NURTURE OREGON PROGRESS

For Oregon Health Authority

December 2023

Oregon Health Authority

Comagine Health

nurture oregon

TABLE OF CONTENTS

EXECUTIVE SUMMARY

This report summarizes the third year of implementation of Nurture Oregon, a rural integrated care model for pregnant families that includes peer support, prenatal care, substance use and mental health treatment, care coordination, and other services.

Participants Served

341 participants served; **58% were not stably housed**, 63% used multiple substances, 76% used methamphetamine

90% of participants engaged in **peer services**, **55%** engaged in **SUD treatment** (counseling) and **70%** of participants who used opioids received **medications for opioid use disorder**

65% received **prenatal care**, and among those who gave birth, **93% of infants** had at least **1 well-child check**

Among those who gave birth, 66% of participants went home from the hospital with their baby after birth

Infrastructure Support

Learning Collaborative and convenings such as cross-site meetings, monthly team huddles, and in-person site visits

Guidance documents, **online repository of resources,** and online message board

Technical Assistance

Sites received support from technical assistance providers to further develop in the areas of medical and behavioral service integration, peer support and infrastructure, and CCO connections

PROGRESS ON PREVIOUS RECOMMENDATIONS

In the previous annual report, we provided recommendations based on the challenges and barriers experienced by Nurture Oregon sites. The following table describes actions that were taken by the implementation team and Nurture Oregon sites in 2023 related to these recommendations.

Recommendations made in 2022	Actions taken in 2023
Assist sites in **developing site procedures documents** to institutionalize internal team processes and coordination with community partners and continue **enhanced peer supervision** and coaching to address high staff turnover on Nurture Oregon teams	✓ Supported Nurture Oregon site peers in developing their own workflow documents tailored to their specific needs as well as the sites ✓ Peer/Doula technical assistance (TA) provider conducted regular one-on-one supervision and check-ins for peers, and began a quarterly peer/doula process group
Continue to support sites in **creative solutions** such as cross-training existing agency staff who are in other roles, reaching out to clinicians in diverse specialties, etc. to address difficulty identifying qualified and available staff and providers at some Nurture Oregon sites	✓ Some Nurture Oregon peers obtained doula certification ✓ Some Nurture Oregon peers obtained CADC certification
Support sites in **meeting with hospital staff** to increase collaborative care for pregnant and postpartum people with drug use and provide resources and guidance in **addressing stigma** within hospitals	✓ Nurture Oregon teams conducted presentations and lunch and learns to provider groups to try to establish relationships & provide education to help reduce stigma toward pregnant people using substances ✓ Conducted Overcoming Alienation cross-site meeting for Nurture Oregon peers and other staff
Assist sites with ways to **streamline communication** across providers, e.g., exploring a Deschutes pilot with Unite Us to address lack of shared EHR systems across physical & behavioral providers	✓ Met with Unite Us/Connect Oregon, hospital system leaders (Oregon Health Leadership Council), and local CCOs around options to get plans of care in Unite Us and Epic
Continue to support sites to **develop on-site housing** and/or advocate for local organizations to **expand housing eligibility**	✓ Several sites created housing options specifically for the Nurture Oregon population ✓ Conducted cross-site meetings on housing solutions for rural communities and exploring master leasing to deal w/ affordable housing crisis

Continue to **support sites to develop childcare resources** within their agencies and explore state or CCO funding for childcare	✓ Two Nurture Oregon sites obtained grant funding to open up free or low-cost childcare programs (i.e., preschool and daycare)
Continue to support work with CCOs to develop **value-based payment models** and assist sites in examining billing options and outlining essential nonbillable costs to promote program **sustainability**	✓ Finalized and fully implemented Nurture Oregon value-based payment contract between one CCO and one site ✓ Conducted breakout rooms at cross-sites for questions on working with CCOs or VBP models ✓ Made presentations to CCO clinical directors at the Quality and Health Outcomes Committee to support the development of value-based payment options for Nurture ✓ On-going communication w/ Nurture Oregon site CCOs to advance and refine Nurture Oregon prenatal VBP

CHALLENGES & RECOMMENDATIONS

The following table describes recommendations for 2024 in response to challenges and barriers experienced by Nurture Oregon sites in 2023. These challenges were derived from conversations with Nurture Oregon site teams through site visits, cross-site meetings, and monthly site huddles.

Challenges in 2023	Recommendations for 2024
Workforce Challenges	
High staff turnover among Nurture Oregon teams and external partners, presenting challenges to maintaining community relationships	▶ Continue enhanced supervision and coaching by peer technical assistance (TA) provider
Staff burnout from a heavy work burden and emotional fatigue working with a population with complex needs	▶ Continue enhanced supervision and coaching by peer TA provider ▶ Recommend that peer-to-participant ratio for Nurture should be lower than other peer programs, and encourage site leadership to assist peers in attending the peer mutual support group offered through the PRIME+ TA provider
Stigma	
Nurture sites and participants face stigma from other agencies (e.g., police driving around the parking lot of a site) as it relates to serving pregnant people with substance use disorders	▶ Provide community-facing materials and ideas for partner outreach (e.g., lunch and learns, presentations) to inform and reduce stigma
Integration Challenges	
Limited co-location of services in most sites burdens peers with linkage responsibilities and affects participant ease of access	▶ Support sites in identifying opportunities to expand co-location of Nurture services
Inconsistent Engagement of Site Leadership	
At some sites, leadership changes or disengagement led to inattention to program struggles	▶ Institute quarterly leadership meetings ▶ Develop a roles/responsibilities form for sites to complete when changes in staff occur
Lack of Available Community Resources	
Limited housing options in rural and frontier counties, and limited access due to restrictive eligibility criteria	▶ Continue to elevate this issue within OHA ▶ Continue to support cross-site coordination/sharing of ideas for creative housing solutions

Central Platform for Plans of Care	
Lack of a central electronic platform to share Plans of Care with hospitals and other external community partners	▶ Encourage sites to explore opportunities on Unite Us or Connect Oregon
Planning for Sustainability	
Competing priorities within Quality and Health Outcomes Committee leadership hampered expansion of value-based payment (VBP) models at state level	▶ Leverage the Jackson Care Connect VBP contract to move other CCOs within Nurture Oregon service areas

PROGRAM OVERVIEW

BACKGROUND

Nurture Oregon is an integrated care model providing pregnant people who use substances with peer recovery support services, prenatal and postpartum care, substance use and mental health treatment, and service coordination. The original model (Project Nurture), launched by Health Share of Oregon, was piloted in three sites in Portland, Oregon beginning in 2015 and was associated with increased prenatal visits, reduced placement of children in foster care, and cost savings.

The Oregon legislature mandated that the Oregon Health Authority expand Project Nurture to focus on rural areas and sites reaching underserved families. The expansion, Nurture Oregon, funded 5 rural and frontier counties, and sites began services in 2021.

MISSION & GOALS

Nurture Oregon's mission is to keep families healthy and unified by providing quality, integrated care. Nurture Oregon envisions a state where pregnant people who use substances receive safe, supportive, stigma-free care.

CORE PROGRAM ELEMENTS

The journey map below is the ideal Nurture Oregon participant journey in a Nurture program, highlighting the core program elements. Nurture services ideally take place within a single, integrated location. Many sites have identified gaps in the community, particularly around housing and childcare, and have expanded their services to offer additional resources beyond the core program elements.

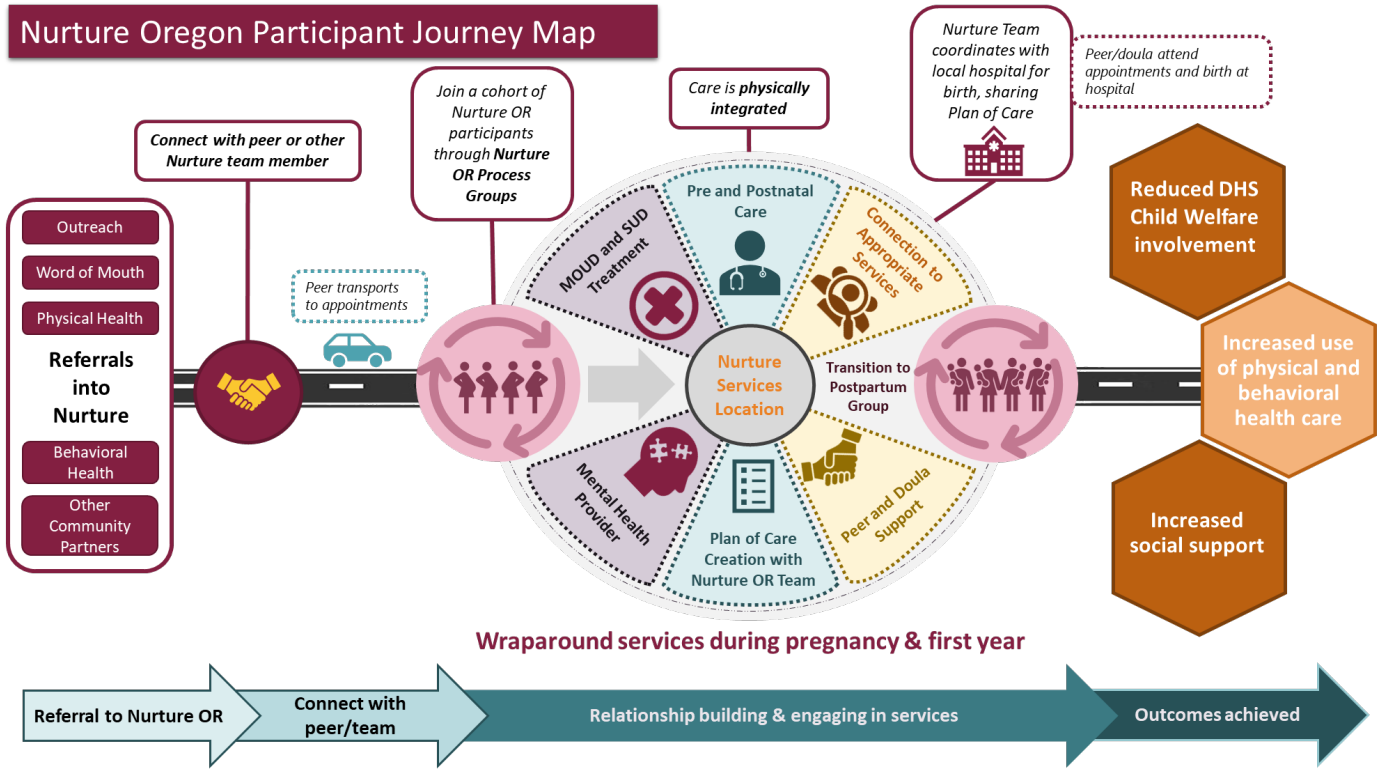
The core program elements of Nurture Oregon include the following:

- Clinicians who can provide prenatal and postpartum care
- Substance use disorder treatment, including access to medications
- Peer recovery support
- Community outreach to engage families
- Pediatric care for infants
- Case management
- Trauma-informed mental health counseling and services
- Facilitated support groups with Nurture Oregon participants, including prenatal and postpartum groups that include the Nurture Oregon infant
- Other available services such as doula care, housing support, or home visiting nurse

- Partnership in developing Plans of Care

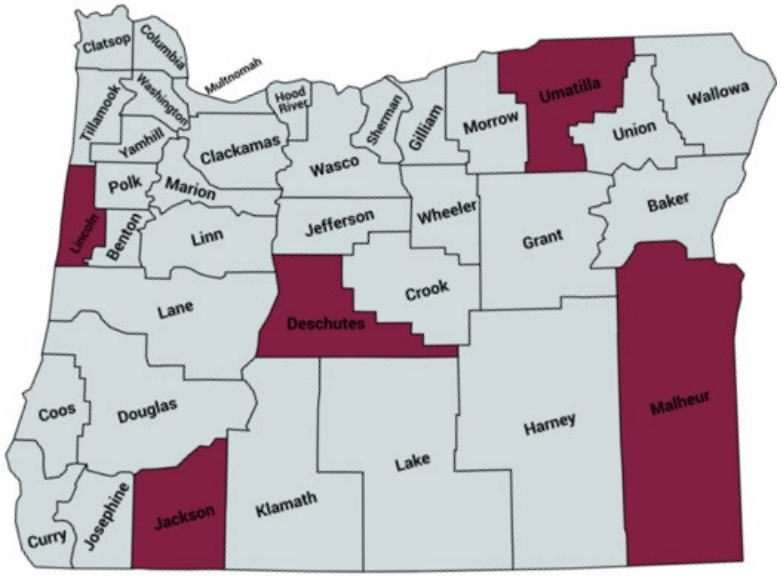
Nurture Oregon teams are expected to develop relationships in the community:

- Transparent relationship with local DHS Child Welfare
- Coordination with hospitals for maternity stay
- Supported access to social services
- Community outreach to develop referral pathways and engage participants directly



FUNDED COUNTIES

Nurture Oregon funded 5 counties: 4 rural, 1 frontier. The prime grantee organization in each county issued subcontracts to partners as needed. Note: Funding for the Nurture Oregon program in Malheur County ended June 30th, 2023. OHA and the Nurture core team did not see a path to achieving the Nurture model in the short term in Malheur County due to infrastructure and staffing challenges and gaps in cross-service institutional partnerships.



County	Nurture Oregon Prime Grantee	Prime Grantee Type	Participating Organizations
Deschutes	Best Care Treatment Center	Behavioral health services	St Charles Center for Women's Health
Jackson	Oasis Center of the Rogue Valley	Primary care clinic with integrated behavioral health services	OnTrack Rogue Valley, Addiction Recovery Center (ARC)
Lincoln	ReConnections Counseling	Behavioral health services	Lincoln County Health & Human Services, Integrity Women's Health, Samaritan House, Samaritan Health Services, ODHS Child Welfare, Community Doula Program
Malheur	Malheur County Health Department	Public health department	Valley Family Treasure Valley Women's Clinic, Altruistic Recovery
Umatilla	Oregon Washington Health Network	Health care network, owns and operates behavioral health services	St Anthony Hospital, Good Shepherd Hospital, ODHS Child Welfare, Nurse Family Partnership -UCoHealth

Nurture Database

On a monthly basis, Nurture Oregon sites submit deidentified participant-level process data into an Excel file template created by the Comagine team and upload the data to a secure file transfer protocol site. Participant identifiers are stored separately in each site organization's EHR systems. Nurture Oregon sites track participants who are referred to their site and who engage in services, intake information, and demographics; and plan of care, safe sleep, and child welfare information. Sites track visit frequency and participant utilization of Nurture services including prenatal care, substance use disorder treatment (counseling), medications for opioid use

disorder (MOUD)—also known as medications for addiction treatment (MAT), Nurture Oregon support group attendance, peer services, and postpartum and pediatric care. The Nurture data reporting tool includes an auto-calculated report that gives sites real-time access to site-level information on the number of new people reached each month, cumulative numbers and percentages for all data points, and comparison of participant demographics to county Census statistics. Comagine uses the data to prepare a Site Matrix **(see Appendix 1)**, that displays comparisons of key service data points across Nurture Oregon sites. Every month, sites also receive a Quality Control document **(see Appendix 2)**, that highlights missing data so that sites can ensure that they are collecting and maintaining up-to-date information on all participants. Nurture Oregon sites have been reporting data in the database since August 2021.

SITE IMPLEMENTATION PROGRESS

Progress Towards Integrated Care

Physical health, behavioral health and peer services are the cornerstones of Nurture Oregon and true integration of these services is a long-standing program goal in these rural counties. Integrated care facilitates immediate entry into care and leads to improved health outcomes cost-effectively. Integrating physical and behavioral health care, however, is a challenge in rural areas due to services workforce shortages, health care provider shortages, geographical barriers, and economic and technological constraints, in addition to bias and systems-level stigma around mental health or substance use issues. Only one Nurture Oregon site, a primary care clinic with behavioral health services, has an integrated approach. The other four funded Nurture Oregon sites, consisting of three behavioral health sites and one public health department, were required to build relationships in their community to bridge the health care provider gap. In these cases, finding ways to co-locate services with close collaboration might be the most attainable goal.

Utilizing the Six Levels of Collaboration/Integration (see Table 1) from SAMHSA-HRSA serves as a conceptual framework to better understand and differentiate Nurture Oregon implementation across sites. One Nurture site (Jackson County) offers integrated care; the other Nurture sites offer highly coordinated care. In Deschutes, Umatilla, and Lincoln, the peers regularly transport and attend prenatal and postpartum visits alongside Nurture participants. Nurture teams meet weekly to review participant needs and coordinate care. The Lincoln Nurture weekly meetings include a consortium across multiple community sectors (e.g. Public Health nursing, transitional housing, OB-GYN providers, Community Doula and others), and the clinics that provide most of the prenatal care in Lincoln City and Newport have the Nurture peers on speed dial. In mid-2023, the Lincoln site opened a new Nurture location in Benton County called Monarch on 4th, offering co-located services.

Table 1: SAMHSA Six Levels of Collaboration/Integration[1]

COORDINATED		CO-LOCATED		INTEGRATED	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice

Implementation Progress in 2023

In the first year of implementation (2021), Nurture Oregon sites focused heavily on startup activities, including identifying partners and building partner relationships, delineating roles and

[1] From Heath B, Wise Romero P, and Reynolds K. A Standard Framework for Levels of Integrated Healthcare. Washington, D.C. SAMHSA-HRSA Center for Integrated Health Solutions. March 2013.

responsibilities, developing workflows, and identifying steps toward service integration. As sites established stronger programmatic infrastructure, the focus for year two and three shifted to program improvement and creating more sustainable systems and relationships.

In 2023, sites continued to face multiple implementation challenges. All Nurture Oregon teams reported that they often experienced burnout, particularly when short-staffed or stretched by the level of effort required to maintain contact with participants. Nurture sites and their participants also faced stigma. For example, the Umatilla County site building landlord removed sharps containers from the bathrooms and required that all doors be locked after a certain hour, creating a barrier for participants. In Jackson County, the hospital required that all Nurture Oregon participant guests check their backpacks at the nursing station, creating an air of mistrust. Staff turnover at partner organizations, such as high turnover at Child Protective Services (CPS) in Deschutes County, hindered relationship building. Nurture sites create Plans of Care with participants but lack a shared platform to house the plans across organizations with different EHRs. Competing priorities and limited leadership engagement at Malheur and Umatilla sites hindered implementation. The Malheur County site experienced infrastructure, staffing, and partnership issues, leading to the non-renewal of their Nurture contract in June 2023.

Amidst these challenges, there were notable successes as sites continued to build relationships within their community and expand service offerings. Umatilla, Deschutes and Lincoln County sites maintained strong hospital ties, while still actively attempting to engage and build relationships with other community providers through lunch and learns and direct outreach. Jackson and Lincoln County sites began providing free or low-cost childcare services for Nurture participants. Oasis, in Jackson County, partnered with a local organization to open a pre-school program. Two Nurture sites focused on housing initiatives in response to community needs. The Deschutes County site was able to acquire a four-plex to house Nurture participants, and the Jackson County site welcomed the first Nurture occupants into three newly acquired apartments designated for participants needing shelter while waiting for residential treatment. Oasis worked with local CCOs to enable billing for peer services and implement a value-based payment model. Both CCOs are now allowing Oasis to use community health worker billing codes for peer services. Nurture sites also engaged in dissemination of their experiences and findings from the program to broader audiences. For instance, in May 2023, Deschutes, Jackson, and Lincoln sites presented on a joint panel highlighting their Nurture programs to a statewide audience at the Oregon Conference on Opioids + Other Drugs, Pain + Addiction Treatment (OPAT).

Site level implementation data are reported in the pages that follow. Descriptive findings of site successes, challenges, and goals were captured through site visits, monthly huddles, TA provider communication, and cross-site meetings. **Quantitative data were summarized from monthly site data submissions and are cumulative.** Note: Site data are reported from August 2021 through December 2023. Site data from Malheur are reported through June 2023, which was the end of their funding period.

DESCHUTES

Population (2022): 206,549

Size of county: 3,018 square miles

Background: Nurture Oregon in Deschutes County builds on an existing program at Best Care Treatment Services, Mothers Outreach to Mothers (MOMs). Best Care, a residential and outpatient SUD treatment program, provides peer support, SUD treatment, group and individual therapy, and care coordination for Nurture Oregon. Best Care partners with St. Charles Center for Women's Health for prenatal services. Both partners are located in the same building in Redmond. The Program Supervisor/team lead for Best Care attends weekly provider meetings at the St. Charles clinic to discuss shared Nurture participants. Best Care is working to strengthen a relationship with East Cascades Women's Group, the largest obstetrics care provider in Central Oregon.

Strengths & Successes:

- Acquired a four-plex and now offers housing to participants
- Services and close coordination with prenatal care providers at St. Charles
- Experienced Best Care team
- History of effective peer outreach and engagement
- Strong Nurture group program with consistent attendance

Challenges & Barriers:

- Staff turnover with team experiencing burnout at times
- Difficulty building a relationship with one medical group despite repeated attempts
- Closure of a major housing resource in the community
- Challenges with hospital relationship and access to connect with potential participants before CPS visits following birth
- High turnover at Deschutes County CPS, preventing a strong relationship

Goals Achieved from Last Year:
The Best Care group expanded services to include a new housing offering in Redmond. A CADC/Peer leads Nurture Oregon support groups, using contingency management to increase group attendance. The group continued efforts to establish inroads with the East Cascades Women's Group.

SITE STATS

117 Referrals

Top Referral Sources:

- Medical/Physical Health Providers
- Self-referral or word-of-mouth

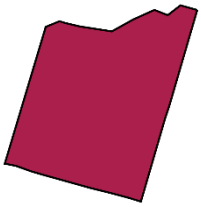
75 Participants

AVG SERVICE DOSAGE

24.4	SUD Tx Visits
10.5	MOUD (MAT) Visits
7.8	Mental Health Visits
12.1	Nurture OR Support Groups
25.4	Hours of Peer Support
5.9	Prenatal Care Visits

56 Births

JACKSON



Population (2022): 221,644

Size of county: 2,783 square miles

Background:
Jackson County's Nurture Oregon program is led by Oasis Center of the Rogue Valley, a family-centered primary care clinic serving patients with substance use disorders. Oasis opened in January 2019 and provides health care for adults and children, medications for opioid use disorder (MOUD), family support services, and care coordination. Oasis provides physical space for all Nurture Oregon services. Historically, most patients have been involved with DHS Child Welfare or criminal justice systems. Nurture Oregon peer outreach provided an opportunity to reach more non-mandated patients. Last year, the Oasis team expanded housing support and services for Nurture participants.

Strengths & Successes:

- Worked with local CCOs to enable billing for peer services and implement a value-based payment model. Both CCOs are allowing Oasis to use community health worker billing codes for peer services.
- Oasis Behavioral has regular care coordination meetings with the local delivery hospital social workers
- Opened a pre-school to support Nurture families
- Expanded prenatal provider staffing
- Collaborated with a local organization to open a preschool program that supports Nurture families
- All services are provided at one location

Challenges & Barriers:

- Local hospitals don't use a harm reduction lens when serving pregnant people who use substances
- No electronic platform to share Plans of Care with the hospital, so participants must bring paper copy

Goals Achieved from Last Year:
The team developed financial sustainability around peer services billing and behavioral health and implemented value-based payment through their work with the local CCOs.

SITE STATS

156 Referrals

Top Referral Sources:

- Medical/Physical Health Providers
- Behavioral Health Providers

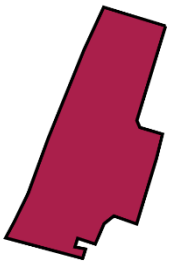
147 Participants

AVG SERVICE DOSAGE

5.8	SUD Tx Visits
4.9	MOUD (MAT) Visits
2.4	Mental Health Visits
4.8	Nurture OR Support Groups
4.3	Hours of Peer Support
2.3	Prenatal Care Visits

100 Births

LINCOLN



Population (2022): 50,813

Size of county: 981 square miles

Background:
Lincoln County's Nurture Oregon program is led by ReConnections Counseling, which provides behavioral health treatment and peer support services. Lincoln County's program prioritizes linking participants to supportive housing and offers home visiting nursing and doula care. Nurture Oregon partners include Samaritan House (housing), Lincoln County HHS Maternal Child Health (home visiting nursing), Integrity Women's Health (consultation), the Community Doula Program, Samaritan Health Services, and ODHS Child Welfare. ReConnections coordinates with prenatal and pediatric care providers at Samaritan Hospital's women's clinic. Nurture Oregon medical care is provided in separate locations from the other services, though space is now available to host all services at ReConnections.

Strengths & Successes:

- Expanded services to include childcare
- Physical space to host all services at ReConnections
- History of effective peer outreach and engagement
- Multidisciplinary team consistently engaging in meetings
- Strong development and use of Plans of Care
- Expanded to a new location in Benton County

Challenges & Barriers:

- Difficulty building relationships with hospital staff in labor and delivery and establishing referral pathways from the hospital; hospital staff turnover a factor
- No electronic platform to share Plans of Care
- Difficulty integrating w/ OB staff in Samaritan Hospital system
- Dropoff in service utilization by participants following birth

SITE STATS

65 Referrals

Top Referral Sources:

- Medical/Physical Health Providers
- ODHS Child Welfare

44 Participants

AVG SERVICE DOSAGE

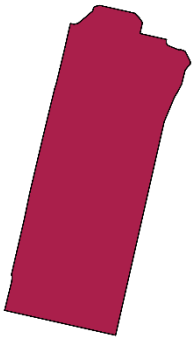
55.0	SUD Tx Visits
4.0	MOUD (MAT) Visits
2.1	Mental Health Visits
7.6	Nurture OR Support Groups
4.6	Prenatal Care Visits

Peer support hours are excluded due to data quality issues

25 Births

Goals Achieved from Last Year:
The ReConnections team has the potential to integrate medical services in their new Benton County location. The team made efforts to reach the Spanish-speaking population in their community by hiring a bilingual peer/doula, reaching out to known contacts for Spanish speakers and medical translations, and translation of Nurture materials into Spanish.

MALHEUR



Population (2022): 31,879

Size of county: 9,888 square miles

Background:
Malheur County is the most vulnerable county in the state and in the top 10% in the nation according to the CDC's social vulnerability index. The need is high, and organizations involved in Nurture Oregon do not bring a history of collaboration in service provision. Malheur's program is led by the Malheur County Health Department, which provides peer services and home visiting nurses. Valley Family Health Care, an FQHC with a women's clinic, provides prenatal and postpartum care, mental health services, and care coordination. Altruistic Recovery provides SUD treatment services. Due to staff turnover, contractual delays, and challenges reaching agreement about structure and leadership, Malheur County was slow to develop Nurture Oregon programmatic structure. OHA ended the Nurture Contract in July of 2023.

Strengths & Successes:

- Valley Family team brings experience providing prenatal care, medications for opioid use disorder, mental health services, and care coordination
- Hired new peer at the start of 2023

Challenges & Barriers:

- Services are primarily offered in three distinct physical locations
- Difficulty getting people engaged in groups due to expansive geography & poor broadband internet connection not allowing for hybrid virtual groups
- High staff turnover at Health Department and Valley Family led to workforce burnout and retention challenges

Goals Achieved from Last Year:
The Nurture Oregon peer and SUD counselor began working one day per week on site at Valley Family.

SITE STATS

33 Referrals

Top Referral Sources:

- Medical/Physical Health Providers
- ODHS Child Welfare

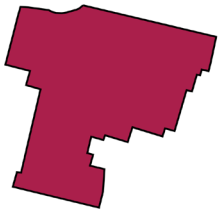
24 Participants

AVG SERVICE DOSAGE

6.1	SUD Tx Visits
2.0	MOUD (MAT) Visits
3.7	Mental Health Visits
4.8	Nurture OR Support Groups
9.4	Hours of Peer Support
4.0	Prenatal Care Visits

18 Births

UMATILLA



Population (2021): 80,215

Size of county: 3,215 square miles

Background:
Umatilla County's program is led by the Oregon Washington Health Network (OWhN), whose mission is to integrate physical, mental, behavioral, and public health services. OWhN provides SUD treatment and medications for opioid use disorder, mental health services, and peer support for Nurture Oregon. OWhN contracts with an independent doula and a licensed midwife for the program. The OWhN team experienced turnover in the executive director position and a new peer joined the team. They are now fully staffed.

Strengths & Successes:

- Success developing collaboration with St. Anthony's birthing center; Nurture staff have unrestricted access and positive relationships with OB-GYNs
- Physical space available to house all services
- Connecting with other medical providers in the community through networking and Lunch and Learn opportunities

Challenges & Barriers:

- High staff turnover in key positions
- Lack of referrals from DHS Child Welfare in Pendleton
- Geographic challenges contribute to low attendance at support groups
- High levels of community stigma (from landlord, police, etc.)
- Turnover in obstetrics providers

Goals Achieved from Last Year:
Despite the challenges in holding groups due to geography and participation, the OWhN team continues to lead groups and encourage participation through contingency management and other activities. The OWhN team is now fully staffed, with a new CADC and a Project Manager on the project.

SITE STATS

103 Referrals

Top Referral Sources:

- Medical/Physical Health Providers
- ODHS Child Welfare

51 Participants

AVG SERVICE DOSAGE

12.5	SUD Tx Visits
2.8	MOUD (MAT) Visits
5.8	Mental Health Visits
5.2	Nurture OR Support Groups
14.1	Hours of Peer Support
4.3	Prenatal Care Visits

26 Births

NURTURE PARTICIPANTS

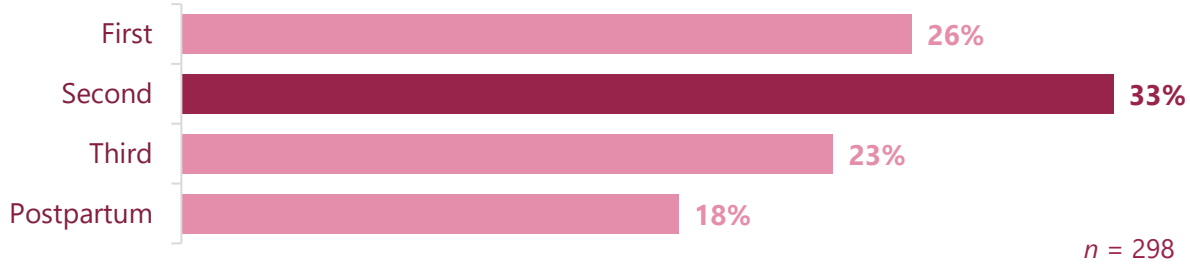
Oregon Health and Science University is conducting a formal evaluation of Nurture Oregon. Comagine Health and Oregon Health Authority collaboratively developed indicators for program monitoring, which are reported here.

One site (Jackson County) had the programmatic infrastructure to begin serving participants soon after receiving funding on September 1, 2020. Other sites worked on partnerships, hiring, and executing subcontracts, and began serving participants after the cross-site kickoff in March 2021. Services reported occurred from September 1, 2020 – December 31, 2023, and data are cumulative. Malheur provided data through June 30, 2023, the end of their funding period.

PARTICIPANTS REACHED

Of the 474 individuals who were referred to Nurture Oregon, 341 participants received services and comprised the final cohort for this period. Nurture aims to identify and engage individuals prenatally to have the greatest impact. Data show that 82% of participants engaged prenatally.

Exhibit 1: Participants' Trimester at Engagement
For all participants who engaged from 2020-2023, slightly more participants engaged during the second trimester (33%) than the other two trimesters[2].



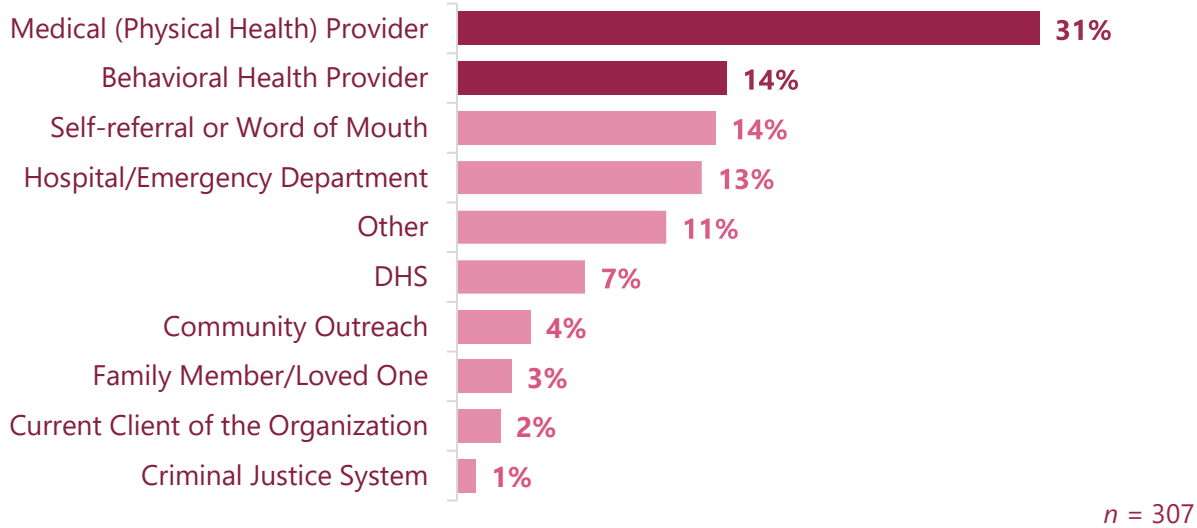
[2] The pregnancy due date was missing for 43 (12.6%) participants.

REFERRAL SOURCES & ENGAGEMENT PATHWAYS

Nurture Oregon sites developed relationships with a wide variety of community partners external to the Nurture team to create referral pathways into the program.

> *45% of participants were referred by a physical or behavioral health provider in the community, and 13% were referred by hospitals or emergency departments.*
>
> *Informal engagement pathways were important: many participants were self-referred; referred by family members, loved ones, or other clients/patients of the organization; or engaged through direct community outreach (street outreach) by peers.*
>
> *Other referral pathways included community organizations, Department of Human Services (DHS) and the criminal justice system.*

Exhibit 2: Referral Sources and Engagement Pathways
Most participants were referred to Nurture Oregon by a medical or behavioral health provider, or through self-referral. [3]



n = 307

[3] The referral source was missing for 34 (10%) participants.

PARTICIPANT DEMOGRAPHICS

Age, Race, Ethnicity, Housing status

Most participants were between the ages of 20 and 34, with an average age of 29.

81% were White, 2% were Black/African American, 7% were American Indian/Native American

17% were Hispanic/Latinx

58% were unstably housed or experienced homelessness

Exhibit 3: Participant Age
More than three-quarters of participants were aged 20-34.

Exhibit 4: Participant Race
Most participants identified as White. Nearly twenty percent of participants identified as a race other than White alone.

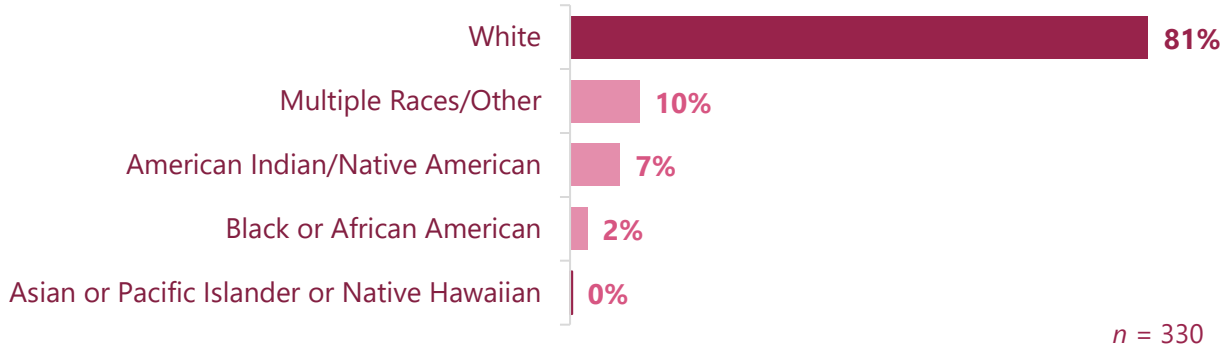
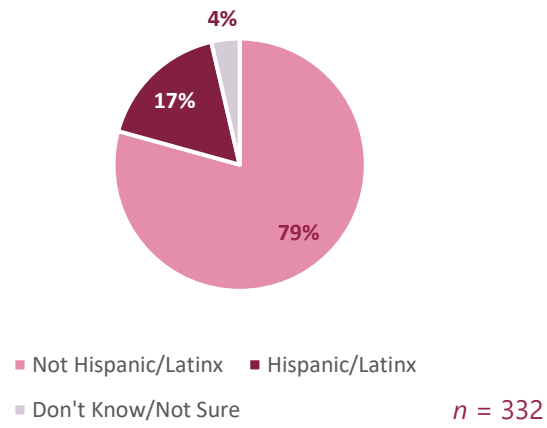


Exhibit 5: Participant Ethnicity
Seventeen percent of participants were Hispanic/Latinx.



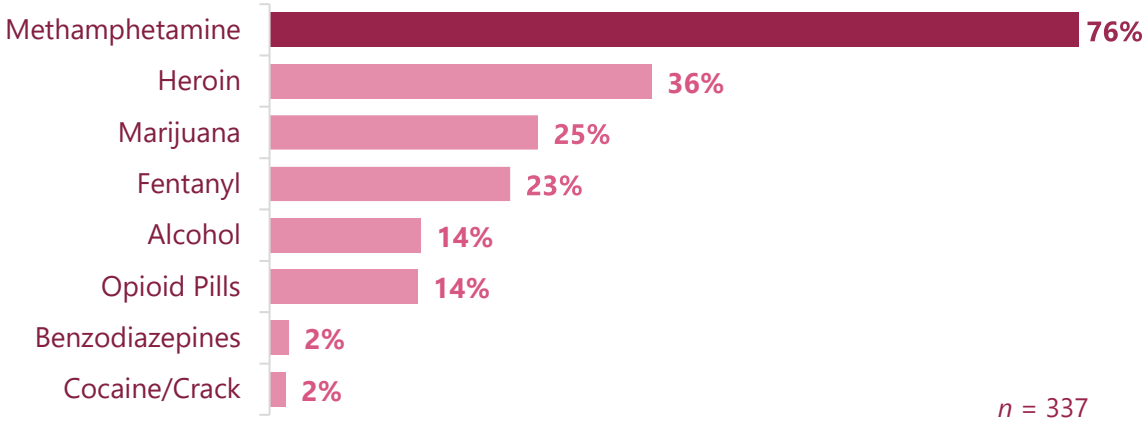
Housing Status

Exhibit 6: Housing Status at Engagement
A total of 58% of participants were either unstably housed or experiencing homelessness.

SUBSTANCE USE AT TIME OF ENGAGEMENT

For participants with available data (n = 337), **63% of participants used multiple substances**. Methamphetamine was the most common substance used (76%). Thirty-six percent of participants used heroin and 25% used marijuana.

Exhibit 7: Substances Used at Engagement
The most commonly used substances were methamphetamine and heroin.



SERVICES PROVIDED

90% of participants engaged in peer services

55% engaged in SUD treatment; 56% received medications for SUD

65% received prenatal care

70% of participants who used opioids received MOUD (MAT)

Behavioral Health and Prenatal Care

Nurture Oregon is a voluntary program in which participants are encouraged and supported to participate in all program services but may choose not to engage in all services. Most participants (90%) engaged in peer support services. Fifty-five percent of all participants engaged in any type of non-medication substance use disorder (SUD) treatment and 56% received a medication for opioid use disorder (e.g., buprenorphine, methadone). Just over a quarter of participants (30%) received mental health services. Thirty-eight percent of participants engaged in Nurture Oregon support groups. Sixty-five percent of participants who engaged in Nurture Oregon received prenatal care. Among participants who reported using opioids at engagement (N=196), 70% received medication for opioid use disorder treatment.

Exhibit 8: Behavioral Health and Prenatal Care
Participants engaged in a variety of behavioral health services.

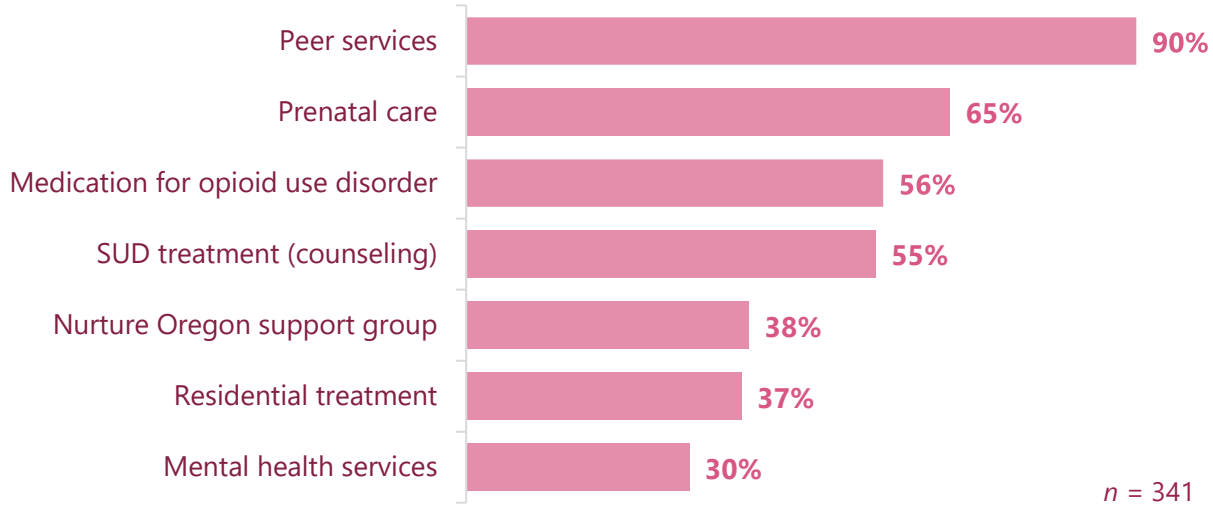
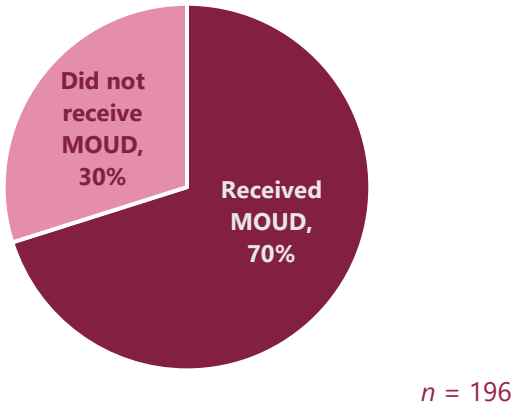


Exhibit 9: Medications for Opioid Use Disorder Among Participants Who Use Opioids
Most participants who reported opioids as a primary substance used at engagement received MOUD (MAT).

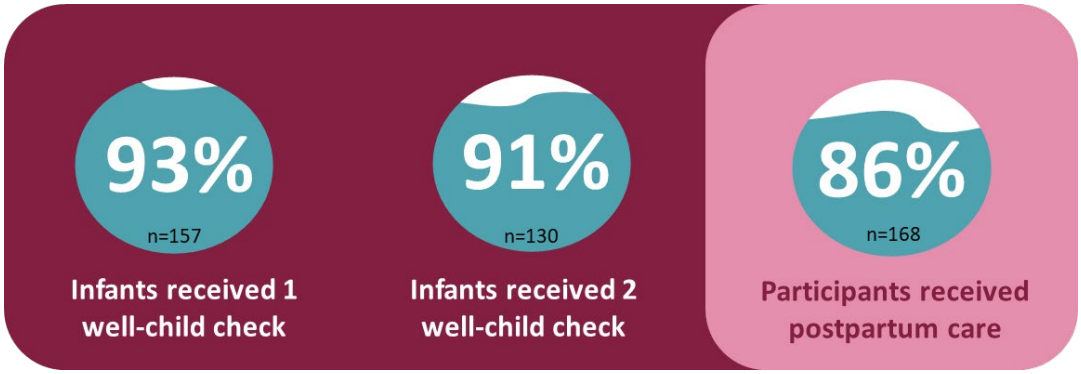


Postpartum and Postnatal Care

> *86% of participants received postpartum care*
>
> *93% of infants born to participants had at least 1 well-child check*
>
> *91% had at least 2 well-child checks in their first year of life*

To date, 224 participants have given birth; seven of these participants were missing data on the number of babies that were delivered. There were 225 babies delivered among the 217 participants with available data (nine participants gave birth to twins). One participant lost their baby prior to birth. Among participants with data available for postpartum care (N=168), 86% reported receiving postpartum care. Most infants (93%) received at least one well-child visit, with 91% receiving two well-child checks in their first year. Data were missing for many participants and infants. Sites are working to build relationships with pediatricians to ensure completeness of data and consistent support for infants during the first year after birth.

Exhibit 9: Postpartum and Postnatal Care[4]
Nearly all Nurture Oregon infants for whom data were available received 2 well-child checks within 12 months of birth.



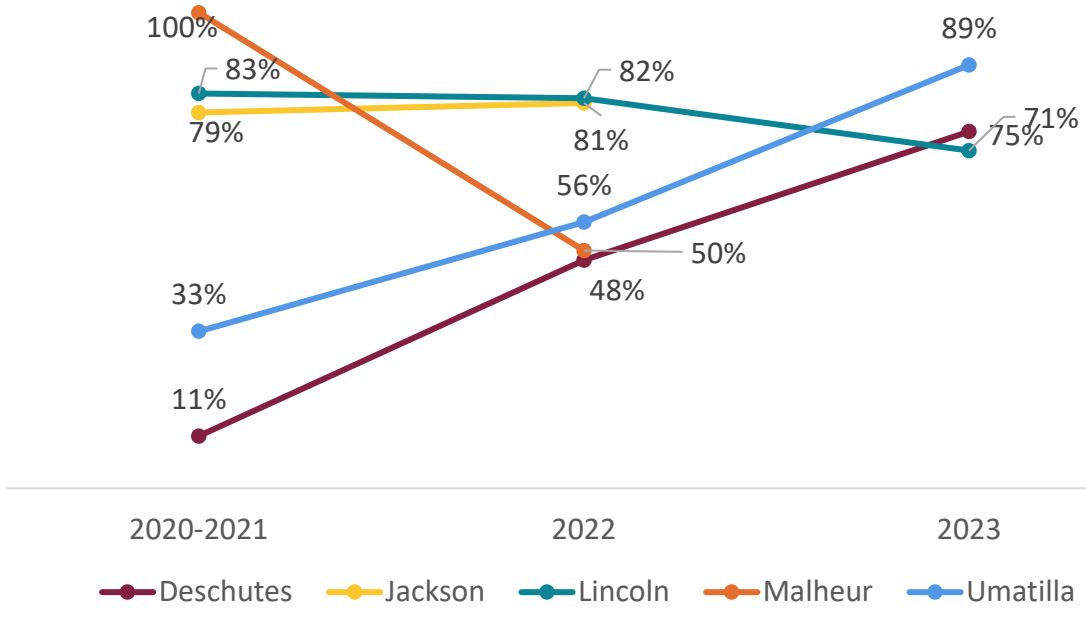
[4] There were 67 participants missing 1 well-child check data, 94 missing 2 well-child check data, and 56 participants missing any postpartum/postnatal care data.

CARA PLANS OF CARE

> *Among participants who gave birth (N=225), 60% had a Plan of Care developed, and 63% had their Plan of Care developed prenatally.*
>
> *Most sites increased development of Plans of Care over time or remained high.*
>
> *Development of Plans of Care were often led by participants (37%), followed by SUD providers, prenatal clinicians, and peer specialists. ART/FIT providers and hospital social workers also contributed to their development.*

Among participants who had given birth at the time of this report (N = 225), **60% had a Plan of Care developed.** Among all participants (N = 341), 42% had a Plan of Care developed. Plan of Care development numbers include participants served before all sites began Plan of Care development, and new Nurture participants.

Exhibit 11: Plan of Care Development Trends Among Participants Who Gave Birth
Two sites experienced an increase over time in the number of birthing participants who had a Plan of Care developed; two sites started and remained high in Plan of Care development.



Note: Jackson County was excluded from 2023 due to staffing changes causing a pause in tracking Plan of Care data. Malheur County was excluded from 2023 because their data collection ended in June 2023.

Exhibit 12: Plan of Care Development Timeframe Among Participants Who Gave Birth
Among participants who gave birth and had data available on Plan of Care timeframe, 63% had a Plan of Care developed prenatally.

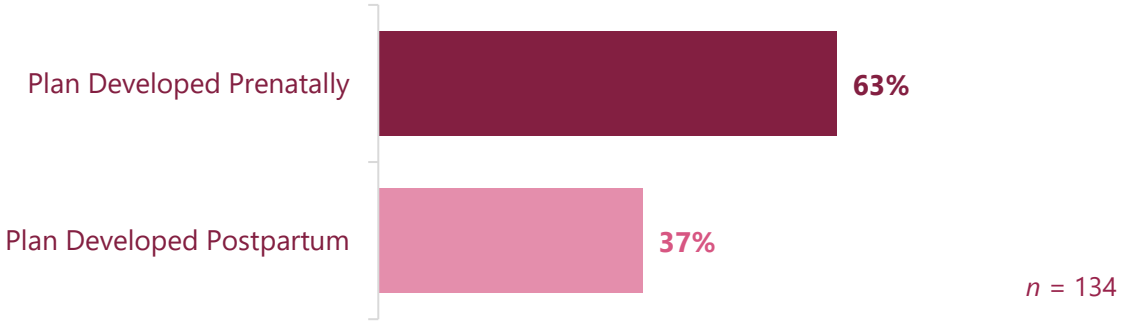


Exhibit 13: Plan of Care Development Leadership Among Participants Who Gave Birth
Participants mainly led the development of Plans of Care, followed by SUD providers and prenatal clinicians. The 'Other' category included doulas or other professionals.

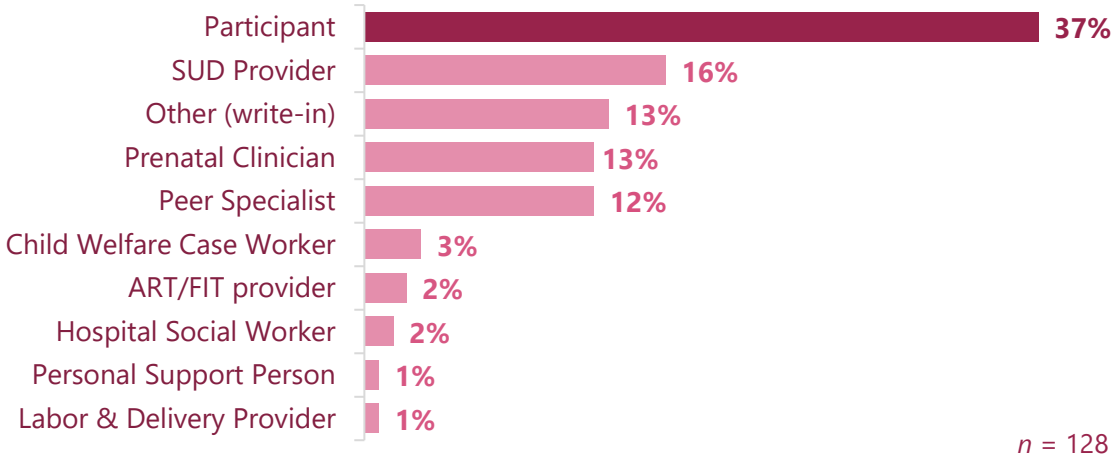
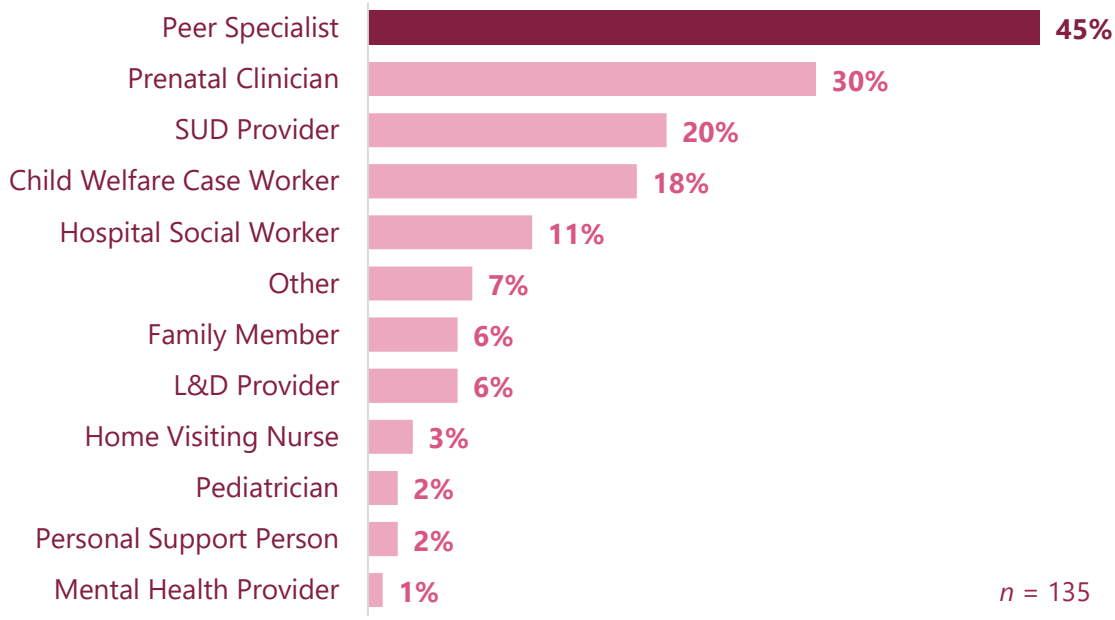


Exhibit 14: Other Plan of Care Contributors Among Participants Who Gave Birth
Besides the participant, peer specialists, prenatal clinicians, and SUD providers were the top contributors to the Plans of Care.



ODHS also provided Safe Sleep materials to Nurture Oregon sites to distribute to participants. Of the 166 participants for whom data was available, 63% were given Safe Sleep materials.

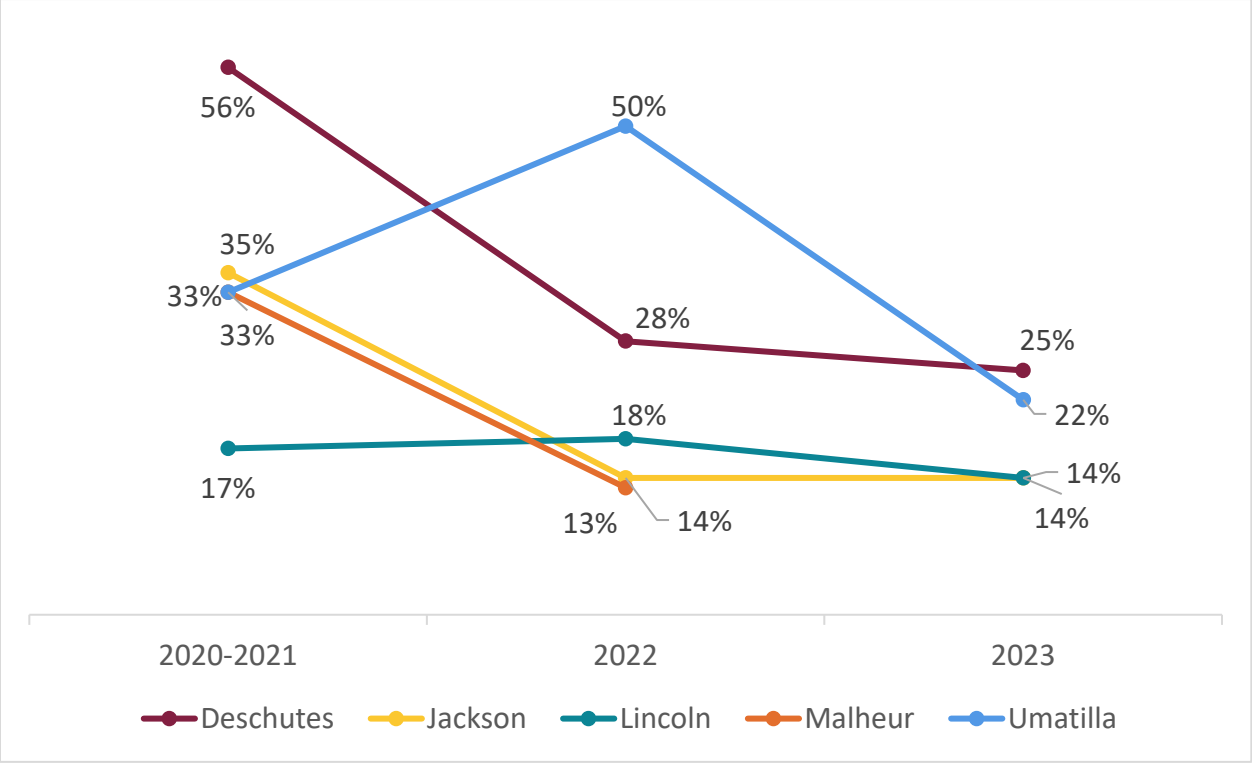
CHILD WELFARE INVOLVEMENT

> *32% of participants had prior involvement with Child Welfare for a different child at engagement.*
>
> *66% of participants went home from the hospital with their baby.*
>
> *Most sites experienced a decline over time in court interventions to remove Nurture Oregon infants from the participant in the first year after birth.*

Among participants who gave birth by the end of the reporting period, 221 had data available on prior Child Welfare involvement, and 223 had data available for Nurture child removals at birth and court removals. Among participants who gave birth, **66% went home from the hospital with their Nurture Oregon child** and did not experience a removal at birth.

Exhibit 14: Court Interventions to Remove Nurture Oregon Child from Participant During First Year After Birth

Most sites experienced a decline over time in the number of birthing participants who had their child removed through court intervention; one site started and remained low.



Note: Malheur County was excluded from 2023 because their data collection ended June 2023.

STATE-LEVEL INFRASTRUCTURE

CONVENINGS

Nurture Oregon convenings support site progress and cross-site learning. Comagine Health and OHA implementation team attend all meetings except the site case coordination huddles; the implementation team joined the coordination huddles for approximately the first six months as teams organized the work, then stepped back as sites shifted to participant case discussions.

Meeting	Attendees	Frequency	Details
Site Case Coordination Huddles	Site team staff	Weekly	Discuss general coordination and participant-specific needs
Site Implementation Reflection Huddles	Comagine & TA providers, OHA, site teams	Monthly	Reflect on implementation progress and needs; includes staffing and partnership updates, integration, and next steps
Cross-Site Meetings and Learning Collaborative	Comagine & TA providers, OHA, site teams	Monthly	Convene to brainstorm strategies to overcome barriers; Expert speakers and cross-site sharing on relevant topics
Database Meetings	Comagine, site data leads	Monthly	Review data report, discuss data quality and results

Learning Collaborative

Nurture Oregon staff participated in or watched a recording of an orientation training that addresses Nurture Oregon values and core elements, the pilot Project Nurture model, referral and engagement pathways, introduction to integration, and other topics.

Nurture Oregon staff receive ongoing learning through Learning Collaborative sessions organized in response to team experiences or requests for training, featuring subject matter expert speakers. The Nurture Oregon leadership team organized 12 Learning Collaborative/Cross-site meeting sessions in calendar year 2023. Nurture Oregon peers were also invited to attend PRIME+ Peer Learning Collaborative sessions.

12 Nurture Learning Collaborative Sessions

Topic	Presenter
Review of Nurture Data	Nurture Teams
Housing Solutions for Rural Communities	Lola Jones

Overcoming Alienation in the Peer Role	Kasey Edwards Snider
Soup to Nuts: Pregnancy Basics	Julia Vance
Nurture Oregon Re-Orientation	Nurture Teams
Small Group Discussion: Peer Supervision, Nurture Oregon Medical Questions, CCOs, and Nurture Oregon Data	Nurture Teams
Telemedicine Buprenorphine	Sara Sanderson, Amy Potter
Small Group Discussion: Peer Supervision, Housing for Nurture Participants	Kasey Edwards Snider, Lola Jones
Site Share-Outs and Nurture Oregon Jeopardy Trivia	Nurture Teams
Small Group Discussion: Peer Supervision, Nurture Oregon Medical Questions, ODHS Child Welfare Questions	Kasey Edwards Snider, Julia Vance, Alicia Kleen, Carmen Mims
Nurture Oregon Groups that Support Women in Treatment and While Parenting	Laura Elder
Celebrations for Nurture Oregon Participants	Nurture Teams

9 PRIME+ Learning Collaborative Sessions

Topic	Presenter
QPR Suicide Prevention	Debra Buffalo Boy
Crisis Prevention & De-escalation	Elaine Walters
Overamping Prevention Planning	Alexis Cooke, Gillian Leichtling
Justice-Involved Individuals	Noel Vest
Wound Care & Outreach Kits	Elona Dellabough-Gormley
Buprenorphine Induction in the Age of Fentanyl	Joshua Reagan, Kasey Edwards Snider
Ethical Mandate of Self-Care and Burn-out Prevention (Parts I & II)	Jon Gieber
Overdose Prevention Planning	Gillian Leichtling
Cultural Responsiveness (Parts I & II)	Debra Buffalo Boy

RESOURCES

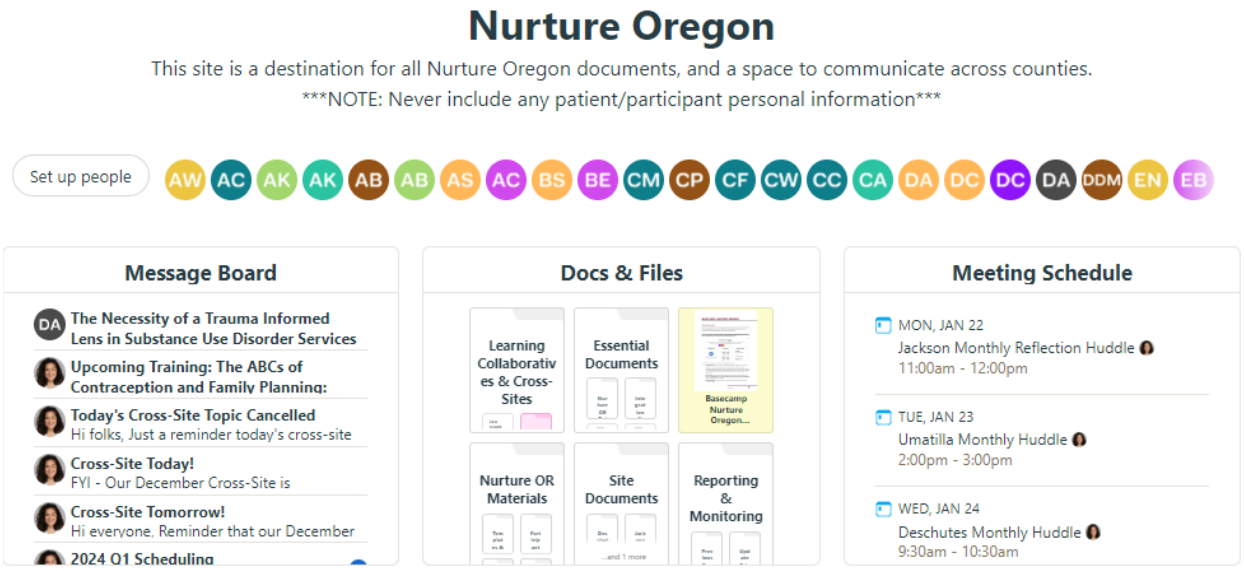
Documents

Comagine Health and OHA created a living library of resources for Nurture Oregon sites. The documents are continuously updated and include the following:

- **Orientation and launch documents**: agenda, checklist, contact sheet
- **Promotional templates** for Nurture Oregon sites: trifold brochure, flyer for potential participants; and a promotional handout aimed at community partners
- **Procedural documents**: Nurture Oregon Program Manual, peer supervision resources, peer services informational tools, Nurture Oregon database user documents
- **Biannual briefs:** highlights of implementation status and successes to share with community partners

Basecamp Repository and Message Board

Nurture Oregon teams use Basecamp, an online collaboration site used as a repository and communication tool. The repository on Basecamp includes the document library and training and Learning Collaborative recordings and slides.



Data Summaries

The Comagine team provides an auto-calculated report within the Nurture data reporting tool that gives sites real-time access to site-level information on the number of new people reached each month, cumulative numbers and percentages for all data points, and comparison of participant demographics to county Census statistics. The team also provides a monthly site

matrix comparing key data points across sites. The implementation team discusses the data reports with sites monthly.

Participant Feedback

The Nurture implementation team created a participant feedback survey for sites focused on four programmatic components: intake and assessment, service delivery, participant perceptions of team integration, and plan of care development. The survey is administered anonymously at three timepoints during a Nurture participant's engagement. **See Appendix 3 for survey items**.

Participant Feedback Survey Results

To date, the survey has been completed by 59 participants. Site staff receive summaries of participant feedback surveys once the survey has been completed by at least five participants, and any month in which there are at least three new responses (**see Appendix 4 for summary template**).

Timepoint 1 – currently pregnant – completed by **20** participants.

Timepoint 2 – gave birth in the last 3 months – completed by **23** participants.

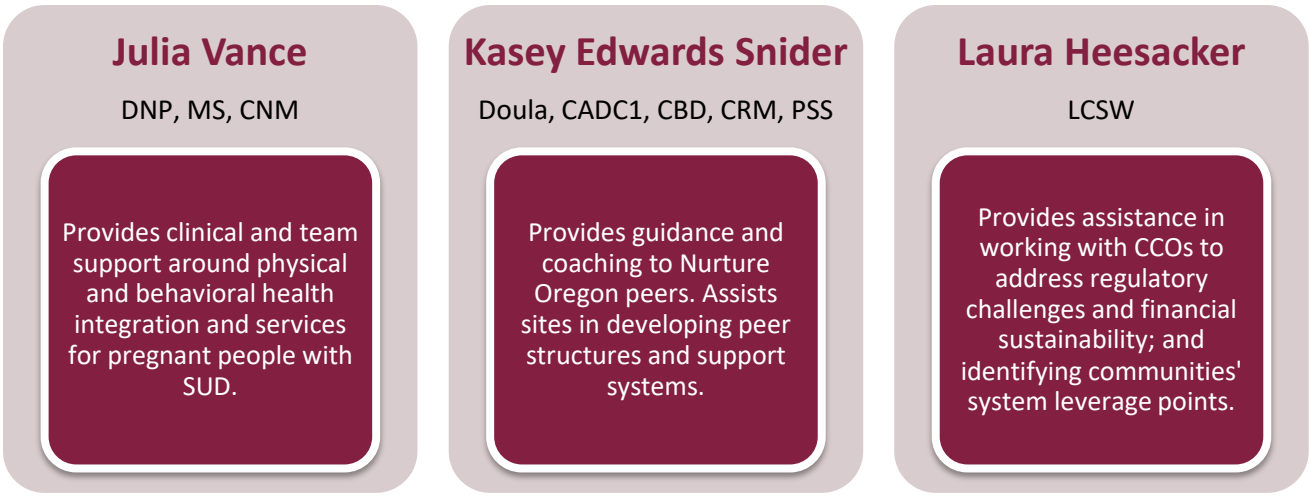
Timepoint 3 – gave birth over 9 months ago – completed by **16** participants.

TECHNICAL ASSISTANCE

Nurture Oregon sites receive technical assistance (TA) through monthly site huddles, cross-site meetings, and individual and team coaching from TA providers. After year one, OHA provided resources to expand specialized support for Nurture Oregon sites.

Nurture Oregon Technical Assistance Team

Three subcontracted TA specialists provide support to Nurture Oregon sites in various areas of need, including: 1) Clinician and team structure support, 2) Peer supervision and support, 3) CCO connection and support. The TA providers attend and offer guidance at Nurture site meetings and yearly in-person site visits and communicate directly with sites to support implementation progress.



Clinical and Team Structure Support

Dr. Julia Vance is a Certified Nurse Midwife who served as the lead clinician and program developer for one of the original Project Nurture sites. She has advised Nurture Oregon sites since June 2021, providing support and expertise in Nurture integrated services, pregnancy and caring for newborns exposed to substances, and development and use of Plans of Care. Julia has:

- presented or co-presented Learning Collaborative sessions on topics such as neonatal withdrawal and caring for infants exposed to substances, developing plans of care, pregnancy basics, and buprenorphine prescribing for Nurture Oregon participants.
- attended Nurture participant support groups and presented on topics such as contraception education.
- conducted trainings on advocating for peer specialists within organizations and assisted sites in defining peer roles (prior to the peer TA provider joining in June 2022).
- conducted education on pregnancy and breastfeeding for a SUD lens.
- advised on best practices on addiction care related to DHS allegations/investigations and provided court room testimony for a Nurture participant in 2023.

Peer Supervision and Support

Kasey Edwards Snider is a doula and peer specialist who serves as peer team lead for one of the original Project Nurture sites. Beginning in June 2022, she has provided education, coaching, and support to peers, doulas, supervisors, and medical providers. Kasey has:

- conducted more than 200 one-on-one peer mentorship/support meetings to Nurture team members in 2023.
- provided direct support regarding systems integration, perinatal education, maternal harm reduction, peer boundaries, Nurture team structure, how to influence a culture shift in healthcare, and person-first medical navigation.
- given on-call support to doula/peers for complicated situations.

- began offering a specialized peer doula support work group in 2023, offering a safe space for doulas to discuss complicated births and the unique challenges of being a peer and doula.
- provided routine check-ins and supervision to peers when staff turnover at sites resulted in the absence of peer supervisors. This has been imperative towards continuing positive program outcomes and maintaining the safety of Nurture Oregon peers.
- began developing a workbook of living documents to provide guidance on topics including how to conduct oneself as a peer/first impressions, working with ODHS, relapse prevention, examples of pre-filled safety plans, and more.
- led or co-presented topics at cross-sites including personal recovery, selfcare, boundaries, work/life balance, advocacy for self and participant, and supportive resources. She co-presented on MOUD for pregnant people to medical providers and has facilitated discussions at Nurture cross-site meetings.

CCO Connection and Support

Laura Heesacker is a Licensed Clinical Social Worker who provides technical assistance and mentoring to organizations in the development of integrated behavioral health programs that include state of the art treatment for pain and substance use disorders. Beginning in July 2022, Laura has:

- assisted sites in working with CCOs to address regulatory challenges and financial sustainability, and in identifying communities' system-level leverage points.
- met with CCO clinical directors at the Quality and Health Outcomes Committee to support financing and value-based payment options for Nurture sites across Oregon.
- conducted exploratory conversations and sharing of best practices with local hospital nursing directors on hospital policies related to breastfeeding, toxicology screening, Nurture Oregon participants “rooming in” with infants, use of Medication Supported Recovery medications, and visitor policies.
- initiated, coordinated, convened, and co-created a statewide OPAT conference presentation with representation from Deschutes, Jackson, and Lincoln Nurture Oregon sites.
- assisted the Jackson site work with Jackson Care Connect/Care Oregon CCO to develop and implement a prenatal package value-based payment model for Nurture Oregon services.
- assisted the Jackson site work with Jackson Care Connect/Care Oregon to pilot billing for peers as community health workers using a fee-for-service reimbursement rate.
- conducted discussions with Deschutes and Lincoln sites to explore connecting with CCOs to develop a pilot program around billing for pre-engagement activities.
- facilitated discussions at cross-site meetings and huddles with sites.

Site Visits

Comagine and the TA team conducted site visits to Lincoln and Deschutes in 2023. The site visits were used to discuss challenges and brainstorm potential solutions; and better understand team functioning and service approaches to inform the TA provided **(see Appendix 5 for sample site visit agenda)**. The TA providers also made individual site visits to provide targeted coaching.

Other Support

Alicia Kleen is a Comprehensive Addiction and Recovery Act (CARA) Coordinator in the ODHS Child Fatality Prevention and Review Program and Carmen Mims is a CARA/Safe Sleep Coordinator. Together, they guided sites on plans of care, linked sites to local DHS staff, co-presented at cross-site meetings, and provided case consultations and assistance as needed.

CROSS-SITE SUPPORT

Nurture Oregon Shared Learning

Sites use the Basecamp message board to communicate with each other when they need assistance. Sites also reach out to each other directly for assistance. For example, the Lincoln site shared housing documents with the Jackson site that led Oasis to develop their own in-house inventory of housing programming. Monthly cross-site meetings create opportunities for idea exchange, with topics such as housing solutions for rural communities, CCOs and value-based payments, pregnancy basics, and overcoming alienation and stigma.

APPENDIX 1. SITE MATRIX TEMPLATE

County	Total Referred	Number of people with SUD who gave birth in FFY 2021*	Total Participants	Number/percent participating in Nurture Oregon services																	
				SUD tx				MOUD/MAT*				Mental Health Services				Nurture OR support groups				Peer support			
				#	%	Total Visits	Avg visits per person	#	%	Total Visits	Avg visits per person	#	%	Total Visits	Avg visits per person	#	%	Total Visits	Avg groups per person	#	%	Total Visits	Avg hours per person
Deschutes		75			######		#DIV/0!		######		#DIV/0!		######		#DIV/0!		######		#DIV/0!		######		#DIV/0!
Jackson		159			######		#DIV/0!		######		#DIV/0!		######		#DIV/0!		######		#DIV/0!		######		#DIV/0!
Lincoln		43			######		#DIV/0!		######		#DIV/0!		######		#DIV/0!		######		#DIV/0!		######		#DIV/0!
Malheur		25			######		#DIV/0!		######		#DIV/0!		######		#DIV/0!		######		#DIV/0!		######		#DIV/0!
Umatilla		33			######		#DIV/0!		######		#DIV/0!		######		#DIV/0!		######		#DIV/0!		######		#DIV/0!
				Percents based on numbers among ***total engaged participants***																			

KEY:	
#	Total number of people who have received services since the start of Nurture
%	Percent of people who have received services since the start of Nurture *(total number of people who have recieved services/total number of engaged participants)*
Avg	Average dosage of each sector *(total hours/total monthly engaged participants)*
Average Dosage	Cumulative total average dosage of engaged participants from the start of Nurture services *(total hours/number of participants who received that particular service)*
***Notes**	We will calculate a percentage of people who use opiods in the future for MOUD/MAT

Prenatal care				# % participants who have developed a plan of care		# % participants who have given birth		# % participants received postpartum care		# % infants received at least *one* well-child check		# % participants who went home with child from hospital		# % court intervention child removal		Number of children placed in foster care Jan. – Dec. 2021 with removal reason "parent drug abuse"
#	%	Total Visits	Avg visits per person	#	%	#	%	#	%	#	%	#	%	#	%	
	######		#DIV/0!		######		#####		#####		#####		#####	54	#####	63
	######		#DIV/0!		######		#####		#####		#####		#####		#####	120
	######		#DIV/0!		######		#####		#####		#####		#####		#####	24
	######		#DIV/0!		######		#####		#####		#####		#####		#####	42
	######		#DIV/0!		######		#####		#####		#####		#####		#####	54
								Percents based on numbers among participants ***who have given birth***								

APPENDIX 2. QUALITY CONTROL REPORT TEMPLATE

NURTURE OREGON

Quality Control Report - Nurture Database

Comagine Health

January 2023

Date of Last Use Missing

Participant	Notes
	Add date of last use. If participant was using at the time of engagement, just enter the engagement date. If participant is never accessed Nurture services, you can remove the date engaged in Nurture, so these won't appear as missing.

Participant doesn't have at least one primary substance

Participant	Notes

Participant gave birth >14 days after due date

Participant	Notes

Gender is missing

Participant	Notes

Race is missing

Participant	Notes

Ethnicity is missing

Participant	Notes

Housing status is missing

Participant	Notes

APPENDIX 3. PARTICIPANT FEEDBACK SURVEY

Intake & Assessment Procedures			
	Timepoint 1	Timepoint 2	Timepoint 3
I have a clear understanding of the Nurture Oregon program and all the services that are available to me.			
I feel supported by my Nurture Oregon providers.			
I feel comfortable asking my Nurture Oregon providers questions.			
My Nurture Oregon providers know my values and beliefs that are important to the care I receive.			
Service Delivery			
My Nurture Oregon medical providers are knowledgeable about pregnancy and substance use.			
If I try to contact my Nurture Oregon medical providers, I usually get a response in a timely manner.			
My Nurture Oregon mental health, substance use and peer providers are knowledgeable about pregnancy and substance use.			
If I try to contact my Nurture Oregon mental health, substance use and peer providers, I usually get a response in a timely manner.			
If I miss an appointment, my Nurture Oregon team usually follows up with me to reschedule			
Team Integration			
I know who is in charge of my care for each of my healthcare needs (for example, prenatal care, substance use treatment, mental health) related to Nurture Oregon.			

Providers on my Nurture Oregon care team are familiar with my most recent medical history			
My providers are aware of changes in my treatment that other providers recommended.			
I know who to ask when I have questions about pregnancy, substance use, or mental health.			
I always know what the next step in my care is.			
Plan of Care & Safe Sleep			
A written plan was developed with me and my support system to address my treatment needs, health needs, and needs of my infant and family.			
The services and supports provided in the plan meet my needs.			
How often does your baby sleep alone and laid down on their back on a firm flat sleep surface?			
Who and/or what helped you decide how to lay your baby to sleep? (Check all that apply)			

APPENDIX 4. PARTICIPANT DATA SUMMARY TEMPLATE

INTAKE & ASSESSMENT PROCEDURES	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I have a clear understanding of the Nurture Oregon program and all the services that are available to me.						
I feel supported by my Nurture Oregon providers.						
I feel comfortable asking my Nurture Oregon providers questions.						
My Nurture Oregon providers know my values and beliefs that are important to the care I receive.						

SERVICE DELIVERY	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
My Nurture Oregon medical providers are knowledgeable about pregnancy and substance use.						
If I try to contact my Nurture Oregon medical providers, I usually get a response in a timely manner.						
My Nurture Oregon mental health, substance use and peer providers are knowledgeable about pregnancy and substance use.						
If I try to contact my Nurture Oregon mental health, substance use and peer providers, I usually get a response in a timely manner.						
If I miss an appointment, my Nurture Oregon team usually follows up with me to reschedule						

TEAM INTEGRATION	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I know who is in charge of my care for each of my healthcare needs (for example, prenatal care, substance use treatment, mental health) related to Nurture Oregon.						
Providers on my Nurture Oregon care team are familiar with my most recent medical history						
My providers are aware of changes in my treatment that other providers recommended.						
I know who to ask when I have questions about pregnancy, substance use, or mental health.						
I always know what the next step in my care is.						

PLAN OF CARE	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
A written plan was developed with me and my support system to address my treatment needs, health needs, and needs of my infant and family.						
The services and supports provided in the plan meet my needs.						

SAFE SLEEP	Never	Almost Never	Sometimes	Almost Always	Always
How often does your baby sleep alone and laid down on their back on a firm flat sleep surface?					

Who and/or what helped you decide how to lay your baby to sleep? (Check all that apply)	Counts	Write In Responses
A family member helped me decide how to lay my baby to sleep		
The hospital helped me decide how to lay my baby to sleep		
A Nurture Oregon provider helped me decide how to lay my baby to sleep		
A CPS worker helped me decide how to lay my baby to sleep		
It's what I have done with my other children helped me decide how to lay my baby to sleep		
I was given a firm, flat, sleep surface helped me decide how to lay my baby to sleep		

Total New Survey Responses:	

TIMEPOINT BREAKDOWN	
I am currently pregnant	
I gave birth in the last 3 months	
I gave birth over 9 months ago	

APPENDIX 5. SITE VISIT AGENDA TEMPLATE

NURTURE OREGON
Site Visit Agenda

Comagine Health

February 16, 2023

Attendance Requirement: All Nurture Oregon team members and partners are expected to block time for this meeting. This includes: NO site lead, peers, CADC providers, prenatal clinic managers and providers, MAT prescribers, mental health providers.

Goals for site visit:

- Tour of program
- Reflection huddle/ Goal setting
- Integration Troubleshooting & Forward Movement
- Where is additional help needed?

Time	Time Allocated	Agenda Thursday, February 16, 2023
9:30-10am	30 min	**Arrival & site tour** • Meet with team to make introductions • Tour of facilities where services are currently taking place (behavioral health and physical health)
10am-11am	1hr	**Sit in/observe MOM's Group**
11am – 12:30pm	1.5hrs	**Monthly Huddle/Goal setting** • Discuss current challenges/successes • Determine technical assistance needs and next steps • Goal setting for the year
12:30pm – 1:30pm	1hr	**Lunch**
1:30 -2:30pm	1hr	**Monthly Huddle/Goal setting (cont'd)**
2:30-4:00pm	1.5 hr	**Supportive housing tour** • Tour of housing facility • A "journey" story from two MOMs program participants

This report was prepared by Comagine Health (Kacey Little, Diane Addison) under contract number 167605 for the Oregon Health Authority (OHA). Nurture Oregon site teams generously shared their efforts and experiences, and dedicated time to data collection and entry. Nurture Oregon leadership team collaborates with Oregon Department of Human Services (ODHS) Child Welfare and the evaluation team at Oregon Health & Science University.

The Nurture Oregon leadership team consists of Gregory Bledsoe of OHA; TA providers Julia Vance, Kasey Edwards Snider, and Laura Heesacker; the authors and Gillian Leichtling of Comagine Health.

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