Siskiyou Community Health Center

Fact Sheet

MEDICAL | DENTAL | PHARMACY | WALK-IN CLINIC | HEALTHY FAMILIES | SCHOOL-BASED HEALTH CENTERS

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Siskiyou Community Health Center (SCHC) has served southern Oregon since 1973. SCHC is a private not-for-profit corporation with a Federally Qualified Health Center (FQHC) status and service area to include all of Josephine County (1,642 square miles, pop. 86,352).

SCHC remains the only FQHC in the county and the sole source of safety-net primary health care services offering sliding fee discounts for:

- Primary
- Preventive
- Prenatal
- Perinatal
- Dental
- Behavioral Health
- Women’s Health
- Pediatric
- Chronic Disease Management
- High-Risk Family Outreach Services

Siskiyou Community Health Center operates:

- 2 Medical Clinics recognized by the State as Tier 4 primary care medical homes
- 2 Walk-in Clinics
- Moderate Complexity Lab
- Radiology
- 2 in-house 340B Pharmacies
- 4 School-Based Health Centers
- 2 Dental Clinics and a Mobile Dental Clinic
- 3 Healthy Families Locations
Siskiyou Community Health Center

Who we serve...

In 2018 Siskiyou Community Health Center Served:

- **13,198** Medical patients with a total of 44,843 visits
- **5,379** Dental patients with total of 16,554 visits
- **378** Behavioral health patients with a total of 2,755 visits
- **554** Homeless individuals
- **1,262** School-based Health Center students with a total of 5,819 visits
- **877** Veterans
- **230** High-risk families with children 0 to 5 years of age

From our patient base:

- 19% are Medicare patients
- 50% are Medicaid/CHIP patients
- 6% are self-pay patients
- 9% are sliding scale patients
- 16% are private insurance patients
- 11,071 of patients are at or below 200% of poverty level
- 10% of SCHC’s patients are uninsured and rely solely on the sliding fee discount program
# The Ten Domains of TIC

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<th>3 E’s of Trauma</th>
<th>4 R’s Key Assumptions</th>
<th>6 Key Principles</th>
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<td>6. Cultural, Historical, and Gender Issues</td>
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<td>10. Evaluation</td>
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*Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4844. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.*
Becoming a TIC organization: Top-down

- Governance and leadership buy-in
- Resources and organizational readiness assessment
- Financial aspect (AIMS grant)
- TIC implementation framework (the 4 R’s)
- Organization-wide staff training, May 2018
- Adopting TIC Guiding Principles: TIC in strategic plan and QA/QI plan

• Bottom-up:
  - Workforce empowerment, voice & choice
TIC Roadmap: Top-Down & Bottom-Up

Weekly Snack Cart and Snackagawea
Workforce as a catalyst of change:

- Resilience Alliance Team’s mission and role
- HR & new hire onboarding
From Trauma-Informed to Trauma-Responsive

The Patient Advisory Council’s role in the TIC advancement process
What’s Next?

- Redefining organizational mission & values while embracing TIC culture
- Continuous Board & staff development
- Community outreach & education
- Social determinants of health & health equity
- Quality patient care and better health outcomes
The ten domains of trauma-informed care:
1. Governance and Leadership
2. Policy
3. Physical Environment
4. Healthcare and Trauma-Informed Care
5. Community Policy and Legislation
6. Education, Awareness, Treatment Services
7. Training and Workforce Development
8. Screen and Monitor and Quality Assurance
9. Financing
10. Evaluation
Q&A

Questions?
Contact

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Embodiment and Practice of Trauma-Informed Leadership

Perspectives from the Community Health Center of Lane County Trauma Informed Care Committee

Jorjie Arden
Jessica Criser, MSN, NP-C
Six primary care clinics, including Springfield High School and integrated primary care at Lane County Behavioral Health

18,679 patients
63,122 primary care visits in 2017

52% of patients are children/adolescents
76% had family income <100% FPL
91% had family income <200% FPL
18% uninsured
65% Medicaid
13% self-identify as homeless
CHC–LC Trauma Informed Care Committee

- Initial work started in 2014, resulting in implementation of ACE surveys across clinics.
- Strong support from Lane County Health and Human Services, including required TIC 101 for all employees and Division TICC.
- Partnership between TIC and Patient Engagement Group and Health Council
CHC–LC Trauma Informed Care Committee

- 12 members from across clinic sites and roles as well a consumer member and Trauma Health Project (THP) consultant
- Strive for inclusivity, rotating roles and meeting sites
- Close partnership with THP including participation in monthly learning collaborates and sustainability retreat
2019 TIC Patient Survey

- 20 question survey with questions from each of the 7 domains of TIC
- Available over 2 weeks
- 1,100 responses
Survey responses

Agree/Strongly agree

- I feel safe with the people who work at this clinic: 97.6%
- Staff treat me with respect: 97.1%
- Staff respect my personal space and boundaries: 96.7%
- I feel safe in the building where I receive services: 96.5%
- I trust the people who work at this clinic: 94%
Disagree/Strongly disagree

- Staff regularly ask me how satisfied or happy I am with the services I receive: 17.1%
- Staff have helped me connect to people with similar backgrounds or life experiences to who can support or be a role model to me: 13.4%
- Staff have asked me if the services I get at this clinic are helping me: 9.8%
I have always thought that this was the best place for me to come for my care.

Charnelton Community Clinic has saved my life.

I love this place.

Everyone is so polite and caring. I feel less nervous when I come in.

Nurses do a great job.
2020 workplan

- Wrap up consumer survey:
  - Disseminate results to consumers
  - Act on survey findings
- Workforce wellness survey
- Training plan
Questions?