

Columbia Pacific CCO

Report to the Community 2020-2021

# Protecting community health, improving lives



**Columbia Pacific CCO™**

Part of the CareOregon Family



## **Our vision for our communities**

Helping those in need  
reach their highest potential  
by providing services  
that support their  
social, emotional and  
physical health.

## Dear friends and colleagues,

On behalf of our Board of Directors, clinical leaders on our Clinical Advisory Panel and members who volunteer their time and energy on our Community Advisory Councils, we are pleased to share this third Report to the Community with you.

This report spans 2020-2021, two of the most unusual and exhausting years in our coordinated care organization's existence. During the past two years, all of us have lived through the onset of the pandemic, the promise of COVID-19 vaccinations and the emotional depths of yet another variant. As our beloved Medical Director Dr. Safina Koreishi wrote at the end of last year: "It is hard to believe that we're closing 2021 with almost two years of living through a pandemic together. Reflecting on this past year, I'm in awe of the amazing work our clinical and community partners have done to improve the lives and protect the health of our communities."

This report highlights some of that amazing work. We are so grateful for the partnerships we've forged to address pressing needs related to COVID-19 vaccination, housing, food security, access to primary care and social services and emotional health – both mental illness and substance use. Our pandemic response has been guided by the strategic goals of our 2020-2024 **Regional Health Improvement Plan**, shaped by extensive community input.

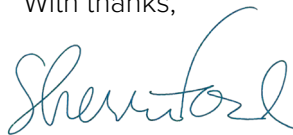
During the past two years, our Board of Directors approved a Regional Housing Impact Fund, dedicating almost \$3 million to address shortages in affordable housing, increase housing stability for our members and reduce houselessness or gaps in supportive services. Our Board also approved

hundreds of thousands of dollars in emergency funds for our community partners who faced revenue shortfalls resulting from increased demand, canceled fundraisers and other pandemic-induced challenges.

The stories in this report are just a few examples of how our communities came together in new ways to respond to one of the greatest public health challenges in history. They offer a glimpse of the innovation, selflessness and grit among community organizations, public health departments and local clinics working to keep our members, families and broader communities as safe and cared for as possible. To all of you on the front lines of this pandemic – and to those who've supported you – we extend our deepest gratitude.

We hope you find this report useful, and always welcome new opportunities to partner with you and others to improve the health and well-being of our communities. We look forward to hearing from you!

With thanks,



Sherrie Ford  
2020 Chair, Board of Directors



Dr. Jonathan Betlinski  
2021 Chair, Board of Directors



Mimi Haley  
Executive Director

STRATEGIC PRIORITY: PREVENTION

# Community partnerships advance COVID-19 vaccine equity

Sherrie Ford remembers the early days of COVID-19 vaccination distribution: supplies were so limited and demand so high that vials of vaccine felt as valuable as gold.

Ford is the Director of Columbia Health Services, and she recalls working with Columbia Pacific CCO on vaccine events for those who were eligible. Throughout the events, staff kept a careful tally of doses in each vial, because once a vial was opened, the doses had to be used within a short period of time or else discarded.

To help avoid wasting the vaccines, Martha Ruiz Olmstead, Columbia Pacific's Member Outreach Coordinator, scoured neighborhoods to find people who could take any doses that were left over at the end of an event. Ford says after one event, they took a few remaining doses to people working on a roofing crew and gave them the vaccines on site. "We responded to wherever Martha found arms," she recalls.

This responsiveness and flexibility defined Columbia Health Services' approach to vaccine distribution throughout 2021. The nonprofit organization operates five school-based health centers in Columbia County, two of which are open to the whole community, regardless of age. About half of patients served are Oregon Health Plan members. Ford says, "Our mission is to be nimble and responsive to what the community needs to be healthy and resilient."

## A community approach

Keshia Bigler, Columbia Pacific's Population Health Portfolio Manager, says the success of vaccine outreach in our region was the result of a coordinated effort among many organizations, including primary

care clinics, public health agencies, fire and rescue agencies, community-based organizations and community mental health providers.

"We really tried to take an equity approach and assign people to groups that they had a deeper level of understanding of," she explains.

For the Spanish-speaking community, for instance, Columbia Pacific staff members made calls and attended outreach events, and Ruiz Olmstead even did door-to-door outreach. Staff also worked closely with local businesses that serve the Spanish-speaking community to host clinics and distribute information.

## Removing mobility barriers

While drive-thru vaccine clinics were convenient for many, they're a challenge for people who are homebound or have transportation issues. To help address those barriers, Columbia Pacific implemented a new program with partner Columbia River Fire & Rescue and community paramedic Nina Kerr-Bryant,



Community paramedic Nina Kerr-Bryant (right) made house calls to vaccinate members who were homebound or had transportation issues.



The success of vaccine outreach hinged on a coordinated effort among many organizations. Photos courtesy of Columbia River Fire & Rescue

who traveled to members' homes to administer vaccines personally.

Because this proved to be so effective, we also connected Columbia County Public Health to Kerr-Bryant, so its staff could refer people to this personalized service regardless of their insurance.

### Overcoming vaccine hesitancy

Providing vaccines in a supportive environment is key to helping people feel informed and safe. Columbia Community Mental Health (CCMH) offered vaccination clinics to support those with mental health care needs and help them overcome vaccine hesitancy. CCMH's pharmacist traveled to group homes and respite centers in Clatsop and Tillamook counties too.

Bigler says, "It really helps to have people who are trained to be trauma-informed, and who are trained to serve individuals with specific diagnoses."

Flexibility is also critical. In Columbia County, OHSU Scappoose Primary Care Clinic ran a mass vaccination clinic in partnership Columbia County Public Health out of what had been a vacant commercial space. The highly visible location not only encouraged people who were curious about vaccination to stop in and ask questions, but clinic staff also put the outside parking lot to good use. People with mobility issues or mental health conditions that made them anxious about entering the clinic could remain parked outside and have vaccinators come to them.

"The vaccination clinic created additional opportunities to nimbly respond to some things that we didn't know going into this effort," says Bigler.

OHSU Scappoose was also among the first providers to offer COVID vaccinations in Columbia County. In late 2020, when vaccines first became available in Oregon, the clinic launched a vaccination effort out of its existing facility. It made vaccines available to anyone in the surrounding community who was eligible, not just its own patients. In addition to working their regular shifts, many clinic staff members spent Friday nights and weekends putting shots in arms.

"They probably saved a lot of lives by stepping up and doing that work," says Bigler. "They pushed to keep that service open while Columbia County Public Health got through the administrative hurdles to stand up the mass vaccination site."

### Out and about

Many community partners also set up events to reach people in convenient locations. During St. Helens' weekly summer event, 13 Nights on the River, Columbia Health Services had a booth with all three approved vaccines, along with user-friendly information and people on hand to answer questions. During the course of the summer, they vaccinated more than 300 people at this event alone.

In Clatsop County, public health partnered with Clatsop Community Action and with canneries and fisheries to host special vaccination events, offering culturally specific information and interpretation. In Tillamook County, resource fairs for people who were homeless included a COVID vaccination clinic.

### Steady progress

Looking back at a year of vaccine outreach, Bigler says the community has made steady progress. She chalks that up to many partners who each focused on a specific skill. And yet, we worked collaboratively.

"It was kind of incredible to watch everyone come together," she says. ■

STRATEGIC PRIORITY: HOUSING

## Investing in housing solutions to improve community health

They say there's no place like home. And that's especially true when it comes to the connection between housing and health.

Research *shows* that housing instability can impact our physical and mental health, driving up health care costs and taking a human toll. That's why we've made fighting housing insecurity a key part of our plan for improving the health and resiliency of our members and the broader communities we serve. By prioritizing housing, we're not just doing what we think is right but honoring community voices, which shaped our 2020-2024 *Regional Health Improvement Plan*.

### Housing crisis deepens

Our health improvement plan was completed in 2019, before the pandemic laid bare (and worsened) the housing crisis in our region and other parts of the state. In our region, rising rents, a limited supply of developable land and the proliferation of short-term vacation rentals have contributed to a high level of housing insecurity, particularly in Clatsop County, which has one of the state's highest rates of homelessness on a per-capita basis. In fact, only 25% of Oregonians who are experiencing homelessness are concentrated in the Portland metro area, according to *state data*. Most families who are unhoused (more than 3,000 people as of 2019) live in coastal communities or Southern Oregon.

"By focusing on housing solutions, we're actually advancing health equity," says Leslie Ford, Columbia Pacific CCO's Housing Advisor. "When individuals and families have safe housing and are able to spend less of their incomes on housing, they can spend more time and energy focusing on their health and wellness."

### Emergency relief and long-term solutions

Between 2020 and 2021, we provided more than \$100,000 in COVID-related relief to *community action agencies* in our region. Our support helped these agencies respond to the surging demand for food, housing and energy assistance – at a time when they were experiencing their own challenges related to keeping employees safe, cancelled fundraising events and other pandemic-induced difficulties.

For instance, at the onset of the pandemic, Community Action Resources Enterprises (CARE) Inc. had just two laptops and its temporary office space wasn't COVID-safe because of space constraints. We provided a \$26,624 grant to buy laptops so that more than a dozen staff members could work remotely, helping to ensure the agency could carry on its mission to ease the effects of poverty in Tillamook County.

While supporting the urgent needs of community partners, we continued to work on long-term solutions to the housing crisis through our Regional Housing Impact Fund.

During the past two years, our Board of Directors has allocated almost \$3 million to the fund to address shortages in affordable housing, increase housing stability among our members and reduce homelessness or gaps in supportive services. Of that, the fund invested more than \$1.6 million. It seeks to amplify its impact by providing seed capital that allows grant recipients to attract additional funding and/or acquire property that might otherwise be sold to commercial interests.

In early 2020, our fund made its first-ever grant, \$400,000 to the Northwest Oregon Housing Authority for the development of Trillium House at Chelsea Gardens, a 42-unit affordable apartment community

in Clatsop County. The grant allowed the housing authority to secure land, undertake pre-development work and attract additional sources of capital by showing our support for the project. Construction is expected to begin in early 2022.

“Rents are set to be affordable for a family making 60 percent of area median income,” explains Jim Evans, Interim Executive Director of the Northwest Oregon Housing Authority. “For families making less than that, we’ll have multiple layers of assistance to help them afford the property.”

### The bottom line

Some of the projects we’ve supported have already come to fruition. In 2021, for instance, Iron Tribe Network opened Arnold House in Columbia County, a supportive-housing facility for parents in recovery who are working to be reunited with their children in foster care. The nonprofit purchased the property, a former domestic-violence shelter, with the help of a \$400,000 grant we awarded in 2020.

The facility allows Iron Tribe Network to serve more families in Columbia County and offer amenities like a computer lab and a conference room for skill-building sessions, meetings with child therapists and more. Parents live there for up to a year while they build life skills, apply for food assistance and other benefits, and find support networks, employment and longer-term housing.



Arnold House serves parents in recovery. Residents have access to a computer lab for job applications and more.

“Our goal is to get parents back to self-sufficiency and out of state services,” says Iron Tribe Executive Director Shawn Bower (pictured above). “But they do the hard work to get their kids back by getting into treatment, finding jobs and taking other steps. We provide a platform for that to happen.”

### Beyond bricks and mortar

As our fund has matured, we’ve expanded its focus beyond making grants to support brick-and-mortar projects. We’re also making capacity-building grants to nonprofit organizations that need to bolster their workforces to better address our region’s housing needs.

In late 2020, for instance, we awarded a \$71,936 capacity-building grant to Astoria Warming Center, the only low-barrier, winter-warming center in Clatsop County. Astoria Warming Center used the funds to hire a full-time executive director and paid staff for operations, thus reducing its reliance on volunteers and offering more-consistent service. By providing a warm, safe and welcoming overnight space during severe winter weather, the center keeps unsheltered people from dying on the streets.

“It’s important to note that our guests have more stability” now that the center has more staff, says Teresa Barnes, Executive Director and a former volunteer. “We serve people who don’t necessarily have the ability to hop on the internet to see if we are opened or closed.” ■



With the help of a Columbia Pacific grant, Iron Tribe Network opened a supportive-housing facility in Columbia County in 2021.

STRATEGIC PRIORITY: ACCESS TO SOCIAL SAFETY NET

## Joining forces to combat higher levels of food insecurity

A few months into the pandemic, customer service representatives for NW Rides started taking a slightly different approach to their jobs. When Columbia Pacific CCO members called to arrange non-emergency medical transportation (NEMT), representatives began asking whether they also needed help accessing food.

Sometimes, the answer was “yes.” In such cases, NW Rides was able to arrange “flex rides” to and from grocery stores or food pantries, with the costs covered by Columbia Pacific under a special pandemic-era funding arrangement.

Before the pandemic, NW Rides could only bill Columbia Pacific for rides for members traveling to and from covered health appointments. But the pandemic led to a spike in food insecurity across our region, prompting NW Rides, Columbia Pacific and other community organizations to work closely on new solutions to the problem, says Cathy Bond, NW Rides Brokerage Manager and a member of our Board of Directors.

“We are small communities, and we came together to find solutions,” says Bond, reflecting on the first year of the pandemic, when job losses, school closures, disruptions to public transit and other challenges led to a spike in food insecurity.

### An unexpected twist

Bond says pandemic-related clinic closures exacerbated the problem, albeit indirectly. NW Rides arranges **NEMT** for Columbia Pacific members traveling to and from covered health appointments. Transportation options depend on individual needs but may include rides, bus passes and help paying for gas.

For some members, the bus passes have an added benefit: They provide a means of transportation to grocery stores and other destinations.

But when the pandemic forced certain clinics to halt in-person visits and transition to telehealth, some members were no longer eligible for the bus passes upon which they depended to get them where they needed to go. Flex rides to and from grocery stores helped fill an important gap for some member households, says Bond. Over the last couple of years, NW Rides has arranged about 100 such rides.

“A lot of members were appreciative that Columbia Pacific stepped up and said, ‘We’re concerned about your access to food and have put a solution in place for those who need it,’” she says.

### Fighting food insecurity on many fronts

Flex rides were just one part of our effort to combat food insecurity, which the U.S. Department of Agriculture defines as a lack of consistent access



Flex rides from our NEMT provider helped some members overcome food insecurity related to transportation barriers. Photo courtesy of NW Rides



to enough food for an active, healthy life. Across our region, we awarded several hundred thousand dollars in emergency and non-emergency grant funds to food banks, school districts and other nonprofits working to meet the growing demand for food and to support local farmers and other food producers. (See sidebar on Oregon Food Bank Tillamook’s pandemic response.)

In Clatsop County, for instance, we provided more than \$20,000 in emergency funds to school districts to support weekend backpack programs. Backpack programs provide families with free groceries for weekends and school breaks. These programs played a pivotal role when schools closed as a result of the pandemic, cutting off many students from reliable access to food (including free breakfasts and lunches).

### **New delivery service increases access to fresh, local foods**

Among the other initiatives we helped to fund was a pilot project by Astoria’s North Coast Food Web (NCFW) and Tillamook’s Food Roots to make fresh, locally grown and produced foods more accessible to low-income communities through the addition of a COVID-safe delivery service for their online marketplaces.

The nonprofits put a \$24,500 grant from Columbia Pacific towards the purchase of a refrigerated commercial van to share. They use the van to make weekly deliveries of local produce, baked goods, meats, cheeses and other staples to homes stretching from Nehalem, Oregon, to Long Beach, Washington.

Customers can use Supplemental Nutrition Assistance Program (SNAP) benefits to pay for their orders. NCFW waives the \$10 home-delivery fee for low-income customers and/or those receiving SNAP benefits. Food Roots is working on offering free home delivery for those who receive SNAP benefits. Customers may also pick up orders at various locations.

Jessika Tantisook, Executive Director of NCFW, says the pilot project has not only created more-

equitable access to healthy foods but also helped local food producers increase their profits by reducing distribution costs, boosting sales and giving them more time to scale up production to meet higher demand. Collectively, the online marketplaces offer goods from about 100 small farms in our region.

“The home delivery service is helping us to fulfill a key part of our mission: making healthy food easier to access, regardless of who we are and our financial means,” says Tantisook. ■

### **How fighting food insecurity is helping local food producers**

To respond to the pandemic-fueled spike in food insecurity, our community partners had to get creative. Some of their initiatives are likely to outlast the pandemic.

Consider the experience of the Oregon Food Bank branch serving Tillamook County. Early in the pandemic, it saw a dramatic increase in the number of households seeking food assistance at its pantries. At one location, demand surged by a staggering 300% compared to years past.

In response, the branch looked for ways to use funds to help as many people as possible. That led to a decision to use a \$10,000 grant from Columbia Pacific CCO to buy from Tillamook-based nonprofit Food Roots.

“It was very intentional on our part to do local spending and help support the local economy, while also getting the best possible food for the people we serve,” said branch Manager Melissa Carlson-Swanson.

The decision marked a shift toward greater spending at the local level whenever possible. “The experience has enhanced the way we approach food sourcing,” adds Carlson-Swanson.

STRATEGIC PRIORITY: ACCESS TO CARE (PRIMARY CARE AND SOCIAL SAFETY NET)

## Resource desks break down barriers to care and social services

Recently, Clatsop Community Action (CCA) received a referral for a disabled veteran, “Bill,” who was living in his van and dealing with severe back pain that was made worse by his living conditions. Bill’s medical provider hoped CCA could help him get on stronger footing.

CCA’s Community Resource Desk (CRD) contacted Bill to assess his needs and found funding to house both him and his service animal at a local hotel for three months. This gave him a warm place to be during the cold winter months and a safe place to recover after an upcoming surgery. The CRD also offered him connections to veterans’ assistance, food support and personal care items, as well as help with a vehicle repair and veterinary care for his animal.

Viviana Matthews, Executive Director of Clatsop Community Action, says CRDs are helping fill important gaps like these. As a nonprofit, CCA typically serves about 30% of the population in Clatsop County by providing food, housing programs, energy assistance and more. CCA opened the first Community Resource Desk in our region in 2016, through a partnership with Providence Seaside Hospital.

With that success, the nonprofit has been adding CRDs in more locations. Columbia Pacific CCO’s Community Advisory Council for Clatsop County supported CCA’s efforts with a grant in 2019. The following year, Columbia Pacific provided the organization with another grant to support a new resource desk at Columbia Memorial Hospital in Astoria.

### Meeting people ‘where they are’

Often, individuals and families have difficulty accessing the resources they need to get

through a crisis or period of extreme hardship (like the ongoing pandemic) because they don’t know where to turn for things like food, rental or transportation assistance, mental health services, or a combination of urgent needs.

They may also find it frustrating and confusing to navigate the complex health care and social services landscape. When needs go unmet, a crisis can deepen, leading to desperation, hopelessness and, ultimately, diminished mental and physical health.

Nancy Knopf, Director of Community Health Partnerships for Columbia Pacific, says that by placing CRDs in locations where people’s needs are often high, the desks help people meet their social and health needs, thus reducing barriers to care and services and addressing longstanding inequities among certain groups.

CRDs may be located in hospitals, clinics, schools and at federal and state agencies (including those



CRDs help people meet social and health needs. Above: Paula Bartheld staffs the CRD at CMH-OHSU Health Primary Care Clinic, Warrenton. Photos courtesy of Clatsop Community Action



CRDs are in places, like hospitals, where people’s needs are often high. Above: Jennifer Wills staffs the CRD at Providence Seaside Hospital.

serving veterans). Sometimes, pop-up CRDs are found in apartment communities where many residents are disabled and/or were previously unhoused.

"If someone is discharging from the hospital or leaving a clinic, a navigator can help them get a referral to a food pantry, transitional housing resources or connect to any other service related to social health," Knopf explains.

Matthews says while they are called desks, the CRDs “essentially serve as case managers on wheels.” They are staffed by case managers with a background in social services who help people get care in their preferred language, and who are also trained in trauma-informed care. (Visit the Columbia Pacific website to learn more about what we’re doing to support local, cross-disciplinary initiatives to advance trauma-informed care in our region.)

“One of the things we learned from the pandemic is how to emphasize serving people where they are at. We opened satellite offices so that people did not have to try to find transportation to us,” says Matthews. Because the pandemic resulted in widespread economic instability, CCA also had to educate people about the resources available to them, including community members who were accessing services like rental assistance for the first time.

“Some people had never asked for assistance, but the pandemic increased those [social] needs,” she explained.

### Filling the gaps

The new desk at Columbia Memorial Hospital opened in October 2020, but because of pandemic restrictions, it was staffed remotely, by phone, until the fall of 2021. Matthews says it’s been a success already and will continue improving as it gains greater visibility within the medical community.

CRD staffers are resourceful. Matthews remembers a hospital patient who needed to be transferred to a Portland hospital, but who couldn’t afford an ambulance ride. The patient’s family planned to take the patient by car, but the CRD was able to intervene and find funding to cover the ambulance ride.

“That speaks to the ongoing need,” Matthews says.

Finding safe transportation for a medically fragile patient is just one of the creative ways CRDs are helping improve health for Columbia Pacific members and many others in our communities. ■

### Columbia Pacific supported the following organizations in establishing community resource desks throughout its three-county service region:

Clatsop Community Action: ..... **\$180,890**

CARE Inc.: ..... **\$45,000**

Tillamook YMCA: ..... **\$25,000**

City of St. Helens (Community Wellness HUB for children and families): ... **\$25,000**

STRATEGIC PRIORITY: ACCESS TO BEHAVIORAL HEALTH

## Telehealth opens new pathways to mental health care

Health care resources are typically concentrated in cities, so they are accessible to the greatest number of people. For those who live in more-rural areas, it can be harder to access care.

Tom Bialozor, Director of Behavioral Health for Columbia Pacific CCO, notes that throughout Clatsop, Tillamook, and Columbia counties, there's a great deal of variety in the geographical landscape, which can mean long or difficult trips for some as they try to access mental health care and substance use disorder treatment.

That's one reason why the rapid implementation of telehealth services has been a positive development for Columbia Pacific members and the wider communities we serve. Even though the shift was driven by the pandemic, it holds great promise for the future, says Bialozor. "For members who have reliable access to phones and broadband, it's been a game changer," he notes.

When the pandemic forced clinics to close their doors to in-person services, health care providers had to move quickly to get telehealth systems set up. The stressors of the pandemic, exacerbated by the isolation many people faced, increased the need for behavioral health services, and it was imperative to find ways to keep serving members safely.

"Providers went through a crash course in implementing telehealth," explains Bialozor, noting that while it was challenging for many, the quick adoption of telehealth has been largely favorable.

Consider the experience of Columbia Community Mental Health (CCMH), a large-scale behavioral health provider in Columbia County. Before the



Columbia Pacific helped members, clinics and community partners pivot to telehealth, improving access to mental health care.

onset of the pandemic, telehealth was not commonly used or understood as a platform for behavioral health services, explains Tasha Miniszewski, Clinical Director of Adult Outpatient Behavioral Health Services at CCMH. CCMH was able to pivot to telehealth during the pandemic thanks to its knowledgeable information-technology staff and clinical-staff collaboration, she notes.

"We were quickly able to seamlessly implement a telehealth platform across the agency to provide uninterrupted services, which kept our most-vulnerable groups engaged and connected," she explains.

Staff were trained to help clients download the technology onto their smartphones and computers. Clients without smartphones or computers used phones to continue accessing services.

"Although it was bumpy at first, many clients and clinicians found the new platform to be not only effective but preferred," Miniszewski notes.

## Benefits of Telehealth

In a recent survey of 1,141 clinical psychologists released by the American Psychological Association (as reported in the January 2022 issue of “Scientific American”), 96% of those surveyed said they were providing telehealth services (compared to just 21% of those surveyed in 2019). An equal percentage said telehealth was effective.

Bialozor notes that some providers have also seen improvements in no-show rates through telehealth. For patients with physical limitations, disabilities or other challenges, being able to have a visit with a therapist via phone or video meeting removes transportation barriers and increases privacy, among other benefits.

## Overcoming barriers to broadband

The advantages of telehealth only apply if a member can access telehealth services. The same geographical factors that make physical access to care a challenge can also apply to accessing care via telehealth, as rural areas often have spotty broadband or cell service.

Bialozor says that during the pandemic, some behavioral health providers got creative in helping people access connections. Some clinics offered kiosks in their offices where members could use broadband services, with a counselor calling in to the video session from a nearby room.

Columbia Pacific supported clinics in helping members get access to phones and phone cards. Providers identified members who needed support, and we reimbursed clinics for the costs of phones and phone cards. In all, we provided reimbursement for about 130 phones and more than 1,000 phone cards distributed in 2020 and 2021.

We also helped providers get the telehealth tools they needed. Tillamook Family Counseling Center, for instance, used a \$15,000 grant from Columbia Pacific to buy laptops and connections to Wi-Fi hotspots for clinicians.

## Here to stay

While the way people access care may continue to change as the pandemic evolves, it's clear telehealth is an option that's here to stay. It's also true that no one size fits all.

“My hope,” says Bialozor, “is that in the future we hold on to the best of what we have with telehealth, and yet we can also return fully to face-to-face services, so that when that supports the optimal outcome for a member, we have the best of that too.”

## Shared services

While there was a strong focus on telehealth over the last couple of years, it's also important to have in-person treatment for some services. In-person services to the most vulnerable community members, such as mobile crisis and community-based outpatient services, continued throughout the pandemic, thanks to the dedication of counselors, case managers and peers in each of our counties.

In addition, Columbia Pacific helped improve access to behavioral health services through a grant to bring a psychiatrist to our region for the first time in decades. In September 2020, Columbia Pacific worked with Tillamook County Community Health Centers (TCCHC) to fund an initial salary and start-up costs for a psychiatrist to serve the county. Dr. Michael Redmond was hired to fill this position. He also works half time with TFCC and provides consultation to primary care providers in the county regarding psychiatric services.

“In a lot of rural communities, it isn't uncommon for all psychiatric services to be outsourced to out-of-area providers. So, it's a real value to have a psychiatrist delivering these services in Tillamook County,” says Bialozor, noting that utilization among Columbia Pacific members has risen since Dr. Redmond started his new role. ■

STRATEGIC PRIORITY: BEHAVIORAL HEALTH

## Fighting the opioid epidemic at our doorstep

Once a week, Jenna King, Clatsop County's Harm Reduction Coordinator, loads supplies into a cargo van and heads to the front lines of the opioid epidemic.

At several stops throughout the day, King and a nurse with Clatsop's Public Health department unload the supplies and offer a lifeline to people struggling with substance use. They exchange used syringes (on a one-for-one basis) for sterile needles and distribute containers for the safe disposal of syringes, naloxone (a life-saving medication that can reverse an overdose from opioids) and strips that detect Fentanyl (an often-deadly synthetic opioid) in illicit drugs – all for free.

But that's not all. King and her colleague also provide referrals to local resources, including

detox and recovery services, medical and dental care and food pantries. Interestingly, it's the intangibles they offer (in the form of caring and hope) that are among the most-powerful elements of the county's harm-reduction program.

### Lowering barriers to treatment and care

Harm-reduction programs provide practical support to reduce the negative consequences of drug use and celebrate any positive change, rather than ignore or condemn people struggling with substance use. The Centers for Disease Control (CDC) *reports* that new users of these programs are five times more likely to enter drug treatment and three times more likely to stop using drugs than those who don't use the programs.

“Our program provides a stigma-free and judgment-free environment for a population that doesn't experience that very often,” says King. “It can be a jumping-off point for individuals struggling with substance use to increase their sense of well-being and maybe begin to seek out interventions for their drug use.”

Since its inception in 2018, the program has exchanged nearly 1.5 million syringes (as of March 2021), distributed some 3,900 naloxone doses (from October 2020 to present) and referred nearly 380 people to recovery services. The county estimates that the program has saved nearly 400 lives by distributing naloxone (also known as Narcan). Often given as a nasal spray, naloxone is safe and easy to use. Anyone can carry naloxone and give it to someone experiencing an overdose and potentially save a life, according to the CDC. One study found that bystanders were present in more than one in three overdoses involving opioids.



Clatsop County Harm Reduction Coordinator Jenna King prepares for an event in Astoria. Photos courtesy: The Astorian

In July 2021, our Board approved a \$120,000 **grant** to support Clatsop’s harm-reduction program and its newer counterparts in Columbia and Tillamook counties. Columbia and Tillamook launched their harm-reduction programs in April 2021, with temporary staffing support and training from Clatsop.

### A powerful weapon to fight the opioid epidemic

Our support for these programs is part of our **long-running campaign** to mitigate the devastating local impacts of the national **opioid epidemic**, which has only gotten worse during the pandemic. Experts say food insecurity and reduced access to safe housing and mental health services have exacerbated the stressors resulting from job losses, social isolation and other pandemic-related problems, contributing to a spike in substance use and overdose deaths.

The Centers for Disease Control (CDC) **reports** that during the one-year period ending May 2020, the U.S. had the highest number of drug overdose deaths ever recorded in a 12-month period. In the first six months of 2020, Oregon **saw** a nearly 40% increase in overdose deaths (compared to the same period in 2019), according to the Oregon Health Authority (OHA).

“The most meaningful part of our program is building relationships with clients. So that if and when they’re ready for recovery, they trust us and come to us to find the right resources,” says Suzanne Beaupre, Health Promotion Specialist for Columbia County Public Health, which runs its harm-reduction program in collaboration with the county’s behavioral health provider, Columbia Community Mental Health.

### Lowering health care costs, protecting public health

The harm-reduction programs in our region are not only saving lives and putting people on the path to recovery but helping to hold down health care costs by reducing the spread of infectious diseases and hospital admissions.

In 2020, we spent nearly \$1.8 million to cover costs associated with treating sepsis (a life-threatening complication of an infection) and hospital admissions for drug overdoses. We also spent some \$3 million to cover medications used to treat hepatitis C and HIV. Preventing just one case per month of hepatitis C, HIV or an overdose-related hospital admission would pay for the entire cost of our recently approved grant funding.

By exchanging needles and distributing sharps containers, harm-reduction programs also mitigate the public-health hazards associated with improper disposal of syringes. If people must turn in needles for new ones, they have a greater incentive to find discarded or used needles.



By collecting used needles and distributing sharps containers, harm reduction programs help reduce the public health hazards from improper disposal of syringes.

In its first few months, Tillamook’s harm-reduction program exchanged some 5,760 syringes on a one-for-one basis, a testament to the severity of the opioid epidemic at the local level, says Marlene Putman, Administrator of Health & Human Services.

“Before we launched the program, people didn’t have a place to dispose of syringes safely, and that was a concern, not only for them but for community members who would see syringes in unsafe places,” explains Putman. ■

# Our governing bodies

We greatly appreciate our Board of Directors, Community Advisory Councils, Clinical Advisory Panel and many others in our communities who generously contribute their time and expertise to Columbia Pacific CCO. We thank them all for working with us on improving the health of our members and our region.

## Board of Directors (as of January 2022)

### Nancy Avery

Manager, ODS Community Dental

### Jonathan Betlinski, MD

Director, Division of Public Psychiatry, OHSU

### Cathy Bond

NW Rides Brokerage Manager,  
Tillamook County Transportation District

### Pam Cooper

Chief Financial Officer, Providence Seaside Hospital

### Sherrie Ford

Director, Columbia Health Services

### Henry Heimuller

Commissioner, Columbia County

### Tim Hennigan

Medical Services Compliance Officer,  
Columbia River Fire & Rescue

### Eric Hunter

Chief Executive Officer, CareOregon

### Monica D. Martinez

Director of Legal Affairs, CareOregon

### Viviana Matthews

Executive Director, Clatsop Community Action

### Debbie Morrow

Chair, Warrenton-Hammond School District  
Board of Education

### Marlene Putman

Administrator, Tillamook County Community Health Centers

### Erin Skaar

Commissioner, Tillamook County

### Eric Swanson

President, Adventist Health Tillamook

### Nicole Williams

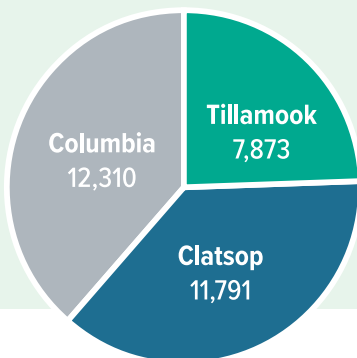
Chief Operating Officer, Columbia Memorial Hospital

## Columbia Pacific CCO invests in care and communities

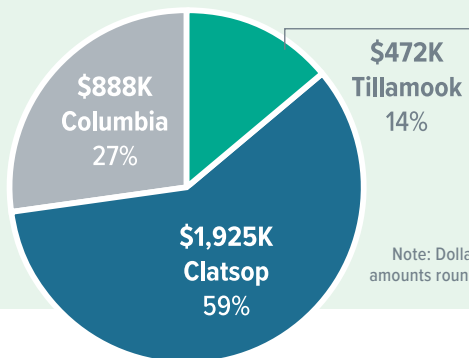
We're a nonprofit community benefit company, serving more than 31,000 Oregon Health Plan members.

\*Clinical Investments do not include distributions from risk-sharing agreements

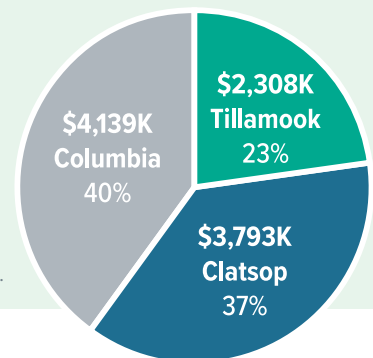
### Membership by county



### Community investments 2020-2021



### Clinical investments 2020-2021\*



Note: Dollar amounts rounded.



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