

LINCOLN COUNTY BRIDGES TO RECOVERY

RCORP Implementation Grant: Quarterly Progress Report

September 1, 2019 – December 1, 2019



GRANTEE ORGANIZATION Samaritan North Lincoln Hospital
GRANT NUMBER GA1RH33539
ADDRESS 3043 NE 28th St., Lincoln City, OR 97367-3737
SERVICE AREA Lincoln County, Oregon
NETWORK DIRECTOR JoAnn Miller, Community Health Promotion Director
PROJECT DIRECTOR Rich Waller, Community Health Improvement Specialist



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This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number GA1RH33539, *Rural Communities Opioid Response Program—Implementation*, for \$1,000,000 total award amount and zero percentage financed with nongovernmental sources.

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I. WORK PLAN: LINCOLN COUNTY BRIDGES TO RECOVERY PROJECT

Overarching goal: Reduce morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in Lincoln County.

Goal 1. Strengthen and expand SUD/OUD prevention services in Lincoln County.

Objective: Implement all six prevention core activities by August 31, 2022.

GOAL #	ACTIVITY	CORE ACTIVITY #	DATA	RESPONSIBILITY	TIMELINE	PROGRESS
1a	Assign Project Director and Project Coordinator to support the Lincoln County Bridges to Recovery Project.	1	• Staff assigned	Network Director	Sept 2019	Completed
1b	Prescription Drug Overdose (PDO) Coordinator facilitates bulk Narcan purchases for Lincoln County Health and Human Services (LCHHS), Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.), and law enforcement agencies in Lincoln County.	1	• Invoices/spreadsheet tracking purchases	PDO Coordinator	Oct 2019–ongoing	In progress
1c	Distribute naloxone and other approved medication used for medication-assisted treatment (MAT) to trained individuals and organizations.	1	• Distribution spreadsheet	PDO Coordinator, C.H.A.N.C.E.	Oct 2019–ongoing	In progress
1d	Regional Harm Reduction Coalition monitors Narcan in the community to ensure timely response to overdose clusters.	1	• # of individuals, family members allocated Narcan each month	Regional Harm Reduction Coalition	Ongoing	In progress
1e	Leverage Oregon Health Authority’s culturally specific media campaign around SUD/OUD beyond initial rollout period in partnership with the Confederated Tribes of Siletz Indians (CTSI) and LCHHS.	2	• # of media messages, articles and printed materials distributed	PDO Coordinator, CTSI Project Coordinator	Sept 2019–Aug 2022	Completed
	Conduct media campaign to promote awareness of the Lincoln County Bridges to Recovery Project and new service availability.		• # of media messages distributed monthly	Samaritan Health Services (SHS)	Jan 2020–Aug 2022	Pending
1f	Provide one SUD/OUD training class each year at Friday Continuing Medical Education (CME) open to all physicians, pharmacists, providers, behavioral health workers, nurses and social workers in Lincoln County.	3	• # of training classes each year • # of clinicians trained each year (sign-in sheets)	SHS	Oct 2019–annually	Pending
1g	Provide an SUD/OUD workshop on prevention, treatment and recovery at the annual PainWise Conference.	3	• # of participants (sign-in sheets)	SHS, PDO Coordinator	Jan 2020–annually	In progress
1h	Conduct trainings on the proper use of naloxone.	3	• # of trainings each year • # of attendees	C.H.A.N.C.E., PDO Coordinator	Jan 2020–ongoing	In progress
1i	Conduct clinic visits using Academic Detailing to educate clinicians or Prescription Drug Monitoring Program (PDMP) delegates on the importance of checking the Oregon PDMP site.	4	• # of clinic visits • # of trained delegates each year	PDO Coordinator, LCHHS, SHS	Ongoing	Deferred
1j	Primary care clinics implement the Screening Brief Intervention and Referral to Treatment (SBIRT), Alcohol Use Disorders Identification Test (AUDIT), and Drug Abuse Screening Test (DAST) screening tools.	4	• # of patients screened each year (EPIC EHR)	SHS clinics	Ongoing	Pending

Goal 1. Strengthen and expand SUD/OD prevention services in Lincoln County — *continued*

GOAL #	ACTIVITY	CORE ACTIVITY #	DATA	RESPONSIBILITY	TIMELINE	PROGRESS
1k	Hire Harm Reduction Outreach Specialist (HROS) to work with Siletz Tribal members in the clinic and conduct street outreach to connect individuals to primary care and screenings.	4	• # of outreach efforts	CTSI	Oct 2019	In progress
1l	Hire 1.0 FTE nurse case manager (NCM) and 0.5 FTE registered nurse (RN) to Lincoln County Community Health Clinic (FQHC) staff.	4	• Staff hire dates	LCHHS, FQHC	Oct 2019	In progress
1m	Identify and screen individuals at risk of SUD/OD and connect them to prevention, harm reduction, early intervention services, referral to treatment and other support services.	5	• # of individuals screened • # of individuals referred • # of individuals accepting services (EPIC EHR and internal tracking)	SHS, LCHHS, NCM, RN, HROS, FQHC	Dec 2019–ongoing	• FQHC in progress • LCHHS pending
1n	Individuals at risk of infectious complications—including HIV, viral hepatitis and endocarditis—will be screened, tracked and referred to treatment.	6	• # of individuals screened • # of individuals referred	SHS, LCHHS, NCM, RN, HROS, FQHC	Dec 2019–ongoing	In progress

Goal 2. Strengthen and expand SUD/OD treatment services in Lincoln County.

Objective: Establish and implement all six treatment core activities by August 31, 2022.

GOAL #	ACTIVITY	CORE ACTIVITY #	DATA	RESPONSIBILITY	TIMELINE	PROGRESS
2a	Prioritize hiring providers who already have DEA waiver, and strongly encourage new hires to obtain DEA waiver.	1	• # of providers with DEA waiver	LCHHS, SHS, CTSI	Sept 2019–ongoing	In progress
2b	Conduct outreach to the provider at the Lincoln County Jail to facilitate obtaining a DEA waiver.	1	• Lincoln County Jail provider obtains DEA waiver	Project Coordinator	Jan 2020–ongoing	In progress
2c	Develop MAT program at FQHC through which waived providers can provide MAT.	1	• MAT program implemented at FQHC	LCHHS, FQHC	Jan 2020	In progress
2d	Provide DEA waiver trainings biannually in Lincoln County.	1	• # of trainings	PDO Coordinator	Oct 2019–ongoing	Pending
2e	Hire Peer Recovery Mentor (PRM) to work with Siletz Tribal members in the clinic and the community.	2	• Staff hired	CTSI	Oct 2019	In progress
2f	CTSI to partner with C.H.A.N.C.E. to train PRM and HROS around relapse susceptibility and build peer recovery community.	2	• # of trainings • # of individuals trained	CTSI, C.H.A.N.C.E.	Nov 2019	Pending
2g	Engage Siletz Tribal members and Siletz Clinic clients to participate in the Tribes' culturally specific services and activities, and walk alongside them in connecting to those resources and programs to ensure client success.	2	• # of clients who participate	CTSI PRM and HROS, C.H.A.N.C.E.	Dec 2019–ongoing	In progress
2h	Incorporate a trauma-informed approach to annual naloxone trainings to reduce stigma around MAT.	2	• # of trauma-informed trainings	CTSI, LCHHS	June 2020	In progress
2i	Continue to advertise National Health Service Corps (NHSC) status while recruiting.	3	• # of staff hired using NHSC status	Samaritan North Lincoln Hospital (SNLH), Samaritan Pacific Communities Hospital (SPCH), FQHC, LCHHS, CTSI	Sept 2019–ongoing	In progress

Goal 2. Strengthen and expand SUD/OD treatment services in Lincoln County — *continued*

GOAL #	ACTIVITY	CORE ACTIVITY #	DATA	RESPONSIBILITY	TIMELINE	PROGRESS
2j	Recruit Peer Support Specialists (PSS) to support treatment of individuals with OUD who are bilingual/bicultural; provide referrals to bridge medical, behavioral health, dental and other social service programs and supports.	4	<ul style="list-style-type: none"> • Staff hire dates 	C.H.A.N.C.E., LCHHS	Sept 2019–ongoing	In progress
2k	NCM and RN to reduce barriers to treatment by providing care coordination and connection/referrals to social services and support for individuals with SUD/OD, including FQHC patients and those connected through emergency department peer support handoff.	4	<ul style="list-style-type: none"> • # of referrals • # of patients accepting referrals 	LCHHS, FQHC, C.H.A.N.C.E., Reconnections Counseling	Nov 2019–ongoing	In progress
2l	PRM and HROS reduce barriers to treatment for Siletz Tribal members with SUD/OD by providing connections and referrals to home- and community-based services.	4	<ul style="list-style-type: none"> • # of referrals • # of patients accepting referrals 	CTSI PRM and HROS	Dec 2019–ongoing	In progress
2m	Provide training to the Harm Reduction Coalition and Mental Health / Substance Use Disorder Advisory Committee on proper coding and billing across insurance types.	5	<ul style="list-style-type: none"> • # of trainings • # of people trained 	SNLH business office staff	Jan 2020	Pending
2n	Continue to work with law enforcement to track naloxone use and ensure adequate naloxone availability.	6	<ul style="list-style-type: none"> • Distribution spreadsheet 	PDO Coordinator	Ongoing	In progress
2o	Coordinate naloxone curriculum and training across law enforcement in Lincoln County.	6	<ul style="list-style-type: none"> • # of trainings • # of people trained 	Project Coordinator, Lincoln County Sheriff's Office	Jan 2020	In progress
2p	Create and provide a train-the-trainer curriculum for naloxone.	6	<ul style="list-style-type: none"> • # of people trained as trainers 	C.H.A.N.C.E., LCHHS	Mar 2020	In progress

Goal 3. Strengthen and expand SUD/OD recovery services in Lincoln County.

Objective: Establish and implement all six recovery core activities by August 31, 2022.

GOAL #	ACTIVITY	CORE ACTIVITY #	DATA	RESPONSIBILITY	TIMELINE	PROGRESS
3a	Conduct outreach to the Olalla Center for Children and Families Relief Nursery to ensure effective referrals and service utilization.	1	<ul style="list-style-type: none"> • # of referrals • # of people accepting referrals 	Project Coordinator	Jan 2020	Pending
3b	Hire PSS to promote recovery in Lincoln County.	2	<ul style="list-style-type: none"> • Staff hire date 	C.H.A.N.C.E., LCHHS	Mar 2020	In progress
3c	Identify and train new individuals, with a preference for those who are bilingual/bicultural, to serve as PSS to promote recovery.	2	<ul style="list-style-type: none"> • # of trainings • # of people trained 	C.H.A.N.C.E., LCHHS	June 2020	In progress
3d	Develop a PSS support group to strengthen the recovery community and recovery workforce.	2	<ul style="list-style-type: none"> • Support group formed • # of participants 	C.H.A.N.C.E., LCHHS	Oct 2019	In progress
3e	NCM and RN to develop and provide wrap-around services through LCHHS MAT program.	2	<ul style="list-style-type: none"> • # of patients receiving wraparound services 	LCHHS NCM and RN	Nov 2019–ongoing	Pending
3f	PRM and HROS assist individuals, families and caregivers to navigate treatment and recovery support services, including home- and community-based services for SUD/OD.	2	<ul style="list-style-type: none"> • # of clients receiving support 	CTSI PRM and HROS	Dec 2019–ongoing	Pending

Goal 3. Strengthen and expand SUD/ODU recovery services in Lincoln County — *continued*

GOAL #	ACTIVITY	CORE ACTIVITY #	DATA	RESPONSIBILITY	TIMELINE	PROGRESS
3g	PRM will also provide individual and group skill-building to support independent living activities.	2	• # of activities	CTSI PRM	Dec 2019–ongoing	Pending
3h	Revitalize the Community Efforts Demonstrating the Ability to Rebuild and Restore (CEDARR) coalition: Expand board membership to be fully inclusive of all recovery identities; provide training and social marketing campaign around SUD/ODU to strengthen cultural and community response to need for harm reduction services; redefine CEDARR's mission statement and strategic plan.	2	• Date CEDARR coalition reestablished • Redefined mission statement and strategic plan	CTSI Project Coordinator	Sept 2019	In progress
3i	HROS and PRM join CEDARR coalition as active members.	2	• Staff joins CEDARR coalition	CTSI PRM and HROS	Mar 2020	Pending
3j	PRM completes training in trauma-informed care and completes certification in Peer Recovery Mentor and Psychological First Aid, and Peer Recovery Counselor	2	• # of staff who completed training	CTSI PRM	Mar 2020	Pending
3k	CEDARR coalition to host summit around harm reduction.	2	• # of summit attendees	CTSI PRM	Sept 2020	Pending
3l	CEDARR coalition mission statement and objectives reviewed, refined and redefined to include all forms of recovery.	2	• CEDARR coalition mission statement finalized	CTSI PRM	Jan 2021	Pending
3m	Lincoln County Sheriff's Office will provide Transition and Programming Services (TAPS) for individuals recently released from incarceration. Services include transitional housing and wraparound services for clients participating in SUD/ODU treatment programs.	3	• # of clients enrolled in TAPS	Lincoln County Sheriff's Office	Sept 2019	In progress

Goal 4. Strengthen and sustain the activities of the **CCCWN Mental Health / Substance Use Disorder Advisory Committee** beyond the grant period.

Objective: Provide effective communication about SUD/ODU prevention, treatment and recovery activities to stakeholders throughout the project period.

GOAL #	ACTIVITY	CORE ACTIVITY #	DATA	RESPONSIBILITY	TIMELINE	PROGRESS
4a	Convene monthly meetings of the CCCWN Mental Health / Substance Use Disorder Advisory Committee to guide activity coordination among organizations and within the committee.	N/A	• # of meetings • # of attendees	Project Coordinator	Monthly	In progress
4b	Provide bimonthly progress updates, lessons learned and successes to the CCCWN Steering Committee and the full consortium.	N/A	• Bimonthly progress reports	Project Director, Project Coordinator	Bimonthly	In progress
4c	Provide quarterly progress reports, sustainability plan and final performance/closeout reports to the CCCWN Steering Committee and the full consortium.	N/A	• Quarterly progress reports submitted • Sustainability plan complete • Final report submitted	Project Director, Project Coordinator, Network Director	Quarterly and end of project	In progress

II. STAFFING PLAN

NAME	GRANT ROLE/TITLE	ORGANIZATION	ORGANIZATION ROLE/TITLE	FTE
JoAnn Miller	Network Director	Samaritan Health Services	Community Health Promotion Director	0.5 in-kind
Rich Waller	Project Director	Samaritan North Lincoln Hospital	Community Health Improvement Specialist	0.2 in-kind
Jolynn Meza Wynkoop*	Project Coordinator	Samaritan North Lincoln Hospital	Healthier Communities Coordinator	1.0

*Jolynn Meza Wynkoop was brought on to the team as the project coordinator. Her start date was November 18th, 2019.

III. UPDATED SUD FUNDING RECEIVED

No new funding has been received during this quarter.

IV. SUCCESSES + CHALLENGES

Top Three Challenges

- Hiring and staffing for roles relating to this grant, including clinicians, nurses, health care workers and Peer Support Specialists. Major challenges include:
 - Drawing applicants to a rural area in competition with organizations in urban areas.
 - Having a large enough pool of applicants.
 - Finding interested candidates who meet all job qualifications.
 - The lack of affordable housing in Lincoln County, which makes it difficult for staff to relocate.
 - Retaining currently employed clinical staff (e.g., staff coming through the NHSC).
- Community members have been resistant to efforts relating to establishing an overnight shelter in Lincoln County. Moving implementation efforts forward without full community support is a major challenge.
- Social stigmas surrounding mental health and people who are in recovery.

Top Three Successes

- Implementation of MAT support. One of our partner organizations, Reconnections Counseling, currently has five Peer Support Specialists as well as connections with doctors who can prescribe MAT. LCHHS has been partnering well with Reconnections Counseling by referring their patients to them.
- CTSI and LCHHS planned and carried out an all-staff training on naloxone/Narcan administration for the Siletz Clinic. This training was planned during quarter one and executed early in quarter two (December 13, 2019). This training will be included in all future CPR/first aid professional development courses for Siletz Clinic staff.
- Lincoln County Sheriff's Office staff have all been trained in naloxone/Narcan administration.

Anticipated Challenges and/or Targeted Technical Assistance Needs

CTSI is in the process of hiring a Harm Reduction Outreach Specialist who will work with Siletz Tribal members and conduct street outreach. This person will also be involved in many other activities outlined in the work plan. The challenges anticipated here are having a qualified applicant pool and then moving forward with the hiring process.

Other anticipated challenges also relate to hiring efforts. LCHHS plans to hire a nurse case manager (NCM) and a registered nurse (RN) for the Lincoln County Community Health Clinic (FQHC). The NCM and RN will assist with many of the activities outlined in the work plan. Additionally, SHS and LCHHS are currently seeking providers who have a DEA waiver and encouraging new hires to obtain this waiver. However, LCHHS cannot control the direct hiring of providers, as this is done through human resources. C.H.A.N.C.E. has hired some Peer Support Specialists but will face challenges in finding more applicants who fit the criteria.

Finally, time challenges are expected for CTSI. The Tribal Council is the decision-maker for programs, projects, activities and services that are led by CTSI. Because the Council has a full agenda at each meeting, items that require approval may be delayed; this could in turn delay rollout activities.

V. SUD + RELATED HEALTH ISSUES

A group discussion was held on each of the following questions. Responses reflect the experience and perspective of the consortium.

1. Please rank in order the top three drug types that currently pose the greatest concern to the health and well-being of your service area.

- 1) Alcohol.
- 2) Methamphetamine.
- 3) Heroin.

2. Please rank in order the top three drug types that your service area has the least capacity to treat.

- 1) Methamphetamine.
- 2) Fentanyl and Fentanyl analogs (i.e., synthetic opioids).
- 3) Marijuana.

3. Please rank in order the top three problem areas that currently pose the greatest concern to the health and well-being of your service area.

- 1) Drug-related viral hepatitis (A, B, C).
- 2) Fatal and nonfatal overdoses (all drugs).
- 3) Drug-related bacterial infections (e.g., infectious endocarditis).

4. Please rank in order the top three problem areas that your service area has the least capacity to address.

- 1) Drug-related viral hepatitis (A, B, C).
- 2) Drug-related bacterial infections (e.g., infectious endocarditis).
- 3) Neonatal abstinence syndrome.

VI. REQUESTS FOR INFORMATION

1. Number of organizations in your RCORP-Implementation consortium?

There are 24 in the CCCWN, and 11 in the CCCWN Mental Health / Substance Use Disorder Advisory Committee.

CCCWN membership list

ORGANIZATION	CITY, STATE	PRIMARY CONTACT	EMAIL
Benton County Health Department	Corvallis, OR	Dawn Emerick	dawn.emerick@co.benton.or.us
Samaritan Pacific Communities Hospital	Newport, OR	Dr. Lesley Ogden	logden@samhealth.org
Capitol Dental Care	Salem, OR	Linda Mann	mannl@interdent.com
Oregon Cascades West Council of Governments	Albany, OR	Fred Abousleman	fabousle@ocwcog.org
Samaritan Lebanon Community Hospital	Lebanon, OR	Marty Cahill	mcahill@samhealth.org
Lincoln County Board of Commissioners	Newport, OR	Claire Hall	cehall@co.lincoln.or.us
Lincoln County Sheriff's Office	Newport, OR	Curtis Landers	clanders@co.lincoln.or.us
Lincoln County Health and Human Services	Newport, OR	Rebecca Austen	rausten@co.lincoln.or.us
East Linn/Benton County FQHC	Corvallis, OR	Sherlyn Dahl	sherlyn.dahl@co.benton.or.us
Physician Representative, Samaritan Health Services	Corvallis, OR	Dr. Kevin Ewanchyna	kewanchy@samhealth.org
Lebanon School District	Lebanon, OR	Bo Yates	bo.yates@lebanon.k12.or.us
InterCommunity Health Network	Corvallis, OR	Kelley Kaiser	kekaiser@samhealth.org
Community Services Consortium	Albany, OR	Martha Lyon	mlyon@communityservices.us
Samaritan Health Services	Corvallis, OR	Julie Manning	juliem@samhealth.org
Linn County Department of Health Services	Albany, OR	Todd Noble	tnoble@co.linn.or.us
COMP-NW Medical School	Lebanon, OR	Dr. Jeannie Davis	jldavis@westernu.edu
Samaritan North Lincoln Hospital	Lincoln City, OR	Dr. Lesley Ogden	logden@samhealth.org
Good Samaritan Regional Medical Center	Corvallis, OR	Becky Pape	beckyp@samhealth.org
Confederated Tribes of Siletz Indians	Siletz, OR	Ruby Moon	rubym@ctsi.nsn.us
Oregon Office of Rural Health	Portland, OR	Sarah Anderson	ansarah@ohsu.edu
Samaritan Albany General Hospital	Albany, OR	Dan Keteri	dketeri@samhealth.org
Community Outreach Inc.	Corvallis, OR	Kari Whitacre	kwhitacre@communityoutreachinc.org
Community/Evaluator	Corvallis, OR	Jana Kay Slater	janakayslater@msn.com
C.H.A.N.C.E.	Albany, OR	Jeff Blackford	jblackford@chancerecovery.org

CCCWN Mental Health / Substance Use Disorder Advisory Committee

ORGANIZATION	CITY, STATE	PRIMARY CONTACT	EMAIL
Samaritan North Lincoln Hospital	Lincoln City, OR	Dr. Lesley Ogden	logden@samhealth.org
Samaritan Lebanon Community Hospital	Lebanon, OR	Kelley Story	kstory@samhealth.org
Linn County Department of Health Services	Albany, OR	Tony Howell	thowell@co.linn.or.us
Family Tree Relief Nursery	Albany, OR	Renee Smith	rsmith@familytreern.org
Milestones Family Recovery	Corvallis, OR	Tanya Pritt	tanya@milestonesrecovery.com
C.H.A.N.C.E.	Albany, OR	Jeff Blackford	jblackford@chancerecovery.org
Lincoln County Health and Human Services*	Newport, OR	Jennifer Versteeg	jversteeg@co.lincoln.or.us
Confederated Tribes of Siletz Indians*	Siletz, OR	Ruby Moon	rubym@ctsi.nsn.us
Lebanon Police Department	Lebanon, OR	Frank Stevenson	f Stevenson@ci.lebanon.or.us
Lincoln County Sheriff's Office	Newport, OR	Nick Vaille	nvaille@co.lincoln.or.us
Reconnections Counseling	Newport, OR	Faith Brandenberger	faith.brandenberger@reconnectionsounseling.com

*LCCHS and CTSI are both subawardees of the RCORP Implementation Grant.

2. Drug Takeback Activities:

- a) **Has your consortium used grant funds to organize a drug takeback event this quarter?**

No. LCHHS used other funding to organize a takeback event on September 21, 2019.

- b) **Has your consortium used grant funds to distribute drug collection boxes?**

No.

3. Recovery Community Organizations:

- a) **Does your consortium include any Recovery Community Organizations (RCOs)?**

Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.) is an independent nonprofit governed by representatives of local communities of addiction recovery. C.H.A.N.C.E. plays various roles in the partnerships formed through this implementation project. Through their expansion into Lincoln County, they operate in two locations: Newport and Lincoln City. C.H.A.N.C.E. supports this grant through its Peer Support Specialist program, naloxone/Narcan training and peer recovery group training.

4. Veterans:

- a) **Does your consortium systematically determine whether or not a person receiving your care has served in the military and is a veteran?**

Yes.

- b) **Does your RCORP-Implementation project have programming designed to specifically address the needs of veterans?**

Although no veteran-specific activities are detailed in the work plan, all providers in the consortium accept and will see veterans through their programs. The FQHC, for example, will refer veterans to the VA clinic. To become more aware of services provided to veterans in our community, we will ask a VA clinic representative to attend our next implementation project meeting.

- c) **What clinical information (e.g., PTSD evidence-based practices) would be most helpful to you in meeting the specific treatment needs of veterans?**

(Not applicable.)

- d) **What information about the Veterans Administration, both locally and nationally, would be most helpful to your consortium/RCORP-Implementation Project for meeting the specific treatment needs of veterans?**

A representative from the VA clinic will join our meetings to provide us with information.

5. Tribal Populations:

- a) **To what extent does your RCORP-Implementation project specifically target tribal populations?**

The Confederated Tribes of Siletz Indians is a consortium member as well as one of the direct organizations we serve.

- b) **Approximately what percentage of your target population is American Indian/Alaskan Native?**

According to 2018 U.S. Census Bureau estimates, 4.0% of Lincoln County is American Indian/Alaskan Native.

- c) **If applicable, describe in 2–3 sentences how your project assists tribal populations in particular with receiving SUD/ODU prevention, treatment and recovery services.**

The Confederated Tribes of Siletz Indians provides prevention, treatment and recovery services through the Siletz Clinic. SUD/ODU prevention is promoted through a culturally specific media campaign. In addition, the clinic screens individuals at risk of SUD/ODU and connects them to prevention, harm reduction, early intervention and treatment referral services. The clinic also connects patients to MAT services, employs and trains Peer Support Specialists, and seeks to hire providers with DEA waivers.

6. National Health Service Corps:

- a) **Are you or any of your consortium members planning to leverage the National Health Service Corps' Rural Community Loan Repayment Program or other loan repayment program(s)?**

Lincoln County Health and Human Services and the Confederated Tribes of Siletz Indians are leveraging this program as a recruitment tool.

- b) **If so, please identify the Loan Repayment Program(s) and consortium members who intend to apply.**

(Not applicable.)

7. State Office of Rural Health: If applicable, describe your consortium's engagement/encounters with your State Office of Rural Health during this past quarter.

The Oregon Office of Rural Health (OORH) is a consortium member but was unable to attend the fall meeting held on November 18, 2019. The OORH holds an annual conference in Bend, Oregon. Typically, multiple CCCWN members attend and/or present at this conference; JoAnn Miller and Rich Waller represented the consortium at the 2019 conference.



Coast to the Cascades
Community Wellness
Network

RCORP Implementation QPR #2 - Request for Information

1. Grantee Info

1. Please select your grantee name and grant number

Grantee name : Samaritan North Lincoln Hospital

Grant Number : GA1RH33539

2. SUD and Related Health Issues

2. Among the drug types listed, please rank in order the top three drug types that currently pose the greatest concern to the health and well-being of your service area. List in order of drugs of most concern to least concern.

1. Alcohol
2. Methamphetamine
3. Fentanyl and Fentanyl Analogs (i.e., synthetic opioids)

Comments

3. Among the drug types listed, please rank in order the top three drug types that your service area has the least capacity to treat. List from top to bottom starting with the drug you have the lowest capacity to address.

1. Methamphetamine
2. Fentanyl and Fentanyl Analogs (i.e., synthetic opioids)
3. Marijuana

Comments

4. Among the problem areas listed, please rank in order the top three problem areas that currently pose the greatest concern to the health and well-being of your service area. List in order of health issue of most concern to least concern.

1. Drug-related Viral Hepatitis (A, B, C)
2. Fatal and Non-Fatal Overdoses (all drugs)
3. Drug-related Bacterial Infections (e.g., infectious endocarditis)

Comments

5. Among the problem areas listed, please rank in order the top three problem areas that your service area has the least capacity to address. List from top to bottom starting with the health issue you have the lowest capacity to address.

1. Drug-related Viral Hepatitis (A, B, C)
2. Drug-related Bacterial Infections (e.g., infectious endocarditis)
3. Neonatal Abstinence Syndrome

Comments

3. Successes

6. Please identify your first success this quarter.

Since the development of the MAT program at the Confederated Tribes of the Siletz Indians (CTSI) clinic site and in partnership with Lincoln County Health and Human Services (LCHHS), the Lincoln County Sheriff's office is developing a MAT jail program. The clinician providing services at the jail has begun the process of obtaining his DATA waiver.

7. Please identify your second success this quarter.

The CTSI and LCHHS staff who work with clients have all been trained on the administration of Naloxone/Narcan. The CTSI have included Naloxone/Narcan administration training in their CPR/First Aid trainings.

8. Please identify your third success this quarter.

The CTSI have had great success in revitalizing their advisory board – Community Efforts Demonstrating the Ability to Rebuild and Restore (CEDARR) coalition. The community health program at CTSI have taken lead with this coalition and are focused on recognizing all forms of recovery. Activities of the CEDARR coalition include monthly meetings and trainings.

4. Challenges

9. Please identify your first challenge this quarter.

Hiring and staffing for roles relating to this grant, including clinicians, nurses, health care workers and peer support specialists. Major challenges include:

- Drawing applicants to a rural area in competition with organizations in urban areas.
- Having a large enough pool of applicants.
- Finding interested candidates who meet all job qualifications.
- The lack of affordable housing in Lincoln County, which makes it difficult for staff to relocate.
- Retaining currently employed clinical staff (e.g., staff coming through the NHSC).

10. Please identify your second challenge this quarter.

The community members and a local homeless project have been resistant to establishing an overnight shelter. The temporary cold weather shelter was closed during the quarter and trying to support community members with SUD and homelessness continues to be a challenge.

11. Please identify your third challenge this quarter.

The social stigmas surrounding mental health and people who are in recovery continues to be a challenge.

12. Please identify any anticipated challenges and/or targeted technical assistance needs.

We do not anticipate any additional challenges that require technical assistance.

5. Medication Assisted Treatment Options

13. What MAT medications (drug name and form) are currently being prescribed/distributed by at least one consortium member in your service area? Select all that apply.

- Buprenorphine, sublingual tablets (e.g., Subutex)
- Buprenorphine, extended-release subcutaneous injection (e.g., Sublocade)
- Buprenorphine with Naloxone, sublingual tablets (e.g., Zubsolv)
- Naltrexone, extended-release injection (e.g., Vivitrol)

6. Drug Take-Back Activities

14. Has your consortium used grant funds to organize a drug take-back event this quarter?

No

15. Has your consortium used grant funds to distribute drug collection boxes?

No

9. Consortium Membership and Services

16. Does your consortium include any Recovery Community Organizations (RCOs)? An RCO is defined as an independent, non-profit organization led and governed by representatives of local communities of addiction recovery.

Yes

17. Please report the name(s) of the RCO(s) and a brief description of their involvement in the RCORP-Implementation project.

Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.) is an independent nonprofit governed by representatives of local communities of addiction recovery. C.H.A.N.C.E. plays various roles in the partnerships formed through this implementation project. Through their expansion into Lincoln County, they operate in two locations: Newport and Lincoln City. C.H.A.N.C.E. supports this grant through its Peer Support Specialist program, naloxone/Narcan training and peer recovery group training.

18. Is your consortium currently utilizing telehealth/telemedicine as part of your RCORP-Implementation project?

No

19. Regardless of whether your consortium utilizes telehealth, what technical assistance needs does your consortium have around telehealth/telemedicine?

None at this time.

20. Is your consortium using RCORP-Implementation grant funds to subsidize care for the un- or under-insured?

No

21. Regardless of your response above, briefly describe the policies or protocols your consortium has in place to bill for all services covered by a reimbursement plan and make every reasonable effort to obtain payment, while at the same time not denying any individuals services because of an inability to pay.

Policies and protocols are not currently in place for the consortium

22. If your consortium doesn't currently have policies or protocols in place, what policies/protocols will you be implementing going forward to ensure that RCORP-Implementation grant is a payer of last resort?

The CCCWN MH/SUD committee member agencies all have policies/protocols in place for reimbursement. The CCCWN MH/SUD committee will review member policies/protocols and determine if a universal system for reimbursement will be feasible.

10. Loan Repayment Programs and SORH Engagement

23. Are you or any of your consortium members planning to leverage the National Health Service Corps' Rural Community Loan Repayment Program or other Loan Repayment Program(s)?

Yes

25. Has your consortium had any engagement/encounters with your State Office of Rural Health during this past quarter?

Yes

26. Please describe the engagement/encounters

The interim director of the Oregon Office of Rural Health attended the Rural Partnership Development Meeting in Rockville MD on January 14 – 16, 2020. He met with the Network Director to discuss the CCCWN activities as he was unable to attend the previous meeting as well as confirming the CCCWN will conduct a workshop at the annual Oregon Rural Health Conference in October 2020.

Lincoln County Bridges to Recovery Project Work Plan

Overarching Goal: Reduce morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in Lincoln County.

Definitions of Acronyms:

C.H.A.N.C.E.	Communities Helping Addicts Negotiate Change Effectively	PDMP	Prescription Drug Monitoring Program
CME	Continuing Medical Education	PRM	Peer Recovery Mentor
CTSI	Confederated Tribes of Siletz Indians	PSS	Peer Support Specialist
FQHC	LCHHS's Federally Qualified Health Center	SHS	Samaritan Health Services
HROS	Harm Reduction Outreach Specialist	SNLH	Samaritan North Lincoln Hospital
LCHHS	Lincoln County Health and Human Services	SPCH	Samaritan Pacific Communities Hospital
OUD	Opioid Use Disorder	SUD	Substance Use Disorder
PDO Coordinator	Prescription Drug Overdose Coordinator		

Color Key:

Red Activities completed between 12/1/2019 – 2/29/2020

Yellow Changes made during 12/1/2019 – 2/29/2020

Green Activities where progress has been made during 12/1/2019 – 2/29/2020 (details included)

Goal 1: Strengthen and expand SUD/OUD prevention services in Lincoln County.

Objective	Activity No.	Core Activity No.	Activities	Data	Responsible Persons	Timeline	Progress	Details
Implement all six core prevention activities by August 31, 2022.	1a	1	Assign Project Director and Project Coordinator to support the Lincoln County Bridges to Recovery Project.	Staff assigned	Network Director	Sept 2019	Completed	New project director selected. Start date March 16.
	1b	1	Prescription Drug Overdose (PDO) Coordinator facilitates bulk Narcan purchases for Lincoln County Health and Human Services (LCHHS), Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E) and law enforcement agencies in Lincoln County.	Invoices/spreadsheet tracking purchases	PDO Coordinator	Oct 2019 – ongoing	Ongoing	

1c	1	Distribute naloxone and other approved medication used for medication-assisted treatment (MAT) to trained individuals and organizations.	Distribution spreadsheet	PDO Coordinator, C.H.A.N.C.E.	Oct 2019 – ongoing	Ongoing	
	1d	Regional Harm Reduction Coalition monitors Narcan in the community to ensure timely response to overdose clusters.	# of individuals, family members allocated Narcan each month	Regional Harm Reduction Coalition	Ongoing	Ongoing	
	1e	Leverage Oregon Health Authority's culturally specific media campaign around SUD/OD beyond initial roll-out period in partnership with the Confederated Tribes of Siletz Indians (CTSI) and LCHHS. Conduct media campaign to promote awareness of the Lincoln County Bridges to Recovery project and new service availability.	# of media messages, articles and printed materials distributed # of media messages distributed monthly	PDO Coordinator, CTSI Project Coordinator Samaritan Health Services (SHS)	Sept 2019 – Aug 2022 Jan 2020- Aug 2022	Completed <i>In progress</i>	Initial conversations have been had (2/10) with SHS marketing. We will continue to discuss how we can implement a media campaign in Lincoln County.
	1f	Provide one SUD/OD training class each year at Friday Continuing Medical Education (CME) open to all physicians, pharmacists, providers, behavioral health workers, nurses and social workers in Lincoln County.	# of training classes each year # of clinicians trained each year (sign-in sheet)	SHS	Oct 2019- annually	<i>In progress</i>	We are in the early planning stages of getting a training class set up. Meetings were held with SHS clinic admin (2/3) and SHS hospital admin (2/28) to figure out the details of providing this opportunity.

1g	3	Provide SUD/ODU workshop on prevention, treatment and recovery at the annual PainWise Conference.	# of participants (sign-in sheets)	SHS, PDO Coordinator	Jan 2020-annually	Ongoing	LCHHS reported 192 participants and 50 kits of Naloxone distributed at the January PainWise conference. This is an annual event and will not be marked off as complete as it is recurring.
1h	3	Conduct trainings on the proper use of naloxone.	# of trainings each year # of attendees	C.H.A.N.C.E., PDO Coordinator	Jan 2020-ongoing	Ongoing	
1i	4	Conduct clinic visits using Academic Detailing to educate Prescription Drug Monitoring Program (PDMP) delegates on the importance of checking the Oregon PDMP site.	# of clinic visits # of trained delegates each year	PDO Coordinator, LCHHS, SHS,	Ongoing	Deferred	
1j	4	Primary care clinics implement the Screening Brief Intervention and Referral to Treatment (SBIRT), Alcohol Use Disorders Identification Test (AUDIT) ### or Drug Abuse Screening Test (DAST) screening tools.	# of patients screened each year (EPIC EHR)	SHS clinics	Ongoing	Ongoing	SHS, LCHHS and CTSI all utilize the SBIRT screening tool to collect data. Data is currently being pulled from these tools for reporting purposes.

1k	4	Hire Harm Reduction Outreach Specialist (HROS) to work with Siletz Tribal members in the clinic and conduct street outreach to connect individuals to primary care and screenings.	# of outreach efforts	CTSI	Oct 2019	Completed	HRO worker was hired and data will be recorded on their work as grant activities are implemented. Staff positions have been written.
1l	4	Hire 1.0 FTE nurse case manager (NCM) and 0.5 FTE registered nurse (RN) to Lincoln County Community Health Clinic (FQHC) staff.	Staff hire dates	LCHHS, FQHC	Oct 2019	In progress	
1m	5	Identify and screen individuals at risk of SUD/ODU and connect them to prevention, harm reduction, early intervention services, referral to treatment and other support services.	# of individuals screened # of individuals referred # of individuals accepting services (EPIC EHR and internal tracking)	SHS, LCHHS, NCM, RN, HROS, FQHC	Dec 2019 – ongoing	Ongoing	
1n	6	Individuals at risk of infectious complications - including HIV, viral hepatitis and endocarditis - will be screened, tracked and referred to treatment.	# of individuals screened # of individuals referred	SHS, LCHHS, NCM, RN, HROS, FQHC	Dec 2019 – ongoing	Ongoing	
Goal 2: Strengthen and expand SUD/ODU treatment services in Lincoln County.							
Establish and implement all six core treatment activities by August 31, 2022.	2a	1	Prioritize hiring providers who already have DEA waiver, and strongly encourage new hires to obtain DEA waiver.	# of providers with DEA waiver	LCHHS, SHS	Sept 2019 – ongoing	Ongoing
	2b	1	Conduct outreach to the provider at the Lincoln County Jail to facilitate obtaining a DEA waiver.	Lincoln County Jail provider obtains DEA waiver	Project Coordinator	Jan 2020 – ongoing	Completed

2c	1	Develop MAT program at FQHC through which waived providers can provide MAT.	MAT program implemented at FQHC	LCHHS, FQHC	Jan 2020	In progress	LCHHS is currently working on the development of a MAT program
2d	1	Provide DEA waiver trainings biannually in Lincoln County.	# of trainings	PDO Coordinator	Oct 2019 - ongoing	Pending	
2e	2	Hire Peer Recovery Mentor (PRM) to work with Siletz Tribal members in the clinic and the community.	Staff hired	CTSI	Oct 2019	In progress	Offer was made first week of March.
2f	2	CTSI to partner with C.H.A.N.C.E. to train PRM and HROS around relapse susceptibility and build peer recovery community.	# of trainings # of individuals trained	CTSI, C.H.A.N.C.E.	Nov 2019 April 2020	Pending	
2g	2	Engage Siletz Tribal members and Siletz Clinic clients to participate in the Tribes' culturally specific services and activities and walk alongside them in connecting to those resources and programs to ensure client success.	# of clients who participate	CTSI PRM and HROS, C.H.A.N.C.E.	Dec 2019 - ongoing	Ongoing	
2h	2	Incorporate a trauma-informed approach to annual naloxone trainings to reduce stigma around MAT.	# of trauma-informed trainings	CTSI, LCHHS	June 2020 Ongoing (monthly)	Ongoing	On 12/13, all CTSI clinic staff were trained in Naloxone administration. Naloxone has been added to the tribes' training curriculum that included CPR and First Aid. Now, all new

	2i	3	Continue to advertise National Health Service Corps (NHSC) status while recruiting.	# of staff hired using NHSC status	Samaritan North Lincoln Hospital (SNLH), Samaritan Pacific Communities Hospital (SPCH) LCHHS, CTSI, FQHC	Sept 2019 – ongoing	Ongoing	employees will also receive Naloxone training as part of the new employee training. This will help reduce stigma for Naloxone and drug overdose support.
	2j	4	Recruit Peer Support Specialists (PSS) to support treatment of individuals with OUDs who are bilingual/bicultural; provide referrals to bridge medical, behavioral health, dental and other social service programs and supports.	Staff hire dates	C.H.A.N.C.E., LCHHS	Sept 2019 - ongoing	Ongoing	

2k	4	NCM and RN to reduce barriers to treatment by providing care coordination and connection/referrals to social services and support for individuals with SUD/OD, including FQHC patients and those connected through emergency department peer support hand off.	# of referrals # of patients accepting referrals	LCHHS, FQHC, C.H.A.N.C.E., Reconnections Counseling	Nov 2019 - ongoing	Pending	
2l	4	PRM and HROS reduce barriers to treatment for Siletz Tribal members with SUD/OD by providing connections and referrals to home and community-based services.	# of referrals # of patients accepting referrals	CTSI PRM and HROS	Dec 2019 – ongoing	In progress	
2m	5	Provide training to the Harm Reduction Coalition and Mental Health/Substance Use Disorder Advisory Committee on proper coding and billing across insurance types.	# of trainings # of people trained	SNLH business office staff	Jan 2020 April 2020	In progress	Have had conversations within SHS to have department come and do presentation for consortium. In process of picking a date.
2n	6	Continue to work with law enforcement to track naloxone use and ensure adequate naloxone availability.	Distribution spreadsheet	PDO Coordinator	Ongoing	Ongoing	
2o	6	Coordinate naloxone curriculum and training across law enforcement in Lincoln County	# of trainings # of people trained	Project Coordinator, Lincoln County Sheriff's Office	Jan 2020	Completed	
2p	6	Create and provide train-the-trainer curriculum for naloxone.	# of people trained as trainers	C.H.A.N.C.E., LCHHS	Mar 2020	In progress	C.H.A.N.C.E. is conducting a

												test run of the train-the-trainer course on Friday, March 13, 2020 with a group of students from COMP NW Medical School.
Goal 3: Strengthen and expand SUD/ODD recovery services in Lincoln County.												
Establish and implement all three core recovery activities by August 31, 2022.	3a	1	Conduct outreach to the Olalla Center for Children and Families Relief Nursery to ensure effective referrals and service utilization.	# of referrals # of people accept referrals	Project Coordinator	Jan-2020 Sept 2020	Pending					
	3b	2	Hire PSS to promote recovery in Lincoln County.	Staff hire date	C.H.A.N.C.E., LCHHS	March 2020	In progress	C.H.A.N.C.E. has 8 PSS working in Lincoln County.				
	3c	2	Identify and train new individuals, with a preference for those who are bilingual/bicultural, to serve as PSS to promote recovery.	# of trainings # of people trained	C.H.A.N.C.E., LCHHS	June 2020	Ongoing					
	3d	2	Develop a PSS support group to strengthen the recovery community and recovery workforce.	Support group formed # of participants	C.H.A.N.C.E., LCHHS	Oct 2019	In progress					
	3e	2	NCM and RN to develop and provide wraparound services through LCHHS MAT program.	# of patients receiving wraparound services	LCHHS NCM and RN	Nov 2019 - ongoing	Pending					
	3f	2	PRM and HROS assist individuals, families and caregivers to navigate treatment and recovery support services, including	# of clients receiving support	CTSI PRM and HROS	Dec 2019 - ongoing	In progress					

		home- and community-based services for SUD/ODU.							
3g	2	PRM to provide individual and group skill-building to support independent living activities.	# of activities	CTSI PRM	Dec 2019 – ongoing	In progress			
3h	2	Revitalize Community Efforts Demonstrating the Ability to Rebuild and Restore (CEDARR) coalition: Expand membership to be fully inclusive of all recovery identities; provide training and social marketing campaign around SUD/ODU to strengthen cultural and community response to need for harm reduction services; re-define CEDARR's mission statement and strategic plan.	Date CEDARR coalition reestablished Redefined mission statement and strategic plan	CTSI Project Coordinator	Sept 2019	In progress			
3i	2	HROS and PRM join CEDARR coalition as active members.	Staff joins CEDARR	CTSI PRM and HROS	Mar 2020	In progress		The first CEDARR meeting is being planned.	
3j	2	PRM completes training in trauma-informed care and completes certification in Peer Recovery Mentor and Psychologist First Aide.	# of staff who completed training	CTSI PRM	Mar 2020	In progress			
3k	2	CEDARR coalition to host summit around harm reduction	# of summit attendees	CTSI PRM	Sept 2020	In progress			The summit will be focused on harm reduction and will be open to community

									partners and other tribes.
3l	2								
3m	3								
Goal 4: Strengthen and sustain the activities of the CCCWN Mental Health/Substance Use Disorder Advisory Committee beyond the grant period.									
Provide effective communication about SUD/OD prevention, and treatment, and recovery activities to stakeholders throughout project period.	4a	N/A							
	4b	N/A							
	4c	N/A							

RCORP Implementation QPR #3- Request for Information

2. Grantee Info

Please select your grantee name and grant number

3. SUD/Drug Concerns

1. What, if any, changes in drug use have you noticed during the last quarter?

Significant increase

2. What, if any, changes in the demand for SUD services have you seen in the last quarter?

Significant increase

3. Have you seen changes to the top three drugs of concern in your service area during the last quarter?

No

4. Have you seen changes to the top three drugs you have the least capacity to treat?

No

4. SUD-Related Health Concerns

5. Have you seen changes to the top three health concerns in your service area during the last quarter?

No

6. Have you seen changes to the top three health concerns with the least capacity to address?

No

5. Successes

7. Please select the top three areas where you feel you've had successes during the past quarter:

Overdose Prevention and Naloxone Distribution

Workforce—hiring/recruitment

Other - Write In: Harm Reduction

8. Please describe the success(es) you had related to overdose prevention/naloxone distribution

Naloxone distribution continues to be one of our large success areas, even through the current crisis of COVID-19. More naloxone is being distributed through community partners to ensure that people at this time are staying safe and well.

9. Please describe the success(es) you had related to workforce—hiring/recruitment

The Confederated Tribes of Siletz Indians (CTSI) was able to hire a harm reduction outreach specialist (HROS) to assist in completing and carrying out grant deliverables and activities. He is also certified as a peer support mentor and has been assisting in the role of peer-recovery mentor. He has played a large role in continuing outreach to the community and developing relationships with members of our target population.

10. Please describe your other, written-in success(es)

Harm reduction and prevention services have continued to be key for people living with SUDs. One of our community partners, the Confederated Tribes of Siletz Indians (CTSI), have been actively engaging the tribal population both in person and through social media. Through a different funding stream, CTSI was able to prepare and distribute many clean kits for people living with SUD in their population.

6. Challenges

11. Please select the top three areas where you feel you've had challenges during the past quarter:

- Stigma
- Workforce—hiring/recruitment
- Other - Write In: Needle exchange (e.g., dumping of needles)

12. Please describe the challenge(s) you had related to stigma

Stigma surrounding mental health and SUD continues to be a significant challenge in our rural county. One of our community partners has reported that many people who utilize their homelessness and food-related services are reluctant to address their mental health and substance use disorder needs because of fear of stigma.

13. Please describe the challenge(s) you had related to workforce—hiring/recruitment

Recruitment and hiring for positions related to this grant continue to challenge our community partners. The COVID-19 pandemic has forced many of our partner organizations to pause hiring at this time. The county health department and CTSI will resume hiring as soon as possible.

14. Please describe your other, written-in challenge(s)

Low engagement among community members due to COVID-19 has led to an increase in unsafe needle disposal practices (e.g., dumping of needles).

7. Anticipated Challenges/TA Needs

15. Please select up to three areas where you are anticipating having challenges and/or needing targeted technical assistance in the future:

None at this time

9. Grant Activities

16. Please indicate whether the following activities have taken place in the last quarter in your target rural service area.

	Yes - as a result of full or partial RCORP funding	Yes - but not as a result of RCORP funding	No - Not at this time
Creating consortium subcommittees	X		
DATA Waiver/MAT trainings			X
Hosting town halls, focus groups (or other community education/outreach)		X	
Naloxone training/distribution	X		
Overdose reversal reporting		X	
Provider usage of Prescription Drug Monitoring Program (PDMP) data			X
Telehealth (including services, trainings, and capacity-building)		X	
Training on prescribing guidelines			X
Mental health first aid			X
Stigma reduction activities		X	

10. Impact of COVID-19 on RCORP Operations

17. Please indicate the extent to which COVID-19 has impacted components of your RCORP Implementation project and consortium.

	Not at all impacted	Slightly	Moderately	Extremely
Ability to implement SUD/ODU prevention services and activities				X
Ability to implement SUD/ODU treatment services and activities				X
Ability to implement SUD/ODU recovery services and activities				X
Ability to hire, recruit, or retain SUD/ODU providers and support staff				X
Ability to engage consortium members		X		
Ability to provide high quality data for RCORP reporting requirements		X		
Ability to complete RCORP-Implementation work plan activities within the timeframe proposed in your work plan				X
"No Show Rates" for in-person patient services ("No Show" in this context refers to scenarios in which patients are scheduled for services but miss their appointments)			X	
"No Show Rates" for telehealth patient services			X	
Behavioral health outcomes (suicidality, overdose, new cases of SUD, etc.)				X

18. Are there any additional details you'd like to share about how COVID-19 has affected your ability to implement SUD/ODU prevention services?

19. Are there any additional details you'd like to share about how COVID-19 has affected your ability to implement SUD/ODU treatment services?

20. Are there any additional details you'd like to share on how COVID-19 has affected your ability to implement SUD/ODU recovery services?

21. Are there any additional details you'd like share on how COVID-19 has affected your ability to hire, recruit, or retain SUD/ODU counselors and other support staff?

22. Are there any additional details you'd like to provide on how COVID-19 has affected your ability to engage consortium members?

23. Are there any additional details you'd like to share about how COVID-19 has affected your ability to provide high quality data for RCORP reporting requirements?

24. Are there any additional details you'd like to share about how COVID-19 has affected your ability to complete RCORP-Implementation work plan activities within the timeframe proposed in your work plan?

25. Are there any additional details you'd like to share about how COVID-19 has affected "no show rates" for in-person patient services?

26. Are there any additional details you'd like to share about how COVID-19 has affected "no show rates" for telehealth patient services?

27. Are there any additional details you'd like to share about how COVID-19 has affected behavioral health outcomes?

11. Adaptations to COVID-19

28. Please indicate the ways (if any) in which you have had to adapt to COVID-19. Select all that apply

- Increased social media presence
- Increased telemedicine capacity (e.g. prescribing MAT, treatment intake)
- Increased capacity for interactive, two-way telehealth services (e.g., counseling, case management, assessments)
- Held remote consortium meetings
- Designed and hosted on-line support groups
- Re-designed physical space to accommodate social distancing

12. COVID-19 Adaptations Continued

29. If you have a particular adaptation that you'd like to tell us more about, please select the adaptation from the drop box:

17. Loan Repayment Programs and SORH Engagement

30. Are you or any of your consortium members planning to leverage the National Health Service Corps' Rural Community Loan Repayment Program or other Loan Repayment Program(s)?

Yes

31. Which loan repayment program are you planning to leverage? Please check all that apply:

- Rural Community Loan Repayment Program
- State Loan Repayment Program

32. Has your consortium had any engagement/encounters with your State Office of Rural Health during this past quarter?

Yes

33. Please describe the engagement/encounters

Contact with the State Office of Rural Health occurred this quarter to discuss the Coast to Cascades Community Wellness Network's (CCCWN) involvement at the annual Oregon Rural Health Conference planned for October 2020. Conversation also included our intent to apply for a planning grant.

Lincoln County Bridges to Recovery Project Work Plan

Overarching Goal: Reduce morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in Lincoln County.

Definitions of Acronyms:

C.H.A.N.C.E.	Communities Helping Addicts Negotiate Change Effectively	PDMP	Prescription Drug Monitoring Program
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CTSI	Confederated Tribes of Siletz Indians	PSS	Peer Support Specialist
FQHC	LCHHS's Federally Qualified Health Center	SHS	Samaritan Health Services
HROS	Harm Reduction Outreach Specialist	SNLH	Samaritan North Lincoln Hospital
LCHHS	Lincoln County Health and Human Services	SPCH	Samaritan Pacific Communities Hospital
OUD	Opioid Use Disorder	SUD	Substance Use Disorder
PDO Coordinator	Prescription Drug Overdose Coordinator		

Color Key:

Red Activities completed between 3/1/2020 – 5/31/2020

Yellow Changes made during 3/1/2020 – 5/31/2020

Green Activities where progress has been made during 3/1/2020 – 5/31/2020 (details included)

Goal 1: Strengthen and expand SUD/OUD prevention services in Lincoln County.

Objective	Activity No.	Core Activity No.	Activities	Data	Responsible Persons	Timeline	Progress	Details
Implement all six core prevention activities by August 31, 2022.	1a	1	Assign Project Director and Project Coordinator to support the Lincoln County Bridges to Recovery Project.	Staff assigned	Network Director	Sept 2019	Completed	The new project director started in the role on March 16.
	1b	1	Prescription Drug Overdose (PDO) Coordinator facilitates bulk Narcan purchases for Lincoln County Health and Human Services (LCHHS), Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E) and law	Invoices/spreadsheet tracking purchases	PDO Coordinator	Oct 2019 – ongoing	Ongoing	

		enforcement agencies in Lincoln County.							
1c	1	Distribute naloxone and other approved medication used for medication-assisted treatment (MAT) to trained individuals and organizations.	Distribution spreadsheet	PDO Coordinator, C.H.A.N.C.E.	Oct 2019 – ongoing	Ongoing			
1d	1	Regional Harm Reduction Coalition monitors Narcan in the community to ensure timely response to overdose clusters.	# of individuals, family members allocated Narcan each month	Regional Harm Reduction Coalition	Ongoing	Ongoing			
1e	2	Leverage Oregon Health Authority's culturally specific media campaign around SUD/ODU beyond initial roll-out period in partnership with the Confederated Tribes of Siletz Indians (CTSI) and LCHHS. Conduct media campaign to promote awareness of the Lincoln County Bridges to Recovery project and new service availability.	# of media messages, articles and printed materials distributed # of media messages distributed monthly	PDO Coordinator, CTSI Project Coordinator Samaritan Health Services (SHS)	Sept 2019 – Aug 2022 Jan 2020- Aug 2022	Completed In progress	Initial conversations have been had (2/10) with SHS marketing. We will continue to discuss how we can implement a media campaign in Lincoln County.		
1f	3	Provide one SUD/ODU training class each year at Friday Continuing Medical Education (CME) open to all physicians, pharmacists, providers, behavioral health workers, nurses and social workers in Lincoln County.	# of training classes each year # of clinicians trained each year (sign-in sheet)	SHS	Oct 2019- annually	In progress	We are in the early planning stages of getting a training class set up. Meetings were held with SHS clinic admin (2/3) and SHS hospital admin (2/28) to figure out the details		

									of providing this opportunity.
1g	3	Provide SUD/ODU workshop on prevention, treatment and recovery at the annual PainWise Conference.	# of participants (sign-in sheets)	SHS, PDO Coordinator	Jan 2020-annually	Ongoing	This is an annual event and will not be marked off as complete as it is recurring.		
1h	3	Conduct trainings on the proper use of naloxone.	# of trainings each year # of attendees	C.H.A.N.C.E., PDO Coordinator	Jan 2020-ongoing	Ongoing			
1i	4	Conduct clinic visits using Academic Detailing to educate Prescription Drug Monitoring Program (PDMP) delegates on the importance of checking the Oregon PDMP site.	# of clinic visits # of trained delegates each year	PDO Coordinator, LCHHS, SHS,	Ongoing	Deferred			
1j	4	Primary care clinics implement the Screening Brief Intervention and Referral to Treatment (SBIRT), Alcohol Use Disorders Identification Test (AUDIT) and or Drug Abuse Screening Test (DAST) screening tools.	# of patients screened each year (EPIC EHR)	SHS clinics	Ongoing	Ongoing			
1k	4	Hire Harm Reduction Outreach Specialist (HROS) to work with Siletz Tribal members in the clinic and conduct street outreach to connect individuals to primary care and screenings.	# of outreach efforts	CTSI	Oct 2019	Completed	HRO worker was hired on January 27, 2020 and will be full time until June 20, 2020. Data will be recorded on their work as		

									grant activities are implemented.
1l	4	Hire 1.0 FTE nurse case manager (NCM) and 0.5 FTE registered nurse (RN) to Lincoln County Community Health Clinic (FQHC) staff.	Staff hire dates	LCHHS, FQHC	Oct-2019 Sept 2020	In progress	Staff positions have been written but hiring has been halted due to the COVID-19 pandemic.		
1m	5	Identify and screen individuals at risk of SUD/ODU and connect them to prevention, harm reduction, early intervention services, referral to treatment and other support services.	# of individuals screened # of individuals referred # of individuals accepting services (EPIC EHR and internal tracking)	SHS, LCHHS, NCM, RN, HROS, FQHC	Dec 2019 – ongoing	Ongoing	Due to COVID-19, services are ongoing via telehealth and phone communication.		
1n	6	Individuals at risk of infectious complications - including HIV, viral hepatitis and endocarditis - will be screened, tracked and referred to treatment.	# of individuals screened # of individuals referred	SHS, LCHHS, NCM, RN, HROS, FQHC	Dec 2019 – ongoing	Ongoing	Due to COVID-19, services are being scaled back.		
Goal 2: Strengthen and expand SUD/ODU treatment services in Lincoln County.									
Establish and implement all six core treatment activities by August 31, 2022.	2a	1	Prioritize hiring providers who already have DEA waiver, and strongly encourage new hires to obtain DEA waiver.	# of providers with DEA waiver	LCHHS, SHS	Sept 2019 – ongoing	Ongoing		
	2b	1	Conduct outreach to the provider at the Lincoln County Jail to facilitate obtaining a DEA waiver.	Lincoln County Jail provider obtains DEA waiver	Project Coordinator	Jan 2020 - ongoing	Completed		

2c	1	Develop MAT program at FQHC through which waived providers can provide MAT.	MAT program implemented at FQHC	LCHHS, FQHC	Jan 2020	In progress	LCHHS is currently working on the development of a MAT program.
2d	1	Provide DEA waiver trainings biannually in Lincoln County.	# of trainings	PDO Coordinator	Oct 2019 - ongoing	Pending	
2e	2	Hire Peer Recovery Mentor (PRM) to work with Siletz Tribal members in the clinic and the community.	Staff hired	CTSI	June 2020 Sept 2020	In progress	The HRO worker is the interim PRM until June 2020.
2f	2	CTSI to partner with C.H.A.N.C.E. to train PRM and HROS around relapse susceptibility and build peer recovery community.	# of trainings # of individuals trained	CTSI, C.H.A.N.C.E.	April 2020 Sept 2020	Pending Deferred	Partnering conversations will occur at a later date due to COVID-19.
2g	2	Engage Siletz Tribal members and Siletz Clinic clients to participate in the Tribes' culturally specific services and activities and walk alongside them in connecting to those resources and programs to ensure client success.	# of clients who participate	CTSI PRM and HROS, C.H.A.N.C.E.	Dec 2019 - ongoing	Ongoing	
2h	2	Incorporate a trauma-informed approach to annual naloxone trainings to reduce stigma around MAT.	# of trauma-informed trainings	CTSI, LCHHS	Ongoing (monthly)	Ongoing	

2i	3	Continue to advertise National Health Service Corps (NHSC) status while recruiting.	# of staff hired using NHSC status	Samaritan North Lincoln Hospital (SNLH), Samaritan Pacific Communities Hospital (SPCH) LCHHS, CTSI, FQHC	Sept 2019 – ongoing	Ongoing	
2j	4	Recruit Peer Support Specialists (PSS) to support treatment of individuals with OUDs who are bilingual/bicultural; provide referrals to bridge medical, behavioral health, dental and other social service programs and supports.	Staff hire dates	C.H.A.N.C.E., LCHHS	Sept 2019 - ongoing	Ongoing	
2k	4	NCM and RN to reduce barriers to treatment by providing care coordination and connection/referrals to social services and support for individuals with SUD/OD, including FQHC patients and those connected through emergency department peer support hand off.	# of referrals # of patients accepting referrals	LCHHS, FQHC, C.H.A.N.C.E., Reconnections Counseling	Nov 2019 - ongoing	Pending	
2l	4	PRM and HROS reduce barriers to treatment for Siletz Tribal members with SUD/OD by providing connections and referrals to home and community-based services.	# of referrals # of patients accepting referrals	CTSI PRM and HROS	Dec 2019 – ongoing	In progress	

2m	5	Provide training to the Harm Reduction Coalition and Mental Health/Substance Use Disorder Advisory Committee on proper coding and billing across insurance types.	# of trainings # of people trained	SNLH business office staff	April-2020 Sept 2020	In progress	Have had conversations within SHS to have department come and do a presentation for the consortium. In process of picking a date.
2n	6	Continue to work with law enforcement to track naloxone use and ensure adequate naloxone availability.	Distribution spreadsheet	PDO Coordinator	Ongoing	Ongoing	
2o	6	Coordinate naloxone curriculum and training across law enforcement in Lincoln County	# of trainings # of people trained	Project Coordinator, Lincoln County Sheriff's Office	Jan 2020	Completed	
2p	6	Create and provide train-the-trainer curriculum for naloxone.	# of people trained as trainers	C.H.A.N.C.E., LCHHS	Mar 2020	In-progress Completed	C.H.A.N.C.E. conducted a train-the-trainer course on Friday, March 13, 2020 where five trainers were trained.
Goal 3: Strengthen and expand SUD/ODU recovery services in Lincoln County.							
Establish and implement all three core recovery activities by	3a	1	Conduct outreach to the Olalla Center for Children and Families Relief Nursery to ensure effective referrals and service utilization.	# of referrals # of people accept referrals	Project Coordinator	Sept 2020	Pending

August 31, 2022.	3b	2	Hire PSS to promote recovery in Lincoln County.	Staff hire date	C.H.A.N.C.E., LCHHS	March 2020	In progress Completed	One new PSS was hired by C.H.A.N.C.E. in March 2020 to serve Lincoln County.
	3c	2	Identify and train new individuals, with a preference for those who are bilingual/bicultural, to serve as PSS to promote recovery.	# of trainings # of people trained	C.H.A.N.C.E., LCHHS	June 2020	Ongoing	
	3d	2	Develop a PSS support group to strengthen the recovery community and recovery workforce.	Support group formed # of participants	C.H.A.N.C.E., LCHHS	Oct 2019	In progress Deferred	All support groups cancelled due to COVID-19.
	3e	2	NCM and RN to develop and provide wraparound services through LCHHS MAT program.	# of patients receiving wraparound services	LCHHS NCM and RN	Nov 2019 - ongoing	Pending	
	3f	2	PRM and HROS assist individuals, families and caregivers to navigate treatment and recovery support services, including home- and community-based services for SUD/OD.	# of clients receiving support	CTSI PRM and HROS	Dec 2019 - ongoing	In progress	
	3g	2	PRM to provide individual and group skill-building to support independent living activities.	# of activities	CTSI PRM	Dec 2019 - ongoing	In progress	
	3h	2	Revitalize Community Efforts Demonstrating the Ability to Rebuild and Restore (CEDARR) coalition: Expand membership to be fully inclusive of all recovery identities; provide training and social marketing campaign around SUD/OD to strengthen cultural and	Date CEDARR coalition reestablished Redefined strategic plan	CTSI Project Coordinator	Sept 2019	In progress Deferred	CEDARR coalition workgroup meetings have been put on hold due to COVID-19.

			community response to need for harm reduction services; re-define CEDARR's strategic plan.	Staff joins CEDARR	CTSI PRM and HROS	Mar 2020	In progress Completed	The HROS is currently serving as both HROS and PRM. This position has been active in the CEDARR coalition.
3i	2		HROS and PRM join CEDARR coalition as active members.					
3j	2		PRM completes training in trauma-informed care and completes certification in Peer Recovery Mentor and Psychologist First Aide.	# of staff who completed training	CTSI PRM	Mar 2020	In progress Completed	The HROS serving in the role of PRM has completed these trainings.
3k	2		CEDARR coalition to host summit around harm reduction	# of summit attendees	CTSI PRM	Sept 2020 Oct 2020	In progress	The summit will be focused on harm reduction and will be open to community partners and other tribes.
3l	2		CEDARR coalition mission statement and objectives reviewed, refined and redefined to include all forms of recovery.	CEDARR coalition mission statement finalized	CTSI PRM	Jan 2021	In progress	
3m	3		Lincoln County Sheriff's office will provide Transition and Programming Services (TAPS) for individuals recently released from incarceration. Services include transitional housing and wraparound services for clients participating in SUD/OD treatment programs.	# of clients enrolled in TAPS	Lincoln County Sheriff's Office	Sept 2019	Ongoing	

Goal 4: Strengthen and sustain the activities of the CCCWN Mental Health/Substance Use Disorder Advisory Committee beyond the grant period.							
Provide effective communication about SUD/OD prevention, treatment, and recovery activities to stakeholders throughout project period.	4a	N/A	Convene monthly meetings of the CCCWN Mental Health/Substance Use Disorder Advisory Committee to guide activity coordination among organizations and within the Subcommittee.	# of meetings # of attendees	Project Coordinator	Monthly	Ongoing
	4b	N/A	Provide bimonthly progress updates, lessons learned and successes to the CCCWN Steering Committee and the full consortium.	Bimonthly progress reports	Project Director, Project Coordinator	Bimonthly	Ongoing
	4c	N/A	Provide quarterly progress reports, sustainability plan and final performance/closeout reports to the CCCWN Steering Committee and the full consortium.	Quarterly progress reports submitted Sustainability plan complete Final report submitted	Project Director, Project Coordinator, Network Director	Quarterly and end of project	Ongoing

RCORP QPR #4 - Request for Information

Grantee Info

1. Grantee Name (Prepopulated, no need to edit)

Samaritan North Lincoln Hospital

2. RCORP Grant Number (Prepopulated, click next to continue):

GA1RH33539

Prevention-Related Work Plan Activities

3. Degree of Implementation. For each core requirement below (per the RCORP-Implementation Notice of Funding Opportunity), please indicate the degree to which you have implemented the associated activities and sub-activities proposed in your last HRSA-approved work plan.

	Not Yet Started	Just Beginning	Partially Implemented	Fully Implemented
P1. Naloxone Access. Develop, implement, and assess intervention models that leverage opioid overdose reversal and increased naloxone availability as a bridge to treatment and ensure that rural communities have sufficient access to naloxone.				X
P2. Public Education & Stigma Reduction. Provide and assess the impact of culturally and linguistically appropriate education to improve family members', caregivers', and the public's understanding of evidence-based treatments and prevention strategies for SUD/ODU and to eliminate stigma associated with the disease.			X	
P3. Provider Education. Provide training and other professional development opportunities to increase the number of providers, including physicians, behavioral health providers, advanced practice nurses, pharmacists, and other health and social service professionals, who are able to identify and treat SUD/ODU.	X			
P4. PDMP Use. Increase the number of providers who regularly use a Prescription Drug Monitoring Program (including prescribers and pharmacists).			X	
P5. SUD Screening and Referral. Identify and screen individuals who are at risk of SUD/ODU and make available prevention, harm reduction, early intervention services, referral to treatment and other supportive services to minimize the potential for the development of SUD/ODU.				X
P6. Refer SUD Patients with Infectious Diseases to Treatment. Track, screen, prevent, and refer to treatment patients with SUD/ODU who have infectious complications, including HIV, viral hepatitis, and endocarditis, particularly among PWID.				X

4. Status Relative to Timeline. For each core requirement below, please indicate the your implementation status relative to the timeline proposed in your work plan.

	Delayed	On Track	Ahead of Schedule
P1. Naloxone Access.		X	
P2. Public Education & Stigma Reduction.		X	
P3. Provider Education.	X		
P4. PDMP Use.		X	
P5. SUD Screening and Referral.		X	
P6. Refer SUD Patients with Infectious Diseases to Treatment.		X	

Treatment-Related Work Plan Activities

5. Degree of Implementation. For each core requirement below (per the RCORP-Implementation Notice of Funding Opportunity), please indicate the degree to which you have implemented the associated activities and sub-activities proposed in your last HRSA-approved work plan.

	Not Yet Started	Just Beginning	Partially Implemented	Fully Implemented
T1. Increase # of Waivered Providers. Increase the number of providers, including physicians, nurse practitioners, clinical nurse specialists, certified nurse-midwives, certified registered nurse anesthetists, and physician assistants who are trained, certified, and willing to provide MAT, including by providing opportunities for existing rural providers to obtain DATA 2000 Drug Enforcement Agency waivers.		X		
T2. Increase MAT Support Staff. Increase the number of support staff with the training and education to provide activities and services to complement MAT.		X		
T3. Workforce Recruitment and Development. Recruit and retain rural SUD/OD providers by providing workforce development opportunities and recruitment incentives through mechanisms such as, but not limited to, the NHSC.			X	
T4. Address Treatment Barriers through Integrated Care. Reduce barriers to treatment, including by supporting integrated treatment and recovery, including integration with behavioral health, dentistry, and social services, and, as appropriate, providing support to pregnant women, children, and at-risk populations using approaches to minimize stigma and other barriers to care.			X	
T5. Optimize reimbursement. Train providers, administrative staff, and other relevant stakeholders to optimize reimbursement for treatment encounters through proper coding and billing across insurance types to ensure financial sustainability of services.		X		
T6. Strengthen collaboration to improve emergency treatment. Strengthen collaboration with law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/OD.			X	

6. Status Relative to Timeline. For each core requirement below, please indicate the your implementation status relative to the timeline proposed in your work plan.

	Delayed	On Track	Ahead of Schedule
T1. Increase # of Waivered Providers.	X		
T2. Increase MAT Support Staff.	X		
T3. Workforce Recruitment and Development.		X	
T4. Address Treatment Barriers through Integrated Care.		X	
T5. Optimize reimbursement.	X		
T6. Strengthen collaboration to improve emergency treatment.		X	

Recovery-Related Work Plan Activities

7. Degree of Implementation. For each core requirement below (per the RCORP-Implementation Notice of Funding Opportunity), please indicate the degree to which you have implemented the associated activities and sub-activities proposed in your last HRSA-approved work plan.

	Not Yet Started	Just Beginning	Partially Implemented	Fully Implemented
R1. Improve access to treatment and recovery support services. Enable individuals, families, and caregivers to find, access, and navigate evidence-based and/or best practices for affordable treatment and recovery support services for SUD/ODU, including home and community-based services and social supports such as transportation, housing, child care, legal aid, employment assistance and case management.			X	
R2. Expand recovery support services. Develop recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.			X	
R3. Improve discharge (re-entry) programs and services. Enhance discharge coordination for people leaving inpatient treatment facilities and/or the criminal justice system who require linkages to home and community-based services and social supports. These services and organizations may include case management, housing, employment, food assistance, transportation, medical and behavioral health services, faith-based organizations, and sober/transitional living facilities.		X		

8. Status Relative to Timeline. For each core requirement below, please indicate the your implementation status relative to the timeline proposed in your work plan.

	Delayed	On Track	Ahead of Schedule
R1. Improve access to treatment and recovery support services.		X	
R2. Expand recovery support services.		X	
R3. Improve discharge (re-entry) programs and services.		X	

SUD/Drug Concerns

9. What, if any, changes in drug use have you noticed during the last quarter?

Significant increase

10. What, if any, changes in the demand for SUD services have you seen in the last quarter?

Significant increase

11. Have you seen changes to the top three drugs of concern in your service area during the last quarter?

No

12. Have you seen changes to the top three drugs you have the least capacity to treat?

No

SUD-Related Health Concerns

13. Have you seen changes to the top three health concerns in your service area during the last quarter?

No

14. Have you seen changes to the top three health concerns with the least capacity to address?

No

Successes

15. Please select the top three areas where you feel you've had successes during the past quarter:

Access to Treatment Services

Harm Reduction

Other - Write In: Resource mobilization and delivery

16. Please describe the success(es) you had related to access to treatment services

Reconnections Counseling has assisted five of their MAT clients in accessing Hepatitis C treatment.

17. Please describe the success(es) you had related to harm reduction

The Confederated Tribes of Siletz Indians (CTSI) harm reduction outreach specialist and peer recovery mentor have assisted clients in accessing inpatient services and detox services.

18. Please describe your other, written-in success(es)

Through COVID-19 and the wildfires currently affecting our community, both the Lincoln County Health and Human Services (LCHHS) staff and recovery community organizations have assisted in helping community members find temporary housing and receive resources such as food, clothing, and other supplies.

Challenges

19. Please select the top three areas where you feel you've had challenges during the past quarter:

COVID-19 Pandemic

Workforce — hiring/recruitment

Other - Write In: Wildfires

20. Please describe the challenge(s) you had related to the COVID-19 pandemic

COVID-19 continues to bring on many challenges for our rural community. Services and accessibility to treatment remain limited at this time.

21. Please describe the challenge(s) you had related to workforce—hiring/recruitment

Recruitment and hiring for positions related to this grant continue to challenge our community partners. Although some positions have been filled through our CTSI partners, we are currently seeking to hire two positions through LCHHS.

22. Please describe your other, written-in challenge(s)

The recent wildfires in our area have displaced many people, including staff members from partner organizations. This has created a challenge in the availability of services for community members and has affected communication between community partners.

Anticipated Challenges/TA Needs

23. Please select up to three areas where you are anticipating having challenges and/or needing targeted technical assistance in the future:

- COVID-19 Pandemic
- Overdose Prevention and Naloxone Distribution
- Other - Write In: Threat of homelessness

24. Please describe the anticipated challenge(s) or technical assistance need(s) related to the COVID-19 pandemic

COVID-19 will affect the ability to have a cold-weather shelter in our community.

25. Please describe the anticipated challenge(s) or technical assistance need(s) you have related to overdose prevention/naloxone distribution

Accessing funding streams for Naloxone/Narcan and distribution.

26. Please describe your other, written-in anticipated challenge(s) and/or targeted technical assistance need(s)

There is a high level of concern that when the eviction moratorium is lifted, there will be many people who lose their homes in our county.

Impact of COVID-19 on RCORP Operations

27. Please indicate the extent to which COVID-19 has impacted components of your RCORP project and consortium/partnership.

	Not at all impacted	Slightly	Moderately	Extremely
Ability to implement SUD/ODU prevention services and activities				X
Ability to implement SUD/ODU treatment services and activities				X
Ability to implement SUD/ODU recovery services and activities				X
Ability to hire, recruit, or retain SUD/ODU providers and support staff			X	
Ability to engage consortium members or partner organizations	X			
Ability to provide high quality data for RCORP reporting requirements		X		
Ability to complete RCORP-Implementation work plan activities within the timeframe proposed in your work plan		X		
"No Show Rates" for in-person patient services ("No Show" in this context refers to scenarios in which patients are scheduled for services but miss their appointments)	X			
"No Show Rates" for telehealth patient services	X			
Behavioral health outcomes (suicidality, overdose, new cases of SUD, etc.)				X

28. Are there any additional details you'd like to share about how COVID-19 has affected your ability to implement SUD/ODU prevention services?

29. Are there any additional details you'd like to share about how COVID-19 has affected your ability to implement SUD/ODU treatment services?

30. Are there any additional details you'd like to share on how COVID-19 has affected your ability to implement SUD/ODU recovery services?

Reconnections Counseling will start to schedule appointments via a hybrid model – part in person and part virtual. They have found that virtual appointments are occasionally a better fit for their clients.

31. Are there any additional details you'd like share on how COVID-19 has affected your ability to hire, recruit, or retain SUD/ODU counselors and other support staff?

32. Are there any additional details you'd like to share about how COVID-19 has affected your ability to provide high quality data for RCORP reporting requirements?

33. Are there any additional details you'd like to share about how COVID-19 has affected your ability to complete RCORP-Implementation work plan activities within the timeframe proposed in your work plan?

34. Are there any additional details you'd like to share about how COVID-19 has affected behavioral health outcomes?

Adaptations to COVID-19

35. Please indicate the ways (if any) in which you have had to adapt to COVID-19. Select all that apply

Increased social media presence

Increased telemedicine capacity (e.g. prescribing MAT, treatment intake)

Increased capacity for interactive, two-way telehealth services (e.g., counseling, case management, assessments)

Increased capacity for audio-only telehealth services by telephone (e.g., counseling, case management, assessments)

Increased linkages to support services (e.g., food pantries, housing)

Performed contact tracing

Held remote consortium meetings

Adapted provider trainings to a virtual format

Adapted community trainings to a virtual format

Designed and hosted on-line support groups

Re-designed physical space to accommodate social distancing

Developed temporary expansion site(s) for patient care

Coordinated care delivered in patients' homes

COVID-19 Adaptations Continued

36. If you have a particular adaptation that you'd like to tell us more about, please select the adaptation from the drop box:

Project Director Turnover

37. Did you have a change in project director during the past year?

Yes

38. How many project director changes did you have?

1

Lincoln County Bridges to Recovery Project Work Plan

Definitions of Acronyms:

C.H.A.N.C.E.	Communities Helping Addicts Negotiate Change Effectively	PDMP	Prescription Drug Monitoring Program
CME	Continuing Medical Education	PRM	Peer Recovery Mentor
CTSI	Confederated Tribes of Siletz Indians	PSS	Peer Support Specialist
FQHC	LCHHS's Federally Qualified Health Center	SHS	Samaritan Health Services
HROS	Harm Reduction Outreach Specialist	SNLH	Samaritan North Lincoln Hospital
LCHHS	Lincoln County Health and Human Services	SPCH	Samaritan Pacific Communities Hospital
ODU	Opioid Use Disorder	SUD	Substance Use Disorder
PDO Coordinator	Prescription Drug Overdose Coordinator		

Color Key:

Red Activities completed between 6/1/2020 – 8/31/2020

Yellow Changes made during 6/1/2020 – 8/31/2020

Green Activities where progress has been made during 6/1/2020 – 8/31/2020 (details included)

Overarching Goal: Reduce morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in Lincoln County.

Goal 1: Strengthen and expand SUD/OUD prevention services in Lincoln County.								
Objective	Activity No.	Core Activity No.	Activities	Data	Responsible Persons	Timeline	Progress	Details
Implement all six core prevention activities by August 31, 2022.	1a	1	Assign Project Director and Project Coordinator to support the Lincoln County Bridges to Recovery Project.	Staff assigned	Network Director	Sept 2019	Completed	
	1b	1	Prescription Drug Overdose (PDO) Coordinator facilitates bulk Narcan purchases for Lincoln County Health and Human Services (LCHHS), Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E) and law enforcement agencies in Lincoln County.	Invoices/spreadsheet tracking purchases	PDO Coordinator	Oct 2019 – ongoing	Ongoing	

1c	1	Distribute naloxone and other approved medication used for medication-assisted treatment (MAT) to trained individuals and organizations.	Distribution spreadsheet	PDO Coordinator, C.H.A.N.C.E.	Oct 2019 – ongoing	Ongoing	
1d	1	Regional Harm Reduction Coalition monitors Narcan in the community to ensure timely response to overdose clusters.	# of individuals, family members allocated Narcan each month	Regional Harm Reduction Coalition	Ongoing	Ongoing	
1e	2	Leverage Oregon Health Authority's culturally specific media campaign around SUD/OD beyond initial roll-out period in partnership with the Confederated Tribes of Siletz Indians (CTSI) and LCHHS. Conduct media campaign to promote awareness of the Lincoln County Bridges to Recovery project and new service availability.	# of media messages, articles and printed materials distributed # of media messages distributed monthly	PDO Coordinator, CTSI Project Coordinator Samaritan Health Services (SHS)	Sept 2019 – Aug 2022 Jan 2020- Aug 2022	Completed In progress	Initial conversations have been had (2/10) with SHS marketing. We will continue to discuss how we can implement a media campaign in Lincoln County.
1f	3	Provide one SUD/OD training class each year at Friday Continuing Medical Education (CME) open to all physicians, pharmacists, providers, behavioral health workers, nurses and social workers in Lincoln County.	# of training classes each year # of clinicians trained each year (sign-in sheet)	SHS	Oct 2019- annually	In progress	
1g	3	Provide SUD/OD workshop on prevention, treatment and recovery at the annual PainWise Conference.	# of participants (sign-in sheets)	SHS, PDO Coordinator	Jan 2020- annually	Ongoing	Jennifer Beckner with LCHHS is currently working on creating a virtual

									workshop for the January PainWise Conference in 2021.
1h	3	Conduct trainings on the proper use of naloxone.	# of trainings each year # of attendees	C.H.A.N.C.E., PDO Coordinator	Jan 2020-ongoing	Ongoing			
1i	4	Conduct clinic visits using Academic Detailing to educate Prescription Drug Monitoring Program (PDMP) delegates on the importance of checking the Oregon PDMP site.	# of clinic visits # of trained delegates each year	PDO Coordinator, LCHHS, SHS,	Ongoing	Deferred			
1j	4	Primary care clinics implement the Screening Brief Intervention and Referral to Treatment (SBIRT), Alcohol Use Disorders Identification Test (AUDIT) and or Drug Abuse Screening Test (DAST) screening tools.	# of patients screened each year (EPIC EHR)	SHS clinics	Ongoing	Ongoing			
1k	4	Hire Harm Reduction Outreach Specialist (HROS) to work with Siletz Tribal members in the clinic and conduct street outreach to connect individuals to primary care and screenings.	# of outreach efforts	CTSI	Oct 2019	Completed		HRO worker was hired on January 27, 2020.	
1l	4	Hire 1.0 0.5 FTE nurse case manager (NCM) and 0.5 1.0 FTE registered nurse (RN) to Lincoln County Community Health Clinic (FQHC) staff.	Staff hire dates	LCHHS, FQHC	Sept 2020 Oct 2020	In progress		Staff positions have been posted.	

1m	5	Identify and screen individuals at risk of SUD/ODU and connect them to prevention, harm reduction, early intervention services, referral to treatment and other support services.	# of individuals screened # of individuals referred # of individuals accepting services (EPIC EHR and internal tracking)	SHS, LCHHS, NCM, RN, HROS, FQHC	Dec 2019 – ongoing	Ongoing	Due to COVID-19, services are ongoing via telehealth and phone communication.
1n	6	Individuals at risk of infectious complications - including HIV, viral hepatitis and endocarditis - will be screened, tracked and referred to treatment.	# of individuals screened # of individuals referred	SHS, LCHHS, NCM, RN, HROS, FQHC	Dec 2019 – ongoing	Ongoing	Due to COVID-19, services are being scaled back.
Goal 2: Strengthen and expand SUD/ODU treatment services in Lincoln County.							
Establish and implement all six core treatment activities by August 31, 2022.	2a	1	Prioritize hiring providers who already have DEA waiver, and strongly encourage new hires to obtain DEA waiver.	# of providers with DEA waiver	LCHHS, SHS	Sept 2019 – ongoing	Ongoing
	2b	1	Conduct outreach to the provider at the Lincoln County Jail to facilitate obtaining a DEA waiver.	Lincoln County Jail provider obtains DEA waiver	Project Coordinator	Jan 2020 - ongoing	Completed
	2c	1	Develop MAT program at FQHC through which waived providers can provide MAT.	MAT program implemented at FQHC	LCHHS, FQHC	Jan-2020 Oct 2020	In progress This can be fully implemented once personnel are hired.
	2d	1	Provide DEA waiver trainings biannually in Lincoln County.	# of trainings	PDO Coordinator	Oct 2019 - ongoing	Pending
	2e	2	Hire Peer Recovery Mentor (PRM) to work with Siletz Tribal members in the clinic and the community.	Staff hired	CTSI	Sept 2020	Completed

2f	2	CTSI to partner with C.H.A.N.C.E. to train PRM and HROS around relapse susceptibility and build peer recovery community.	# of trainings # of individuals trained	CTSI, C.H.A.N.C.E.	Sept 2020	Deferred	Partnering conversations will occur later due to COVID-19.
2g	2	Engage Siletz Tribal members and Siletz Clinic clients to participate in the Tribes' culturally specific services and activities and walk alongside them in connecting to those resources and programs to ensure client success.	# of clients who participate	CTSI PRM and HROS, C.H.A.N.C.E.	Dec 2019 - ongoing	Ongoing	
2h	2	Incorporate a trauma-informed approach to annual naloxone trainings to reduce stigma around MAT.	# of trauma-informed trainings	CTSI, LCHHS	Ongoing (monthly)	Ongoing	
2i	3	Continue to advertise National Health Service Corps (NHSC) status while recruiting.	# of staff hired using NHSC status	Samaritan North Lincoln Hospital (SNLH), Samaritan Pacific Communities Hospital (SPCH) LCHHS, CTSI, FQHC	Sept 2019 - ongoing	Ongoing	
2j	4	Recruit Peer Support Specialists (PSS) to support treatment of individuals with OUDs who are bilingual/bicultural; provide referrals to bridge medical, behavioral health, dental and other social service programs and supports.	Staff hire dates	C.H.A.N.C.E., LCHHS	Sept 2019 - ongoing	Ongoing	

2k	4	NCM and RN to reduce barriers to treatment by providing care coordination and connection/referrals to social services and support for individuals with SUD/OD, including FQHC patients and those connected through emergency department peer support hand off.	# of referrals # of patients accepting referrals	LCHHS, FQHC, C.H.A.N.C.E., Reconnections Counseling	Nov 2019 - ongoing	Pending	
2l	4	PRM and HROS reduce barriers to treatment for Siletz Tribal members with SUD/OD by providing connections and referrals to home and community-based services.	# of referrals # of patients accepting referrals	CTSI PRM and HROS	Dec 2019 – ongoing	In progress	Both the PRM and HROS have been working to provide harm reduction services throughout COVID-19. They have been able to get clients into inpatient services and detox programs.
2m	5	Provide training to the Harm Reduction Coalition and Mental Health/Substance Use Disorder Advisory Committee on proper coding and billing across insurance types.	# of trainings # of people trained	SNLH business office staff	Sept 2020	Completed	Has training at the 9/14/2020 MH/SUD subcommittee meeting.
2n	6	Continue to work with law enforcement to track naloxone use and ensure adequate naloxone availability.	Distribution spreadsheet	PDO Coordinator	Ongoing	Ongoing	

2o	6	Coordinate naloxone curriculum and training across law enforcement in Lincoln County	# of trainings # of people trained	Project Coordinator, Lincoln County Sheriff's Office	Jan 2020	Completed	
	2p	Create and provide train-the-trainer curriculum for naloxone.	# of people trained as trainers	C.H.A.N.C.E., LCHHS	Mar 2020	Completed	C.H.A.N.C.E. conducted a train-the-trainer course on Friday, March 13, 2020 where five trainers were trained.
Goal 3: Strengthen and expand SUD/ODD recovery services in Lincoln County.							
Establish and implement all three core recovery activities by August 31, 2022.	3a	Conduct outreach to the Olalla Center for Children and Families Relief Nursery to ensure effective referrals and service utilization.	# of referrals # of people accept referrals	Project Coordinator	Sept 2020	Pending	
	3b	Hire PSS to promote recovery in Lincoln County.	Staff hire date	C.H.A.N.C.E., LCHHS	March 2020	Completed	Reconnections Counseling hired one new PSS to serve specifically in Lincoln City.
	3c	Identify and train new individuals, with a preference for those who are bilingual/bicultural, to serve as PSS to promote recovery.	# of trainings # of people trained	C.H.A.N.C.E., LCHHS	June 2020	Ongoing	
	3d	Develop a PSS support group to strengthen the recovery community and recovery workforce.	Support group formed # of participants	C.H.A.N.C.E., LCHHS	Oct 2019	Deferred	All support groups cancelled due to COVID-19.

3e	2	NCM and RN to develop and provide wraparound services through LCHHS MAT program.	# of patients receiving wraparound services	LCHHS NCM and RN	Nov 2019 - ongoing	Pending	
3f	2	PRM and HROS assist individuals, families and caregivers to navigate treatment and recovery support services, including home- and community-based services for SUD/OD.	# of clients receiving support	CTSI PRM and HROS	Dec 2019 - ongoing	In progress	Both the PRM and HROS have been working to provide harm reduction services throughout COVID-19. They have been able to get clients into inpatient services and detox programs.
3g	2	PRM to provide individual and group skill-building to support independent living activities.	# of activities	CTSI PRM	Dec 2019 - ongoing	In progress	
3h	2	Revitalize Community Efforts Demonstrating the Ability to Rebuild and Restore (CEDARR) coalition: Expand membership to be fully inclusive of all recovery identities; provide training and social marketing campaign around SUD/OD to strengthen cultural and community response to need for harm reduction services; re-define CEDARR's strategic plan.	Date CEDARR coalition reestablished Redefined strategic plan	CTSI Project Coordinator	Sept 2019	Deferred In Progress	CEDARR has begun to meet again on every Wednesday.
3i	2	HROS and PRM join CEDARR coalition as active members.	Staff joins CEDARR	CTSI PRM and HROS	Mar 2020	Completed	

3j	2	PRM completes training in trauma-informed care and completes certification in Peer Recovery Mentor and Psychologist First Aide.	# of staff who completed training	CTSI PRM	Mar 2020	Completed	
3k	2	CEDARR coalition to host summit around harm reduction	# of summit attendees	CTSI PRM	Oct 2020 December 2020	In progress	Planning for the virtual summit has begun and the speaker line up is currently being put together.
3l	2	CEDARR coalition mission statement and objectives reviewed, refined and redefined to include all forms of recovery.	CEDARR coalition mission statement finalized	CTSI PRM	Jan 2021	In progress	
3m	3	Lincoln County Sheriff's office will provide Transition and Programming Services (TAPS) for individuals recently released from incarceration. Services include transitional housing and wraparound services for clients participating in SUD/OD treatment programs.	# of clients enrolled in TAPS	Lincoln County Sheriff's Office	Sept 2019	Ongoing	
Goal 4: Strengthen and sustain the activities of the CCCWN Mental Health/Substance Use Disorder Advisory Committee beyond the grant period.							
Provide effective communication about SUD/OD prevention, and treatment, and	4a	N/A	# of meetings # of attendees	Project Coordinator	Monthly	Ongoing	

recovery activities to stakeholders throughout project period.	4b	N/A	Provide bimonthly progress updates, lessons learned and successes to the CCCWN Steering Committee and the full consortium.	Bimonthly progress reports	Project Director, Project Coordinator	Bimonthly	Ongoing	
	4c	N/A	Provide quarterly progress reports, sustainability plan and final performance/closeout reports to the CCCWN Steering Committee and the full consortium.	Quarterly progress reports submitted Sustainability plan complete Final report submitted	Project Director, Project Coordinator, Network Director	Quarterly and end of project	Ongoing	