

RCORP PR March 2023 - Request for Information

Grantee Info

1. Grantee Name (Prepopulated, do not edit)

Samaritan North Lincoln Hospital

2. RCORP Grant Number (Prepopulated, do not edit)

GA1RH45981

3. RCORP Grant Program (Prepopulated, click next to continue):

Implementation IV (FY22)

Contact Information

4. Project Director

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Successes, Challenges, and TA Needs

6. Capacity

	Success	Challenge	Need TA	N/A
Availability of MAT	X			
Availability of Mental Health Treatment		X		
Availability of Substance Use Disorder (SUD) Treatment	X			
Other Service Capacity (not including MAT, mental health, or SUD treatment capacity) – Project Nurture	X			

7. Services

	Success	Challenge	Need TA	N/A
Care Coordination	X			
Discharge Planning		X		
Harm Reduction (other than naloxone distribution)	X			
Naloxone Distribution	X	X		
Prevention Services (other than harm reduction or naloxone distribution)	X			
Recovery Services	X			

8. Operations

	Success	Challenge	Need TA	N/A
Consortium Growth and/or Engagement (including competing priorities)	X			
Billing/Coding for service reimbursement		X		
Program Financing		X		
Workforce (e.g., hiring, recruitment, retention)	X	X		
Telehealth/telemedicine				X
Accessing data from consortium members for HRSA reporting	X			
Accessing data for consortium planning, monitoring consortium activities, etc.	X			

9. Other

	Success	Challenge	Need TA	N/A
Stigma		X		
Underserved Populations Engagement (please specify population(s) below)	X			

10. Please specify which population(s) you are referring to

Pregnant people, people who use drugs, tribal populations, Latino/a/x populations, LGBTQIA2S+ populations, and BIPOC populations

11. Please describe the success(es) identified

Availability of MAT: Partners have reported that the availability of medication-assisted treatment (MAT) in Lincoln County has been sufficient. Providers include Samaritan Health Services in Toledo, Equinox Clinics in Newport and Lincoln City, Changing Tides in Depoe Bay, Lincoln County Federally Qualified Health Center's (FQHC) Office Based Addition Treatment (OBAT) programs in Newport and Lincoln City, and Siletz Community Health Clinic in Siletz.

Other service capacity: Project Nurture involves serving pregnant people who use substances with safe, supportive, and stigma-free care. One HIWAY grant partner, ReConnections Counseling, serves individuals with Project Nurture services. The services they provide include peer support, pregnancy support, mental health and substance use treatment and care coordination/case management. ReConnections Counseling has a referral process in place with the hospitals so that they can better serve the pregnant individuals who are seen at the hospital. Also, ReConnections is working to get all their peer support specialists Doula-certified. This dual role is especially helpful in assisting the individuals who are going through the pregnancy and post-partum stages (up to one year). One success is that ReConnections Counseling recently celebrated the first graduates from Project Nurture. Twins were celebrated on their first birthday and given car seats as a gift. ReConnections is going to continue to have engagement incentives as a way to remain connected to clients even passed when their children turn one year old and graduate from the program.

Care Coordination/Consortium Growth and/or Engagement/Accessing data from consortium members for HRSA reporting/Accessing data for consortium planning, monitoring, etc./Availability of SUD treatment/Recovery Services/Underserved population engagement: HIWAY grant partners noted that care coordination amongst the tri-county partners has been successful. Through the Coast to Cascades Community Wellness Network's (CCCWN) Mental Health and Substance Use Disorder (MH/SUD) Coalition, there has been increased coordination of services and strengthened partnerships. Additionally, this coalition has brought together community agencies as well as law enforcement representation from each of the three counties that the CCCWN services: Lincoln, Linn and Benton. Partners have reported that SUD treatment is available in Lincoln County and the formation of committee and coalitions has aided in connecting service providers to one another. The formation of Measure 110 Behavioral Health Resource Networks (BHRNs) will aid in providing a referral system to connect patients/clients with substance use disorder providers in Linn, Benton and Lincoln counties.

Recovery Services have also increased due to expanded partnerships and communications. Through the HIWAY grant, two peer support specialists have been hired to work in Lincoln County. Faith, Hope and Charity have focused on engaging the BIPOC community while ReConnections Counseling has been engaging the Latino/a/x community. Both agencies are continuing to expand services, engage and support the recovery community.

Harm Reduction/Naloxone Distribution/Prevention Services: Harm reduction services have been increasing for one HIWAY partner, the Confederated Tribes of the Siletz Indians. Not only are they working towards having harm reduction and prevention conversations in the schools, but they also recently installed a Bernie (looks like a newspaper stand) in their community where people can come and access Naloxone and Narcan for free, at any time of day. Two other partners, Lincoln County Health and Human Services (LCHHS) and PAADA, came together to present a youth-focused presentation surrounding fentanyl, overdose prevention, and Narcan. Over 60 local high school youth were able to hear this presentation, ask questions, and learn the importance of harm reduction. LCHHS has been successful in keeping an adequate supply of Narcan and have been presenting at schools, libraries, and community organizations on how to administer it. This is a huge success and the harm reduction team at the county is continuing their outreach efforts.

Workforce: Although more mental/behavioral health workforce is needed in Lincoln County, it was noted that one success that agencies are experiencing is that there has been a greater pool of applicants for vacant positions compared to the past.

12. Please describe the challenge(s) and/or technical assistance need(s) identified

Availability of mental health treatment/workforce/availability of substance use disorder treatment: The lack of accessible mental health treatment is a large challenge for Lincoln County. There are providers present in the county, however, long waitlists pose a huge challenge for those seeking treatment/counseling/therapy. One HIWAY grant partner, the Olalla Center, provides mental health counseling but does not currently have any openings for new clients and there is a waitlist. This is a challenge and organizations are working towards hiring workforce such as therapists to augment mental health services. Another challenge is finding mental health and substance use disorder treatment services for teens and youth. With the Confederated Tribes of Siletz Indians reporting more than 80% of their middle school students in Siletz who are vaping, it is anticipated that there will need to be future interventions surrounding prevention, treatment, and recovery, specifically for youth.

Additionally, although it is a success that there are substance use treatment options available in Lincoln county, such as the OBAT program with the Lincoln County FQHC's, there remains a lack of residential treatment options. There is only one location in the northern part of Lincoln County that accepts residents into it's program. Currently, that residential treatment program has a strong partnership with the tribe (Confederated Tribes of Siletz Indians), however, there is a need for more residential treatment options.

Discharge Planning: One challenge associated with the discharge process involves the discharge planners at the hospital not knowing who to refer the SUD/OD patients to for follow up services. There is a need to engage the discharge planners and provide resources to them on local SUD/OD treatment and recovery programs so that they can better serve their patients.

Naloxone Distribution: Although the naloxone supply in Lincoln County has been adequate over the last six months, there is still a need to get Narcan into the hands of those who are actively using drugs. Supply to the schools, partner organizations, etc., has been increasing, however, it is a challenge to get the Naloxone/Narcan to those who truly need it in order to prevent fatal overdoses.

Billing/Coding for Reimbursement: One challenge that is unrelated to the HIWAY grant, however prevalent for some HIWAY partners, is the experience of lag time with reimbursement from the state for services provided. Sometimes contracts take a long time to be processed and signed contributing to payouts. Additionally, partners expressed that allowable expenses are sometimes made unclear to them and thus create challenges surrounding billing for reimbursement and invoicing. This will most likely get cleared up with further guidance and communication from the state over time.

Program Financing: One partner organization, PAADA, expressed that their program financing comes entirely from the HIWAY grant and this poses some challenges for their desired expansion and programming. Prior to the pandemic, PAADA had a great prevention program and was contracted with the county to do prevention services. They were involved in restorative justice practices and are hoping they can bring back that curriculum as well as have conversations with those with Minor in Possession (MIP) charges and figure out other methods of diverting youth from juvenile departments through dialogue. They are currently seeking additional funding sources and have applied to some other grant programs.

Stigma: Stigma has been consistently brought up in conversation surrounding accessing services at the hospital in Lincoln County. We as a consortium have identified this issue and will be addressing this issue through a stigma reduction campaign. People who use drugs face stigma from many individuals while trying to access basic health care services. One area in which stigma has been observed through the HIWAY grant is amongst out pregnant people population. There is a specific stigma associated with using drugs while being pregnant and ReConnections does a fantastic job at engaging this population and being their advocates.

Grant Activities

13. 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		
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	

Comments

ReConnections Counseling is working on stigma reduction through the creation of a video that shows the experience of receiving behavioral health services at their locations. The video will show a client coming into the Annex (Newport location), interacting with front desk staff, and then receiving services. This video will be displayed on their website and will be an opportunity for future clients to see what it feels like to walk into their site for the very first time.

Medication-Assisted Treatment Options

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

- Buprenorphine (e.g., Subutex)
- Buprenorphine with Naloxone (e.g., Suboxone film, Cassipa, Bunavail, Zubsolv)
- Naltrexone, oral tablets (e.g., ReVia, Depade)
- Other (please specify): Acamprosate

Medication-Assisted Treatment Utilization

15. Among the MAT medications prescribed by your consortium, which would you say are the most and least commonly prescribed to MAT patients?

	Prescribed more often	Prescribed less often
Buprenorphine (e.g., Subutex)		X
Buprenorphine with Naloxone (e.g., Suboxone film, Cassipa, Bunavail, Zubsolv)	X	
Naltrexone, oral tablets (e.g., ReVia, Depade)		X
Other (as previously specified)		X

Medication-Assisted Treatment Utilization (continued)

16. Of the MAT options your consortium has prescribed most often, is there a single medication that stands out as the top prescribed?

Not applicable - No significant difference between medication types

17. How many new buprenorphine providers do you anticipate gaining as a result of the changes to DATA waiver requirements?

The Medical Director of Samaritan Treatment & Recovery Services (STARS) anticipates gaining 25 new providers that will span the Linn, Benton, and Lincoln County region. A Physician Assistant who prescribes MAT in Lincoln County shared that he hasn't heard of any new prescribers in the area of primary care, however, he hopes that there will be an increase in emergency room providers who prescribe MAT, as well as hospitalists.

18. What questions or issues, if any, do you anticipate arising as a result of the changes to DATA waiver requirements?

The STARS Medical Director anticipates questions regarding: 1) 42CFR Part 2 applicability, 2) compliance requirements around prescription tracking, and 3) DEA and SAMHSA recommendations around diversion prevention strategies. The Medical Director of Behavioral Health shared that although the removal of the DATA waiver is a huge first step, there is a lot of work to be done in terms of increasing services, reducing stigma associated with prescribing, and integrating CADC's in primary care. A Physician Assistant who prescribes MAT in Lincoln County shared that he anticipates questions and issues surrounding access to injectable treatment options in the primary care setting such as Sublocade and Vivitrol. He also shared that there will need to be additional support with outpatient treatment services, an increase in peer support services, and an increase in HepC treatment services. Finally, he mentioned that the supply of medication could be a problem, and that they are already seeing some issues with this.

SUD/Drug Concerns

19. 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 the individuals in 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. Fentanyl and Fentanyl Analogs (i.e., synthetic opioids)
2. Alcohol
3. Methamphetamine

Comments

20. 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. The ranking is only for those areas that are a problem in your community (e.g., if you do not have the capacity to address cocaine but that is not a problem in your service area, do not rank it). 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. Alcohol
2. Marijuana
3. Prescription Opioids

Comments

SUD-Related Health Concerns

21. 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 the individuals in 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. Neonatal Abstinence Syndrome
2. Fatal and Non-Fatal Overdoses (all drugs)
3. Opioid Poisonings Among Children Aged 1-4 Years

Comments

22. 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. The ranking is only for those areas that are a problem in your community (e.g., if you do not have the capacity to address opioid poisoning among children but that is not a problem in your service area, do not rank it). 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 HIV Infection
2. Fatal and Non-Fatal Overdoses (all drugs)
3. Opioid Poisonings Among Children Aged 1-4 Years

Comments

Behavioral Health Concerns

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

1. Suicide prevention for adolescents and children
2. Suicide prevention for adults
3. Crisis intervention for adolescents and children

Comments

Peer Recovery Workers

24. Does your RCORP initiative currently include peer recovery workers (e.g., as consortium members, in workforce plan, or recipients of workforce development services)?

Yes

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

Yes

26. 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
- Other (please specify): Peer support specialist support group

27. 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

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

Peer support specialists have challenges in processing the situations that they often face in their day-to-day work with clients. There is a need to debrief and talk with others about the emotions they experience and the situations that they are helping their clients with. Another challenge that peers face is receiving urgent needs from clients. Often, a client will need the peer to assist them "right away," and when there is an urgent demand for the peer service, the peer can experience pressure and sometimes sadness or guilt if they are unable to tend to their client's need right away. Another related challenge is that peers can face long wait times for their clients to be seen by providers. Additionally, peers working in substance use prevention, treatment and recovery are sometimes confronted with an individual seeking recovery who is also a part of the severe and persistently mentally ill (SPMI) population. Not all peers have the resources or training to best serve this population effectively. Finally, peers sometimes face transportation challenges as Lincoln County is a geographically long county, and it can be difficult to reach both the North end and South end to serve clients effectively.

29. Did your consortium/partnership expand the peer workforce and/or programming in any of the following settings during the current reporting period? Select all that apply.

- Harm Reduction Venues
- Hospital Emergency Departments
- Recovery Community Organizations
- SUD/OD Treatment Programs
- Other (please specify): Transitional housing shelter

30. For all peers in your consortium, choose the option(s) that best describes peers' role(s) within the following locations:

	Facilitate treatment/service entry	Facilitate treatment/service engagement	Provide supportive services	Provide advocacy-related activities	Other (please specify below)	N/A - No peers in this location
Emergency Services Units (e.g., law enforcement, paramedic units)						X
Harm Reduction Venues	X	X	X	X		
Hospital Emergency Departments	X	X	X	X		
Jails/Prisons						X
Post-overdose Response Teams (a.k.a. QRTs, PORTs)						X
Primary Care (e.g., FQHCs, RHCs)						X
Recovery Community Organizations	X	X	X	X		
SUD/OD Treatment Programs	X	X	X	X		
Other (please specify below)	X	X	X	X		

31. Please specify other location.

Transitional housing location - Coastal Phoenix Rising

32. Please describe how peer recovery services are reimbursed/paid for.

The two peer support specialists working on the HIWAY grant program are paid through both federal (HRSA) and state (OHA M110 BHRN & Project Nurture) funding.

Telehealth

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

No

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

None of the above

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

None of the above

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

None

Subcommittees/Working Groups

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

Yes

38. How many subcommittees or working groups does your consortium/partnership have?
Please provide a numeric response.

1

39. Please list your consortium subcommittees/working groups.

Youth Health & Wellbeing Subcommittee

Funding/Sustainability

40. Please indicate the type(s) of sources of funding that you plan to use to sustain the consortium/partnership and/or its activities using the following categories (please check all that apply):

Federal grant – non-HRSA
Insurance – Medicaid/CHIP
State grants

HIWAY Work Plan

Acronym	Partner Name	Key Contact(s)	Email
CTSI	Confederated Tribes of the Siletz Indians	Ruby Moon	rubym@ctsi.nsn.us
FHC	Faith, Hope and Charity, Inc.	Frederick Edwards	frederick1@live.com
LCHHS	Lincoln County Health and Human Services	Jennifer Beckner	jbeckner@co.lincoln.or.us
LCSO	Lincoln County Sheriff's Office	Sheriff Curtis Landers	clanders@co.lincoln.or.us
NWCH	Northwest Coastal Housing	Sheila Stiley	nwcoastalhousing@gmail.com
OC	The Olalla Center	Robb Davis	robdd@olallacenter.org
PAADA	Partnership Against Alcohol & Drug Abuse	Mindy Baxter Don McDonald	paadadfc@gmail.com paadadfc@gmail.com
PD-DC	Project Director-Data Coordinator	Jolynn Meza Wynkoop	jolynn@samhealth.org
RCC	ReConnections Counseling	Lalori Lager	Lalori.lager@reconnectionsounseling.com
SH	Samaritan House	Lola Jones	lolakathleenjones@gmail.com
SMG	Samaritan Medical Group	Jennifer Will	jenniferW@samhealth.org
SNLH	Samaritan North Lincoln Hospital	Virginia Riffle Dr. Lesley Ogden	vriffle@samhealth.org logden@samhealth.org
SPCH	Samaritan Pacific Communities Hospital	Jane Russell Dr. Lesley Ogden	janer@samhealth.org logden@samhealth.org

Acronym	Definition
CME	Continuing Medical Education
CCCWN	Coast to the Cascades Community Wellness Network
MHSUD	Mental Health/Substance Use Disorder Coalition
OOD	Opioid Use Disorder
PSS	Peer Support Specialist
SUD	Substance Use Disorder

Color Key

- Red Activities completed between 9/1/2022 – 2/28/2023
- Yellow Changes made during 9/1/2022 – 2/28/2023
- Green Activities where progress has been made during 9/1/2022 – 2/28/2023 (details included)



Quarters

Q1 - September, October, November 2022	Q7 - March, April, May 2024
Q2 - December, January, February 2022 and 2023	Q8 - June, July, August 2024
Q3 - March, April, May 2023	Q9 - September, October, November 2024
Q4 - June, July, August 2023	Q10 - December, January, February 2024 and 2025
Q5 - September, October, November 2023	Q11 - March, April, May 2025
Q6 - December, January, February 2023 and 2024	Q12 - June, July, August 2025

HIWAY Work Plan

Overarching Goal: Reduce morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in Lincoln County.										
Goal 1: Strengthen and sustain SUD/OD services for pregnant women, women of childbearing age, and youth of all races and ethnicities including LGBTQIA2S+ populations in Lincoln County.										
Objective	Activity Number	Core Activity	Activities	Improvement to health care delivery	Deliverable	Responsible persons	Timeline	Progress	Details	
Develop and implement all four core functional activities by August 31, 2025. Provide effective communication on about SUD/OD prevention, treatment, and recovery activities to stakeholders throughout the project period.	1a	1	Hire Project Director/Data Coordinator to support the HIWAY Project.	Improve coordination of services for people with SUD/OD	Staff hired	Network Director	Q1	Complete	The PD/DC was hired 9/1/2022.	
		1b	1	The PD/DC will work closely with Consortium members and Samaritan's Health Outcomes Research and Evaluation Team to ensure required data is collected and reported accurately.	Improve coordination of services for people with SUD/OD	Data collected and reported	PD/DC	In Progress	The PD/DC works closely with the data team to collect the required data for the PIMS and Biannual Progress Reports.	
		1c	1	Execute contracts with HIWAY project subawardees and consultants.	Improve coordination of services for people with SUD/OD	Executed Contracts and Subawards	Network Director and PD/DC, Grants Office	Q1	Complete	Subawards were executed within the first quarter of the grant period.
		1d	1	Hire or assign Staff to implement HIWAY activities.	Improve access to direct services and increase SUD/OD supports	Staff hired	SNLH, RCC, FHC, OC, SH, PAADA ,	Q1-Q8	In Progress	SNLH: hired PD/DC 9/12/2022 PSS position to be filled between Q5-Q8 RCC: hired PSS 9/1/2022 FHC: hired PSS 9/1/2022 OC: hired resource navigator 11/2/2022 SH: hired teacher 9/1/2022 PAADA: hired coordinator 9/1/2022
		1e	1	Convene monthly meetings of the HIWAY Consortium to guide activity coordination among organizations and within the Consortium.	Improve coordination of services women and youth with SUD/OD	# of people in attendance	PD/DC, Network Director	Q1-Q12	In Progress	CCWIN Meeting Attendance HIWAY Meetings 9/30/2022: 16 12/9/2022: 10 3/10/2023: 14 MH/SUD Meetings: 9/12/2022: 35 10/10/2022: 33

									11/14/2022: 26 12/12/2022: 26 1/9/2023: 33 2/13/2023: 33 Steering Committee Meetings: 12/14/2022: 14 2/8/2023: 14 Full Network Meetings: 11/2/2022: 22
1f	1	Provide monthly activity progress updates, lessons learned and successes to the CCCWN Mental Health/Substance Use Disorder Coalition. CCCWN Steering Committee and full CCCWN.	Improve access to services and increase SUD/OD support for women and youth	Monthly progress reports	PD/DC, Network Director	Q1-Q12	In Progress	The CCCWN Steering Committee and full consortium continue to receive copies of the PIMS and Biannual Progress Reports.	
1g	1	Provide copies of all federal required reports and documents to the CCCWN Steering Committee and full CCCWN.	Improve coordination of services for women and youth with SUD/OD	Required reports and documents submitted	PD/DC, Network Director	Q2, Q5, Q7, Q9, Q11, Q12	In Progress	Conversations regarding a regional media campaign will begin in March 2023.	
1h	3	Partners will work with consultant to develop the culturally specific messaging for the media campaign around SUD/OD in multiple languages.	Improve knowledge of family members and caregivers around SUD/OD, reduce stigma and increase ability to access care	# of media messages, articles and printed materials distributed # of media messages distributed monthly	PD/DC, SNLH, CTSI, RCC, FHC, OC, PAADA	Q3, Q7, Q11	Not Started		
1i	3	Partners will develop and distribute culturally and linguistically appropriate education material for family members and caregivers on SUD/OD prevention, treatment and recovery.	Improve community knowledge of SUD/OD, reduce stigma and increase access to services	# of education materials developed and distributed	PD/DC, SNLH, CTSI, RCC, FHC, OC, PAADA	Q3, Q7, Q11	Not Started		

1j	2	Offer training to the consortium, providers and staff of local SUD/OD treatment centers on proper coding and billing across insurance types.	Increase resources to sustain services provided through this project	# of people attend trainings	PD/DC, SNLH	Q8	Not Started	Partners from across the Linn, Benton, and Lincoln County region continue to meet to discuss ongoing efforts and activities. Conversations take place during the Mental Health/Substance Use Disorder Coalition monthly meetings.
1k	4	Partnerships across the community and region will be leveraged to secure buy-in for project and ensure activities complement and not duplicate existing services. Specific services and activities that will be leveraged to support HIWAY are listed in the Methodology, Foundational Core Activities table.	Buy-in and support for project secured HIWAY activities and services complement existing services	Consortium meeting minutes	PD/DC, SNLH, SPCH, SMG, RCC, CTSI LCHHS, OC, FHC, SH, LCSO, PADAA, NWCH	Q1-Q12	In Progress	
Goal 2: Strengthen and expand SUD/OD prevention services in Lincoln County.								
2a	4	Providers, Clinicians, and Peer Support Specialists will identify and screen individuals at risk of SUD/OD and connect them to prevention, harm reduction, early intervention, treatment and other support services that are culturally and linguistically appropriate.	Increase number of individuals with or at risk of SUD/OD who are referred to treatment programs	# of screening and connections	SNLH, SPCH, SMG, LCHHS, LCSO, RCC, FHC, OC, NWCH	Q1-Q12	In Progress	
2b	4	Primary care clinics will continue to implement Screening Brief Intervention and Referral (SBIRT), Alcohol Use Disorder Identification Test (AUDIT) and Drug Abuse Screening Test (DAST) screening for all age-appropriate patients.	Increase number of individuals with or at risk of SUD/OD who are referred to appropriate treatment programs	# of screenings conducted	SNLH, SPCH, SMG, LCHHS	Q1-Q12	In Progress	SBIRT Screenings SNLH/SPCH/SMG: 11726
Develop and implement all five core prevention activities by August 31, 2025.								

2c	1	Provide evidenced-based prevention training to coalition youth.	Improve youth resistance to substance use and delay age of first use	# of prevention trainings offered # of youth participate in training	CTSI, OC, PAADA	Q2, Q3, Q5, Q6, Q7, Q9, Q10, Q11	In Progress	PAADA is planning the Youth Leadership Academy (YLA). Partnerships have included the Lincoln County School District (LCSD), CTSI, charter schools and Job Corp. The YLA will take place on 3/16/2023 at the Center for Health Education in Newport. It is estimated that 50 youth will be in attendance. Breakout sessions will include the following: -Introduction to restorative practices -Building a healthy and peaceful community -Risk reduction strategies -There is an "Art" to Leadership
2d	1	PSSs in the ED will provide culturally and linguistically appropriate educational SUD/OD materials in multiple languages in the hospital.	Increase the number of individuals with or at-risk of SUD/OD who are aware of appropriate treatment programs	# of individuals receiving educational materials	SNLH, SPCH	Q2, Q3, Q5, Q6, Q7, Q9, Q10, Q11	In Progress	RCJ's PSS is bilingual and has converted all the English Nurture Oregon brochures into Spanish. Not only do connections at the hospitals receive these materials, but the bilingual PSS has also worked to share these resources with the Latino/a/x communities at churches, state agencies, etc.
2e	1	The coalition/consortiums will utilize evidence-based strategies from the SAMSHA resource <i>Focus on Prevention: Strategies and Programs to Prevent Substance Use</i> .	Increase coalition/consortium knowledge on evidenced-based strategies and programs that focus on prevention	# of coalition/consortium members attend training	PC/DC, CCCWN-MHSUD coalition, HIWAY Consortium	Q2, Q6, Q10	Not Started	
2f	1	Plan and conduct evidence-based prevention activities utilizing peer-delivered education targeting youth in Lincoln County.	Improve youth knowledge on SUD/OD prevention, treatment and recovery	# of activities offered # of youth participate	PD/DC, CTSI, OC, PAADA	Q3, Q5, Q7, Q11	In Progress	PAADA is collaborating with CTSI to plan for prevention activities to take place in the Siletz schools through Leadership Academy aka Warrior Day. PAADA is also collaborating with Lincoln County Dispute Resolution (LCDR) to plan prevention, intervention, and restorative justice programs for the community.
2g	2	LCHHS will coordinate and monitor the purchase and distribution of Narcan.	Reduce overdose fatalities	Amount Narcan distributed through tracking sheets	LCHHS	Q1-Q12	In Progress	LCHHS currently has an adequate supply of Narcan and will be ordering Narcan with HIWAY grant funds when their stock starts to run low.

2h	2	LCHHS will provide trainings to community and family members on proper use of Narcan and injectable naloxone in multiple languages.	Increased number of people who can administer Narcan to reduce overdose fatalities	# of attendees through sign-in sheets	LCHHS	Q4	In Progress	<p><u>Trainings</u> CTSI Harm Reduction Conf. 12/12/2022: 15 attendees 12/13/2022: 15 attendees 12/14/2022: 15 attendees Responsible Sales Training – Lincoln City 2/7/2023: 4 attendees Responsible Sales Training – Newport 2/9/2023: 20 attendees</p>
2i	5	LCSO will provide trainings to law enforcers and first responders on proper use of Narcan and injectable naloxone.	Increased number of people who can administer Narcan to reduce overdose fatalities	# of attendees through sign-in sheets	LCSO	Q4	Not Started	
2j	3	PAADA will conduct community training and education on safe storage and disposal of prescription drugs.	Increase awareness of safe storage and disposal of prescription drugs	# of trainings # attendees through sign-in sheet	PAADA	Q2, Q6, Q10	In Progress	PAADA is developing their website and it will contain a drug-take-back page with useful education and resources. The estimate date this will launch is 3/1/2023.
2k	3	PAADA will conduct on-going drug take-back programs throughout the year.	Reduce incidents of drug use and overdose	Quantity of drugs collected	PAADA	Q2-Q12	In Progress	<p><u>Events</u> 1st event – Recovery Month – Hands Across the Bridge 9/17/2022</p>
2l	3	Marketing and education campaign will provide information about drug take back programs, including community locations of secure drop boxes.	Increase in awareness of drug take back program Increase use of drop boxes	# of media messages, articles and printed materials distributed	PD/DC, PAADA	Q1-Q12	In Progress	PAADA is working on developing new flyers to post on Facebook, their website, community/pharmacy locations, and all throughout the county. Lincoln County Health and Human Services created a flyer for their own website and Facebook page.
2m	4	Individuals at risk of infectious complication, including HIV, viral hepatitis, and endocarditis, will be screened, tracked, and referred to treatment.	Increase number of individuals with or at risk of infectious complications who are referred to treatment	# of screenings and referrals	SNLH, SPCH, SMG, LCHHS, CTSI	Q1-Q12	In Progress	
2n	5	Coordinate training and education opportunities for law enforcers and first responders to understand the trends of SUD/OD in the community particularly	Create a more compassionate environment that will improve access to services for women, youth and	# of people attend trainings	PD/DC	Q3, Q7, Q11	Not Started	LCHHS planned the first annual Mental Health Symposium on 1/26/2023. Present were first responders and law enforcement.

		unhoused, pregnant women, youth and marginalized community members.	marginalized community members					
Goal 3: Strengthen and expand SUD/ODU treatment and recovery services in Lincoln County.								
Develop and implement all five core treatment and recovery activities by August 31, 2025.	3a	Monthly CCCWN/MHSUD and HIWAY Consortium meetings will continue to strengthen the service integration model between physicians, mental health providers, dentists, local law enforcement and service providers to reduce barriers to treatment and recovery.	Improve coordination of services for women, youth and marginalized community members with SUD/ODU	Service integration model implemented in the community	PD/DC, SNLH	Q1-Q4	In Progress	The CCCWN MH/SUD meetings have been successfully attended. 9/12/2022: 35 attendees 10/10/2022: 33 attendees 11/14/2022: 26 attendees 12/12/2022: 26 attendees 1/9/2023: 33 attendees 2/13/2023: 33 attendees
	3b	Provide annual CME on stigma and SUD/ODU to providers and the community.	Increase awareness of the impacts of stigma, reduce stigma among providers and community	# CMEs offered	PD/DC, SNLH	Q3, Q7, Q11	Not Started	
	3c	Prioritize hiring providers who already have DEA Waiver to provide medication-assisted treatment and strongly encourage new hires to obtain DEA Waiver	Increase number of providers with DEA Waiver, increase available MAT services	# of hires with DEA Waiver	SNLH, SPCH, SMG	Q1-Q12	Not Started	DEA Waivers are no longer required to provide MAT.
	3d	Offer DEA Waiver trainings annually in Lincoln County to increase number of providers and other paraprofessionals licensed to provide MAT services.	Increase number of providers with DEA Waiver, increase available MAT services	# of trainings offered	SNLH, SPCH, SMG	Q2, Q6, Q10	Not Started	DEA Waivers are no longer required to provide MAT.
	3e	Provide community linkages and referral systems for entry into MAT/treatment from primary care, ED and community partners.	Increase the number of individuals accessing MAT treatment	# of individual entering MAT treatment	SNLH, SPCH, SMG, LCHHS, RCC, OC, FHC, SH, NWCH	Q2 - Q12	In Progress	Individuals Receiving MAT 9/12/2022 - 2/28/2023 SNLH/SPCH/SMG: 56 MAT providers in Lincoln County include: -Changing Tides in Depoe Bay -SHS Toledo Clinic, Jason Brown

	3f		Peer support services available on-site to facilitate entry into treatment. Increase number of people entering SUD / OUD treatment / Housing and transportation available	# of contacts, # of referrals # of individuals entering treatment # of individuals in treatment provided housing and/or transportation	SNLH, SPCH, RCC, SH, NWCH, FHC	Q2-Q12	In Progress	<p>-Equinox Clinics, Lincoln City & Newport -Lincoln county OBAT program in Newport and Lincoln City -Sletzt Clinic</p> <p>RCC has PSSs who are doula certified and help connect mothers in the hospitals with outpatient counseling, peer support and treatment services.</p>
3g	3	Partners will offer linkages to and coordination with community services including case management, housing, employment, transportation, food, childcare to support individuals in recovery.	Increase the services and supports available for women, youth and marginalized community members in recovery	# of individuals in recovery accessing services	RCC, SH, NWCH, OC, FHC	Q2-Q12	In Progress	<p>FHC is partnering with NWCH Coastal Phoenix Rising (CPR) to do peer support at the CPR location in Lincoln City.</p> <p>RCC's PSS has been contacted by My Sisters Place (domestic violence organization https://www.facebook.com/MSNewport/) and the Lincoln County School District to work with a Mam speaking family who are residing at the domestic violence shelter. She has been working with them to navigate housing services and FAIR (Family's Actively Improving Relationships) services. https://www.reconnectionscoupseling.com/fair</p>
3h	4	Peer Support Specialists will conduct outreach to organizations serving pregnant women to assist in navigating the treatment and recovery system.	Improve access to treatment and recovery programs for pregnant women	# of pregnant women provided assistance	SNLH, SPCH, RCC, SH, FHC, NWCH	Q2-Q12	In Progress	<p>RCC's PSS attends the Nurture Oregon group every Monday and helps to facilitate the Peer Support Group of women you are pregnant and/or postpartum. She is the main resource navigator for this group. The group has 3-6 participants per week.</p>

3i	4	Peer Support Specialists will conduct outreach efforts to schools and youth serving agencies to assist youth navigate the treatment and recovery system.	Improve access to treatment and recovery programs for youth	# of youth provided assistance	RCC, OC, FHC	Q2-Q12	In Progress	RCC's PSS serves one pregnant 17-year-old through housing search support. Additionally, she translated for a 13-year-old youth and his family. She sits in on their appointments as they navigate treatment services.
3j	4	Peer Support Specialists will assist individuals, family members and caregivers with referrals and connections to community-based and social support services available in the community.	Improve access to services and community supports for women, families, caregivers, and youth with SUD/OD	# of people who are referred to services # of people connected to services	SNLH, SPCH, RCC, SH, FHC, NWCH	Q1-Q12	In Progress	RCC's PSS is focusing on gaining trust in the Spanish-speaking community. She has made connections with three churches and has service brochures going out in food boxes on a weekly basis. She is also available to meet with any Spanish-speaking individual when they come to the RCC Annex location. FHC's PSS is working on getting integrated into Lincoln County. They are a new agency to Lincoln County and have started to serve clients through receiving referrals from partner agencies, such as NWCH. FHC has served 9 clients with PSS services.
3k	5	Provide recovery support services including case management, housing, employment, transportation, food, and childcare to women, youth and marginalized community members with SUD/OD.	Increase the services available to individuals in recovery	# of individuals accessing services	RCC, SH, FHC, NWCH	Q2-Q12	In Progress	Samaritan House (SH) is providing housing to two families who are new parents with SUD/OD. SH is continuing to receive referrals from PSSs. RCC's PSS is supporting 5 Latino/a/x individuals at RCC and many women through the Nurture Oregon program.