

## **Labor, Health and Human Services, and Education**

The following appropriations for Oregon are being considered for inclusion in the Labor, Health and Human Services, and Education appropriations bill for fiscal year 2011.

### **Classroom Technology to Connect Tribal Youth - \$420,000**

#### **The Place for Kids Club, The Confederated Tribes of Warm Springs Reservation of Oregon, Warm Springs, OR**

Acquire and install 15 “smart podium” systems and instructional technology for The Place for Kids Club. Each system contains a computer, DVD/VCR and CD players, and a high-tech document camera for broadcast or projection. Each podium connects to the Internet, allowing students in the rural community to connect with cultural, educational, and workforce development programs.

### **Family Access Network (FAN) - \$425,000**

#### **FAN Foundation, Bend, OR**

FAN is a partnership of local government, hospitals, school districts, and social service organizations that work together to help ensure school success by helping families to acquire basic needs and to improve physical/mental health of disadvantaged children. Located in all K-12 local public schools and two early childhood centers, FAN works by connecting children and their families with vital family support services such as Oregon Health Plan, counseling, mediation services, translation, shelter, clothing and food assistance. Additionally, FAN assists many student support services such as health and wellness clinics and connects families with anger support groups, grief and loss groups, drug and alcohol intervention, recreational programs, and after-school care. During the 2008-09 school year, FAN worked with over 7,850 children and family members, a 15% increase from 2 years prior. Deschutes County wants to build on this success to meet a growing need in the region. Federal funding will enable Deschutes County to ensure continuation of the FAN program at its current level.

### **Serving Rural Central Oregon Victims of Child Abuse in their own Communities \$300,000**

#### **Kids Intervention & Diagnostic Service Center (KIDS Center), Prineville, Madras, Powell Butte, Culver, Warm Springs, OR**

Suspected child abuse victims from rural Central Oregon will be provided with expert medical evaluations, treatment and family support in their own communities.

### **NeighborImpact Birth-Three Program (Early Head Start) - \$800,000**

#### **Deschutes County, Bend, OR**

This project will provide early, intensive and comprehensive educational, health, mental health, social and family support services for the most vulnerable and disadvantaged infants, toddlers and pregnant women in Deschutes County Oregon. The project will serve 96-115 infants and toddlers and their families and 10 -15 pregnant women for 48 weeks per year. The project will be fully compliant with federal Early Head Start regulations and standards, proven to improve both the short and long-term success of children and families. The project design was developed in partnership with the local early childhood community in order to develop a program that would be fully integrated within the community, take full advantage of the existing local prenatal to three services and prevent duplication of services.

**Central Oregon Health Information Technology - \$4,750,000**  
**Cascade Healthcare Community (CHC), Bend, OR**

The project is to fund phase I of a \$40-million, six year master plan to reform the health care delivery system in Central Oregon - the CHC service area. Phase I will develop a technology-based system of coordinating the health care needs of the neediest and most underserved members of our community. It does this through two initiatives that must work hand-in-hand to be successful: Integrated health care and Health Information Technology (HIT).

**Centralized Diabetes Care of Oregon - \$200,000**  
**Diabetes Nation, Redmond, OR**

The focus of Diabetes Nation is to establish a Multi-Specialty Diabetes Center of Excellence in a rural community in Central Oregon to fill in the many needs in the area. The main objective will be to provide a low-cost, centralized location for Multi-Specialty Diabetes Care to those individuals who desire to receive timely and appropriate preventative care related to their diabetes, as well as for those at risk for developing diabetes. Services provided by Centralized Diabetes Care of Oregon will focus on applying and delivering the standard of care recommendations advanced by the American Diabetes Association. The services will include the availability of dilated retinal examinations, neurologic testing for the diagnosis and treatment of painful Diabetic Neuropathy, skilled diabetic nurse educators for lifestyle modification and counseling, Podiatric evaluation for intervention and treatment of diabetic foot disorders, a laboratory draw station, as well as other primary care services. Because of their commitment to the success of this project, Diabetes Nation's Medical Director and Primary Care Physicians will be serving the clinic on a volunteer basis. Centralized Diabetes Care of Oregon will incorporate a successful Chronic Care Model published in 2009 by the American Diabetes Association. This Chronic Care Model for diabetes reached and surpassed standards of care for HbA1C, blood pressure, and LDL Cholesterol in three rural primary care clinics. This successful model of care utilized an electronic medical record (EMR) system for collecting data and the development of a patient registry. Services are collected and documented in the EMR database, which enhances the level of care that comes from data sharing. The EMR database will reduce costs and errors by recording accurate and timely information, including current medication lists, consults, test results, procedures performed, and laboratory results. It will also provide a greatly needed registry of patients with diabetes in order to track their performance as it relates to the established benchmarks of care. By providing these services under one roof, Diabetes Nation plans to demonstrate a cost-effective utilization of appropriate care. The ease of getting the many needed services in a single location will increase compliance by allowing the patient to visit one location to take advantage of the numerous services provided for their chronic disease. This delivery system will yield an increased attainment in the standardized benchmarks of care including annual eye examinations, neurologic examinations, diabetes education, and laboratory testing, all of which will reduce the risk of costly diabetic cardiovascular complications, emergency room visits, and hospitalizations.

**Union County Acute Care Facility/Medical Detox Unit - \$1,700,000**  
**Center For Human Development, Inc, La Grande, OR**

This community acute care facility will be a multi-functional, multi-agency community partnership bringing mental health acute care and medical detoxification services to veterans and

other community members from a remote thirteen-county area of Eastern Oregon. The county population is over 250,000, including veterans, with 838 unique mental health diagnoses and requiring 348 acute mental health admissions in 2009. Currently, those living in the area and suffering from a mental health crisis are subjected to waits of four to six hours while crisis workers attempt to locate an available bed, and then endure another four to seven hours of transport locked in the backseat of a car prior to appropriate treatment. In some remote areas, veterans and others requiring medical detox or acute mental health care are kept in emergency rooms, hospital hold beds or even county jails pending appropriate placement, and frequently staff in those facilities are not adequately trained to meet their needs. This project will provide ten acute care/medical detox and sub-acute beds offering appropriate and humane mental health treatment services for this population.

**Rural Student Access Program - \$300,000**  
**Eastern Oregon University, La Grande, OR**

The Rural Student Access Program works to bridge the gap between rural students and higher education – especially minority students from Latino and American Indian backgrounds. The program was developed specifically to reverse the national trend of declining post-secondary attendance by students from rural communities. Utilizing faculty and academic resources at Eastern Oregon University, staff are working with students through 9 different sites throughout eastern Oregon; supporting “embedded” part-time college advisers and a half-time American Indian recruiter/adviser; and developing bi-lingual marketing materials on college affordability and access.

**Eastern Oregon University Rural Institute - \$200,000**  
**Eastern Oregon University, La Grande, OR**

The vast majority of rural communities have no internal resources and few, if any, opportunities to access external resources to provide research, resources and guidance to develop their local and regional economy. The Eastern Oregon University Rural Institute will be dedicated to helping build and support stronger rural communities in the Pacific Northwest, and specific areas of extreme rural eastern Oregon, western Idaho and southwest Washington by providing technical assistance, applied research, university-level resources and information dissemination to city and county governments, public and non-profit organizations, small business and individuals. The Institute connects the many needs of small rural communities with the resources of a public university – professional research tools, faculty expertise, student employment/internships, and partner programs.

**Program Development, Including the Purchase of Equipment, for New Career Technical Program in Veterinary Technology, with Certificate Options in Pre-Veterinarian, Equine Science, and Farrier Science - \$300,000**

**Blue Mountain Community College, Pendleton, OR**

Blue Mountain Community College (BMCC) is requesting funds to develop a new career technical program, an associate of applied science degree in veterinary technology, to address a projected high demand for skilled workers in animal care fields in Oregon, the Pacific Northwest, and the nation. In keeping with the rural environment of northeastern Oregon and to leverage the expertise and resources of BMCC’s long-standing agriculture and animal science programs, the veterinary technician program will have a large animal emphasis, though the

curriculum will be comprehensive and students will graduate with well-rounded skills. Students will have the option of earning a certificate in equine science (which the college eventually may expand into a two-year degree program), pre-veterinary science, and farrier science. The program is a natural fit for northeastern Oregon, where horses, cattle, and other farm animals are numerous and where rodeo is part of the region's history and culture. BMCC's main campus in Pendleton is strategically located in the very center of the region formed by Oregon, Washington, and Idaho, which is home to more than 253,000 horses; more than 5.7 million cattle; 500,000 sheep; and more than 82,000 swine (2007 U.S. Census of Agriculture). This is true horse country. The Pendleton Round-Up is one of the top three professional rodeos in the world and is celebrating its centennial in 2010. BMCC's neighbors and partners, the Confederated Tribes of the Umatilla Indian Reservation—the Cayuse, Umatilla, and Walla Walla—were once renowned for their vast horse herds and horsemanship skills and are now working to restore their horse culture. Regionally, there is a significant, informal equine industry cluster that attests to the continuing presence of many horse owners, including saddle and tack makers, feed and tack stores, Western and English apparel and furnishings stores, horse breeders and trainers, veterinarians, riding instructors, horse and stock trailer repair and retail, horse boarding enterprises, ranch and farm equipment manufacturing and sales, and equine-related events and tourist attractions. In 2009, animal owners in the U.S. spent \$12.2 billion on veterinary care (Veterinary Economics Magazine). Veterinary technicians and technologists are occupations projected to be in high demand in Oregon and across the nation. Nationally, the Bureau of Labor Statistics projects a 36 percent increase in jobs from 2008 to 2018, a faster rate than the average for all occupations ([www.bls.gov/oco/ocos183.htm](http://www.bls.gov/oco/ocos183.htm)). In Oregon, the state employment office projects that veterinary technician and technologist jobs will increase by an average of 28 percent from 2006 to 2016 ([www.qualityinfo.org/olmisj/OIC](http://www.qualityinfo.org/olmisj/OIC)). Local veterinarians have confirmed a critical need for technicians skilled in handling large animals. On average, licensed technicians earn more than unlicensed by about \$2.00 an hour (National Association of Veterinary Technicians of America, 2009 Survey).

### **Curriculum and Program Development for Blue Mountain Community College's Baker County Center - \$225,000**

#### **Blue Mountain Community College, Baker City, OR**

These funds will be used to build capacity to meet the rapidly growing demands on Blue Mountain Community College's outreach center serving the residents of Baker County. BMCC annexed Baker County into its service district in 2000 and began operating out of a small building and modular annex shared with the Training and Education Consortium (TEC) and the Office of Childcare Resource and Referral. Increasing enrollments and robust dual-credit partnerships with Baker County high schools have strained the limited capacity of BMCC's Baker County Center. Funding requested for this project will support several interrelated activities that will enhance BMCC's capacity to meet the growing demand for education and workforce training. First, the funds will enable BMCC to renovate and update its existing computer laboratory with 12 stations of state-of-the-art equipment to support both on-site and distance education. In addition, BMCC will be able to hire a full-time academic advisor to help students, the majority of whom are (or aspire to become) first-generation college students, to develop effective postsecondary academic plans. Requested funding also will support the development of a comprehensive, year-long course schedule that will help student plan their own academic schedules around work and family responsibilities. Finally, funds will support

community outreach activities that will help build additional partnerships for leveraging community resources, helping increase county-wide awareness of BMCC's services and programmatic offerings. Baker County has enthusiastically embraced the educational opportunities provided by BMCC. Before the annexation, BMCC provided limited services and programs that generated only 44.5 full-time equivalent enrollments (FTE). By the fall of 2009, FTE had increased to 156.67—an increase of 252 percent. This number does not include the parallel tremendous growth in on-line instruction for Baker students, which have grown from 273 enrollments per year to almost 900 in the same period.

**Springfield Schools Virtual Schools Initiative - \$350,000**  
**Springfield Public School District #19, Springfield, OR**

This project will establish a hybrid program that combines traditional classroom courses with online learning to provide options for students at all levels of learning with the opportunity to complete classes at a pace suited to their own educational needs. The program would target students with scheduling conflicts, acceleration or remediation needs; or medical needs; students who are self-directed learners; students who home school; expelled youth and those seeking to recover credits. Springfield Public Schools has been a strong advocate for a comprehensive statewide learning plan and will continue our efforts to create a unified approach. In partnership with University of Oregon (UO), International Society for Technology in Education (ISTE) and the education community, SPS will establish quality standards and provide the planning and oversight for the development and delivery of a virtual school component to be accessed by SPS students and replicated by other districts once successfully implemented in Springfield. SPS has demonstrated its commitment to providing a success model for all students through a variety of school-based programs that use innovative practices to impact student learning and achievement. An example of the District's commitment is the Academy of Arts and Academics (A3). A3's model of excellence and innovation has led to increased student achievement, and a recovery of students in the district that may have dropped out or went to outside alternative education sites. The District believes online learning will achieve a similar effect reaching out to a different set of students. The proposed program will create extended opportunities for students through a variety of existing and emerging technologies, while providing the freedom to explore, challenge and expand learning opportunities beyond the boundaries of their existing classrooms. Courses will be offered in a variety of modalities like web-based instruction, online learning, interactive videoconferencing or cable and digital networking. Students can integrate courses into their traditional brick-and-mortar school classes that could otherwise not be taken, allowing for advanced placement courses, additional electives such as foreign language, advanced mathematics, and computer technology, or courses to help students with credit make-up or failed classes.

**Crisis Respite Care for Infants and Toddlers at risk of abuse \$750,000**  
**Oregon Association of Relief Nurseries, Eugene, Albany, Salem, Portland, Roseburg, Cottage Grove, Pendleton, Bend, Medford, Corvallis, Clackamas, Madras, Ontario, OR**

Relief Nurseries will use funds to increase the amount of crisis respite services for children and infants through five years old. Each Relief Nursery has seen that the need far exceeds the supply of respite care that is able to be provided to protect children from abuse. Reducing the incidence of child abuse is the core of our work and mission Respite provides parents with an option and positive alternative at a time when the stress in their lives decreases their ability to make positive

and safe choices for their children. Through respite, parents may reserve blocks of time or may be able to drop in and leave their child for care to relieve their own stress, take care of personal needs, attend Department of Human Services or court required meetings and also engage in activities that can address the risk factors within their own lives – finding a job, counseling or medical care, or other services. High risk families rarely have options for relief or help when their own stress level is high, they are about to abuse their child or they need to meet their own needs for help, education, medical care or employment opportunities yet need care for their child. Each of our Relief Nurseries reports an increase in the number of parents seeking respite help and having no other alternatives to turn to for that kind of non-punitive assistance and support. The Relief Nurseries were started to meet the needs of one of the most vulnerable populations in our society – young children. Infants who are pre-lingual are unable to reach out and ask for help or intervention when they are in danger. Young toddlers often do not have the speech capacity or cognitive development to identify the dangerous situations they may surround them. Child abuse among this age group is especially dangerous to the child who cannot help themselves seek a way out and cannot defend themselves against abuse. As we've seen from previous experience in this field, child abuse is not an issue that is going away in our society and it is our responsibility to protect those who can't protect themselves.

**Advanced Transportation Technology Center \$750,000**

**Linn-Benton Community College, Lebanon, OR**

Linn-Benton Community College, in partnership with the City of Lebanon, will use funds to site an Advanced Transportation Technology Center (ATTC) in Lebanon, Oregon. This ATTC will provide the Willamette Valley with trained technicians of the highest caliber in collaboration with multiple industries. It will also provide critical alternative-fuel vehicles training for first responders.

**Community Health Assessment Partnership (CHAP) \$300,000**

**Oregon State University, Corvallis, OR**

Local health departments (LHDs) in Oregon lack the technical and scientific capacity to assess population health status and public health needs. The Association of Oregon Counties (AOC) and the Coalition of Local Health Officials (CLHO) identified the greatest gaps for LHDs as their ability to: 1) discover and evaluate innovations in community public health systems, 2) develop data-driven plans and policies, and 3) assess community health outcomes and investments. This project partners OSU Extension Service, Oregon Public Health Division (OPHD), CHLO and OSU's College of Health and Human Sciences in order to: (1) conduct community health assessments, (2) create an effective web-based community health data clearinghouse, (3) establish a practice-based research and assessment partnership, (4) conduct workforce development training conferences for county public health staff, and (5) establish local cooperative agreements among county public health departments and Extension offices to maximize county, state and federal investments. These efforts will help remediate the community health assessment, planning and evaluation gaps in the current Oregon system.

**Mycobacterial Disease Research \$1,300,000**

**Oregon State University, Corvallis, OR**

Mycobacterial diseases, including tuberculosis, constitute a significant global public health concern. One-third of the world's population is infected with Mycobacterium tuberculosis and

approximately 87 percent are infected with non-tuberculosis mycobacteria. Each year, between two and three million people die from tuberculosis or become handicapped when infected with environmental mycobacteria. The complex interaction of infectious environmental and socioeconomic factors involved in Mycobacterial diseases necessitates a multi-disciplinary strategy implemented on a global scale. Researchers at OSU are internationally recognized for their expertise in mycobacterial diseases and seek to capitalize on these existing strengths to develop a comprehensive research and facilities infrastructure, as well as implement a multi-disciplinary graduate education program on human and animal mycobacterial disease prevention and treatment strategies.

### **Youth Education and Development Project - \$250,000**

#### **Northwest Youth Corps, Eugene, OR**

Northwest Youth Corps will use these funds to support continuation and expansion of programming developed in 2009 with American Recovery and Reinvestment Act (ARRA) funding. This application requests funding to support transition of this program from ARRA funding to programming supported by local communities and program partnerships. Funding requested will support the development and operation of a summer youth program employing 160 youth and 16 staff. Youth teams, each led by two staff, will complete high priority conservation, reforestation and recreation projects in up 16 Oregon communities during the summer of 2011. Youth in this program will earn high school credit and learn about careers in resource management. They will develop a strong work ethic, master a wide variety of workforce competencies and develop the skills they need to find and hold a job. During the program participants will study a Financial Literacy curriculum that promotes wise decisions about saving, debt, and the use of credit.

### **Healthy Babies-Healthy Communities Initiative \$600,000**

#### **Lane County, Eugene & Springfield, OR**

This project involves organization and facilitation of a county-wide effort to reduce fetal-infant mortality by identifying factors associated with fetal-infant deaths and opportunities for community driven initiatives and actions to decrease mortality rates. Lane County's (9.4 per 1000 births) overall fetal-infant mortality rate is higher than the national average (9.1), the state (8.0), and the three other large Oregon counties (Multnomah, Clackamas and Washington). While national and state rates of fetal-infant mortality have been dropping, Lane County's rates increased and have been greater than national and state rates for several years. The County has identified the Nurse Family Partnership (NFP) home visitation program as a primary intervention to address the health and safety of Lane County's moms and infants, and to reduce fetal and infant mortality. We continue to actively pursue funding to support a local NFP program. In addition to NFP, the County developed a list of proposed community actions for this project. These include: 1) pregnancy prevention and improved health through education and outreach in high schools to promote healthy behaviors; 2) reduced smoking and improved pregnancy outcomes through enhanced tobacco education and cessation efforts; 3) reduced unhealthy behaviors, improved maternal and infant health, and early identification and referral for pregnancy risk factors; 4) increased awareness of safe sleep practices and increased safe sleep.

### **Lane Community College Electronic Health Record Demonstration Lab - \$214,143**

#### **Lane Community College, Eugene, OR**

Lane Community College requests \$214,143 to create an Electronic Health Records (EHR) demonstration lab to train the next generation of healthcare professionals. The lab will feature mobile computing units with wireless connection to the EHR system (a simulated training environment) of a local health care provider (PeaceHealth) for training students in the Nursing, Health Professions and Health Informatics programs. The demonstration lab will allow students to train with industry-leading tools that bring reliable, automated patient data management directly to the point of care. Being skilled in the use of these tools is essential for professionals entering the health care work force now and in the future.

**Looking Glass Trafficking Prevention Program - \$550,000**

**Looking Glass Youth and Family Services, Inc, Eugene, OR**

Looking Glass will use funds to provide intensive, comprehensive services to potential young women victims of trafficking. Many of these young women will have been struggling with alcohol/substance abuse, mental health issues, sexual abuse, physical abuse and extreme neglect. Looking Glass will provide residential services that include: crisis intervention, psychiatric and psychological evaluations, co-occurring disorder(alcohol/substance abuse/mental health) treatment, medical services, medication management and transition/reintegration services. Transition, re-integration and aftercare services will be provided for 6-12 months. Data collection and evaluation will be done from intake through discharge and aftercare. Total course of treatment will run from 12 to 24 months based on individual need.

**Springfield Schools Student and Family Support Center - \$700,000**

**Springfield Public School District #19, Springfield, OR**

Springfield Public Schools proposes to establish a Student and Family Support Center to coordinate in one location (a “one-stop” services center), the array of academic and social support services the district currently provides in multiple locations. Coalescing the districts far-flung services into one center, will mean that the high-needs and diverse families who visit the Resource Center will receive better help finding affordable housing, easier registration for the Free and Reduced Lunch program, improved access to basic health services and free clothing; and better connections with Women, Infants, and Children (WIC) nutrition program and the Jasper Mountain center for emotionally disturbed children and their families. Homeless families will receive the help they need in compliance with federal Title I regulations more readily. The Young Parent Program will improve assistance to pregnant and parenting teens attending parenting classes and retain daycare services so they can stay in school. The facility would house the Community Transition and Youth Transition programs to help special education student’s access developmentally disabled workforce services, and the “El Centro De Bienvenidos” (a facility for Spanish-speaking families). All of these services are currently provided by the district but at separate locations, increasing the time and difficulty accessing them. Providing them all under one roof will improve efficiency and cost-effectiveness for both the district and the students and families it serves. The Student and Family Support Center will provide a vital link between students, family members, staff and community agencies. A centralized location would gain efficiency by providing shared space and integrated programs, allowing service providers to pool resources and collaborate on ways to better meet the needs of the Districts growing numbers of high-needs and non-traditional students.

**Southern Oregon Regional Education Center - \$700,000**



**Umpqua Community College, Roseburg, OR**

UCC seeks federal funding to address the need for \$700,000 in equipment costs. Funding for the technology-related needs of the Southern Oregon Regional Education Center will provide the technical infrastructure necessary to outfit smart classrooms for course distance delivery and create a business and community forum resource for testing and research. The facility will consolidate and maximize course locations, reducing costs to both the students and the institutions. The facility will include an outdoor laboratory, two instructional classrooms, two science labs, a testing facility and community gathering space. The design concept includes generic classrooms to maximize shared use space, staff offices in close proximity to encourage disciplinary collaboration and shared meeting rooms.

**Southern Oregon University Theatre Arts Building Renovation and Expansion – \$1,097,054****Southern Oregon University, Ashland, OR**

Southern Oregon University (SOU) is a public liberal arts university enrolling approximately 5,700 undergraduate and graduate students. SOU is one of the seven public universities in Oregon, all within the Oregon University System. With two campuses located in the Rogue Valley, just ten miles north of the California border along the I-5 corridor, the main SOU campus in Ashland houses the arts programs. SOU's service area covers an extensive stretch of northern California and Southern Oregon (sometimes referred to as the State of Jefferson).

**RCC Justice Training & Education Center (JTEC) - \$360,000****Rogue Community College, White City, OR**

This project will fund the pre-engineering, design and detailed plans and specifications for a new JTEC facility which will serve as: A state-of-the-art center to prepare students for careers in private and public criminal justice, public safety, and computer cyber-security; and for their successful transfer to a higher level educational institution. The center for regional in-service training and continuing education to meet the needs of law enforcement, business, corrections and public safety agencies in the College district and potentially beyond-- the larger southern Oregon and north California region.

**RCC Emergency Services Training Equipment \$270,000****Rogue Community College, White City, OR**

RCC seeks up to \$270,000 to purchase equipment needed to upgrade the training for students in Fire Science and the EMT programs; part-time instructor to update and deliver curriculum.

**Western States Media Education Center - \$475,000****JPR Foundation, Inc, Ashland, OR**

This project will facilitate creation of The Western States Media Education Center, an innovative co-curricular, interdisciplinary program that explores and interprets the historical, social, political and economic roles which electronic media play in American society. The goal of this program will be to expand students' understanding of their capabilities as media consumers and their potential for effectively using media in socially constructive ways. The center will be located at Southern Oregon University, and be associated with its newly emerging Center for Digital Media, and other Oregon Higher Education campuses such as the University of Oregon.

**Child Care Billing and Attendance Tracking Modernization - \$4,000,000**  
**Oregon Department of Human Services, Children Adults and Families – Office of Self Sufficiency Programs**

The Office of Self Sufficiency Programs, Employment Related Day Care (ERDC) and the Temporary Assistance for Needy Families (TANF)/Job Opportunity and Basic Skills (JOBS), are requesting funding to implement an automated child care billing and attendance tracking system with web-based and Speech Integrated Voice Response (SIVR) solutions. The current Child Care billing system is paper-based and manually intensive. Reimbursement of child care providers is inefficient and time-consuming. Programs are challenged by increased case loads, budget shortfalls, manual processes, and complex policies. Child care providers and parents would benefit from a paperless billing process, and authorization of care determined by the swipe of a card. A Point of Service machine would capture attendance and authorization data. This would eliminate the need to manually enter daily attendance hours and calculate monthly billing hours. By using a Point of Service solution, electronic attendance logs would be created and transactions would be collected into an online database. Providers, with user permissions and secured transactions, would have online access to the database, enabling online viewing, editing, monitoring, submitting and tracking of payment histories. Providers would submit billings online on a bi-monthly or more frequent basis. They would be able to view and print attendance logs, which are also required for licensing. The billing submission would initiate a payment to the provider in an overnight process. Speech Integrated Voice Response (SIVR) system would be in place for short-term child care arrangements for providers who do not have a Point of Service machine or access to the internet. This Point of Service machine data would support timely and accurate payments to the provider. There would be a significant reduction in workload for DHS staff as well as providers, increased payment accuracy, and improved monitoring of the program budget.

**Oregon Veterans' Job Search Assistance Program - \$750,000**  
**Oregon Employment Department, Salem, OR**

Oregon Veterans will receive career counseling and skills assessment to help them create a detailed job search plan, and financial assistance to overcome common economic barriers to employment. The barriers are created by the stress of multiple deployments and dire economic times in Oregon. These barriers include job search transportation costs, rent and utility costs, clothing, business license fees, and the need for short-term training to increase job skills.

**Oregon's Enhancing Employment Outcomes Project - \$850,084**  
**State of Oregon Department of Human Services, Salem, OR**

“Think Beyond the Label” (TBTL) is a multi-media campaign targeting employers that makes the business case for hiring people with disabilities. Oregon was one of five “leadership” states that led the consortium in creation and implementation of TBTL. The campaign was a collaboration of 30 states across the nation who have Medicaid Infrastructure Grants (MIGs) funded through the Department of Health and Human Services’ Centers for Medicare and Medicaid Services’ Disability and Elderly Health Group. The campaign includes a website ([www.thinkbeyondthelabel.com](http://www.thinkbeyondthelabel.com)) offering businesses resources and access to support in Oregon to improve their ability to reach this untapped labor pool. The campaign website will lead Oregon employers to the OBLN website ([www.obln.org](http://www.obln.org)). TBTL also includes a ready-made suite of integrated print/audio/visual materials for implementation at the state/regional level.

TBTL will assist the State of Oregon, Department of Human Services' Office of Vocational Rehabilitation Services (OVRs) in developing an Oregon TBTL state media campaign, which is critical to assist OVRs in building statewide capacity of the Enhancing Employment Outcomes (EEO) system. EEO is a service delivery system that results in effective and efficient employment outcomes as well as providing a sound way to engage Oregon employers in hiring people with disabilities. Businesses awareness is being raised through TBTL and OVRs wants to be able to connect with businesses and provide them with motivated, reliable and dependable employees. The requested funding will assist in building OVRs' capacity to meet the needs of employers who respond to the message of TBTL. TBTL compliments OVRs' EEO initiative and partnership with the Oregon Business Leadership Network (OBLN) and the Council of State Administrators of Vocational Rehabilitation, National Employment Team (CSAVR-NET). The OBLN is a coalition of Oregon's leading employers, large and small, improving their competitive advantage by including people with disabilities in the workplace and market place. It is the only statewide disability organization led by business for business. OBLN provides business networking opportunities, education, and resources on best practices in hiring employees with disabilities and growing careers, marketing to consumers with disabilities and contracting with vendors with disabilities. The CSAVR-NET is actively working with business, consumers and Vocational Rehabilitation (VR) State agencies. The CSAVR-NET is a coordinated approach to serving business customers through a national VR team (80 agencies) that specializes in employer development, business consulting and corporate relations. The approach provides business with direct access to qualified applicants and the support services provided by the public VR system. Five Oregon OVRs staff would be hired to coordinate efforts of TBTL, OVRs EEO, OBLN, and the CSAVR-NET. These staff would manage corporate relations in their local communities; the increased demand for employees from OVRs that TBTL and EEO are creating; and coordinate efforts of VRCs and their vendors in establishing business relationships.

**Oregon's Work Incentives Network - \$974,818.50**

**State of Oregon Department of Human Services, Salem, OR**

The Work Incentives Network (WIN) provides benefits and work incentives planning supports and services at no cost to assist people with disabilities in increasing their employment and income while decreasing health-related costs and dependence on public assistance. Funding would cover a total of 12 WIN staff and allow operation of WIN through the next biennium. WIN's purpose is to increase the employment and income of the over 400,000 Oregonians with disabilities who are 16 years of age or older while decreasing their health-related costs and their dependence on public assistance through planning for and learning about opportunities in federal and state work incentive programs. WIN's goal is elimination of the receipt of public assistance by as many participants as possible, thereby decreasing the need for State General Funds. Nine WIN Work Incentives Coordinators are and would be employees of seven Centers for Independent Living (CILS). CILS are community based nonprofit organizations that enhance and promote independence for persons with disabilities and that are in compliance with section 725 of the Rehabilitation Act of 1973, 29 U.S.C. 701.

**Oregon Emergency Medical Care Data System - \$500,000**

**Public Health Division, Oregon Health Authority, Portland, OR**

The Division's Emergency Medical Services & Trauma Systems Program will purchase a commercial off-the-shelf emergency medical care data system that can be incorporated into existing state government hardware. The data system will be National EMS Information System (NEMIS) compliant to ensure standards are met and data can be shared across jurisdictions. In addition, full implementation will allow Oregon to upload its EMS information to the National EMS Database, which is funded by NHTSA. EMS/TS will hire or contract with technical expertise for one-year to develop and implement the project. Future operational costs will be provided by EMS/TS. The data system will allow EMS agencies that utilize other NEMIS compliant data systems to export their data into the State system. For EMS agencies that do not have an electronic data system, EMS/TS will also provide grants that will enable EMS agencies to purchase laptops and licenses for local version of the data system, as well build bridges to billing software.

### **Community Health Assessment Tool (CHAT) - \$25,000**

#### **Oregon Public Health Division, Portland, OR**

Oregon State Public Health Division will adapt software developed by Washington State Department of Health for use in Oregon by state, local and regional public health entities. The WA Department of Health developed the CHAT software for use by state and Local Health Jurisdictions in Washington to conduct their community health assessment activities. Through an interstate partnership, WA DOH has agreed to provide the software code and all related files to Oregon State Public Health Division free of charge. Oregon State Public Health will require funds to redevelop and adapt that software for use with Oregon public health data and to implement use of the software on an Oregon State platform.

### **Oregon Healthy School Athlete Initiative - \$748,420**

#### **Oregon School Activities Association (OSAA), Wilsonville, OR**

Funds would be spent to implement the NIH-studied, U.S. Congress-recognized evidence-based ATLAS and ATHENA programs in Oregon high school athletic programs throughout the state. In so doing, OSAA will provide a more hopeful future for Oregon's high school athletes and keep them drug and alcohol free. Oregon schools are in dire need of these programs because substance use in Oregon has more than doubled from 8<sup>th</sup> to 12<sup>th</sup> grade. ATLAS and ATHENA are proven to prevent use of anabolic steroids and other performance enhancing substances, reduce illicit drug (marijuana, narcotics, amphetamines) intake, lower alcohol use and drunk driving, while improving healthy exercise and nutrition behaviors among high school student-athletes, who represent the majority of Oregon's high school students. Studied with funding from the National Institute on Drug Abuse and published in major medical journals, Oregon Health & Science University's (OHSU) ATLAS and ATHENA programs are the models for the Anabolic Steroid Control Act (and Oregon Senate Bill 517, signed into law by the Governor. ATLAS and ATHENA are listed in the National Registry of Evidence-based Programs and Practices (NREPP, SAMHSA). In addition, ATLAS received Exemplary status from the U.S. Department of Education, Safe and Drug Free Schools Program, and was the only high school drug prevention program to receive this level of recognition. Additionally, ATLAS has been deemed Exemplary by the U.S. Office of Juvenile Justice. ATLAS (for males) and ATHENA (for young women) are gender-specific programs, delivered in the sport team setting, wherein students are divided into small work groups with one peer leader in each group. The programs are interactive and exert positive peer pressure and role modeling, as athletes learn how to

achieve athletic goals by using state-of-the-art sports nutrition and strength training and discover why they should avoid drugs and supplements that will impair their physical abilities. The programs are scripted, with peers leading and coaches facilitating most activities. ATLAS has ten, 45-minute and ATHENA, eight 45-minute sessions. Student-athletes participate in educational games, develop skills (goal-setting, decision making, resistance), and create and share mock public service campaigns. OSAA will work with OHSU and the Oregon Department of Education (ODE) to distribute information about the program's availability on the OSAA, OHSU and ODE websites. OSAA will produce a webinar broadcast about the initiative and encourage wide-spread participation, holding a meeting among Oregon high school administrators, delineating the program and process. Coaches will complete surveys and students will have voluntary online evaluations to assess the program effects. Evaluations will be reported on the OSAA website, and be presented at scientific meetings.

### **Statewide Perpetrator Data System**

#### **Oregon Department of Human Services**

Currently, Adult Protective Services information is in paper format and various simple data bases located in facilities and counties around the state. This information is kept as part of a client and/or facility file and there is no way to catalog or gather information based on the perpetrator. All other abuse data for Child Protective Service and Office of Investigations and Training are kept in stand-alone systems that do not share information or provide any cross-over of information. This project is to create a centralized data system to store and track all abuse and neglect information for the Department including Adult Protective Service, Child Protective Service and Office of Investigations and Training. The information will be used to screen potential Department employees, volunteers and persons who are licensed, registered or otherwise regulated to provide care on behalf of the Department to determine suitability to hold a position or provide services to Department clients (children, seniors, people with disabilities) This will help the Department meet the Mission to keep people safe.

### **Domestic Violence State and Local Collaboration - \$3,500,000**

#### **State of Oregon Department of Human Services (DHS), Salem, OR**

The two main purposes of this project are to provide grants to non-profit domestic and sexual violence service providers related to infrastructure, and to contract with domestic violence service providers to co-locate advocates at child welfare and TANF self-sufficiency offices. The funding would be provided to non-profit domestic and sexual violence service providers statewide through grants based on a specific need related to infrastructure. Special consideration will be given to those providers who are able to meet the needs of domestic violence victims who may have specific needs relative to cultural, ethnic and/or disability accommodations. Domestic violence service providers are one of the many non-profit organizations who have seen charitable and other funds shrink during this economic downturn. Costs for repairs and other infrastructure needs, when available, are often diverted to meet the increased needs of victims and survivors. In the end domestic violence survivors benefit when these service providers have the infrastructure they need. Additionally, funding would be used to contract with non-profit domestic violence service providers to co-locate advocates at child welfare and TANF self-sufficiency offices. This is a nationally recognized best practice. These advocates will provide on-site direct services to agency clients who identify as victims of domestic violence. In providing these services, consideration will be given for the delivery of

services to clients who may have specific needs due to cultural, ethnic and/or disability accommodations. The advocates will divide their time between DHS offices and their local program, fostering a closer working relationship between the two systems. Advocates will provide in-depth safety planning, education, advocacy and on-going support to adult victims of domestic violence. They will also participate in case staffings and provide consultation to child welfare and TANF self-sufficiency workers. Oregon has successful experience with similar projects which had been funded through Federal grants and in some areas of the state by TANF funds. With the ending of the Federal grants and with increases in the TANF caseload, there are no funds available to continue these projects. The requested funding would support the out-stationing of 38 full time and 12 half time advocates in DHS offices. The funding would also include a Program Analyst who would be responsible for administering and monitoring contracts and would act as a liaison between central office and the local child welfare and TANF self-sufficiency offices. Services delivered by all contracted providers would demonstrate program effectiveness for diverse populations and access to services in equal proportion reflective of the cultural diversity of the community. An evaluation component would be part of the project, and would measure the success of the project, specifically looking for correlations related to the number of children entering foster care; issues of over-representation of marginalized communities in foster care; best practices for serving individuals from diverse cultural and ethnic populations; accommodations needed for people with disabilities; as well as evaluating outcomes around improved safety planning and success of TANF self-sufficiency participants in accessing and retaining employment.

**Continued Labor Market Studies of Oregon's Greening Jobs and Workforce - \$170,000  
Oregon Employment Department, Salem, OR**

This project will build on Oregon's previous and existing "green jobs" labor market information activities. Oregon was the third state in the nation to conduct a "green jobs survey" and the first to publish a report that focused specifically on the workforce and training implications of the move towards "more green" jobs and companies. Oregon received a U.S. Department of Labor ARRA Green Jobs Labor Market Information grant, which allowed deeper study of the skills and training requirements of key green occupations across the state. This grant allowed the Employment Department to hire a Green Jobs Economist, whose sole focus is the development, study, and dissemination of workforce information about green jobs. Continuing this work for an additional two years beyond the current grant period will meet the high level of demand for green jobs information and research. Key customers for this information include elected officials, Workforce Investment Boards, education and training planners and policy makers, students and adults considering career options, and the news media. The project is also in keeping with Governor Kulongoski's focus on green jobs as a priority area for workforce development. Oregon's Green Jobs Economist is the primary source for information on Oregon's green jobs: employment levels, types of industries and occupations, wage levels, education and skill requirements, and special training, licensing, and certification requirements. The Green Jobs Economist reviews and compiles information from Employment Department surveys and other sources; coordinates the work of others working on green jobs-related topics; writes articles and delivers presentations on green jobs.

**HomePlate Drop-In Service Center - \$140,000  
Washington County, Hillsboro, OR**

HomePlate provides outreach and services to youth at risk of homelessness and to runaway and homeless youth living on the street. As the sole provider of this service to youth in Washington County, it provides this vulnerable population with a safe place to gather, receive nutritious meals, shower, and obtain hygienic supplies. The program supports youth in building positive relationships with adults and peers, connects youth to education, employment and housing resources, and offers referral to agencies that have demonstrated success in family reunification. This project is modeled after Positive Youth Development, a nationally recognized approach that emphasizes opportunities to exercise leadership and gain self-confidence, connection to caring adults, and empowerment to build skills and learn healthy behaviors. The Oregon Housing and Community Services reports 1,844 students in grades K-12 were homeless during the academic year of 2008-2009 in Washington County, Oregon. Many of these older homeless youth seek out HomePlate as a resource to manage economic stress and issues with dysfunctional families. Others find difficulty living in limited alternative housing that does not work well for the adolescent; e.g. foster care. The expansion of HomePlate from one night a week to three nights will bring critical stability to the “front end” of the Washington County runaway and homeless youth continuum - by providing youth with access to case management, hot meals, and service coordination. HomePlate is a key strategy outlined in “A Road Home: 10-Year Plan to End Homelessness in Washington County”.

**Oregon Nursing Faculty Institute - \$185,094**

**Oregon Center for Nursing, Portland, OR**

This appropriations request is for funding to plan an Oregon Nursing Faculty Institute. The Oregon Nursing Faculty Institute will prepare nursing faculty in current teaching pedagogies and allow them dedicated time to develop teaching materials and activities. Oregon Center for Nursing will look for additional funding to execute the program.

**Mobile Medical/Dental Clinic - \$225,000**

**Virginia Garcia Memorial Health Center (Virginia Garcia), Tigard, Hillsboro, Forest Grove, Cornelius, Gaston, Banks, and Dundee, OR**

Virginia Garcia requests a new mobile medical/dental clinic to replace its aging and outdated one, which is fifteen years old. Virginia Garcia’s current mobile medical/dental clinic needs to be retired as it is no longer safe nor does it have the necessary equipment to provide patients with the care they need. However, without a new one, Virginia Garcia will be unable to fulfill its mission of providing much-needed medical and dental care to individuals and families who otherwise would not have access to the services they need, especially those who are isolated by geography, living in areas that are far removed from local towns and cities, and without access to transportation. Virginia Garcia’s mobile medical/dental clinic has been an integral part of its Outreach and Enabling Services program for many years. Equipped for both medical and dental treatment, the mobile clinic is essential to its ability to provide services to migrant camps and other areas where there is little or no access to medical or dental education, especially for uninsured, underinsured, and low-income populations. The mobile clinic is also employed at school-based health centers (primarily to provide dental care), community health fairs, low-income and farm worker housing complexes, and community celebrations. The mobile clinic is staffed with one medical provider, a medical assistant, and two registered nurses and it serves 1,000 people annually. Each year, Virginia Garcia receives more requests for the mobile clinic’s services than it can meet. In addition, Virginia Garcia strives to identify areas that are most in

need of the mobile clinic's services. In 2010/11, it plans to partner with two nurseries in Yamhill County to provide care for their 1,600 employees.

### **Vulnerable Adult Unit - \$335,000**

#### **Clackamas County, Oregon City, OR**

Clackamas County has the largest percentage (12.4) of residents age 65 and over in the tri-county metro area of population and more than 30,000 disabled adults. The Senior Citizens Council of Clackamas County assists about 750 elders a year with problems related to neglect, abuse and exploitation. The Clackamas Disabilities Team reported that 104 cases of abuse and neglect were reported for the 2009 calendar year. Experts estimate that only one in six cases of elder abuse are reported and a recent Oregonian investigation revealed that one in five disabled adults in Oregon state-licensed foster or group homes have been victims of serious abuse or neglect. In order to enhance current efforts to protect disabled adults, the Clackamas County District Attorney, in collaboration with the Sheriff and the Department of Health, Housing and Human Services, proposes expanding the existing vulnerable elder abuse program by forming a Vulnerable Adult Unit (VAU). This unit would consolidate current law enforcement and social service efforts to protect elderly and disabled adults by bringing together a multi-agency/multi-disciplinary team staffed with five full-time employees and one part-time employee. A senior prosecutor, victim advocate, and senior legal secretary from CCDA; a detective from the Clackamas County Sheriff's Office; and a case manager and human services coordinator from the Health, Housing and Human Services Department would provide a comprehensive approach of investigation, prosecution, assessment, and treatment, combined with vigorous outreach and education activities that are focused on reporting and preventing the abuse of elderly and disabled adults. This expanded program would: 1) increase the number of vulnerable adult abuse cases identified, reported, and successfully prosecuted, 2) ensure that all allegations of abuse of vulnerable adults are reported as mandated by Oregon House Bill 2442; and 3) reduce the number of vulnerable adult abuse cases that occur.

### **Interprofessional Diabetes Clinic at Pacific University - \$398,550**

#### **Pacific University, Forest Grove, OR**

The purpose of this project is to develop a collaborative interdisciplinary clinic to reduce financial, physical, and cultural barriers and disparities to diabetes care. This is accomplished by engaging the resources and talent of both Pacific University's College of Optometry and College of Health Professions, along with other healthcare and community services partners. Working together will help address the needs of the underserved diabetic population through improved access to vision, dental, physical, occupational therapy, mental health, and other medical services. Treatment and services will be affordable, coordinated, convenient, and culturally sensitive. This project has the potential to transform the way diabetic and other comprehensive care is delivered. Funding is requested to establish an Interprofessional Diabetes Clinic (IDC) at Pacific University's Hillsboro Health Professions campus. Services ranging from initial screenings and preventive care to a fully integrated 'healthcare home' for long-term ongoing care will be provided. Diabetes is a natural starting point for this healthcare delivery model, as it is a multi-system disease prevalent in the largely indigent Latino population in Washington County. Within this population, diabetes healthcare is often limited to blood sugar management. Unfortunately, diabetes is the leading cause of blindness in the U.S., and can lead to a whole host of other medical complications such as gum disease, lack of coordination, neuropathy, drug



interactions and social disorders, such as depression. In Washington County, there are currently over 30,000 diabetic adults and children. Many are underserved, under-insured, predominantly Latino at-risk, and do not receive regular healthcare. In addition to traditional barriers to healthcare access such as physical location and cost, cultural barriers are also considerable. The complexities of navigating the current healthcare system often leads to missed appointments and delay or absence of needed services. This eventually results in increased visits to emergency rooms, absence from work and school, loss of ability to function during activities of daily living, and a diminished quality of life. According to the Office of Minority Health and Centers for Disease Control, Latinos are twice as likely as non-Hispanic whites to be diagnosed with diabetes, and 50 percent more likely to die from diabetes. In Oregon, 66.3 percent of Latinos and 38.5 percent of “other” ethnic minorities are uninsured, compared to 29.3 percent of whites. Integral to this proposed interprofessional healthcare clinic is the bi-lingual, Patient Care Coordinator who will facilitate the navigation of patients through the system and coordinate ongoing interdisciplinary medical, patient and family healthcare education, and preventive services delivered by the healthcare team and the community. This project will focus on full scope care of the diabetic population, emphasizing early diagnosis, treatment, and management of associated conditions, with a strong emphasis on education and prevention.

**Chemeketa Institute for Sustainable Horticulture (CISH) - \$750,000**

**Chemeketa Community College, Salem, OR**

Funding is requested for the Chemeketa Institute of Sustainable Horticulture (CISH), which brings together academic programs, applied research, and community outreach in agriculture and horticulture, enology and viticulture, and the Sustainable Plant Research and Outreach Center (SPROut). CISH will support Oregon’s agriculture, horticulture, viticulture, and enology industries, as well as those who use plants to address environmental needs, such as civil engineers, landscape architects, foresters, and growers of specialty plants. These industries continue to expand and demand more highly educated employees; at the same time, they also wish to respond to increasing consumer interest in environmentally sustainable practices.

**CTGR Electronic Health Record Project - \$176,500**

**Grand Ronde (CTGR) Health and Wellness Center, Grand Ronde, OR**

The project consists of the implementation of the Indian Health Service Electronic Health Record system (the same as the VA). The H&WC is a relatively new facility (11 years old) but has significant gaps in the infrastructure regarding patient information that creates inefficiencies which impact the ability to coordinate care and maintain quality outcomes. Implementation of Electronic Health Records is a national priority that would also link external providers to the H&WC system of care which improves continuity and access.

**21<sup>st</sup> Century Library - \$325,000**

**Linfield College, McMinnville, OR**

Linfield College intends to enhance the Nicholson Library (56,000 sq. ft.) on its McMinnville campus to promote teaching, learning, and sharing for Linfield faculty and students (1,650), students attending the nearby Chemeketa Community College campus (3,000), and the citizens of McMinnville, Oregon (pop. 32,400). Today's students work, play and communicate using advanced mobile, digital technology. Also, the modern workplace demands a workforce skilled in the use of technology that goes beyond social applications popular with young people today (e.g. Facebook, Twitter). This change has spawned a movement in higher education to increase

the use of technology by students, as well as faculty. At the same time, faculty across the nation are shifting to a new approach of teaching that emphasizes group learning (vs. individual study) and sharing knowledge through digital media. In response, students avoid conventional library study areas in favor of spaces that allow for group work and the use of technology. Indeed, the modern library (academic or public) is much less a place for quiet reading and more a place for diverse groups of people to meet, share and learn.

Linfield College proposes to enhance the Nicholson Library (56,000 sq. ft.) on its McMinnville campus to promote new forms of learning by upgrading the Faculty Instructional Design Lab to assist faculty in integrating digital media into their teaching, The Educational Media Services Lab to allow students to develop digital products to meet coursework criteria and teach fellow students, and the library classroom and viewing room with the latest technology to assist with the presentation of digital products.

The college will also transform study spaces throughout the library to include mobile furnishings that allow the use of laptops, whiteboards, and other technology. This equipment will promote group activities for students and faculty from Linfield and Chemeketa and patrons from McMinnville and beyond. Area patrons will also benefit from the upgraded classroom and viewing room as they are used frequently for public presentations.

#### **Increasing independence for Oregon's seniors - \$250,000**

##### **Oregon Association of Area Agencies on Aging & Disabilities (O4AD), Salem, OR**

This project will increase the capacity of Oregon Project Independence, Oregon's unique program to help those seniors who are at high risk for premature or unnecessary entrance to more restrictive care and dependence on the Medicaid system to remain in their own home or living situation for as long as possible resulting in independence for the senior, healthy quality of life and lowering of taxpayer costs from state and federally funded programs for long-term care via Medicaid. This includes person centered information, aging & disability resource centers, healthy aging initiatives and hospital discharge planning.

#### **Crisis Respite Care for Infants and Toddlers at risk of abuse - \$750,000**

##### **Oregon Association of Relief Nurseries Eugene, Albany, Salem, Portland, Roseburg, Cottage Grove, Pendleton, Bend, Medford, Corvallis, Clackamas, Madras, Ontario, OR**

Through this project, the Relief Nurseries will be working to increase the amount of crisis respite services for children and infants through five years old. Each Relief Nursery has seen that the need far exceeds the supply of respite care that is able to be provided to protect children from abuse. Reducing the incidence of child abuse is the core of our work and mission. Respite provides parents with an option and positive alternative at a time when the stress in their lives decreases their ability to make positive and safe choices for their children. Through respite, parents may reserve blocks of time or may be able to drop in and leave their child for care to relieve their own stress, take care of personal needs, attend Department of Human Services or court required meetings and also engage in activities that can address the risk factors within their own lives – finding a job, counseling or medical care, or other services. High risk families rarely have options for relief or help when their own stress level is high, they are about to abuse their child or they need to meet their own needs for help, education, medical care or employment opportunities yet need care for their child. Each of our Relief Nurseries reports an increase in the number of parents seeking respite help and having no other alternatives to turn to for that kind of non-punitive assistance and support. The Relief Nurseries were started to meet the needs of one

of the most vulnerable populations in our society – young children. Infants who are pre-lingual are unable to reach out and ask for help or intervention when they are in danger. Young toddlers often do not have the speech capacity or cognitive development to identify the dangerous situations they may surround them. Child abuse among this age group is especially dangerous to the child who cannot help themselves seek a way out and cannot defend themselves against abuse.

### **Bringing Runaway & Homeless Youth to Safety - \$300,000**

#### **Oregon Alliance of Children's Programs, Salem, OR**

Oregon has been identified as one of the nation's top three states affected by sex and human trafficking. Two major contributors are the close proximity to the I-5 corridor between Seattle and Los Angeles, major trafficking hubs with a spur including Las Vegas -- and the I-84 corridor running east through several states; and the more challenging issue of having no statewide system to prevent runaway and homeless youth. In Oregon, police indicate they are encountering 3-5 people per week who are victims of trafficking. About 80% of them are female, half of them children. Without a safety net in place to prevent youth from becoming chronic runaways and ultimately homeless, the state will not be able to stop the pool of sex trafficking victims. First-time homeless are especially vulnerable. National estimates see a vulnerability trend, where new teens on the streets are likely to be approached for prostitution within 48 hours. Funds would assist nonprofit service providers to identify first-time homeless youth through outreach, offering safety, and working towards reconciliation with families.

### **Serving Low-Income Families through Chemeketa's Dental Clinic - \$500,000**

#### **Chemeketa Community College, Salem, OR**

Chemeketa will launch a joint Dental Hygiene program with the Oregon Institute of Technology (OIT), expanding current offerings in Dental Assisting and preparing students for high-growth family-wage jobs. Opening in fall 2011, the Health Science Complex will include a clinic offering free or low-cost preventative care to those most vulnerable, while training the next generation of providers. Each year, the clinic will serve 1,500 low-income clients and provide 20 students with hands-on experience in providing preventative care and education. Funding is requested for equipment to provide dental exams, cleanings, restorations (fillings), digital x-rays, and electronic patient records. Patient chairs, with hydraulics, suction, and lighting, are critical components. The clinic will serve Marion, Polk, and Yamhill Counties. More than 300 patients from Yamhill County will be served, and 15 to 20 dental clinics will participate in student placement and education projects. Services are modeled after OIT's successful dental hygiene program and will include patient recruitment, exams, and restorations, as well as community service projects that provide education and outreach low-income and underserved people. Services include transportation for patients in outlying areas who cannot otherwise access the clinic. Students in Dental Hygiene and Dental Assisting programs will gain hands-on experience in the Community Dental Clinic and associated community outreach programs serving patients from diverse backgrounds, income levels, and ages. Bilingual services will be available. The clinic will be centrally located, easily accessible by bus. It is designed to provide a welcoming, positive experience to those who may have never visited a dentist. Residents in Chemeketa's three-county district approved a bond measure in 2008 to fund construction of the Health Sciences Complex, including the 11,000 square-foot Community Dental Clinic, with a reception area, electronic classroom, x-ray processing rooms, and 7,500 square-foot dental lab. Annual

operating cost for personnel, materials, and supplies will be supported through student tuition, fees and state funding, and from generous support from Chemeketa's donors. The Clinic will be equipped in part with clinic and lab equipment currently used in Chemeketa's Dental Assisting Program.

**Mental Health Community Outreach Project - \$200,000  
Marion County, Salem, OR**

Federal funding would be used to continue serving indigent mental health court participants. Funding will be used to purchase basic and wrap-around services, including case management, addictions assessment and treatment, medications, transportation, dental work, psychiatrist/nurse practitioner assessments and medication management. The number of active participants in the mental health court ranges from 20-30 and approximately 10 of those participants are uninsured. Participants in mental health court typically are there as a diversion. They agree to engage in treatment and recovery services as an alternative to incarceration or traditional probation. Initial engagement means weekly participation in court and frequent contact with a probation officer. The court team provides as much support as possible; linking participants to treatment providers, housing resources, dentists and primary care physicians; addictions treatment for a co-occurring disorder if present and other supports as needed. With success and engagement in treatment the participant's time in court is reduced as they move through the program. Most participants who successfully complete the mental health court program are eligible for a dismissal of their charges. Even more importantly, a connection is forged with a treatment provider with hope for continuing care and a reduction in criminal behavior related to an untreated mental illness.

**Ensuring Quality Electronic Health Information: Chemeketa's Health Information and Medical Office Assisting Programs - \$800,000  
Chemeketa Community College, Salem, OR**

Chemeketa requests funds to develop and offer courses, certificates, transfer degrees, and short-term training in health informatics and medical office assisting. These programs will prepare graduates for family-wage jobs in medical offices, clinics, hospitals, medical billing and insurance companies, and providers of health information systems. Most critically, Chemeketa's program will address the crucial first stages of electronic health information: gathering and entering patient information completely, consistently, and correctly. With new legislation mandating safe, accurate, and portable electronic health records, Chemeketa's Medical Office Assisting (MOA) program has responded to local employer requests to provide knowledge of medical terminology and coding, patient privacy laws, and the many electronic choices medical offices will need to learn and maintain. These changes coincide with national shortages of health care personnel. The MOA field is expected to grow 34% in Oregon through 2018, resulting in 37 openings per year in Chemeketa's district. This new legislation also will result in a 49% increase in demand for trained administrators, specialists, technicians, consultants, educationists, and researchers in health information technology fields, according to Department of Labor projections. Chemeketa is part of a statewide consortium of higher education and health care providers dedicated to creating a system of electronic health information. Partners, including Oregon's 17 community colleges, Oregon Institute of Technology, and Oregon Health and Science University, are considering issues such as programming, system compatibility, and privacy, as well as developing curriculum and degrees that meets the needs of students, employers, and patients. This project will provide short-term training to more than 30 employers

in Medical Office Assisting, and at least 15 in Health Informatics. This project would help Chemeketa redevelop its two-year MOA program into one-year programs and certificates that allow participants to specialize in front-office operations, including electronic health records and coding, and back office operations, including patient intake. Chemeketa's new Health Informatics degree will likewise allow students to specialize in technical aspects of HI, administration, and in programs lasting one, two, or four years with transfer options to other colleges. Residents in Chemeketa's three-county district approved a \$92 million bond measure in 2008. Part of that bond is allocated for construction and renovation of the Yamhill Valley Campus, which houses health education programs such as nursing, certified nursing assistant, and medical office assisting.

**Chemeketa Applied Technology Center State-of-the-Industry Equipment to Support Process Operations and Green Manufacturing - \$2,000,000  
Chemeketa Community College, Salem, OR**

This funding request will enable the Chemeketa Applied Technology Center (CATC) to provide state-of-the-industry equipment in support of degree, certificate, and short-term training programs to meet a variety of needs--from training new employees to manufacture and support alternative energy sources, such as wind and solar, to helping small businesses form and expand. The Mid-Willamette Valley's manufacturing and food processing industries need cutting-edge training to remain competitive, attract new business, and address a shortage of highly trained workers. While manufacturing jobs in Oregon have decreased from a high of 230,000 in 1997 to 165,000 in 2009, this industry expects to have more than 15,900 job openings through 2016—more than 75% of which will require employees to have specific skills, post-secondary education, or advanced education. The need for quality training will increase dramatically in the face of a retiring workforce and on greater reliance on technology. The CATC will focus on all phases of the manufacturing process: developing markets and serving customers, facility and employee safety, process technology, product design, pre-fabrication, welding, automation and robotics, logistics, inventory and distribution, and quality control. Interwoven in all of these is sustainability: using economically, environmentally, and socially responsible practices to develop, make, and distribute products and services. The Mid-Willamette Valley is attracting more businesses that manufacture, distribute, services, and sell green energy, such as solar panels (Sanyo), wind turbines, and biofuel. This project leverages bond levy funds allocating \$16 million to build Chemeketa's new Applied Technology Facility. This facility will be constructed to LEED standards and will function as a living laboratory as part of curriculum in energy and resource management. Annual operating cost for personnel, materials, and supplies will be supported through student tuition, fees, state funding, and from contracts with employers to provide specialized training.

**Chemeketa Applied Technology Center: Education and Training to support process operations and green manufacturing - \$800,000  
Chemeketa Community College, Salem, OR**

This funding request will enable the Chemeketa Applied Technology Center (CATC) to develop and customize degree, certificate, and short-term training programs to meet a variety of needs, from training new employees to manufacture and support alternative energy sources such as wind and solar to helping small businesses form and expand. The Mid-Willamette Valley's manufacturing and food processing industries need state-of-the-art training to remain

competitive, attract new business, and address a shortage of highly trained workers. While manufacturing jobs in Oregon have decreased from a high of 230,000 in 1997 to 165,000 in 2009, this industry expects to have more than 15,900 job openings through 2016—more than 75% of which will require employees to have specific skills, post-secondary education, or advanced education. The need for quality training will increase dramatically in the face of a retiring workforce and on greater reliance on technology. The CATC will focus on all phases of the manufacturing process: developing markets and serving customers, facility and employee safety, process technology, product design, pre-fabrication, welding, automation and robotics, logistics, inventory and distribution, and quality control. Interwoven in all of these is sustainability: using economically, environmentally, and socially responsible practices to develop, make, and distribute products and services. The Mid-Willamette Valley is attracting more businesses that manufacture, distribute, services, and sell green energy, such as solar panels (Sanyo), wind turbines, and biofuel. This project leverages bond levy funds allocating \$16 million to build Chemeketa's new Applied Technology Facility. This facility will be constructed to LEED standards and will function as a living laboratory as part of curriculum in energy and resource management. Annual operating cost for personnel, materials, and supplies will be supported through student tuition, fees, state funding, and from contracts with employers to provide specialized training.

**Siletz Tribal Health Care Delivery Expansion - \$2,990,050**  
**Confederated Tribes of Siletz Indians, Siletz, OR**

The Tribe is constructing a new community health clinic to serve the growing community's health care needs.

**Astoria Health Center - \$1,260,000**  
**Coastal Family Health Center, Astoria, OR**

The project is to reallocate the functional use of an empty automobile dealership building in downtown Astoria to multi-organizational healthcare and social service building. Coastal Family Health Center will be an anchor tenant taking one entire floor of the structure, approximately 10,500 square feet. This project also will provide Coastal Family Health Center with the needed space to begin providing dental care to low income and uninsured in the area. All tenants of the building serve low to moderate income individuals and families and work together in a coordinated manner to provide services. Having the opportunity to co-locate in one space provides better access which often leads to better compliance with healthcare recommendations and ultimately lowers the cost of healthcare to the individual and the community.

**Siletz Tribal Child-Care Center Expansion - \$724,000**  
**Confederated Tribes of Siletz Indians, Siletz, OR**

The Tribal Child-Care Center is overcrowded and inadequate to handle needs of the families in the community. The tribe proposes to expand bathroom facilities to accommodate disabled children and provide shower facilities for hygienic needs; upgrade to commercial kitchen including adequate refrigerated food storage; and increase classroom number and size to accommodate, day-care for working families; the early head-start program and after-school programs.

**Practical Nursing Program-Health Simulation Laboratory and Classroom - \$303,622**

**Klamath Community College, Klamath Falls, OR**

The development of a new practical nursing program, which will include a nursing skill learning laboratory and a nursing simulation laboratory. The college expects to graduate 16 individuals annually once the program is implemented.

**OIT Physical and Occupational Therapy Program - \$550,000**

**Oregon Institute of Technology, Klamath Falls, OR**

Funds are requested to initiate a Doctor of Physical Therapy (DPT) degree and an Occupational Therapy graduate program at the Oregon Institute of Technology in Klamath Falls. OIT conducts extensive coursework in anatomy and physiology as a major part of preparation for students in all health-related professions, including comprehensive cadaver facilities for advanced anatomy training. Because of our medical imaging facilities, advanced anatomy laboratories, and expertise in allied health education, OIT is ideally positioned to offer programs in rehabilitative health. The funds will be used to complete a portion of the CHP, which remains unfinished, providing laboratory classrooms for Physical and Occupation Therapy. The funds provide equipment for PT and OT, and startup faculty salaries for accreditation and initial program offerings. Continuation of personnel and operational costs will be covered by revenue from the program.

**OIT Clinical Laboratory Science Equipment - \$500,000**

**Oregon Institute of Technology, Klamath Falls, OR**

A new curriculum in clinical laboratory sciences will help aid the workforce shortages in nursing in Oregon and beyond. The curriculum requires specific equipment which must be purchased and installed. This project supplies the needed equipment to support and enhance the new curriculum. The program in Klamath Falls will reside in the new Martha Anne Dow Center for Health Professions facility. Equipment is needed for both the existing program in Portland and the new program in Klamath Falls. OIT's statewide undergraduate allied health educational initiative is called the Oregon Center for Health Professions. The program in Portland currently uses technologically-deficient equipment. In general, clinical lab science programs are expensive to offer, which contributes to the gap between the need for professionals and educational opportunities. OIT already employs faculty in its biology program who are capable of teaching in the CLS program, making the program more economically feasible. No other university or college is as well positioned as OIT to help with this workforce shortage.

**Integrated Health Services Building - \$640,000**

**Klamath County Board Of Commissioners, Klamath Falls, OR**

The county would build a three-story facility for medical entities, which would house mental health and public health, which will integrate services now spread throughout the community. Putting all services into one easy-to-access building will serve those needing help in a more cohesive manner.

**Columbia River Community Health Services Clinic - \$2,300,000**

**Columbia River Community Health Services, Boardman, OR**

The Columbia River Community Health Services (CRCHS) seeks funding for a new facility. The purpose of this project is to increase the efficiency and ability of CRCHS to deliver effective, quality care to the residents of northern Morrow County. The existing clinic consists of two rented modular homes connected together on site. The building is much too small, lacks office

and exam space and is not well adapted to ensure patient confidentiality or the efficient delivery of services. The proposed new clinic will eliminate significant problems, meet all current standards and provide the organization with the core facility they need to continue to meet the needs of the community.

**Malheur County Secure Residential Treatment Facility - \$1,110,360**

**Lifeways, Inc, Ontario, OR**

Build and operate an 8-bed residential treatment facility, plus 2 additional beds for respite care, with possible expansion occurring later. The 8-bed facility alone will create 14 jobs. This project fills a gap in services with a more economical and better outcome solution than State Hospitalization.

**CGCC National Workforce Innovation Training Center - \$8,000,000**

**Columbia Gorge Community College, The Dalles, OR**

Construct a workforce training center with high-bay lab and classrooms on The Dalles campus. Facility will be constructed in three phases: I) lab; II) first classroom annex; III) second classroom annex. Labs and classrooms will be designed for maximum flexibility to accommodate changing workforce training requirements of private industry.

**CGCC Classroom Instructional Technology - \$252,000**

**Columbia Gorge Community College, The Dalles, OR**

Acquire and install "smart podium" systems in nine classrooms at The Dalles and Hood River campuses. Each system contains a computer, DVD/VCR and CD players, and a high-tech document camera for broadcast or projection. Each podium connects to the Internet, allowing the instructor to introduce on-line content quickly and efficiently, while supporting distance education through the college website.

**Moro Medical Clinic Renovation and Enlargement - \$380,000**

**Sherman County Health District dba Moro Medical Clinic, Moro, OR**

To enlarge the clinic by joining two buildings. Install a security system, heating and air conditioning, new roof, update exterior doors and windows on Auxiliary building. Install backup generator for emergencies and bring the building up to code. This renovation will provide the clinic adequate space to operate in a more efficient manner for our growing patient population.

**Children's Vision Foundation's Vision Screening Project - \$200,000**

**Children's Vision Foundation, Bend, OR**

The American Optometric Association provides the following statistics: The CVF will perform comprehensive vision screenings on primarily elementary children in Oregon, in addition to at risk juvenile participants of the Oregon National Guard Youth Challenge program.

**SOCC Curry Campus Building IT Infrastructure - \$852,550**

**Southwestern Oregon Community College, Brookings, OR**

Funds will be spent on the technology infrastructure and equipment needed for SMART classrooms, IPTV courses and state-of-the-art allied health simulation training. Site work will begin in May 2010. For the last 15 years, the SOCC has held Curry classes in the public



schools, community buildings and at the Brookings Center, a woefully undersized and technologically inadequate facility. The new Curry Campus will be a full service “campus in a building” with classrooms designed for 21<sup>st</sup> Century learning, including state-of-the-art allied health training center and a community wing designed to provide additional classroom space that would also accommodate regional short-term training and conferences, without disrupting the day-to-day operations of the college and its regularly scheduled classes. Construction will continue through August 2011.

**Jackson County One Stop Shop Health Clinic and Human Services Building - \$1,914,375  
Jackson County, Medford, OR**

These funds will construct 5,538 square feet of direct service clinic space for the Jackson County Public Health portion of the facility. This portion of the building will be located within the Jackson County One Stop Shop Human Services Building will be direct service clinic space providing the following services to vulnerable populations: WIC (6,839 clients); immunizations (approximately 12,000 immunizations given in 2008, with H1N1 approximately 20,000 immunizations administered in 2009); communicable disease (prevention, detection, control, eradication through immunizations, environmental measures, education, and epidemiological investigation of approximately 150 case reports annually); HIV testing, counseling, case management (approximately 75 clients); Maternal Child Health Nursing Services performing approximately 2,000 home/clinic visits annually; provide comprehensive (pregnancy testing, annual examinations-including colposcopy, birth control) family planning services to more than 3,000 women annually. Services are delivered by M.D.’s, Nurse Practitioners, Registered Nurses, and Health Assistants.

**Lakeside Emergency Operations Job Training - \$100,875  
Lakeside Rural Fire Protection District #4, Lakeside, OR**

This project will provide the equipment to train and certify 50-60 emergency responders. This project consists of the purchase of computers, projectors, white boards, monitors, testing stations, GPS devices and radios. Currently, Lakeside Rural Fire District #4 trains in house on very old (15-20 year) equipment and has to send trainees up to 2000 miles away for certification, costing the district more money. With this equipment, Lakeside Rural Fire District #4 will be one of a few emergency response training centers in Oregon. It currently educates and certifies emergency management personnel for Federal, State, and local emergencies.. These training aids will allow it to meet educational standards and requirements consistent with NIMS, FEMA, OSHA, NFPA, State and local standards.

**Medford Dental Clinic - \$937,000  
La Clinica del Valle Family Health Care Center, Inc, Medford, OR**

La Clinica proposes opening a 30-room dental clinic to house 23 dental health professionals. This new site will serve 7,200 dental patients a year—increasing our dental capacity by 99 percent to address our 3,500 person wait list and meet our communities growing need for affordable dental care. This new facility will also serve as a practicum site for dental students from Oregon Health Sciences University and Rogue Community College. By helping train future dental health professionals, we will raise awareness of the real need in our community for affordable dental services—this will help recruit future dentists and support staff.

### **Southern Coos Hospital Electronic Health Records - \$552,000**

#### **Southern Coos Health District, Bandon, OR**

The rural Southern Coos Hospital in Bandon Oregon is working to finish a hospital-wide Health Information System (HIS) that will integrate administrative operations and patient care to include full Electronic Health Record (EHR) capability, thus implementing a comprehensive, integrated healthcare information technology system. This 19 bed “Critical Access Hospital” will use the funds to buy software, hardware, peripheral equipment and on-site staff training. The hospital will transform from a paper-based to a digital system, allowing hospital personnel to efficiently send medical images, patient health records and other vital information to off-site physicians and specialists and to other hospitals. This will benefit appropriate and efficient patient care, expanding access to the expertise of medical professionals and specialists in the larger urban areas.

### **Kids in Common - \$525,000**

#### **1. Douglas C.A.R.E.S. (Child Abuse Response and Evaluation Services)**

#### **2. CASA of Douglas County (Court Appointed Special Advocates)**

#### **3. Family Development Center (Douglas County Relief Nursery)**

#### **Roseburg, OR**

Kids in Common will create a collaboration of three proven non-profits to deliver interventions in cases of child abuse. Together the project will provide a coordinated, cost-efficient network of response and better opportunities for healing. The program can increase services to adult and child victims, and rally greater community volunteer involvement by increasing awareness and understanding of child abuse issues. Additionally, the strategic plan will bring together the various organization to create more efficient, effective ways to deliver critical services to children in need. Success will be measured through expanded capacity of each agency: More children in foster care will have a court appointed advocate, more children who need mental health services because of abuse will receive it, and more families who are stressed to the point of abusing their children will have a place to go for relief and help.

### **ORCATECH – The Oregon Center for Aging and Technology - \$800,000**

#### **Oregon Health & Science University, Portland, OR**

The challenges of caring for the aged require new approaches to sustaining their health. Evolving home-based technologies such as unobtrusive activity monitoring, medication taking assurance systems, sleep health monitors, and chronic disease management programs can revolutionize our ability to remain healthy and independent. ORCATECH seeks to grow investment in, and remove barriers to the fundamental science, the translational research, and the business startup breakthroughs possible in all these areas. Our goal is to sustain Oregon’s lead in this area nationally, engaging academics and companies so as to become a leader in shaping and benefiting from this independent living technology industry. Oregonians and society as a whole will benefit immensely from both a financial standpoint (billions of dollars; hundreds of jobs), as well as the quality of life found in maintaining independence. OHSU requests support to transition ORCATECH’s unique home-based independent-living research model – called the “Living Lab” - into a state-wide network dedicated to establishing the evidence that technology can be used to allow Older Americans to “age in place.” A prototype of 230 homes has been created in Portland. Building on this experience, we proposed to establish the first statewide version of this system for both academic and industry research. The proposed network would

comprise 5 clusters of 20 technology-enabled homes throughout Oregon covering key constituencies (rural, urban, ethnic minorities, and socioeconomic diversity). The statewide “Living Laboratory” of technology-enabled homes would provide a scalable, flexible test-bed for scientific, clinical, behavioral, and economic research into independent living technologies.

### **Oregon Center for Translational Genomics - \$695,000**

#### **Oregon Health & Science University, Portland, OR**

The past 10 years has resulted in a revolution in genome science. However, translating this knowledge into personalized medicine remains a challenge. For medicine to advance, we must be able to understand how individual genetic differences lead to the development of disease and to different treatment responses. If OHSU can rapidly and accurately identify these complex groups of genes, they can determine an individual’s risk for disease and employ adequate prevention. They can also find treatments that respond best to an individual’s genetic makeup. The Oregon Center for Translational Genomics at OHSU focuses on finding specific genetic markers that predict disease risk and treatment response. Currently, the Center is focusing on some cancers, type II diabetes, obesity, osteoporosis, alcohol and substance abuse and rarer diseases, especially the “orphan” pediatric disorders. The Center serves as a shared resource to OHSU faculty from multiple departments and research institutes and to all of Oregon’s scientists, offering the ability to a more affordable means to access highly specialized and expensive technology that cannot be supported by individual labs. The center aims to provide intellectual and technical resources that can assist researchers in designing and conducting the proper experiments, preparing the appropriate samples for analysis, analyzing them in the most appropriate manner, and assisting in correctly interpreting the results. Finally, the center will have an important outreach function in explaining to the public the significance of this new data, the ethics of obtaining and using the data and how such data will benefit all Oregonians.

Funding will be used to purchase a state-of-the-art, 3rd generation high throughput sequencer, the Pacific BioSciences SMRT Sequencer. This sequencer will be up to 20,000 times faster than OHSU’s current sequencing equipment. The additional sequencing equipment will be key to meeting the Center’s future demand. Such an instrument will truly bring personalized medicine into regular clinical practice and will eventually be capable of sequencing an entire human genome in less than 10 minutes.

### **SMART (Start Making A Reader Today) - \$900,000**

#### **SMART (Start Making A Reader Today), Portland, OR**

Children are expected to read independently by third grade, yet the National Assessment of Educational Progress reports that more than 1 in 3 Oregon fourth graders reads below even the basic level. Research also shows that children who do not learn to read by third grade are more likely to struggle with reading as adults, drop out of school, be less successfully employed, and face incarceration. This all-too-common scenario has a devastating impact on the individual child and the community at large, and it demands immediate action. To help address this crisis, SMART delivers weekly one-on-one reading support and new books to thousands of high-need K-3 children. A rigorous independent study by the Eugene Research Institute reveals that fifth graders who participated in the program are 60 percent more likely to reach state reading benchmarks than are similar students who did not participate. SMART students develop reading

accuracy, fluency, and comprehension significantly faster and maintain these gains even after completing the program. By intervening early, children are empowered to succeed, pursue their dreams, and be productive members of society. At the same time, SMART is strengthening schools, communities, and the entire state, whose social and economic prospects depend on strong, literate citizens. SMART is also the recipient of a 2009 Oregon Ethics in Business Award, taking top honors in the nonprofit category. Co-sponsored by the Rotary Club of Portland, Atkinson Graduate School of Management of Willamette University and the Portland Business Journal, the awards recognize organizations and individuals that “have demonstrated ethical business practice in its broadest interpretation: in the workplace, the marketplace, the environment and the community.”

**Children’s Dental Care: Filling the Access Gap - \$437,000**  
**Kiddazzle Dental Network, Inc., Portland, OR**

While insurance reforms have resulted in more children being covered by the Oregon Health Plan, there remains a problem of sufficiency – not enough dentists, not enough access, and needs for care that are greater than the insurance coverage available. And in January of 2010, the one clinic that had served Portland’s most at-risk, indigent neighborhood announced it would close due to lack of funding. Kiddazzle’s project is designed to increase capacity, streamline service delivery and build a model that can be replicated at low cost throughout the state and attract sustainable sources of funding.

**SUCCESS Coalition: Schools & Universities Committed to a Continuum of Educational Success for Students - \$1,476,000**  
**Portland State University, Center for Student Success, Graduate School of Education, Portland, OR**

The SUCCESS Coalition, a PK-20 Initiative, will create a network of educational and community based organizations aligned around a set of common measureable objectives that are targeted to increasing student academic success from birth through post-secondary graduation and career entry. Activities will include the identification of research-based performance indicators that contribute to student academic success; the creation of publicly reported measures of those indicators; the facilitation of community planning to improve overall regional performance on the indicators and the leveraging of university research capacity and scholarship to address the identified improvement needs of schools in the region served by the university. The project also addresses the need to create a seamless system of professional preparation and professional development for professional educators by creating strong and mutually beneficial partnerships between the university and partner schools that work with the Graduate School of Education in offering clinical experiences and induction programs.

**North Portland Multimedia Training Center - \$950,000**  
**The Skanner Foundation, Portland, OR**

The Skanner Foundation, The Skanner News Group, Mt Hood Cable Regulatory Commission, Oregon Economic Development Department and Portland Community Media partnered in 2006 to develop a satellite video-production training center in North Portland at The Skanner News Group offices. The North Portland Multimedia Training Center (NPMTC) provides multi-media production training opportunities, job development, and access to technical production equipment in an area limited by economic opportunities, underrepresented or represented

negatively in the media, and with limited opportunities to technology based jobs. NPMTC has reached many of its initial objectives, i.e. purchasing equipment, establishing facility and technological infrastructure, publicity, administrative support, training participants and training certain participants to be video production equipment trainers, and providing community based media productions to community access television. NPMTC was developed based on the successful model of Portland Community Media. Due to the outreach and focus of NPMTC, the response from the community and the region calls for a ramping up of investment to provide additional training opportunities and job development. Long range goals are to increase NPMTC's outreach, upgrade the current site to become a full service multimedia training and production center, and create additional employment opportunities in North Portland and other areas of the region.

### **Sustainable Careers for a Green Economic Recovery - \$874,051**

#### **Portland Community College, Portland, OR**

PCC's Sustainable Careers Program will meet the demand for trained workers to support growth in Oregon's sustainable industries, while also creating and supporting permanent "family wage" green-collar jobs for Oregon residents. These training programs will be designed with the direct input of Oregon businesses, helping transform sustainable industry training programs at PCC into long-term sustainable industry careers for Oregon residents.

As Oregon and the federal government move forward with substantial economic stimulus packages that invest heavily in the development of green energy technologies and the construction and renovation or energy-efficiency infrastructure, it is critical to ensure there is a pipeline of trained Oregon technicians to install and maintain these projects. Given that these high-demand, well-paying green collar jobs generally require more education than a high school diploma, but less than a four year degree, PCC is uniquely positioned to be the primary provider of training in these emerging fields. PCC has already developed significant expertise in supporting sustainable industries in Oregon, including receiving a three-year 2008 National Science Foundation grant supporting the Sustainability Training for Technical Educators (STTE) Project. Additionally, as the most diverse college or university in Oregon, with a high percentage of students of color and first-generation college students, PCC can also effectively ensure that populations that have historically been underrepresented in both in college and these high-paying career fields have access to the specialized training necessary for industry partners. PCC would work closely with both existing and new industry partners in the design and delivery of the programs to ensure they meet business needs, with a goal of helping to create good jobs for Oregon residents, as well as supporting Oregon's role as the North American leader in sustainable industries.

PCC seeks funding to continue building the Sustainable Careers Program, with programs designed to help address specific Oregon labor shortages, as well as filling the sustainable industry "education gap" for post-secondary students in Oregon. The requested funding would be used to develop curriculum, offer classes and purchase specialized lab equipment for hands-on training.

### **Digital Media Training & Job Readiness Program - \$300,000**

#### **Portland Community Media (PCM), Portland, OR**

Portland Community Media (PCM) requests funding to finance an innovative program called Portland Youth Media that utilizes the power of media to boost career education, training and

jobs for youth, particularly underserved youth hit hardest by the economic downturn. The program would also help PCM maintain its current fulltime youth media employees at risk of layoffs, increase capacity within nonprofits and small businesses within the community, as well as indirectly increase service sector jobs. PCM anticipates around 20-25 jobs will be created out of this effort the first year. Portland Community Media (PCM) is a 501(c) (3) nonprofit organization that has had a contractual relationship with the City of Portland since 1981. Its core services are to manage and operate six cable access channels, and provide production, media education and training to a variety of individuals in the Portland metro area. PCM is a sole-source provider that has struggled to meet the increased demand from residents, schools, businesses and nonprofits, particularly in this economic climate. Now with the proposed city budget cuts, the likelihood of reducing services is inevitable, which will have a devastating effect on the community and PCM, threatening up to 10 percent of its workforce. Funding for Portland Youth Media would afford PCM a chance to expand its popular media education program called OLLIE (Oregon Learning Lab for Information Education). Over the past four years, OLLIE has successfully provided media education and training to hundreds of youth in the Portland and Gresham Public School Districts and at summer youth programs. PCM training programs have afforded individuals a chance to work in the video, film and television industries, as well as served as a deterrent for youth who could have gotten involved in non-productive or criminal activities. Last year, youth media served over 400 students in the Portland metro area. Portland Youth Media will train youth ages 14 to 21 in media education, video production, computer technology, multiplatform software, marketing and communication preparing them for summer jobs. Specifically the program will target underserved youth hit hardest during this economic crisis. For example, the rate of unemployment among minority communities has skyrocketed. High unemployment often parallels an increase in crimes committed by some youth. Additionally, Portland has experienced a rise in gangs, which can also suggest the lack of employment opportunities.

### **Training the Health IT Workforce: Jobs of the Future - \$206,209**

#### **Portland Community College, Portland, OR**

Despite record high unemployment rates in Oregon and across the country, there is a dramatic shortage of workers in Health Information Technology that is expected to worsen over the next several years. Without trained professionals to implement and maintain the innovative new systems that are currently in development, we face a barrier to the adoption of practices that will improve human health and advance medical research for generations to come. Investing in Oregon's Health IT workforce today will vastly improve the healthcare system while simultaneously putting Oregonians back to work. OHSU research Professor Dr. William Hersh predicts that there will be a need for an additional 40,000 Health IT workers nationally in hospitals alone by 2012. In addition to hospitals, jobs will be created in physicians' offices, home healthcare, outpatient clinics, and residential care facilities. The total number of jobs available nationwide may be as high as 200,000. Extrapolating from this data, Dr. Hersh expects that based on the population of the Portland metropolitan area, between 400 and 500 Health IT jobs will be created in the area between now and 2012. Adding to this demand for Health IT workers is the 2009 American Recovery and Reinvestment Act's (ARRA) provision that hospitals and private medical practices who implement Electronic Health Records (EHRs) by 2014 receive increased reimbursement from Medicare and Medicaid. A transition from paper based medical

records to EHRs will not be possible without significant investments in Health Informatics education and training. Dr. Charles Friedman, Deputy Director of the Office of the National Coordinator for Health Information Technology (ONC), has estimated that nationally, 60,000 personnel will be needed to implement the Health IT provisions of the ARRA. Having recently launched a new associate's degree program in Health Informatics, Portland Community College (PCC) is ideally positioned to meet the training demands for more Health IT workers in Oregon. The program is designed to accommodate students who are new to the field as well as incumbent workers who have experience in either health care or IT, but require additional training to meet emerging workplace needs or secure new jobs.

PCC serves a five-county area, which will allow the Health Informatics degree program to directly benefit Oregon residents and businesses in several Congressional districts, including the 1st District, 3rd District, and 5th District. As the most diverse institution of higher learning in the state, PCC can also effectively ensure that populations that have historically been underrepresented both in college and high-paying healthcare careers have access to specialized Health IT training. PCC would work closely with four year universities and graduate programs in the state as well as healthcare providers, vendors and other partners in the design and delivery of the Health Informatics program to ensure it meets business needs, with a goal of helping to create good jobs for Oregon residents.

Graduates of the program can expect to attain high quality, living-wage jobs in one of the fastest-growing sectors of the economy. Additionally, PCC is working with two local education leaders in Health IT – Oregon Institute of Technology and Oregon Health and Science University – to develop a meaningful career ladder so that Oregonians of all skill sets will have access to the benefits of these emerging jobs.

Funds will help PCC hire two Health Informatics faculty, purchase simulation software and equipment to train students, and integrate additional curriculum materials as necessary, to ensure PCC's program aligns with emerging national standards for Health IT education.

**OHSU Healthcare Inter-Professional Curriculum Development - \$750,000  
Oregon Health & Science University, Portland, OR**

The Institute of Medicine and others have demonstrated that when healthcare professionals understand each others' roles and are able to work effectively together, patient outcomes improve (IOM, 2003). Despite these consistent findings, most professional education takes place in silos, with students of various disciplines having little if any opportunity to interact meaningfully around patient care issues.

Inter-professional education occurs “when members of more than one health and/or social care profession learn interactively together, for the explicit purpose of improving inter-professional collaboration and/or the health/well-being of patients.” Evidence suggests that inter-professional education is most successful when faculty from different professions co-create the learning experiences; when the inter-professional education learning experiences are embedded in the curricula and required for students; that inter-professional education experiences begin early and are sustained across the curriculum; and that students have experiential opportunities to learn collaboration, teamwork, and how it relates to the delivery of safe, quality care. It is also evident

that inter-professional education leads to improved attitudes toward teams and improved team skills.

Like most health professions universities and academic health centers, OHSU has numerous challenges in designing and implementing inter-professional education including financial and space constraints, differing academic calendars, conflicting course schedules, mismatch in course content, non alignment of course content for different levels of learners, lack of institutional policies for sharing course credit among schools, and large numbers of students dispersed throughout the state who will require inter-professional education opportunities. Despite these challenges, OHSU has made inter-professional education a top priority in its 2007 strategic plan, Vision 2020. To alleviate OHSU's space constraints, OHSU has acquired private and state funding for construction of a new inter-professional education building, known as the OUS/OHSU Life Science Collaborative Complex, to be located on OHSU's new Schnitzer campus in the S. Waterfront district of Portland. The complex will include classrooms, laboratories, and simulation theatres. In response to OHSU's strategic plan and in anticipation of the new education and research building (set to break ground in 2011), a core group of cross-school faculty with experience in inter-professional education has begun to explore opportunities to integrate into the curriculum a long-term inter-professional education initiative.

Partnering with new Dept. of Academic Technology staff hired specifically for this project, key education leaders in each school will develop case-based modules related to the following seven themes: Roles & Reform; Teams & Conflict; Organizational Change & Leadership; Quality & Safety; Global Health; Ethics; and Clinical Care. These modules will be developed around a simulated e-health delivery system and would consist of experiential, on-line and in-class activities. At the core of the simulated e-health delivery system is a standalone electronic medical record that is populated with simulated patients representing a variety of conditions and cultural and economic backgrounds. Faculty led inter-professional teams of medical, nursing, dental and pharmacy students will be presented with simulated cases and will work together to assess and develop treatment plans for their patients. The student teams will then follow the simulated patients and adjust their treatment plans as the cases progress to resolution. The cases will be developed to require knowledge and participation from all professions and will present ethical dilemmas that need to be addressed. The case-based modules will also be structured to integrate into the regular curriculum of each School to permit more profession-specific education to occur.

**Mentoring and Academic Enrichment and Collaboration program - \$1,000,000  
Self Enhancement, Inc., Portland, OR**

This project focuses on expanding services that have proven success in closing the achievement gap. SEI core program expansion in Portland will serve more students in Portland Public Schools where SEI already has a presence. Funds will be used to conduct feasibility to expand to other high schools to reach more at risk African-American youth, increase the number of students served through core programs to attain a "tipping point" positively influencing overall graduation rates for Portland Public Schools, create a Portland Youth Development Collaborative to share best practices with other agencies and non-profit organizations who work with at risk youth designed to positively influence educational and economic outcomes for the entire state of Oregon.



SEI has a long history of collaborating successfully with other nonprofit and public agencies. SEI is the lead agency in the current SUN Contract, and assumed responsibility for the anti-poverty program when AMA moved out of direct services. SEI was a partner in the Northeast Service Federation along with Volunteers of America, Portland House of Umoja, Center for Community Mental Health, and the NE Coalition of Neighborhoods to provide youth gang transition services. SEI's Family Enhancement program works closely with DHS to help keep kids out of foster care. SEI worked closely with OCHA to diffuse ethnic hostility between African Americans and Latinos on the Jefferson High School campus. SEI's Domestic Violence program collaborates with OHSU, Bradley Angle House, DVERT and WomenStrength. Because SEI's primary value is helping youth succeed, we are open to finding solutions with whatever the best partner(s) may be for a situation.

As the largest and most stable organization providing targeted youth development services in Oregon, SEI is the current provider of all SUN culturally specific services to African Americans and has established organizational relationships with Multnomah County DCHS, Portland Public Schools and many nonprofit social service agencies. SEI also contracts with Multnomah County Community Justice and Oregon Department of Human Services to provide Culturally Specific services to African American youth and their families, and referral to these programs is available to clients through the SUN Service System.

### **Neighborhood Housing and Care Program - \$115,000**

#### **Our House of Portland, Inc., Portland, OR**

The Neighborhood Housing and Care Program (NHCP) began in 2004 after the award of a Special Projects of National Significance grant from the federal government. One of only 10 awarded in that cycle, the program was chosen for its innovation and link to reduce and eliminate homelessness. The impetus for this grant arose out of the changing needs of individuals living with HIV/AIDS. As the health of the Our House residents began to improve, the staff saw a need for a housing and healthcare option that provided financial assistance and clinical supervision.

Participants in NHCP live in their homes and engage in critical services such as medical care, occupational therapy, social work, and mental health and substance abuse counseling. Through a partnership with Cascade AIDS Project, clients also have access to rental assistance and other services to find affordable, permanent housing. Our House monitors and supports the physical, emotional, and psychological aspects of all the clients in an upstream approach in order to prevent their health from deteriorating further. This has proven to be a preventive measure that saves taxpayers thousands of dollars per year. The team members and the client co-create a care plan and review it each month. This allows the plan to be fluid and change based on the needs and desires of the client.

All participants are located in the Portland-metropolitan area (Multnomah, Clackamas and Washington Counties) and suffer from HIV/AIDS, live below the poverty line, are disabled, at risk of homelessness, and range in age and ethnicity. Of the current participants, 41% have a history of substance abuse, 14% have a history of chronic homelessness, 82% have a mental illness and 82% have a co-occurring disorder.

Funds will help with the following:

- Facilitate independent living for residents who are too well to live to require 24 hour residential nursing care or to live in a foster home but require assistance with medical, mental health, addiction issues, and in some cases rental assistance.
- Allow those living with HIV/AIDS who are at risk of homelessness and/or declining health, the support necessary to live in their homes for as long as possible.
- Provide an opportunity to expand and enrich the social network for those in the program who may have become isolated by incorporating them in the activities that are available through the Our House continuum of care while supporting the social networks already in place.
- Prevent costly medical interventions by proactively monitoring the health and well being of our clients. This includes but is not limited to: improved HIV/AIDS drug adherence; learning when it is appropriate to call the doctor for advice; when to go to the emergency room, support for mental health and addiction recovery services, and education about the social services in the community

**OUS/OHSU Life Science Collaboration Complex: Oregon Translational Research and Drug Development Institute and Shared Resource Laboratories - \$1,900,000**  
**Oregon Translational Research and Drug Development Institute, Portland, OR**

Enhancing basic research with an eye toward improving healthcare outcomes while stimulating job and company creation in the bioscience sector requires access to great ideas for implementation in a collaborative and entrepreneurial environment close to medical school and university bioscience resources. The State of Oregon, through the Oregon Translational Research and Drug Development Institute (OTRADI), Oregon Health & Science University (OHSU), the Oregon University System (OUS), Portland State University (PSU), the City of Portland, the Portland Development Commission (PDC), the Oregon Bioscience Association (OBA) and private industry support enhancement of bioscience cluster development and establishment of shared collaborative research space for just this purpose.

The Oregon State Board of Higher Education and the Oregon Legislature approved capital construction bonds for a Life Sciences Collaborative Complex (LSCC), to be located in the S. Waterfront district of Portland. The LSCC is sponsored by OUS (including Oregon State University, Portland State University and the University of Oregon) and OHSU to promote biomedical research and educational collaboration between bioscience-related departments in each of the universities. OHSU's medical school, pharmacy, physiology, translational research, technology transfer and other bioscience-related departments from each university (PSU, U of O, OSU and OHSU) will be housed in the LSCC. Teaching and research for these entities will be in the LSCC complex along with the Oregon Bioscience Entrepreneur Center (OBEC).

OTRADI is also an integral part of the LSCC and adjacent to the OBEC incubator facility. To leverage resources, OTRADI and OUS/OHSU plan space for collaborative program projects, including shared resource modules (lab benches, plumbing, shared major equipment, and office and communication facilities). Laboratory modules primarily consist of "wet" lab space - equipped with fume hoods, sinks, and gas lines. This type of space can be very expensive – estimated at \$650 sq. ft. to build and equip. Construction requirements include containment and

disposal capabilities for radioactive and biological substances and high standards for ventilation, security, and floor loads.

The value of shared resources has become evident from economic development and collaborative research perspectives. OTRADI now has nearly 100 Affiliated Researchers at Oregon universities who use or anticipate use of our staff and facility. Further, OTRADI is listed as an important component of nearly \$30M in biomedical grants awarded to Oregon university researchers in 2008-2010. Examples of research grants include: Reversed Chloroquines as Antimalarial Agents, Gonadotropin-Releasing Hormone Action, Dev. Assay High Throughput Screen Parasitic Transporter, Bioengineered Protein C Activator Enzyme for Stroke, Early Detection of Ovarian Cancer. Our approach to bioscience economic development in Oregon is to build OTRADI and the OUS/OHSU shared resource laboratory capabilities in the proposed LSCC as a method to share our capabilities in a cost-effective manner.

Funds will be used to supplement state funding, private donations for the LSCC building for build-out of ~20,000 sq. ft. for OTRADI and collaborative laboratories.

### **Multiple Sclerosis Network and Registry - \$500,000**

#### **Providence Multiple Sclerosis Center, Statewide**

The MS registry is an interactive network of health care professionals for Oregon patients. Researchers, who produced a successful stroke registry that was previously supported by the Oregon Congressional delegation, have provided guidance in the development and implementation of the MS registry. Currently, five clinical care hubs constitute the network; neurologists at the hubs are trained and share up-to-date information on the best practices and treatment to optimize healthcare for MS patients in urban and rural areas. They also help in the recruitment of patients. A special focus will include underserved patients who have limited access to specialized care.

The MS Registry was launched and began patient enrollment and data collection in November 2007. Successful news releases on newspaper, radio, and TV program have documented the project and increased its awareness. The sources of patient recruitment includes the National Multiple Sclerosis Society, several MS centers and neurology practices in Oregon, and online registration on the program website [www.providence.org/brain](http://www.providence.org/brain). Since it began, more than 2800 individuals living with MS have signed up to be part of the registry. Data collection from the registry began in November 2007 by the administration of the first survey that collected anonymous health information on disease and treatment history. A second survey has been developed to collect data on demographics, adherence to medication, walking ability, working status, access to medical care and more in-depth family history. Collaborative relationships with network MS centers and neurologists have resulted in the development of common goals to improve the overall care for MS patients in the state.

The program is developing a research proposal on depression and fatigue and how they are associated with physical disability among MS patients. A newly developed web-based applications for MS registry and online MS textbook will go live soon.

### **Family Caregiver Support Project - \$600,000**

### **Volunteers of America of Oregon, Inc., Portland, OR**

By reducing the barriers that typically confront the low income frail elderly and disabled adults in our community, the Family Caregiver Support Project seeks to divert people from higher cost care options by keeping people in their homes with a loved one or family member acting as a primary caregiver. This goal will be achieved through a higher utilization rate of adult day centers. A recent AARP study stated that family care giving contributions are the backbone of the nation's long-term care system with an estimated economic value of \$350 billion in 2006. This is due in large part because they help delay or prevent the use of costly nursing home care and reduce pressure on both Medicaid and Medicare budgets. This project will reduce the personal and financial costs associated with this care. The AARP also estimated the cost of caregiving across the nation at \$105 billion dollars annually, which includes lost wages for those caregivers who have quit their jobs, missed days of work, or experienced a loss of productivity at work due to caregiving responsibilities, as well as out-of-pocket expenses.

### **East County School-Based Health Center - \$360,000**

#### **Multnomah County, Portland, OR**

Although many high-need parts of the county are served by mature, community supported SBHCs, East County remains one area where there are no school-based centers. This project is requesting capital dollars to develop a School-Based Health Center (SBHC) site at an East County School location where there is community support and a growing school age youth health care demand. Expansion of the SBHC services will support the youth of East County, and as a result of this funding it is anticipated that this project will create 4-6 new jobs for Oregonians. The SBHC program is currently conducting a community engagement process with the Centennial and Gresham/Barlow school districts to determine the feasibility of a SBHC location in their schools. The goal of the planning process is to identify potential East County sites for future SBHC locations. This planning process will be complete in July 2010 resulting in a strategic plan prioritizing future locations for SBHC expansion within the two involved school districts (e.g., Centennial and Gresham-Barlow School Districts).

### **Legacy Pediatric Critical Care Telemedicine Service - \$250,000**

#### **Legacy Health System, Portland, OR**

Oregon and southern Washington have a vital need for pediatric critical care support. The Institute of Medicine's Report on the Future of Emergency Care found that "Children make up 27% of all Emergency Department (ED) visits, but only 6% of EDs in the US have all of the necessary supplies for pediatric emergencies." A February 2006 CDC Report noted that 40% of EDs lack 24/7 access to pediatricians. And a 2009 study of the Oregon Rural Practice-Based Research Network found that physicians covering Emergency Departments in rural Oregon had low confidence in handling pediatric emergencies and rated it as a top priority for education and additional training.

This project will leverage the expertise of the Legacy Pediatric Critical Care Telemedicine service (LPCCT) and The Children's Hospital at Legacy Emanuel Medical Center to improve emergency room access to pediatric specialists, improve the quality of pediatric patient care, and provide cost savings to the health system. The LPPCT will support telemedicine consultations for any critically ill children, including those with respiratory distress/failure, seizures, sepsis, trauma and cardiac issues. The LPCCT will use telemedicine equipment to provide real-time

remote pediatric consultations to emergency rooms throughout Oregon and southern Washington. Over the next two years, our goal is to establish this telemedicine service in partnership with 10 community-based hospitals throughout the region. The specific objectives of this program are to:

Provide rapid “in-person” access to pediatric specialists to improve patients’ health outcomes  
Ensure patients receive medical care in the most appropriate location - reducing the financial and emotional costs of unnecessary patient transfers on families and society  
Educate medical staff members at participating hospitals to improve their ability to triage, treat, and transfer acutely ill pediatric patients.

This project will enhance the current situation in which outlying hospitals can communicate only by phone with Legacy’s pediatric intensivists when caring for an acutely ill child. While some information such as medical history and health status can be conveyed by phone, telemedicine-enabled streaming video and audio provides the pediatric intensivist a more accurate assessment of the patient’s condition by allowing them to remotely interact with the patient, family and medical staff. In addition, they can visualize the medical record, lab results, and radiology results as if they were in the emergency room. Each telemedicine unit is on wheels, which allows staff to easily bring it to a patient’s room. This equipment consists of a high-definition camera and video, microphones, and stereo speakers that are controlled by the remote physician. Special stethoscopes and headphones allow the pediatric specialists to auscultate the respiratory and cardiovascular system remotely.

**Jewish Family & Child Service’s Naturally Occurring Retirement Community (NORC) Aging in Place Initiative - \$200,000**

**Jewish Family & Child Service (JFCS), Portland, OR**

This request is to expand the services and geographic focus of our NORC-SSP (Naturally Occurring Retirement Community-Support Service Program), an innovative community-based health and social services program operating in 25 states nationwide. Our program assists the growing number of seniors in our community seeking to age in place through services such as case management and advocacy, and opportunities for socialization, recreation, education, volunteering, and employment. Measurable outcomes include increased knowledge and utilization of community-based resources, including increased participation in the community. If funded, we will direct federal and community supports and technical assistance to better utilize and improve existing local services and programming, build a body of research and evaluation data, and disseminate findings to the broader Aging Services Network.

**Creative Leadership Achieves Student Success (CLASS) Project - \$500,000**

**Sherwood, Forest Grove, and Tillamook school districts, OR**

Chalkboard Project worked with Sherwood, Forest Grove and Tillamook school districts to design and implement professional development, career ladder, new evaluation and alternative compensation models for both teachers and administrators. The purpose of the program is to improve the quality of instruction and management as a means to increase student achievement. The project was designed by each individual school district’s union representatives, superintendent, and school board using a collaborative process managed by Chalkboard Project.

**Diabetic Retinal Imaging Program - \$471,250**

### **Center for Enhanced Diabetic Eye Care (CEDEC), Portland/Hillsboro, OR**

Center for Enhanced Diabetic Eye Care will be responsible for the installation of two (2) fully integrated telemedicine based Diabetic Retinopathy sites that will:

- Expand the current scope of services offered by physicians and/or group practices
- Provide all specialized and unique equipment, HIPAA compliant software, training, support services, management support, billing assistance and IT integration support
- Make available a non-invasive, patient centric, exam for all diabetic patients
- Significantly increase annual retinal eye exam compliance from the current 18% to 50% or greater in year one, 60% in year two, and, greater than 75% year three going forward
- Provide access to local Retinal Ophthalmic care not typically available
- Allow for earlier detection of Diabetes, monitor patient progress and administer a greater standard of care for the diabetic patient
- Create historical and retrievable visual documentation for studies and outcomes
- Measurably reduce the overall costs of direct and indirect diabetic care (blindness, obesity, lower extremity amputations, heart disease, kidney failure, etc.)
- Provide enhanced diabetic services and care to disproportionately affected diabetic patients most impacted by the disease: African Americans, Hispanics, Native Americans and Asian Americans
- Make available a perpetuating revenue source as this exam is approved for diabetic care by Medicare, Medicaid and most commercial insurers.

### **Test Oregon - \$180,000**

#### **Cascade AIDS Project in partnership with HIV Alliance, Statewide**

Cascade AIDS Project (CAP) and HIV Alliance seek to expand HIV testing in Oregon and thereby improve health outcomes. Specific efforts will focus on social marketing to increase demand for testing through private providers while also increasing availability of mobile and community-based testing to high-risk populations via CAP and HIV Alliance. Efforts will build on existing programs and leverage substantial federal, state, and private dollars.

According to the latest available national statistics published by the Centers for Disease Control and Prevention (CDC), in 2006 of the 34 states with names-based reporting, 36% of people testing positive for HIV also received an AIDS diagnosis either at time of HIV test or within 12 months. That same year Oregon experienced a rate of 44%. Clearly – Oregon faces significant disparities in testing outcomes for HIV. For both Oregon and the nation, late testers are more often comprised of individuals: over the age of 50, from Hispanic and other communities of color, who inject drugs, and those who presume themselves to be low risk (heterosexual transmission). In Oregon, these communities often face barriers to accessing HIV testing or believe they are not at risk for HIV. Currently, both CAP and HIV Alliance have large HIV testing programs serving high-risk populations. However, both programs fall short of demand and often turn folks away for testing on a given day. In addition – many individuals who could get tested via private health care providers are either unaware of the need to be tested or the availability of such tests under existing healthcare plans.

To address these issues, CAP seeks support to leverage existing funding to develop a social marketing campaign to encourage all Oregonians to learn their HIV status, and target A second component will include HIV testing to the highest-risk communities through the use of expanded

HIV testing events through CAP and HIV Alliance. These testing events will reach communities that continue to bear the brunt of HIV disease and who face barriers to accessing HIV testing. Testing will be offered on site by both agencies, but also through mobile efforts at events and venues targeting some of the highest-risk populations.

### **211 for Oregon - \$250,000**

#### **211info, Portland, OR**

211 is the three digit dialing code assigned by the FCC for the purpose of providing access to community information and referral services. Skilled professionals assess callers' needs, discuss their options and direct them to appropriate programs/services. A critical component of 211 expansion is the resource database.

The project will:

--provide support to five "data hubs" located in regions throughout Oregon

--provide statewide coordination of Oregon's 211 network.

211info is leading the expansion of 211 service throughout Oregon. The project will facilitate and build 211 in counties that do not have service. Currently, the 211 dialing code is available to be "turned on" in the 29 counties that do not yet have service. However, counties are in need of building the local database of health and human service programs that call center staff use to provide information to 211 callers. The project will provide funding to "data hubs" located in targeted regions of Oregon. In addition to the more than 100,000 calls a year from the seven Oregon counties 211info serves, almost 20,000 calls a year are made to 211 from Oregon counties without the service indicating a deep and strengthening need for a free, easy-to-remember phone number for access to health and community services.

### **Oregon Health Professions Career Ladder Training Program - \$489,831**

#### **Oregon Health Career Center, Wilsonville, OR**

Oregon's Community Health Centers, mental health hospitals, and small community hospitals have historically struggled to find and hire nurses and other critical healthcare professionals. Many of these employers require providers who speak English as a Second Language in order to provide quality care for their patients. Others work with challenging patient populations, or are in isolated rural communities where small populations make it difficult to recruit providers. All struggle with an inability to compete with larger institutions for salaries and benefits. Federally Qualified Health Centers (FQHCs) currently provide primary care services to 20,000,000 Americans. The National Association of Community Health Centers (NACHC) projects that the number of patients will increase by 70% (12,000,000) in the next five years. Significant increases in annual spending on patient treatment for FQHCs are included in the Administration's Budget. FQHCs struggle more than most to find qualified providers. They often require providers who are bilingual, and rarely can match earnings that providers can make in the private sector.

This project will pilot a program with national implications that helps employers support current employees who are in low-paying, entry-level jobs to prepare for stable, family-wage positions in high demand health professions, based on a successful grow-your-own model.

Funds will pay for a Distance Learning-based prerequisite program, designed to complement the work schedules and geography of participants. Tutors, distance learning experts and counselors will be available to participants both on-line and on-site in their workplace and home communities. At least 40 individuals will complete the 12 month pilot program and then be eligible to enroll in the employer-paid Nursing School component. Strategies that the Oregon Health Career Center will use to help insure student success include internal career ladders for incumbent workers, a strong mentoring and tutoring program, flexible work schedules and employer support, online learning opportunities, employee-friendly cohort education design, and more. The project is designed to prepare 40 individuals for allied health and nursing schools, and bring 32 individuals through nursing school and into Registered Nursing positions. (Remaining students will enter other allied health programs, such as radiologic technologist.)

### **Portland's Call to Action for Literacy - \$600,000**

#### **Boys & Girls Clubs of Portland Metropolitan Area, Portland/Hillsboro, OR /Camas, WA**

Dyslexia affects one in five children nationwide. This CALL TO ACTION will change and save the lives of thousands of children in the state of Oregon. The Call to Action will meet the needs of all kids through two components: 1) A Statewide Awareness Campaign that will educate Oregonians about overcoming reading failure from the perspectives, experiences, and research of individuals who succeeded despite having dyslexia and other reading difficulties, from parents and teachers who implemented evidence-based reading instructional approaches with success, and researchers who developed and tested those approaches.; 2) The development of Literacy Center Programs in public schools and after school settings that will serve as implementation locations to determine the impact of evidence-based multisensory instructional approaches in both preventing and remediating reading difficulties among children from every walk of life.

This program will provide individualized literacy support for more than 900 youth per year at a cost to families of only \$5 per year. Similar programs in the Portland metro area cost as much as \$14,500 per year, a fee that is far out of reach for most families served by the Boys & Girls Clubs of Portland. Through community and government support, BGCP remains committed to providing this crucial academic support as part of the \$5 annual Club membership fee. The project is currently being evaluated through a partnership with the University of Oregon. The two-year pilot assessment will provide a longitudinal examination and analysis of BGCP literacy centers and will demonstrate the extent to which they are effective as after-school service delivery models. Results will be compared against reading growth exhibited by students not participating in the BGCP literacy program.

### **Oregon Child Welfare Electronic Client Case File - \$6,425,938**

#### **Oregon Department of Human Services, Statewide**

CAF Child Welfare has about 60,000 client case files comprised of paper-based information produced and submitted from internal and external sources including caseworkers, clients, partners and service providers. Although case information is derived in multiple ways including paper documents, e-mails, faxes and copies of documents and legal files, the predominate source of information currently is paper; approximately 60,000,000 pieces are associated with existing child welfare case files.



This project creates electronic records capacity for documents in our case files created outside of our Statewide Automated Child Welfare Information System (SACWIS) system by partners and stakeholders. This project moves Oregon to a more paperless and secure case management system. This project provides:

- Staff to convert paper records into electronic records for over 7000 children; training for staff and partners.

- Funding to purchase second monitors so staff can more easily view electronic documents.

Funding for laptop computer so caseworkers have access to case file records outside the office environment. Development of a technology interface between our SACWIS system and our electronic client case file system that allows for end to end client case file solutions. Capabilities for robust imaging, indexing, searching, storage and retrieval as complementary systems.

- Funding to assist in equipping courtrooms with technology for electronic access for all legal parties

DHS is in the final stages of a \$60 million dollar upgrade of the DHS Statewide Automated Child Welfare Information System (SACWIS). The SACWIS investment automates previously cumbersome and error-prone manual processes, opens new channels of service delivery, provides caseworkers access to productivity tools, and provides an information systems to manage the flow of data, information, and documents. It will replace multiple outdated, inefficient and disparate systems that do not meet the need of caseworkers, partners, and providers and continually contribute to put Oregon's children at risk. However, the upgrade did not include full electronic case file capabilities. This project, in conjunction with the SACWIS system upgrades will create a robust electronic case file system in Oregon's child welfare system.

### **Entertainment Enhanced Learning (EEL) – Making STEM Education Work - \$3,600,000 First Star Foundation, Aloha, OR**

This program will integrate entertainment techniques into presentations of STEM topics which will capture students' attention and significantly improve retention. Under this funding, sixteen 30-minute episodes of STEM instructional content (four each of Science, Technology, Engineering, and Mathematics). When completed, these episodes (contained on a set of four DVDs), will be distributed free of charge to every middle school in the nation. The content will be fun, exciting, and will enhance the overall educational achievement in science for the target audience. This endeavor is a small step in the national effort to improve education in STEM topics, but one that is vital to nurture our understanding of how educators may need to adapt in order to compete head-on with entertainment programming styles.

### **Healthy Eating Media Campaign - \$1,000,000 Oregon Public Health Division, Statewide**

A statewide healthy eating media campaign will support Oregon's menu labeling law and other policy efforts to limit exposure and access to unhealthy foods and beverages throughout Oregon. The healthy eating media campaign will saturate local communities with messages about calorie consumption, reducing salt intake, and promoting healthy eating through television, radio, social media outlets, language-specific community media outlets, and at the point of purchase.

### **Inter-Professional Curriculum Development - \$750,000**

## **Oregon Health & Science University, Portland, OR**

Inter-professional education occurs “when members of more than one health and/or social care profession learn interactively together, for the explicit purpose of improving inter-professional collaboration and/or the health/well-being of patients.” Evidence suggests that inter-professional education is most successful when faculty from different professions co-create the learning experiences; when the inter-professional education learning experiences are embedded in the curricula and required for students; that inter-professional education experiences begin early and are sustained across the curriculum; and that students have experiential opportunities to learn collaboration, teamwork, and how it relates to the delivery of safe, quality care. It is also evident that inter-professional education leads to improved attitudes toward teams and improved team skills.

Like most health professions universities and academic health centers, OHSU has numerous challenges in designing and implementing inter-professional education including financial and space constraints, differing academic calendars, conflicting course schedules, mismatch in course content, non alignment of course content for different levels of learners, lack of institutional policies for sharing course credit among schools, and large numbers of students dispersed throughout the state who will require inter-professional education opportunities. Despite these challenges, OHSU has made inter-professional education a top priority in its 2007 strategic plan, Vision 2020. To alleviate OHSU’s space constraints, OHSU has acquired private and state funding for construction of a new inter-professional education building, known as the OHSU/OHSU Life Science Collaborative Complex, to be located on OHSU’s new Schnitzer campus in the S. Waterfront district of Portland. The complex will include classrooms, laboratories, and simulation theatres. In response to OHSU’s strategic plan and in anticipation of the new education and research building (set to break ground in 2011), a core group of cross-school faculty with experience in inter-professional education has begun to explore opportunities to integrate into the curriculum a long-term inter-professional education initiative.

Partnering with new Dept. of Academic Technology staff hired specifically for this project, key education leaders in each school will develop case-based modules related to the following seven themes: Roles & Reform; Teams & Conflict; Organizational Change & Leadership; Quality & Safety; Global Health; Ethics; and Clinical Care. These modules will be developed around a simulated e-health delivery system and would consist of experiential, on-line and in-class activities. At the core of the simulated e-health delivery system is a standalone electronic medical record that is populated with simulated patients representing a variety of conditions and cultural and economic backgrounds. Faculty led inter-professional teams of medical, nursing, dental and pharmacy students will be presented with simulated cases and will work together to assess and develop treatment plans for their patients. The student teams will then follow the simulated patients and adjust their treatment plans as the cases progress to resolution. The cases will be developed to require knowledge and participation from all professions and will present ethical dilemmas that need to be addressed. The case-based modules will also be structured to integrate into the regular curriculum of each School to permit more profession-specific education to occur.

**Helping our Heroes: Preventing Suicide Among Oregon Soldiers and Providing Support to Military Families - \$1,200,000**

### **Oregon Partnership, Statewide**

“Helping Our Heroes” addresses the escalating occurrence of suicide and addiction among returning soldiers and veterans, and the stress it causes their families. The “Helping Our Heroes” project will expand OP’s LifeLine Call Center to create a dedicated Oregon Line at OP’s LifeLine for returning soldiers and their families dealing with mental health, suicide, and alcohol and drug problems. Oregon Partnership has Oregon’s ONLY certified trainers in “SafeTALK” – the evidence-based 3 hour suicide intervention training for family members, counselors, military chaplains, and others working with deployed, returning soldiers and veterans. OP will provide SafeTALK trainings in National Guard armories across Oregon to equip military spouses and family members with the skills to recognize signs of depression, PTSD, suicide ideation, mental health issues, and alcohol and drug problems.