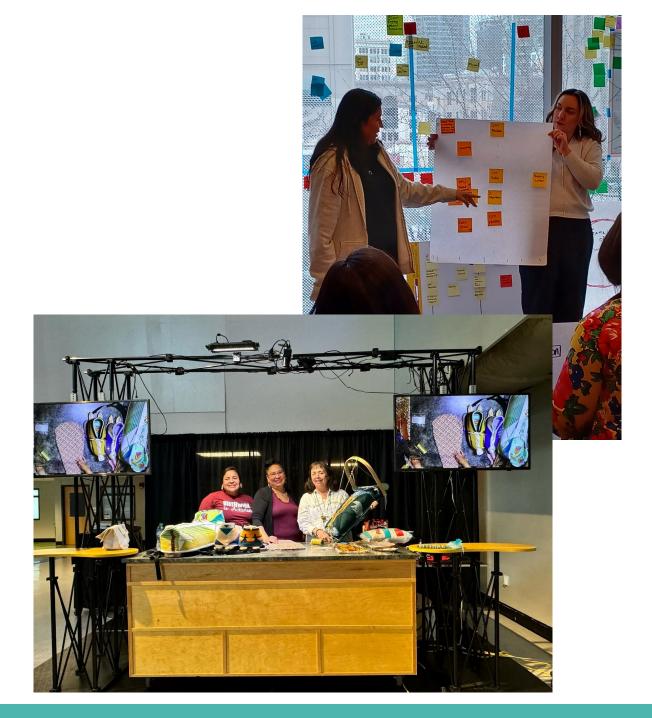
Infant Mortality Data from Public Health Seattle King County

Education, advocacy, action

Monthly Meetings

Five-Year Collective Priorities

Infant Cradleboard Classes



OUR CORE WORK



Thank you!

To keep in touch with us, please visit our website & Facebook page or email:

https://nawdim.org/

https://www.facebook.com/Nawdim

Leah Tanner <u>leah@nawdim.org</u>
Shelley Means <u>shelley@nawdim.org</u>
Tanya Marceau <u>tanya@nawdim.org</u>



OPEN ARMS PROVIDES FREE LACTATION SUPPORT FOR PREGNANT AND BIRTHING PEOPLE.

Through culturally matched doula care, childbirth education, lactation, and new parent support, we work alongside families to achieve important milestones, strengthen parent-baby bonding, and boost long-term parenting skills.



Advancing birth equity and justice



Improving birth and lactation outcomes for our families

OUR STORY SO FAR OPEN ARMS HAS PROVIDED COMMUNITY-BASED SUPPORT 1997 DURING PREGNANCY, BIRTH, AND EARLY PARENTING TO NURTURE STRONG FOUNDATIONS TO LAST A LIFETIME. THROUGH DOULA CARE, CHILDBIRTH EDUCATION, LACTATION COUNSELING, AND NEW PARENT SUPPORT, WE HELP BIRTHING FAMILIES ACHIEVE IMPORTANT MILESTONES, STRENGTHEN PARENT-BABY BONDING, AND **BOOST LONG-TERM PARENTING SKILLS. TODAY VALUES:** 1. RESPECT FOR **MISSION: VISION: PEOPLES AND PROVIDING THRIVING CULTURES COMMUNITY-BASED** CHILDREN. 2. FAMILY AND SUPPORT DURING HEALTHY **RELATIONSHIPS** PREGNANCY, BIRTH, AND FAMILIES. ARE THE CORE OF **EARLY PARENTING TO POWERFUL OUR WORK NURTURE STRONG** COMMUNITIES. 3. JUSTICE IN BOLDLY **FOUNDATIONS THAT** DISRUPTING LAST A LIFETIME. **OPPRESSION**

2024 PHPDA GRANTEE: LACTATION SUPPORT SERVICES

• GOAL: MAINTAINING CULTURALLY AND LINGUISTICALLY MATCHED PEER LACTATION SUPPORT TO BIPOC COMMUNITIES TO PROMOTE THE DURATION AND SUSTAINING OF CHEST/BREASTFEEDING.

THE PROGRAM OFFERS TWO PATHWAYS:

- EXTENDED SUPPORT: FAMILIES RECEIVE LONG-TERM SUPPORT FOR UP TO ONE YEAR, STARTING IN PREGNANCY, WITH TOOLS AND WEEKLY CHECK-INS UNTIL THE BABY TURNS EIGHT WEEKS OLD. VISITS CONTINUE BASED ON INDIVIDUAL FAMILY NEEDS AND GOALS FOR SUSTAINING LACTATION FOR SIX, NINE, OR TWELVE MONTHS.
 - SHORT-TERM SUPPORT: FAMILIES RECEIVE URGENT SUPPORT FOR UP TO EIGHT WEEKS POSTPARTUM TO ADDRESS UNEXPECTED CHALLENGES IN THE LACTATION JOURNEY.



Presentamos 🥒

Consultas de Lactancia a Domicilio en Españo

Jueves 9:30-11:30am



Solicita los Servicios Aguí bit.ly/OAPSServicios



Hasta 8 semanas de Asesorías de Lactancia en Español. Creadas especificamente para la Comunidad Latina.

Visitas a domicilio disponibles para King County

open arms

First Thursday

Online Lactation Lounge

11 AM - 1 PM
Second Week of the Month is in-person

bit.ly/ThursLounge

Come join us to chat about lactation. Folks at any part of the journey from preconception through weaning and beyond are welcome.

open arm

In-Person

Bilingual Lactation Lounge - Spanish & English

Thursdays 9:30-11:30an

JOIN US!



2524 16th Ave S #305 Seattle, WA 98144

Come Shop our Free Community Baby Boutique

Chat with Community Lactation Specialist, Yurany

Be in community with other parenting and pregnant

openari

Mondays

JOIN US!

With Elizabeth Montez, IBCLC

Online Lactation Lounge

11 AM-1 PM PACIFIC TIME

bit.ly/OAPSMondayLL

En Persona

Lactancia Para El Pueblo

Jueves 9:30-11:30am

iblenvenIDA!

2524 16th Ave S #305 Seattle, WA 98144



Hable con la especialista comunitaria en lactancia, Yurany

Estar en comunidad con otros padres y personas embarazadas.

In-Person

With Markia Brinson, LSPC

JOIN US

Parent Gathering

2nd Thursday of the Month 11 AM - 1 PM

2524 16th Ave S #305 Seattle, WA 98144



Be in community with other parenting and pregnant folks

open arm

Introducing



Spanish Speaking Lactation Home Visiting

Thursdays 9:30-11:30am



Request Services Here bit.lv/OAPSServicios



Up to 8 Weeks of Latine Community Specific Lactation Support in Spanish

Home Visits available in

Open arms perinatal services





INTRODUCTION TO OUR ORGANIZATION

Mission: To empower immigrant and refugee women and their families by providing culturally appropriate services that embody the core values of our community.

Key Services:

Culturally specific support for immigrant and refugee families

Advocacy and education for women's health and safety

Workshops on vital community topics such as FGM prevention, health, and wellness

OVERVIEW OF THE PHPDA FUNDED PROJECT



WORKSHOP INSIGHTS

- Topics Discussed:
- The cultural and historical context of FGM in African communities.
- Short- and long-term health implications of FGM.
- Legal protections and advocacy strategies in the United States.
- **Engagement:** Open dialogue allowed attendees to share personal stories and express concerns.
- Materials Provided: Distributed culturally relevant health and legal resources.



HEALTH AND COMMUNITY OUTCOMES

- Access to Care Goals: Foster trust between community members and healthcare providers.
- Connect women to clinics offering FGM-related care and counseling.
- Anticipated Health Outcomes: Improved understanding of the physical and emotional impacts of FGM.
- Increased access to culturally appropriate healthcare services.
- Empowerment of participants to advocate for themselves and their families.
- **Community Impact**: Strengthened communal awareness around the need to end FGM practices.
- Sparked discussions on future workshops focused on broader health topics.

THANK

Contact Information:

Somali Family Safety Task Force

Bintou Tunkara

Email: bintou@sfstf.org

Tel: 206-581-9835





















Vital Medical Care Access for Seniors



Problem: Living with untreated medical conditions, immigrant and refugee seniors are facing barriers to quality health care and medical resources due to low income, lack of insurance, language barriers, transportation limitations, cultural differences, and systemic distrust.

Goal: SPSC aims to connect 53 BIPOC, Immigrant, undocumented, and/or underinsured seniors to vital medical care, while increasing their understanding of and reliance on local health systems.



"Without your support, I do not know how I can navigate this system."

-SPSC Senior

Service Results

- **11** new seniors enrolled in the VMCAS
- **24** medical appointments completed (medical, dental, mental health, or occupational therapy).
- 17 rides to/from medical appointments provided
- **4** supportive medical devices supplied to seniors
- 1 seniors who receive prescription assistance
- **8** Podiatry- in-house foot care appointments
- **20** seniors benefitting from preventative care
- **31** Number of total seniors served by the VMCAS to date



Service Stories & Outcomes

(Names & Images Changed for Seniors' Privacy)

Wendy received the walker she needed for mobility and independence

Tam has a rare condition that we are trying to understand and investigate with the medical providers at Harborview Medical.

Linh is showing signs of dementia and needing an MRI to confirm their condition.

Maria is now enrolled in mental health counseling after it was revealed she struggles with depression.

Joseph struggled with dizziness, which was problematic as a walker user, but he received the second opinions he needed to manage his medications and also multiple earwax cleanings that greatly improved his equilibrium.

Giang was financially exploited when her husband passed and she lost her US Citizen sponsorship; SPSC was able to connect her to food banks, an affordable rental, and essential medical care.



Join Our Community

Follow



South Park
Senior Citizens



wa.spsc



South Park
Senior Citizens

Volunteer with us!



Stay in touch

claire@spseniors.org

Q&A: 2024 – 1st Year (New) – Part 2

- Living Well Kent Collaborative
- Native American Women's Dialog on Infant Mortality (NAWDIM)
- Open Arms Perinatal Services
- Somali Family Safety Task Force
- South Park Senior Citizens





Topical Peer Networking

- One mic. One person speaks at a time.
- Open minded. Everyone comes from different places and from different paces at which people will process.
- Intent & Impact. We hold ourselves accountable and are responsible for the consequences of what we say.
- Have fun! Lean in, participate, ask curious questions, and take care of yourself.





Table Topics

Based on your registration information, the following table topics were of highest interest:

- Advocacy & Raising Community Voice
- Care Coordination & Navigation
- Engaging Hard to Reach Populations
- Immigrants, Refugees & Asylum Seekers
- Mental & Behavioral Health
- Substance Use & Harm Reduction Services





Table Topics

Below are questions to help guide your discussions:

- What is working for you in addressing this topic?
- What are the challenges in addressing this topic?
- What strategies/ideas do you have to meet the challenges?

















Thank you for attending the 2024 All Grantees Meeting!





SPONSORS











