

# RCORP QPR December 2020 - 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

## Successes

---

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

Harm Reduction  
Tribal Populations  
Workforce — Hiring/Recruitment

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

The development of the harm reduction conference has been influential for our region with 500 people already registered. It has also been an event bringing together multiple health systems, county health departments, private providers, physicians, peer support workers, harm reduction workers, state administrators and tribal organizations. The event is to take place on December 14th – 16th and seeks to educate participants on harm reduction, trauma informed care, and culturally specific topics related to medicine, prevention, treatment, and recovery activities.

**5. Please describe the success(es) you had related to tribal populations**

Our partners with the Confederated Tribes of the Siletz Indians have shared that even with services being limited, it has been a great success that services are still being offered at this time through peer-support and harm reduction type services.

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

Hiring of a registered nurse has been a large success for this grant as it will allow for MAT services to be more widely accessible to people in our county. The start date for our RN was October 1st.

## Challenges

---

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

COVID-19 Pandemic  
Service Capacity  
Workforce — Hiring/Recruitment

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

A surge in COVID-19 cases in November has posed many challenges for our rural county. Our community partners are stretched to provide services on top of also having to deal with the COVID-19 response.

**9. What steps have you taken to resolve the challenge(s) you had related to the COVID-19 pandemic?**

We are continuing to encourage community partners in the work that they are doing. As staff for this grant, we are trying to provide support wherever we can.

**10. Has the challenge(s) related to the COVID-19 pandemic been resolved?**

No

**11. Please describe the challenge(s) you had related to service capacity**

Service capacity has been affected as partners no longer have one specific role but are also serving in roles to support COVID-response. Added work with contact tracing has greatly impacted partner's ability to get out into the community and serve the people they would typically serve.

**12. What steps have you taken to resolve the challenge(s) you had related to service capacity?**

Dependent on COVID-19

**13. Has the challenge(s) related to service capacity been resolved?**

No

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

Staffing and hiring has been a challenge with little to no applicants for positions with the county. This could be due to many people not wanting to relocate at this time.

**15. What steps have you taken to resolve the challenge(s) you had related to workforce—hiring/recruitment?**

The county is continuing to recruit.

**16. Has the challenge(s) related to workforce—hiring/recruitment been resolved?**

No

### Anticipated Challenges/TA Needs

---

**17. 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: Homelessness

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

Community partners expect the effects of COVID-19 to worsen in the coming months, therefore affecting the extent to which they can provide services.

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

One anticipated challenge is an increase in overdoses. This could be attributed to more COVID-19 restrictions being put in place and social isolation and depression affecting people's choices to use drugs.

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

Another anticipated challenge is an increase in homelessness.

### SUD Screening

---

**21. Does your organization (or any of your consortium members and/or partners) use Screening, Brief Intervention and Referral to Treatment (SBIRT) as your SUD screening method?**

Yes

**22. Approximately how many of your direct services consortium members and/or partners (including you) use this method?**

Most

**23. What other screening tools and methods are being used by your organization or your consortium members/partners?**

AUDIT, DAST

## Stimulant Use Disorders

---

24. Does your organization (or any of your consortium members and/or partners) treat individuals with stimulant use disorder (e.g., methamphetamine)?

Yes

25. What treatment approaches are being used by your organization (or any of your consortium members and/or partners) to treat stimulant use disorder?

Cognitive Behavioral Therapy

26. Do you see any emerging best practices in treating stimulant use disorder?

No

## Peer Recovery Workers

---

27. Does your RCORP initiative currently include peer recovery workers (e.g., as consortium members/partners, direct services providers, or recipients of workforce development services)?

Yes

28. Do these peer recovery workers have the opportunity to connect with other peer recovery workers for continued professional development?

Yes

29. Which of the following methods are being used to connect peer recovery workers with each other for continued professional development? Please select all that apply.

ECHO platform

Other virtual networks

In-person networks

30. Do you find SUD treatment team members (physicians, nurses, PAs, etc.) need more education to understand how to optimally benefit from peer recovery workers?

Yes

31. What challenges (if any) do peer recovery workers in your consortium and/or partnership experience?

Access to technology (data collection tools), support for themselves (mental health support), being stretched to work in a variety of roles, not having enough time to do the work that they need to get done.

## Treatment Options in HRSA-Designated Rural Service Area

---

32. How many counties in your HRSA-designated rural service area currently have:

At least one in-person SUD treatment option (e.g., MAT prescriber, inpatient, outpatient)

*Do NOT include telehealth only treatment options :* 1

Total : 1

Comments

## Treatment Options in HRSA-Designated Rural Service Area Continued

---

33. Of the 1 counties that have at least one in-person SUD treatment option, in how many have you been able to use RCORP funding (in full or part) to further expand access to treatment for substance use disorder through telehealth?

0

34. Of the counties that do NOT have in-person SUD treatment options, in how many have you been able to use RCORP funding (in full or part) to expand access to treatment for substance use disorder through telehealth?

0

## Impact of COVID-19 on RCORP Operations

**35. 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 partners		X		
Ability to provide high quality data for RCORP reporting requirements			X	
Ability to complete RCORP 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

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

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

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

**39. 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?**

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

**41. 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?**

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

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

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

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

### Adaptations to COVID-19

46. 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)
- Coordinated with labs to offer COVID-19 testing
- Performed contact tracing
- Held remote consortium/partnership 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

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

### Grant Activities

48. Please indicate whether the following activities have taken place in the last quarter in your HRSA-designated 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/partnership 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		

### Loan Repayment Programs and SORH Engagement

49. Have you encouraged your consortium members and/or partners to apply to the NHSC Rural Community Loan Repayment Program?

Yes

50. Has your organization ever used the [Health Workforce Connector](#) to recruit qualified clinicians and trainees to join your site?

No

51. Have any of your consortium members and/or partners used the [Health Workforce Connector](#) to recruit qualified clinicians and trainees to join their sites?

Not sure

## Subcommittees

---

52. Have you developed consortium and/or partnership subcommittees to address specific issues, etc.?

No

53. Does your consortium or partnership plan on developing any subcommittees within the next year?

No

**Grant GA1RH33539 SNLH Rural Communities Opioid Response – Implementation**

**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 9/1/2020 – 11/30/2020
- Yellow Changes made during 9/1/2020 – 11/30/2020
- Green Activities where progress has been made during 9/1/2020 – 11/30/2020 (details included)

<b>Overarching Goal: Reduce morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in Lincoln County.</b>								
<b>Goal 1: Strengthen and expand SUD/ODU prevention services in Lincoln County.</b>								
<b>Objective</b>	<b>Activity No.</b>	<b>Core Activity No.</b>	<b>Activities</b>	<b>Data</b>	<b>Responsible Persons</b>	<b>Timeline</b>	<b>Progress</b>	<b>Details</b>
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	PDO coordinator continues to help organizations with purchasing and applying for funding streams

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.
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	Completed	A training on Management of Opiate Use Disorder During Pregnancy occurred on October 28 <sup>th</sup>
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 (LCHHS) is currently working on creating a virtual



									workshop for the January PainWise Conference on January 22 <sup>nd</sup> and 23 <sup>rd</sup> .
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		Jennifer Beckner (LCHHS) along with partners at CTSI will host two naloxone trainings at the annual harm reduction conference with CTSI on December 14 <sup>th</sup> , 15 <sup>th</sup> , and 16 <sup>th</sup> .	
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	# of outreach efforts	CTSI	Oct 2019	On going		HRO worker was hired on January 27, 2020.	

			outreach to connect individuals to primary care and screenings.						There are currently two people working on this with CTSI. The surge in COVID-19 cases has affected the ability to do outreach.
1l	4		Hire 0.5 FTE case manager (CM) and 1.0 FTE registered nurse (RN) to Lincoln County Community Health Clinic (FQHC) staff.	Staff hire dates	LCHHS, FQHC	Oct 2020	In progress		RN was hired on October 1 <sup>st</sup> , 2020. Case Manager position has been written and posted.
1m	5		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.	# 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		
<b>Goal 2: Strengthen and expand SUD/OD treatment services in Lincoln County.</b>									
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		
Establish and implement all six core treatment									

activities by August 31, 2022.	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	Oct 2020	In progress	LCHHS anticipates beginning the MAT program in early 2021.
	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	PRM began in their role on July 1, 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.	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	The December 14 <sup>th</sup> , 15 <sup>th</sup> , 16 <sup>th</sup> harm reduction conference will include opportunities for tribal members as well as general community members to participate in seminars on the following: healing with traditional health foods,

									tribal meditation, traditional decompression, and others.
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			At the harm reduction conference, there will be seminars on MAT with a harm reduction foundation as well as Naloxone and overdose reversal methods training with a focus on harm reduction.
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,	Staff hire dates	C.H.A.N.C.E., LCHHS	Sept 2019 - ongoing	Ongoing			

2k	4	behavioral health, dental and other social service programs and supports. CM 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	LCHS, FQHC, C.H.A.N.C.E., Reconnections Counseling	Oct 2020 - ongoing	<b>Pending</b> <b>In progress</b>	A workflow is currently being developed for the Lincoln City FQHC, Reconnections Counseling and the hospital emergency departments for the MAT program.
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	<b>In progress</b>	This is continuing to occur, however, the surge in COVID-19 cases has affected the ability to refer to home and community-based services.
2m	5	<b>Provide training to the Harm Reduction Coalition and Mental Health/Substance Use Disorder Advisory Committee on proper coding and billing across insurance types.</b>	# of trainings: # of people trained:	SNLH business office staff	Sept 2020	<b>Completed</b>	On 9/14/2020, the MH/SUD subcommittee received the training. Staff are open to providing further training if needed.

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	Completed	Jan 2020
2p	6	Create and provide train-the-trainer curriculum for naloxone.	# of people trained as trainers	C.H.A.N.C.E., LCHHS	Completed	Mar 2020

**Goal 3: Strengthen and expand SUD/ODU 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	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	Completed
	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	Deferred	All support groups cancelled due to COVID-19.
3e	2	CM and RN to develop and provide wraparound services through LCHHS MAT program.	# of patients receiving wraparound services	LCHHS NCM and RN	Nov 2019 Oct 2020 - 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/ODU.	# 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/ODU 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	In Progress	CEDARR meets 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	December 2020	In progress	The harm reduction conference will be held December 14 <sup>th</sup> , 15 <sup>th</sup> and 16 <sup>th</sup> , through Zoom.
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	
<b>Goal 4: Strengthen and sustain the activities of the CCCWN Mental Health/Substance Use Disorder Advisory Committee beyond the grant period.</b>							
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	
Provide effective communication about SUD/OD prevention, and treatment, and							



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	The full consortium meeting took place November 18 <sup>th</sup> where an update was provided. TEL, Deb Kupfer, attended as well.
	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 complete Sustainability plan complete Final report submitted	Project Director, Project Coordinator, Network Director	Quarterly and end of project	Ongoing	4 QPRs complete  Part 1 of the Sustainability plan complete

# RCORP QPR March 2021 - 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

## Successes

---

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

Access to Treatment Services  
Service Capacity  
Tribal Populations

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

Access to treatment services: In February 2021, Lincoln County opened their first Office-Based Addiction Treatment (OBAT) Center in the Lincoln City Federally Qualified Health Center (FQHC). With the help of the FQHC staff, a registered nurse, and a psychiatric nurse practitioner, the first patient is currently receiving treatment. This is a tremendous success for Lincoln County and services are now being offered in geographically diverse locations. Additionally, peer support and alcohol and drug counseling services are being offered in coordination with the medication assisted treatment services. Reconnections Counseling has been contracted with Lincoln County Behavioral Health to work out of the OBAT and serve the patients that are seeking treatment.

**5. Please describe the success(es) you had related to service capacity**

Service capacity: Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.) has increased services in the Linn County region. Although this isn't specifically in Lincoln County, C.H.A.N.C.E. is a partner of the Bridges to Recovery grant and has continued to serve populations on the coast (Lincoln County) that come into the valley (Linn County). Their expansion of services includes opening up a location for clients to access: peer support, medical appointment assistance, counseling, housing assistance, cooking education, dental services, health insurance, job search assistance, etc.

In February 2021, C.H.A.N.C.E. opened Second C.H.A.N.C.E., a 140-bed homeless shelter near its Albany headquarters.

**6. Please describe the success(es) you had related to tribal populations**

Tribal populations: The Confederated Tribes of the Siletz Indians (CTSI) have continued to see patients and clients throughout the COVID-19 pandemic. They have been creative in offering virtual events, meetings, and activities and have effectively engaged clients through social media and one-on-one outreach conducted according to CDC safety guidelines.

## Challenges

---

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

Workforce — Hiring/Recruitment  
Workforce — Retention  
Other - Write In: Uncertainty related to measure 110

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

Workforce - Hiring and recruitment: We continue to face challenges with hiring and recruitment, specifically for the Case Manager position for our Office Based Addiction Treatment (OBAT) center in Lincoln City. Additionally, though many organizations have been pulled into the vaccination efforts, there is a need for professionals/volunteers, including clinicians and interpreters, to staff the COVID-19 vaccination clinics in Lincoln County.

**9. What steps have you taken to resolve the challenge(s) you had related to workforce—hiring/recruitment?**

The position for the Case Manager has been posted and recruitment is underway.

**10. Has the challenge(s) related to workforce—hiring/recruitment been resolved?**

No

**11. Please describe the challenge(s) you had related to workforce—retention**

Workforce - Retention: We continue to face challenges with retaining our current workforce. Likely because of COVID-19, we are also seeing increased burnout and a desire for new opportunities among professionals in our county.

**12. What steps have you taken to resolve the challenge(s) you had related to workforce—retention?**

We are continuing to search for potential candidates for positions that staff are leaving vacant.

**13. Has the challenge(s) related to workforce—retention been resolved?**

No

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

In November 2020, Oregon passed Measure 110, the Drug Addiction Treatment and Recovery Act. The measure seeks to shift the response to drug possession from criminalization to treatment and recovery. There is still much uncertainty about the impact of this measure and the implications it has for our county, our medical providers, and our law enforcement.

**15. What steps have you taken to resolve your other, written-in challenge(s)?**

Partners have been attending and hosting meetings to talk about Measure 110, but there is still a lot of unknown in regard to the Addiction Recovery Centers (ARCs) that are to be located in each Coordinated Care Organization (CCO) region in the state.

**16. Has your other, written-in challenge(s) been resolved?**

No

## Anticipated Challenges/TA Needs

---

**17. 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

## Medication-Assisted Treatment Options

---

**18. What MAT medications (drug name and form) are currently being prescribed/distributed by at least one consortium member/partner in your HRSA-designated rural service area? *Select all that apply.***

Buprenorphine, sublingual tablets (e.g., Subutex)  
Buprenorphine, extended-release subcutaneous injection (e.g., Sublocade)  
Buprenorphine with Naloxone, sublingual film (e.g., Suboxone film, Cassipa)  
Buprenorphine with Naloxone, buccal film (e.g., Bunavail)  
Buprenorphine with Naloxone, sublingual tablets (e.g., Zubsolv)  
Naltrexone, oral tablets (e.g., ReVia, Depade)  
Naltrexone, extended-release injection (e.g., Vivitrol)

## Impact of COVID-19 on RCORP Operations

---

**19. 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 partners		X		
Ability to provide high quality data for RCORP reporting requirements			X	
Ability to complete RCORP 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

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

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

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

**23. 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?**

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

**25. 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?**

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

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

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

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

## Adaptations to COVID-19

---

**30. 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)
- Coordinated with labs to offer COVID-19 testing
- Performed contact tracing
- Held remote consortium/partnership 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

---

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

## COVID-19 Vaccination

---

**32. In your grant service area, are people with SUD included in the category of high-risk/underlying medical conditions prioritized for vaccination?**

No, not at this time

**33. Is your organization or any of your consortium members/partner organizations directly involved in vaccine distribution?**

Yes

**34. To what extent has vaccine distribution impacted your ability to complete work plan activities as planned?**

Moderately

**35. Are there any challenges you are experiencing related to vaccines in your service area that you would like to tell us about? (e.g., vaccine hesitancy, concerns about inequitable access, general impacts on your ability to conduct your workplan activities, etc.)**

The most significant challenge we have faced related to vaccines is having an adequate supply of vaccines for the number of people desiring to be vaccinated. Staffing the vaccine clinics is another challenge, but both the hospitals and the county health department have been and are continuing to coordinate staff to assist with these efforts. Pharmacies and other locations are also helping with providing vaccinations. We do not have concerns at this time with completing work plan activities. Activities are continuing to happen as outlined in our work plan with some modifications to timelines.

**36. Does your organization use Community Health Workers (CHWs) as part of your RCORP project?**

No

## Telehealth

---

**37. Is your consortium/partnership currently utilizing telehealth/telemedicine as part of your RCORP project?**

Yes

**38. Select the types of services your consortium/partnership is currently using telehealth/telemedicine for (select all that apply):**

Case management  
Group therapy  
Individual counseling  
Intake and assessments  
Recovery services, including meetings with peer support workers  
Other (please specify): Culturally specific services

**39. Select the telehealth platform types your consortium/partnership is currently using (select all that apply):**

Audio-only telehealth  
Mobile/app-based health services (e.g., My Strength, text messages, text alerts)  
Video conferencing (e.g., Zoom, Doxy.me)

**40. Select the challenges your consortium/partnership has experienced in trying to implement telehealth (select all that apply):**

Billing and reimbursement challenges  
Concerns about the sustainability of reimbursement  
Discomfort with technology  
Lack of cellular connections  
Lack of reliable broadband access  
Staff discomfort with telehealth services (e.g., too impersonal)

**41. Select the challenges patients/clients served by your consortium/partnership have experienced with telehealth (select all that apply):**

Discomfort with technology  
Discomfort with telehealth services (e.g., too impersonal)  
Expensive equipment needed to access telehealth  
Internet/cell phone minute costs  
Lack of internet or cellular connections  
Privacy concerns

**Grant GA1RH33539 SNLH Rural Communities Opioid Response – Implementation  
Lincoln County Bridges to Recovery Project Work Plan**

**Definitions of Acronyms:**

C.H.A.N.C.E.	Communities Helping Addicts Negotiate Change Effectively	PDO Coordinator	Prescription Drug Overdose Coordinator
CM	Case Manager	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

**Color Key:**

**Red** Activities completed between 12/1/2020 – 2/28/2021

**Yellow** Changes made during 12/1/2020 – 2/28/2021

**Green** Activities where progress has been made during 12/1/2020 – 2/28/2021 (details included)

<b>Overarching Goal: Reduce morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in Lincoln County.</b>								
<b>Goal 1: Strengthen and expand SUD/ODU prevention services in Lincoln County.</b>								
<b>Objective</b>	<b>Activity No.</b>	<b>Core Activity No.</b>	<b>Activities</b>	<b>Data</b>	<b>Responsible Persons</b>	<b>Timeline</b>	<b>Progress</b>	<b>Details</b>
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	PDO coordinator continues to help organizations with purchasing and applying for funding streams.

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 – March 2021 – Aug 2022	Completed  In progress	We are currently looking at potential media campaign ideas with Samaritan Marketing and Brink Communications.
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	Ongoing	Management of Opiate Use Disorder During Pregnancy 10/28/2020 4 SHS providers trained.  Care of Infants and Families Experiencing Neonatal Opioid Withdrawal Syndrome 2/16/2021 4 SHS staff trained and 1 guest from



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	Reconnections Counseling. Annual PainWise Conference 1/25/20-1/26/20 192 participants attended the SUD/ODU workshop & 50 kits of Naloxone were distributed.  Annual PainWise Conference (virtual format) 1/22/21-1/23/21 No SUD/ODU workshop was provided. More focused on the science of pain. 275 registrants overall.
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	Two Naloxone trainings were held during the annual harm reduction conference on 12/14/20-12/16/20 54 participants.
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, LCHS, 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	# of patients screened each year (EPIC EHR)	SHS clinics	Ongoing	Ongoing	# of screenings in Lincoln County between 9/1/19-2/29/20: 10,230 3/1/20-8/31/20: 8,266.

			or Drug Abuse Screening Test (DAST) screening tools.							
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	Ongoing	HROS was hired on 1/27/2020.  CTSI will be utilizing the data collection app, KoBoCollect, to better collect data while doing street outreach.  # of outreach efforts between 12/1/2020-2/28/2021: 12.		
1l	4		Hire 0.5 FTE case manager (CM) and 1.0 FTE registered nurse (RN) to Lincoln County Community Health Clinic (FQHC) staff.	Staff hire dates	LCHHS, FQHC	Oct 2020	In progress	RN was hired on 10/1/2020. Case Manager position has been posted.		
1m	5		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.	# of individuals screened # of individuals referred # of individuals accepting services (EPIC EHR and internal tracking)	SHS, LCHHS, CM, 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, CM, RN, HROS, FQHC	Dec 2019 – ongoing	Ongoing			
<b>Goal 2: Strengthen and expand SUD/OD treatment services in Lincoln County.</b>										

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	<del>Oct 2020</del> February 2021	Completed
	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
	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

									3 clients participated in the conference.
2h	2	Incorporate a trauma-informed approach to annual naloxone trainings to reduce stigma around MAT.	# of trauma-informed trainings	CTSI, LCHHS	Ongoing	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	CM and RN to reduce barriers to treatment by providing care coordination and connection/referrals to social services and support for individuals with SUD/OUD, 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	Oct 2020 - ongoing	<del>In progress</del> Ongoing		# referrals and # patients accepting referrals will now be collected due to the start of the LC FQHC MAT program. # of referrals: 2 # of patients accepting referrals: 1	

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 Ongoing	# of referrals between 12/1/2020-2/28/2021: 14 # of patients accepting referrals between 12/1/2020-2/28/2021: 14
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	On 9/14/2020, the MH/SUD subcommittee received the training. Staff are open to providing further training if needed.
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	Completed	C.H.A.N.C.E. conducted a train-the-trainer course on 3/13/2020 where five trainers were trained.
<b>Goal 3: Strengthen and expand SUD/OD recovery services in Lincoln County.</b>							
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	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	Completed

									at Lincoln City FQHC doing MAT work.
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	Deferred			
3e	2	CM and RN to develop and provide wraparound services through LCHHS MAT program.	# of patients receiving wraparound services	LCHHS CM and RN	<del>Oct 2020</del> Feb 2021 - ongoing	Pending Ongoing		1 client has been enrolled into MAT through the LCHHS OBAT program.	
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/ODD.	# of clients receiving support	CTSI PRM and HROS	Dec 2019 - ongoing	In progress		# of clients receiving support between 12/1/2020-2/28/2021: 14	
3g	2	PRM to provide individual and group skill-building to support independent living activities.	# of activities	CTSI PRM	Dec 2019 - ongoing	In progress		# of activities between 12/1/2020-2/28/2021: 8	
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/ODD 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	In Progress		CEDARR meets on every Wednesday.	

3i	2	HROS and PRM join CEDARR coalition as active members.	Staff joins CEDARR	CTSI PRIM 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 PRIM	Mar 2020	Completed	
3k	2	<b>CEDARR coalition to host summit around harm reduction</b>	# of summit attendees	CTSI PRIM	December 2020	<b>Completed</b>	The harm reduction conference took place 12/14/2020-12/16/2020. # of summit attendees: 500
3l	2	CEDARR coalition mission statement and objectives reviewed, refined and redefined to include all forms of recovery.	CEDARR coalition mission statement finalized	CTSI PRIM	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/ODU treatment programs.	# of clients enrolled in TAPS	Lincoln County Sheriff's Office	Sept 2019	Ongoing	
<b>Goal 4: Strengthen and sustain the activities of the CCCWN Mental Health/Substance Use Disorder Advisory Committee beyond the grant period.</b>							
Provide effective communication about SUD/ODU prevention, and treatment, and	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

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	



# RCORP QPR June 2021 - 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

## Successes

---

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

Harm Reduction  
Prison/Jail Populations  
Tribal Populations

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

The Peer Recovery Mentor at the Confederated Tribes of Siletz Indians (CTSI) assisted clinical staff at partner organizations in the treatment of a patient for Hepatitis C. This is a success in the area of harm reduction, as well as partner collaboration. This level of partnership is key for integrating stigma-free treatment into the workplace.

**5. Please describe the success(es) you had related to prison/jail populations**

The Lincoln County jail connected with the Oregon Health Authority clearing house to gain approval for distribution of Narcan kits to every discharged incarcerated individual. This is a huge success for the jail and will be influential in the health and safety of recently discharged incarcerated individuals. The goal of this program is to help decrease overdoses in the county.

**6. Please describe the success(es) you had related to tribal populations**

Another tribe in Oregon reached out to the CTSI community health director for information on their harm reduction program. The CTSI harm reduction program includes many services including naloxone distribution, needle exchange (note: this activity is not funded through this grant), and peer support services. CTSI was asked to give an informational presentation on their program, as well as share policies and procedures. This highlights the successful work the tribe continues to do and helps expand their practices to other parts of the state.

## Challenges

---

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

Harm Reduction  
Service Capacity  
Workforce — Hiring/Recruitment

**8. Please describe the challenge(s) you had related to harm reduction**

Our partners with CTSI are experiencing challenges disposing of used needles (note: this activity is not funded through this grant) because of onerous protocols and the expensive disposal services.

**9. What steps have you taken to resolve the challenge(s) you had related to harm reduction?**

The first step is to begin communication with community partners. Initial conversations with hospital leadership to coordinate a way for the tribe to dispose of used needles at hospital sites utilizing the hospital's bulk disposal services have been initiated.

**10. Has the challenge(s) related to harm reduction been resolved?**

No

**11. Please describe the challenge(s) you had related to service capacity**

It has been difficult for the tribe to reach people with harm reduction services during COVID-19 without a fixed site location. Innovative practices like street outreach and visiting people in the community has been effective; however, more people could be reached with a fixed site location.

**12. What steps have you taken to resolve the challenge(s) you had related to service capacity?**

One idea that has been discussed is a fixed-site location where people could drive up and receive services from the comfort of their cars. A harm reduction worker could be called upon client arrival and they could bring materials out to the client and serve them in that capacity.

**13. Has the challenge(s) related to service capacity been resolved?**

No

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

Hiring and staffing continue to be a large challenge in our rural service area. Contributing factors include low pay and lack of affordable housing. There is also a shortage of Certified Alcohol and Drug Counselors (CADCs) in our area.

**15. What steps have you taken to resolve the challenge(s) you had related to workforce—hiring/recruitment?**

Initial conversations have been started related to the education and training of CADCs and other recovery peer support personnel. A workgroup has been formed out of our regional meeting to further discuss workforce development in our region. Partnerships with the local community colleges will be discussed to develop long-term plans for workforce development.

**16. Has the challenge(s) related to workforce—hiring/recruitment been resolved?**

No

**Anticipated Challenges/TA Needs**

---

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

Other - Write In: Sustainability

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

One anticipated challenge mentioned by our community partners is sustainability of workforce funding beyond this grant. We will be having conversations in the coming months with the subcommittee to discuss this topic as we prepare for developing and submitting our sustainability deliverable.

**Treatment Options in HRSA-Designated Rural Service Area**

---

**19. How many counties in your HRSA-designated rural service area currently have at least one in-person SUD treatment option?**

1

**20.**

**Of the counties with at least one in-person SUD treatment option, in how many have you been able to use RCORP funding (in full or part) to further expand access to treatment for substance use disorder through telehealth?**

0

**21. How many counties in your HRSA-designated rural service area currently do NOT have any in-person SUD treatment options?**

0

Comments

**Behavioral Health Needs**

---

**22. When addressing behavioral health in your service area, are you experiencing challenges with any of the following? *Select all that apply.***

Care coordination between mental health, substance use, and other healthcare providers

Infrastructure for data sharing

Partnerships between local, state and federal funders and licensing bodies

Stigma - Among community members

Stigma - Among service providers

Service capacity - Mental health services

Service capacity - SUD services

Service capacity - Services treating co-occurring mental health and substance use disorders

Workforce capacity - Mental health providers

Workforce capacity - SUD providers

Workforce capacity - Providers treating co-occurring mental health and substance use disorders

Wrap-around services for individuals with co-occurring mental health and substance use disorders

**23. Is there any additional information you would like to share about your community's unmet behavioral health need(s)? *If not, please leave blank.***

## **COVID-19 Vaccination**

---

**24. For the following section, please rate the degree to which you think the following challenges currently impact COVID-19 vaccine uptake for these groups:**

	Residents in your service area				Individuals with SUD/ODU in your service area				Comments
	0	1	2	3	0	1	2	3	
Lack of vaccine supply/appointments			X				X		
Complicated appointment systems (e.g., online systems or registration processes that are difficult to navigate)			X				X		
Limited access to vaccination sites (e.g., sites are far away)			X				X		
Low perceived risk for contracting COVID		X				X			
Low perceived risk of getting severe COVID		X				X			
Concerns about vaccine development and emergency use authorization (e.g., too rushed)			X				X		
Concerns about vaccine safety, side effects, long term effects			X				X		
Mistrust of doctors, health authorities, government sources		X					X		
Previous negative interactions with healthcare providers	X						X		
Lack of pro-vaccination messages from trusted community leaders and members	X				X				
Misinformation about vaccinations (e.g., "a microchip is implanted", "alters your DNA", conspiracy theories)		X					X		
Other (please specify in the comments)		X				X			Difficulty with maintaining vaccine appointment schedules with two-shot series (i.e. Pfizer & Moderna vaccines)

**25. Outside of your RCORP grant activities, is your consortium/partnership working to build vaccine confidence and improve vaccination rates in your service area?**

Yes

**26. What activities are you and/or your consortium members/partner organizations involved in to build vaccine confidence and improve vaccination rates in your service area? (Check all that apply)**

- Providing non-financial incentives for vaccinations (e.g., meals at the vaccination site, food boxes)
- Providing financial incentives for vaccinations (e.g., gift cards, raffles)
- Understanding the specific concerns of the various groups of vaccine-hesitant individuals
- Directly targeting unvaccinated populations with population-specific messaging
- Engaging influential leaders (e.g., community, religious) to promote vaccinations
- Partnering with organizations where vaccine-hesitant populations can be found (e.g., soup kitchens, recovery homes)
- Improving access/delivery of vaccinations through drive-through vaccination sites
- Improving access/delivery of vaccinations through mobile vaccination units

**27. Please elaborate on how you and/or your consortium members/partner organizations provided non-financial incentives for vaccinations.**

Resources for harm reductions services were provided at the Confederated Tribes of the Siletz Indians (CTSI) vaccination clinic.

**28. Please elaborate on how you and/or your consortium members/partner organizations provided financial incentives for vaccinations.**

Lincoln County Health and Human Services (LCHHS) recently held a Johnson & Johnson vaccine clinic in coordination with another partner, Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.), where \$20 vouchers for a local grocery market were given as an incentive for getting vaccinated. This event targeted unhoused individuals that would have been otherwise more difficult to reach.

**29. Please elaborate on how you and/or your consortium members/partner organizations understood the specific concerns of various groups of vaccine-hesitant individuals.**

Partners worked with churches and organizations to bring vaccination events to locations where people might be vaccine-hesitant.

**30. Please elaborate on how you and/or your consortium members/partner organizations directly targeted unvaccinated populations with population-specific messaging.**

Partner organizations conducted vaccine clinics with interpreters present to ensure that those who spoke a language other than English would get their questions answered. Messaging was also presented in Spanish and English. Additionally, the commercial fishing community, initially where COVID-19 cases broke out in our community, received additional outreach efforts to ensure that workers had access to vaccination.

**31. Please elaborate on how you and/or your consortium members/partner organizations engaged influential leaders to promote vaccinations.**

A member of the Lincoln County Board of Commissions supported the efforts of vaccine clinics publicly through social media.

**32. Please elaborate on how you and/or your consortium members/partner organizations partnered with organizations where vaccine-hesitant populations can be found.**

Partners worked with churches and organizations to bring vaccination events to locations where people might be vaccine-hesitant.

**33. Please elaborate on how you and/or your consortium members/partner organizations improved access/delivery of vaccinations through drive-through vaccination sites.**

Drive through vaccination sites were helpful in allowing for the rapid delivery of vaccines.

**34. Please elaborate on how you and/or your consortium members/partner organizations improved access/delivery of vaccinations through mobile vaccination units.**

Mobile vaccination units allowed for the vaccination of members of the community who had transportation barriers.

**35. Are there any strategies related to increasing vaccine uptake and/or building vaccine confidence in your service area (e.g., partnering with the recovery community) that have been effective in inspiring people to get vaccinated or in getting people vaccinated?**

Yes

**36. What are those strategies? Please be as specific as possible.**

Lincoln County Health and Human Services (LCHHS) recently held a Johnson & Johnson vaccine clinic in coordination with another partner, Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.), where \$20 vouchers for a local grocery market were given as an incentive for getting vaccinated. This event targeted unhoused individuals that would have been otherwise more difficult to reach.

The tribe has also partnered with Centro de Ayuda (social services organization) to reach the Latinx community during at least four different vaccine clinics.

The tribe also hired a videographer to capture footage of a vaccine clinic. The videos show the testing process and were shared via social media to allow community members to see what the clinic looks like and the process for getting vaccinated.

**Grant Activities**

---

**37. Please indicate whether the following activities have taken place in your HRSA-designated rural service area in the last 6 months.**

	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/continuing consortium/partnership subcommittees or working groups		X	
DATA Waiver/MAT trainings		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		

**Telehealth**

---

**38. Is your consortium/partnership currently utilizing telehealth/telemedicine as part of your RCORP project?**

Yes

**39. Please provide a 2-3 sentence overview of how your consortium/partnership is leveraging telehealth/telemedicine to implement your project.**

The Confederated Tribes of Siletz Indians Community Health Clinic and Lincoln County Health and Human Services are continuing to utilize telehealth for patients/clients that would like to meet virtually.

**40. Select the types of services your consortium/partnership is currently using telehealth/telemedicine for (select all that apply):**

- Case management
- Group therapy
- Individual counseling
- Intake and assessments
- Recovery services, including meetings with peer support workers

**41. Select the telehealth platform types your consortium/partnership is currently using (select all that apply):**

- Audio-only telehealth
- Mobile/app-based health services (e.g., My Strength, text messages, text alerts)
- Video conferencing (e.g., Zoom, Doxy.me)

**42. Select the challenges your consortium/partnership has experienced in trying to implement telehealth (select all that apply):**

- Billing and reimbursement challenges
- Concerns about the sustainability of reimbursement
- Discomfort with technology
- Lack of cellular connections
- Lack of reliable broadband access
- Staff discomfort with telehealth services (e.g., too impersonal)

**43. Select the challenges patients/clients served by your consortium/partnership have experienced with telehealth (select all that apply):**

- Discomfort with technology
- Discomfort with telehealth services (e.g., too impersonal)
- Expensive equipment needed to access telehealth
- Internet/cell phone minute costs
- Lack of internet or cellular connections
- Privacy concerns

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

N/A

## **Loan Repayment Programs and SORH Engagement**

---

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

Yes

**46. Which loan repayment program are you planning to leverage? *Please select all that apply.***

- Rural Community Loan Repayment Program
- State Loan Repayment Program

**47. Has your consortium/partnership had any engagement/encounters with your State Office of Rural Health since the start of your grant?**

Yes

**48. Please describe the engagement/encounters**

A representative of the Oregon Office of Rural Health serves on the CCCWN full network and attends the regularly scheduled meetings. The staff and chair of the consortium participate in planning the annual rural health conference and serve as presenters. The ORH sends regular newsletters and emails on research, webinars, workshops, trainings and funding opportunities to the full network.

## **Subcommittees/Working Groups**

---

**49. Have you developed consortium/partnership subcommittees or working groups to address specific issues, fulfill core activities, etc.?**

No

**50. Does your consortium/partnership plan on developing any subcommittees or working groups within the next year?**

No

**Grant GA1RH33539 SNLH Rural Communities Opioid Response – Implementation  
Lincoln County Bridges to Recovery Project Work Plan**

**Definitions of Acronyms:**

C.H.A.N.C.E.	Communities Helping Addicts Negotiate Change Effectively	PDO Coordinator	Prescription Drug Overdose Coordinator
CM	Case Manager	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

**Color Key:**

**Red** Activities completed between 3/1/2020 – 5/31/2021

**Yellow** Changes made during 3/1/2020 – 5/31/2021

**Green** Activities where progress has been made during 3/1/2020 – 5/31/2021 (details included)

<b>Overarching Goal: Reduce morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in Lincoln County.</b>								
<b>Goal 1: Strengthen and expand SUD/ODU prevention services in Lincoln County.</b>								
<b>Objective</b>	<b>Activity No.</b>	<b>Core Activity No.</b>	<b>Activities</b>	<b>Data</b>	<b>Responsible Persons</b>	<b>Timeline</b>	<b>Progress</b>	<b>Details</b>
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	PDO coordinator continues to help organizations with purchasing and applying for funding streams.



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  March 2021 – Aug 2022	Completed  In progress	The MH/SUD subcommittee is working on developing a media campaign, potentially with Brink Communications, to reduce stigma 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	Ongoing	Management of Opiate Use Disorder During Pregnancy 10/28/2020 4 SHS providers trained.  Care of Infants and Families Experiencing Neonatal Opioid Withdrawal Syndrome 2/16/2021 4 SHS staff trained and 1 guest from

									Reconnections Counseling.  Upcoming: Evidence-Based Practices to Eliminate Shame & Stigma 6/16/2021  Upcoming: Benzodiazepine Dependence & Withdrawal 7/15/2021
1g	3								Annual PainWise Conference 1/25/20-1/26/20 192 participants attended the SUD/OD workshop & 50 kits of Naloxone were distributed.  Annual PainWise Conference (virtual format) 1/22/21-1/23/21 No SUD/OD workshop was provided. More focused on the science of pain. 275 registrants overall.
									Two Naloxone trainings were held during the annual harm reduction conference on 12/14/20-12/16/20 54 participants.

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	# of screenings in Lincoln County between: 9/1/19-2/29/20: 10,230 3/1/20-8/31/20: 8,266
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	HROS was hired on 1/27/2020.  CTSI will be utilizing the data collection app, KoBoCollect, to better collect data while doing street outreach.  # of outreach efforts between 12/1/2020-2/28/2021: 12  # of outreach efforts between 3/1/2021-5/31/2021: 18
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	Ongoing	
1l	4	Hire <del>1.0</del> <b>1.0</b> FTE case manager (CM) and 1.0 FTE registered nurse (RN) to Lincoln County Community Health Clinic (FQHC) staff.	Staff hire dates	LCHHS, FQHC	<del>Oct 2020</del> September 2021	In progress	RN was hired on 10/1/2020. Case Manager position has been posted.  CM position has been changed from 0.5 FTE to 1.0 FTE.

1m	5	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.	# of individuals screened # of individuals referred # of individuals accepting services (EPIC EHR and internal tracking)	SHS, LCHHS, CM, RN, HROS, FQHC	Dec 2019 – ongoing	Ongoing	OBAT Clinic: 12/1/2020-2/28/2021 # of individuals screened = 2 # of individuals referred = 2 # of individuals accepting services (EPIC EHR and internal tracking) = 1  OBAT Clinic: 3/1/2021-5/31/2021 # of individuals screened = 9 # of individuals referred = 9 # of individuals accepting services (EPIC EHR and internal tracking) = 8
	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, CM, RN, HROS, FQHC	Dec 2019 – ongoing	Ongoing
<b>Goal 2: Strengthen and expand SUD/OD treatment services in Lincoln County.</b>							
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	February 2021	Completed

February at the FQHC and began induction. The clinic is called an Office-based addiction treatment (OBAT) center.									
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			PRM began in their role on 7/1/2020.
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.	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			12/14/20-12/16/20 Harm Reduction Conference provided culturally relevant opportunities to learn about resources and programs. 3 clients participated in the conference.
2h	2	Incorporate a trauma-informed approach to annual naloxone trainings to reduce stigma around MAT.	# of trauma-informed trainings	CTSI, LCHHS	Ongoing	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	CM and RN to reduce barriers to treatment by providing care coordination and connection/referrals to social services and support for individuals with SUD/OUD, 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	Oct 2020 - ongoing	Ongoing	# referrals and # patients accepting referrals will now be collected due to the start of the LC FQHC MAT program.  # of referrals: 2 # of patients accepting referrals: 1 between 12/1/2020-2/28/2021  # of referrals: 1 # of patients accepting referrals: 1 between 3/1/2021-5/31/2021

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	Ongoing	# of referrals between 12/1/2020-2/28/2021: 14 3/1/2021-5/31/2021: 5  # of patients accepting referrals between 12/1/2020-2/28/2021: 14 3/1/2021-5/31/2021: 5
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	On 9/14/2020, the MH/SUD subcommittee received the training. Staff are open to providing further training if needed.
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	Completed	C.H.A.N.C.E. conducted a train-the-trainer course on 3/13/2020 where five trainers were trained.
<b>Goal 3: Strengthen and expand SUD/OD recovery services in Lincoln County.</b>							
3a	1	Conduct outreach to the Olalla Center for Children and Families Relief Nursery to ensure	# of referrals # of people accept referrals	Project Coordinator	Sept 2020	Pending	

recovery activities by August 31, 2022.	3b	2	effective referrals and service utilization. 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 at Lincoln City FQHC doing MAT work. RC currently has 11 people serving in a peer support capacity 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	Deferred	
	3e	2	CM and RN to develop and provide wraparound services through LCHHS MAT program.	# of patients receiving wraparound services	LCHHS CM and RN	Feb 2021 - ongoing	Ongoing	8 clients are receiving MAT through the LCHHS OBAT program.
	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/OUUD.	# of clients receiving support	CTSI PRM and HROS	Dec 2019 - ongoing	In progress	# of clients receiving support between 12/1/2020-2/28/2021: 14 3/1/2021-5/31/2021: 10
	3g	2	PRM to provide individual and group skill-building to support independent living activities.	# of activities	CTSI PRM	Dec 2019 – ongoing	In progress	# of activities between 12/1/2020-2/28/2021: 8 3/1/2021-5/31/2021: 8



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 strategic plan.	Date CEDARR coalition reestablished Redefined strategic plan	CTSI Project Coordinator	Sept 2019	In progress	CEDARR meets 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	December 2020	Completed	The harm reduction conference took place 12/14/2020-12/16/2020. # of summit attendees: 500
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	Mission statement completed. Workgroup meets once a week on Tuesdays.
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	# of clients enrolled in TAPS	Lincoln County Sheriff's Office	Sept 2019	Ongoing	

					participating in SUD/ODU treatment programs.					
<b>Goal 4: Strengthen and sustain the activities of the CCCWN Mental Health/Substance Use Disorder Advisory Committee beyond the grant period.</b>										
Provide effective communication about SUD/ODU prevention, and 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 September 2021 - 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

## Contact Information

---

**3. Project Director**

**First Name**

Shelagh

**Last Name**

Baird

**Email Address**

sbaird@samhealth.org

**Should this individual have access to an RCORP-Evaluation Dashboard account?**

**4. Data Coordinator**

**First Name**

Jolynn

**Last Name**

Meza Wynkoop

**Email Address**

jolynn@samhealth.org

**Should this individual have access to an RCORP-Evaluation Dashboard account?**

## Implementation I Prevention-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
<b>P1. Naloxone Access.</b> 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
<b>P2. Public Education &amp; Stigma Reduction.</b> 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	
<b>P3. Provider Education.</b> 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	
<b>P4. PDMP Use.</b> Increase the number of providers who regularly use a Prescription Drug Monitoring Program (including prescribers and pharmacists).				X
<b>P5. SUD Screening and Referral.</b> 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
<b>P6. Refer SUD Patients with Infectious Diseases to Treatment.</b> 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

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

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

## Implementation I Treatment-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
<b>T1. Increase Number of Waivered Providers.</b> 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	
<b>T2. Increase MAT Support Staff.</b> Increase the number of support staff with the training and education to provide activities and services to complement MAT.				X
<b>T3. Workforce Recruitment and Development.</b> Recruit and retain rural SUD/ODU providers by providing workforce development opportunities and recruitment incentives through mechanisms such as, but not limited to, the NHSC.			X	
<b>T4. Address Treatment Barriers through Integrated Care.</b> 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
<b>T5. Optimize Reimbursement.</b> 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
<b>T6. Strengthen Collaboration to Improve Emergency Treatment.</b> Strengthen collaboration with law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/ODU.				X

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

	Delayed	On Track	Ahead of Schedule
<b>T1. Increase Number of Waivered Providers</b>		X	
<b>T2. Increase MAT Support Staff.</b>		X	
<b>T3. Workforce Recruitment and Development.</b>		X	
<b>T4. Address Treatment Barriers through Integrated Care.</b>		X	
<b>T5. Optimize Reimbursement.</b>		X	
<b>T6. Strengthen Collaboration to Improve Emergency Treatment.</b>		X	

**Implementation I Recovery-Related Work Plan Activities**

---

**9. 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
<b>R1. Improve access to treatment and recovery support services.</b> 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	
<b>R2. Expand recovery support services.</b> Develop recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.			X	
<b>R3. Improve discharge (re-entry) programs and services.</b> 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	

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

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

## SUD/Drug Concerns

**11. 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 HRSA-designated rural service area. List in order of drugs of most concern to least concern. If you have a concern not included in this list, please use the comment box to specify.**

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

### Comments

**12. Among the drug types listed, please rank in order the top three drug types that your HRSA-designated rural service area has the least capacity to treat. List from top to bottom starting with the drug you have the least capacity to address. If you have a concern not included in this list, please use the comment box to specify.**

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

### Comments

## SUD-Related Health Concerns

---

**13. 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 HRSA-designated rural service area. *List in order of health issue of most concern to least concern. If you have a concern not included in this list, please use the comment box to specify.***

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

HIV infections are currently increasing in our tri-county region (Linn, Benton, and Lincoln counties), however, it is unknown if this is due to drug use or sexual transmission.

**14. Among the problem areas listed, please rank in order the top three problem areas that your HRSA-designated rural service area has the least capacity to address. *List from top to bottom starting with the health issue you have the least capacity to address. If you have a concern not included in this list, please use the comment box to specify.***

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

### Comments

## Successes

---

**15. 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  
Workforce — DATA waivers

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

The Prescription Drug Overdose Coordinator for Lincoln County Health and Human Services has been able to maintain a consistent supply of Narcan for the region. Through various channels, Narcan has been purchased and distributed to community organizations for overdose prevention. Work is underway to provide incarcerated individuals with Narcan upon release from the corrections system.

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

The Lincoln City Federally Qualified Health Center has been up and running since the beginning of 2021. Although it was difficult to get a full-time Case Manager hired initially, the position has been filled. The Case Manager has been assisting staff at the Office Based Addiction Treatment center to provide services to those seeking medication assisted treatment options.

**18. Please describe the success(es) you had related to workforce—DATA waivers**

The Lincoln City Federally Qualified Health Center initially had one psychiatric nurse practitioner who was DATA waived and able to prescribe MAT. Over the last couple of months, two family nurse practitioners have obtained their DATA waivers and one family nurse practitioner is in the process of obtaining theirs. This will allow for four providers to serve clients through the Lincoln City Federally Qualified Health Center Office Based Addiction Treatment Center, allowing for more clients to be able to receive services.

## Challenges

---

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

COVID-19 Pandemic  
Funding Availability  
Workforce — Hiring/Recruitment

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

The pandemic continues to be a challenge affecting many aspects of the work that takes place in Lincoln County. The pandemic has especially affected our workforce in Lincoln County, overwhelming hospital staff, and causing county health workers to juggle COVID-19 contact tracing and vaccination clinics in addition to their public health jobs.

**21. What steps have you taken to resolve the challenge(s) you had related to the COVID-19 pandemic?**

We have continued to schedule and plan the Bridges to Recovery meetings accordingly, giving extra guidance and support to community partners when needed.

**22. Has the challenge(s) related to the COVID-19 pandemic been resolved?**

No

**23. Please describe the challenge(s) you had related to funding availability**

Measure 110 was passed in Oregon in November 2020 and is known as the Drug Addiction Treatment and Recovery Act. The measure seeks to shift the response to drug possession from criminalization to treatment and recovery. Since the Y2Q2 progress update report, we have received some clarity in this measure but are still in the waiting phase for award funding distribution details. This does not affect the Bridges to Recovery project deliverables and timeline, however, the uncertainty in the award funding is a challenge that many community partners who work in the SUD field are experiencing.

**24. What steps have you taken to resolve the challenge(s) you had related to funding availability?**

The Network Director continues to reach out to the state officials who oversee Measure 110 funding. Further guidance and information on when funding will be distributed is expected to be known soon.

**25. Has the challenge(s) related to funding availability been resolved?**

No

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

Workforce hiring and recruitment as well as retention continues to be a challenge in Lincoln County. Other contributing factors include the lack of affordable housing, strict renting guidelines (i.e. no pets allowed), non-competitive wages, etc.

**27. What steps have you taken to resolve the challenge(s) you had related to workforce—hiring/recruitment?**

For the Case Manager position, we were able to make the position more desirable by increasing the FTE from part time to full time. This attracted more applicants and allowed us to hire for the position.

**28. Has the challenge(s) related to workforce—hiring/recruitment been resolved?**

No

## Anticipated Challenges/TA Needs

---

**29. 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

## Medication-Assisted Treatment Options

---

**30. What MAT medications (drug name and form) are currently being prescribed/distributed by at least one partner in your HRSA-designated rural service area? *Select all that apply.***

Buprenorphine, sublingual tablets (e.g., Subutex)  
Buprenorphine, extended-release subcutaneous injection (e.g., Sublocade)  
Buprenorphine with Naloxone, sublingual film (e.g., Suboxone film, Cassipa)  
Buprenorphine with Naloxone, buccal film (e.g., Bunavail)  
Buprenorphine with Naloxone, sublingual tablets (e.g., Zubsolv)  
Naltrexone, oral tablets (e.g., ReVia, Depade)  
Naltrexone, extended-release injection (e.g., Vivitrol)



## Kratom Use

---

31. How prevalent is kratom in your consortium/partnership's service area?

Very prevalent

32. Please select any reasons you're aware of that individuals in your service area are using kratom. *Select all that apply.*

To relieve pain

To mitigate withdrawal

To increase energy and alertness

33. Please select other drugs commonly used by individuals in your service area who use kratom. *Select all that apply.*

Alcohol

Heroin

Marijuana

Methamphetamine

Prescription Opioids

34. Please select the consequences you are aware of as a result of using kratom. *Select all that apply.*

Not sure

## Behavioral Health

---

35. Consider the behavioral health needs of your community and consortium/partnership. What key components should be present in a federal funding opportunity to help you address these needs and improve behavioral health? *Please be as specific as possible (e.g., funding amount, length of time, focus area, etc.).*

Funding opportunities for behavioral health programs in Lincoln County should look to address health disparities, specifically for the LGBTQIA2S+, tribal, Latino, fishing and seasonal worker communities. Funding amounts should be more than \$500,000 for at least three years in length.

Another funding opportunity would be to support the work to increase Certified Alcohol & Drug Counselors in our county.

## COVID-19 Pandemic and RCORP

---

36. Please list the ways (if any) in which RCORP funding helped your consortium/partnership and community handle the COVID-19 pandemic. *Please be as specific as possible.*

RCORP funding for the Bridges to Recovery project has provided jobs that have helped to keep services running during the COVID-19 pandemic, specifically in the areas of peer support, harm reduction, MAT, and grant coordination. Services have continued with minimal interruption. Funding has also helped to keep the consortium on track in completing the work plan items through the work of the project coordinator and director.

37. Please list the ways (if any) in which RCORP-TA helped your consortium/partnership and community handle the COVID-19 pandemic. *Please be as specific as possible.*

The RCORP-TA has provided regular guidance, support, and resources related to COVID-19 and SUD services.

Regular check-in meetings each month has kept the project on track and the TA has provided us with updates on how other grantees have been managing their grants amidst the pandemic as well.

## Project Director Turnover

---

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

No

## Grant Activities

---

**39. Please indicate whether the following activities have taken place in your HRSA-designated rural service area in the last quarter.**

	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/continuing consortium/partnership subcommittees or working groups			X
Hosting town halls, focus groups (or other community education/outreach)		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		

### Health Disparities

**40. Please rank the top three populations that are most vulnerable to health disparities among people with SUD within your service area. List in order of populations with most disparities to least disparities. If you would like to share a population not included in this list, please use the comment box to specify.**

1. People who are unhoused or homeless
2. People who identify as LGBTQIA (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual)
3. People with criminal justice system involvement

**Comments**

Tribal populations should also be considered in the top three.

**41. Please rank the top three populations that are vulnerable to health disparities among people with SUD within your service area that you have had challenges in engaging or providing services. List in order of individuals from most challenges to least challenges. If you would like to share a population not included in this list, please use the comment box to specify.**

1. People of Hispanic or Latino ethnicity
2. People who are unhoused or homeless
3. People who identify as LGBTQIA (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual)

**Comments**

Tribal populations should also be considered in the top three.

### Health Disparities Continued

**42. Please identify the health disparities faced by people who identify as LGBTQIA in your service area**

Stigma against the LGBTQIA2S+ population by health care providers and lack of resources at medical facilities for the LGBTQIA2S+ population ostracize this population leading to higher rates of HIV, HepC, and other general health issues.

**43. Please identify the health disparities faced by people who are unhoused or homeless in your service area**

Illness related to extreme weather conditions (i.e. cold/wet winters, smoke during the fires), malnutrition, diabetes, substance-use, HIV, and HepC. With no safeguards in place, there is no protection, and therefore allows an individual to be more susceptible to health disparities.

**44. Please identify the health disparities faced by people with criminal justice system involvement in your service area**

There is difficulty in acquiring housing and employment due to stigma related to involvement with the criminal justice system. People with criminal justice history are more vulnerable to substance use and overdose.

**45. Please elaborate on the challenges you have experienced with engaging or providing services to people of Hispanic or Latino ethnicity.**

The Latino/Hispanic community is difficult to engage due to their fear of governmental entities and presence (especially at health facilities and COVID-19 vaccination sites). There is also stigma associated with substance use disorder, especially in the Latino/Hispanic community. Another barrier to engaging this population is translation/interpretation issues. Sometimes it is difficult to find interpretive services that are often critical in helping Spanish speakers feel comfortable.

**46. Please elaborate on the challenges you have experienced with engaging or providing services to people who identify as LGBTQIA.**

The primary challenge in engaging the LGBTQIA2S+ population is that this population does not feel welcome in health facilities in this county. There is still a lot of stigma associated with identifying as LGBTQIA2S+ and resources/knowledge among healthcare providers are limited. There is a lack of LGBTQIA2S+ affirmative providers.

**47. Please elaborate on the challenges you have experienced with engaging or providing services to people who are unhoused or homeless.**

People who are unhoused/homeless are difficult to engage because even if they are engaged once, they might not be able to be engaged for a follow up due to the person moving to a new town, finding shelter with family members in another location, not having access to transportation resources, etc. Not having a mailing address also makes it difficult to get an ID which then makes it difficult to get appointments, employment, etc. In Lincoln County, there is also a lack of free hygiene facilities available to people who are unhoused or homeless. Finally, the requirements for obtaining housing are strict and often require a high-income status, no pets, large security deposits, and contracts. This can pose a huge barrier for someone looking for housing. Some of the people who are most affected by this in Lincoln County are the elderly, large families, and those with mental illness.

**48. Please identify the populations that are vulnerable to health disparities among people with SUD in your service area that you are specifically targeting to improve health equity. *Select all that apply.***

- People who identify as LGBTQIA (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual)
- People who are unhoused or homeless
- People with criminal justice system involvement
- People of low income/socioeconomic status
- Women
- Other (please specify): Pregnant women, tribal population

**49. Access to Health Insurance**

	Not planning to implement	Planning but not started	Partially implemented	Fully implemented
Conduct outreach and health care enrollment assistance			X	
Work with CMS to reduce eligibility restrictions within Medicaid	X			
Work with state legislature to expand Medicaid	X			

## 50. Use of Data

	Not planning to implement	Planning but not started	Partially implemented	Fully implemented
Strengthen data collection and reporting on health equity and disparities within the consortium				X
Develop/implement data-driven response plans and policies that identify disparities and provide for equitable allocation of health and behavioral health resources				X

## 51. Workforce and Community

	Not planning to implement	Planning but not started	Partially implemented	Fully implemented
Ensure communication with community members is appropriate to diverse linguistic characteristics, including, but not limited to, primary language, literacy skills, and disability status.				X
Expand the utilization of community health workers to address health and social service needs				X
Recruit and hire qualified bilingual providers/practitioners			X	
Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices to strengthen cultural competence			X	

## 52. Oversight

	Not planning to implement	Planning but not started	Partially implemented	Fully implemented
Ensure that consortium is inclusive and representative of all sectors of the community, particularly groups that are underserved and vulnerable to health disparities in service area			X	
Conduct a needs assessment using existing cultural and linguistic competency (CLC) assessment tools to inventory structural policies, procedures, and practices	X			
Create a Health Equity Sub-committee to build a broad range of plans, policies, and other efforts to advance and prioritize equity in the service area	X			
Establish an oversight "board" to monitor and address inequity in the service area (e.g., in COVID vaccine distribution)				X
Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints	X			

**53. If there are other activities that your consortium/partnership is implementing or planning to implement to address health disparities, please describe below. If not, leave blank.**

Through another grant in Linn County, we are aiming to provide services to women and children with substance use disorders. This grant will include some of the same partners on the Bridges to Recovery Project in Lincoln County. Discharged incarcerated individuals will continue to be a target for Narcan distribution in Lincoln County to reduce the chances of overdose. Pregnant mothers with substance use disorders who are looking for support in their treatment and recovery are also another target population to provide services to through Project Nurture, a project that ReConnections Counseling is working on. Through the affordable housing workgroup in Lincoln County, work is underway to assist those who are low-income and are in need to safe and affordable housing conditions.

### **Subcommittees/Working Groups**

---

**54. Have you developed consortium/partnership subcommittees or working groups to address specific issues, fulfill core activities, etc.?**

No

**55. Does your consortium/partnership plan on developing any subcommittees or working groups within the next year?**

No

**Grant GA1RH33539 SNLH Rural Communities Opioid Response – Implementation  
Lincoln County Bridges to Recovery Project Work Plan**

**Definitions of Acronyms:**

C.H.A.N.C.E.	Communities Helping Addicts Negotiate Change Effectively	PDO Coordinator	Prescription Drug Overdose Coordinator
CM	Case Manager	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

**Color Key:**

**Red** Activities completed between 6/1/2021 – 8/31/2021

**Yellow** Changes made during 6/1/2021 – 8/31/2021

**Green** Activities where progress has been made during 6/1/2021 – 8/31/2021 (details included)

<b>Overarching Goal: Reduce morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in Lincoln County.</b>								
<b>Goal 1: Strengthen and expand SUD/ODU prevention services in Lincoln County.</b>								
<b>Objective</b>	<b>Activity No.</b>	<b>Core Activity No.</b>	<b>Activities</b>	<b>Data</b>	<b>Responsible Persons</b>	<b>Timeline</b>	<b>Progress</b>	<b>Details</b>
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	PDO coordinator purchased 134 doses of Narcan for \$9,900 using grant funds.

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	PDO coordinator noted that there is a great amount of injectable Narcan available. The nasal kind is being saved for law enforcement and first responders.
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  March 2021 – Aug 2022	Completed  In progress	The project coordinator and project director met with Brink Communications on 8/23 to discuss a media campaign for Lincoln County. A follow up meeting is taking place on 9/15/2021.
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	Ongoing	Management of Opiate Use Disorder During Pregnancy 10/28/2020 4 SHS providers trained.  Care of Infants and Families Experiencing Neonatal Opioid Withdrawal Syndrome 2/16/2021

	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	4 SHS staff trained and 1 guest from Reconnections Counseling. Evidence-Based Practices to Eliminate Shame & Stigma 6/16/2021 12 attendees
								Annual PainWise Conference 1/25/20-1/26/20 192 participants attended the SUD/ODU workshop & 50 kits of Naloxone were distributed. Annual PainWise Conference (virtual format) 1/22/21-1/23/21 No SUD/ODU workshop was provided. More focused on the science of pain. 275 registrants overall. The 2022 annual PainWise conference will take place in the Spring. Partnering conversations are taking place to consider a SUD/ODU workshop.



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	C.H.A.N.C.E. does Naloxone trainings as a part of their PSS training. They will be conducting a training in Lincoln County in November 2021.  CTSI staff participate in naloxone training biannually through their required all-staff CPR and First Aid training.
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	# of screenings in Lincoln County between: <b>Year 1:</b> 9/1/19-2/29/20: 10,230 3/1/20-8/31/20: 8,266 <b>Year 2:</b> 9/1/20-2/29/21: 9,785 3/1/21-8/31/21: 10,775
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	<del>Oct-2019</del> September 2021	<del>in progress</del> Pending	HROS position became vacant July 1, 2021. HROS position has been offered to an applicant.
1l	4	Hire 1.0 FTE case manager (CM) and 1.0 FTE registered nurse	Staff hire dates	LCHHS, FQHC	September 2021	Completed	RN was hired on 10/1/2020.

									CM was hired on 8/9/2021.
1m	5	(RN) to Lincoln County Community Health Clinic (FQHC) staff. 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, CM, RN, HROS, FQHC	Dec 2019 – ongoing	Ongoing		OBAT Clinic: 6/1/2021 – 8/31/2021 # of individuals screened = 19 # of individuals referred = 22 # of individuals accepting services (EPIC EHR and internal tracking) = 13	
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, CM, RN, HROS, FQHC	Dec 2019 – ongoing	Ongoing			
<b>Goal 2: Strengthen and expand SUD/ODU treatment services in Lincoln County.</b>									
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		There are two new waived providers with LCHHS and one is in the process of obtaining their waiver. The LC FQHC will have four waived providers total.	
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	February 2021	Completed		The first patient was seen during the first week of February at the FQHC and began induction. The clinic is called an Office-based	
Establish and implement all six core treatment activities by August 31, 2022.									

									addiction treatment (OBAT) center.
2d	1	Provide DEA waiver trainings biannually in Lincoln County.	# of trainings		PDO Coordinator	Oct 2019 - ongoing	Pending Ongoing	Providers are utilizing an online waiver program.	
2e	2	Hire Peer Recovery Mentor (PRM) to work with Siletz Tribal members in the clinic and the community.	Staff hired		CTSI	Sept 2020 September 2021	Completed In progress	PRM position became vacant July 1, 2021.	
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 Pending	HROS & PRM positions became vacant July 1, 2021. HROS position has been offered to an applicant.	
2h	2	Incorporate a trauma-informed approach to annual naloxone trainings to reduce stigma around MAT.	# of trauma-informed trainings		CTSI, LCHHS	Ongoing	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	CM 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	Oct 2020 - ongoing	Ongoing	6/1/2021-8/31/2021 # of referrals: 13 # of patients accepting referrals: 13
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	Ongoing Pending	HROS & PRM positions became vacant July 1, 2021. HROS position has been offered to an applicant.
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	On 9/14/2020, the MH/SUD subcommittee received the training. Staff are open to providing further training if needed.
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	Completed	C.H.A.N.C.E. conducted a train-the-trainer course on 3/13/2020 where five trainers were trained.
<b>Goal 3: Strengthen and expand SUD/ODU recovery services in Lincoln County.</b>							
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	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	Completed Reconnections Counseling hired one new PSS to serve specifically at Lincoln City FQHC doing MAT work. RC currently has 11 people serving in a peer support capacity 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 C.H.A.N.C.E. will be offering a PSS training in Lincoln County in November 2021.
	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	Deferred
	3e	2	CM and RN to develop and provide wraparound services through LCHHS MAT program.	# of patients receiving wraparound services	LCHHS CM and RN	Feb 2021 - ongoing	Ongoing 9/1/2021 11 clients are currently receiving

									MAT through the LCHHS OBAT program.
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 Pending	HROS & PRM positions became vacant July 1, 2021. HROS position has been offered to an applicant.		
3g	2	PRM to provide individual and group skill-building to support independent living activities.	# of activities	CTSI PRM	Dec 2019 – ongoing	In-progress Pending	PRM position became vacant July 1, 2021.		
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	In progress	CEDARR meets on every Wednesday.		
3i	2	HROS and PRM join CEDARR coalition as active members.	Staff joins CEDARR	CTSI PRM and HROS	Mar 2020	Completed Pending	HROS & PRM positions became vacant July 1, 2021. HROS position has been offered to an applicant.		
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 Pending	PRM position became vacant July 1, 2021.		

3k	2	CEDARR coalition to host summit around harm reduction	# of summit attendees	CTSI PRM	December 2020	Completed	The harm reduction conference took place 12/14/2020-12/16/2020. # of summit attendees: 500  The 2021 conference will take place 12/20/21 – 12/22/21 and will have workshops on interpersonal violence and harm reduction.
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	Mission statement completed. Workgroup meets once a week on Tuesdays.
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/ODU treatment programs.	# of clients enrolled in TAPS	Lincoln County Sheriff's Office	Sept 2019	Ongoing	6 clients are enrolled in TAPS as of 9/13/2021
<b>Goal 4: Strengthen and sustain the activities of the CCCWN Mental Health/Substance Use Disorder Advisory Committee beyond the grant period.</b>							
Provide effective communication about SUD/ODU 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	