COAST TO THE CASCADES COMMUNITY WELLNESS NETWORK (CCCWN)

Final Performance/Closeout Report

November 2019

GRANTEE ORGANIZATION Samaritan North Lincoln Hospital
GRANT NUMBER G25RH32473
ADDRESS 3043 NE 28th St., Lincoln City, OR 97367-3737
SERVICE AREA Lincoln County, Oregon
PROJECT DIRECTOR JoAnn Miller, Community Health Promotion Director

Coast to the Cascades Community Wellness Network

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CONTACT PERSON 1

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Consortium Overview

The **Coast to the Cascades Community Wellness Network** (CCCWN) was formed in 2009 in Lincoln County, Oregon and the members served in an advisory role for the grant. The member list is included in the Attachment entitled: **G25RH32473 Closeout Report - Attachment - Consortium Members SEPT2019**.

The **Mental Health and Substance Use Disorder Subcommittee,** provided the day-to-day workgroup function on this grant and are listed in the Attachment entitled**: G25RH32473 Closeout Report - Attachment - Consortium Members SEPT2019.**

In addition, many **Community Stakeholders** were included as key informants and subject matter experts:

- Karen Shores — Coordinator, Lincoln County 21st Century Schools
- Steve Sparks — Consultant, Lincoln County Board of Commissioners Stepping Up Initiative
- Lynn Moody — RN, Samaritan Hospital Toledo Clinic
- Julie Turner — Nurse, Lincoln County School District
- Sheri Crew — Executive Director, Discovery Counseling
- Katey Townsend — Coordinator, Lincoln County Homeless Education and Literacy Program (HELP)
- Molly Gelinas — Project Director, STARS Outreach Program
- Toby Winn — Director, Depoe Bay Neighbors for Kids
- Mental Health Advisory Committee and Addiction Prevention and Recovery Committees (members include county behavioral health, Sheriff's Office, treatment providers, drug courts, NAMI, Joint Detox Task Force, LPSCC, CCO)
- Linn/Benton/Lincoln Harm Reduction Partnership (members include frontline outreach workers and harm reduction coordinators)
- Devin Whitaker — Department Head, Lincoln County Veterans' Services Office
- Lt. Adam Shanks — Administrative Lieutenant, Lincoln County Sheriff's Office
- Jennifer Landers — Supervisor, Lincoln County Community Justice, Adult Parole and Probation
- Lola Jones — Executive Director, Samaritan House Family Shelter
- Jeff Mathias — General Manager, Pacific West Ambulance
- Don McDonald — Coordinator, Lincoln County Partnership Against Alcohol and Drug Abuse
- Samantha Byers — Coordinator, Oregon Health Authority Opioid Rapid Response Project
- Denna Vandersloot — Co-Director, Northwest Addiction Technology Transfer Center
- Amanda S. Cherryholmes — Program Director, Lincoln City Resource Center and Emergency Warming Shelter
- Melissa Homan — Regional Director, Power House Treatment Center

R-CORP Planning Funding Summary

Below are total expenditures of grant funds by category:

Personnel	$ 55,381.59
Fringe Benefits	N/A
Travel	$ 6,962.92
Equipment	N/A
Supplies	$ 27,254.64
Contractual	$ 52,991.44
Other	$ 2,348.15
Subtotal	$ 144,938.74
Indirect	$ 16,349.33
TOTAL	$ 161,288.07

Activities

The overarching goal of the grant (referred to as the Lincoln County Opioid Prevention and Treatment Comprehensive Health Plan, or OPATCH) was to reduce morbidity and mortality associated with opioid use disorder through the development of a comprehensive opioid treatment and prevention plan for Lincoln County, which is located in rural coastal Oregon.

The project was overseen by the Coast to the Cascades Community Wellness Network (hereafter referred to as the Consortium). Primary activities included: strengthening collaborative partnerships between health providers and community-based organizations that provide services to those affected by opioid use disorders (OUD); educating and informing key stakeholders, community partners and providers about OUD in Lincoln County; and expanding and diversifying the membership of the Coast to the Cascades Community Wellness Network Mental Health-Substance Use Disorder (MH-SUD) subcommittee.

There were no significant changes regarding our original intent or plans for the grant. Our major accomplishments included the following:

Administrative/organizational - We achieved greater economy of effort, prevented or reduced organizational duplication of effort, and streamlined administrative processes across multiple independent community organizations as a result of the expansion and diversification of the MH-SUD subcommittee. This subcommittee focused exclusively on collaborative efforts aimed at prevention and treatment of opioid use and substance use disorders. As just one example, when it was discovered that multiple agencies were monitoring the same statistics, members of the subcommittee identified the most logical agency to continue tracking and to share reports with the others in the county.

Clinical - Equitable access to prevention and medically assisted treatment (MAT) services was improved by information and resource sharing during meetings of the MH-SUD subcommittee. For example, members learned that anyone could take part in the treatment services provided by the Confederated Tribe of the Siletz Indians. Two new peer specialists were hired and trained, thus expanding access to those services in the county. Naloxone distribution to community partners also increased significantly. Outreach to the state dental group was initiated. Best practices were shared with and among the clinical members of the Consortium, the MH-SUD subcommittee and others.

Financial - The grant provided essential leverage for the successful acquisition of additional funds from the State for peer support services.

Informational - Because of the grant, constituents and partners who were members of the Consortium and/or the MH-SUD subcommittee became aware of duplicative and overlapping opioid services delivered by previously siloed agencies and could take action to increase efficiencies. When multiple agencies contributed to the development of the needs assessment, strategic and sustainability plans, these documents were more meaningful and useful to everyone in the county. Consortium and MH-SUD subcommittee members shared information within their own circles of influence and helped educate others about opioid and substance use disorders. They distributed products and plans that were developed during the grant year and informed others about existing resources for help and support.

Regarding barriers and how we overcame them: it became clear almost immediately that education about the opioid problem in our local community was needed. It seemed that the local community was unaware of (or in denial about) the devastating impact that opioid use disorder was having on so many people who lived in Lincoln County. Sharing information gathered during the needs assessment with local leaders, elected officials and others made a significant difference in the support that was provided for this project. Other barriers included unanticipated organizational changes within the county health department. Within a relatively short time, the organization was successfully able to meet expectations of the grant and, in fact, exceeded them. Naloxone distribution was hampered early on by purchasing restrictions within the county health department whose purchasing agents did not understand the necessity for distribution, but this impediment was successfully resolved about half way through the grant period.

We achieved all of our planned objectives and did so under budget and ahead of schedule, as shown in the following updated workplan.

Goal 1: Expand the Coast to the Cascades Community Wellness Network Mental Health-Substance Use Disorder subcommittee.
Objective: Increase the membership of the MH-SUD Subcommittee (MH-SUD) to 10 members by October 2018.

Activity	Status
Hire Program Coordinator (PC)	Completed Jan. 2019
Obtain MOA/MOU from representatives of the community	Completed Jan 2019

Goal 2: Strengthen collaborative partnerships between health providers and community-based organizations that provide services to those affected by opioid use disorders.
Objective: Develop a written comprehensive strategic plan to address opioid use disorder by July 2019.

Activity	Status
PC convenes monthly meetings of the MH-SUD subcommittee	Completed; met monthly starting Sept. 2019
PC leads needs assessment of opioid use disorders issues in Lincoln County	Completed March 2018
PC conducts needs and services for OUD services	Completed February 2018
PC works with the Confederated Tribe of the Siletz Indians on Harm Reduction Program	Completed July 2019
PC and MH-SUD subcommittee support expansion of MAT and Pain Management programs	Completed March 2018
PC works with consultant and MH-SUD subcommittee on strategic plan	Completed May 2019
PC distributes strategic plan	Completed May & June 2019
PC provides required monthly and quarterly progress updates, copies of all 4 plans and final closeout report.	Completed; reports provided monthly and quarterly as required

Goal 3: Educate and inform key stakeholders, community partners and providers on the opioid use disorders in Lincoln County.
Objective: Increase awareness of the opioid use disorders in Lincoln County through media campaigns and education efforts by August 2019.

Activity	Status
PC prepared awareness campaign Note: the original workplan was revised when we learned a campaign was already being planned by Lincoln County Health and Human Services and the Confederated Tribes	completed; examples linked below Naloxone seminars New residential treatment facility

of the Siletz Indians, with a launch date of August 2019.	PainWise program Abuse of pain medication Samaritan Healthier U Expo April 26, 2019 30 min KSHL radio show 9/19 Faith Community outreach July 2019
PC and MH-SUD subcommittee support Naloxone trainings	Completed April 2019
PC and MH-SUD monitored the distribution of Naloxone	Completed June 2019
PC supported C.H.A.N.C.E peer support, training and Naloxone distribution services	Completed October 2018
PC organized and hosted community forum to review strategic plan	completed via 6 forums/meetings throughout the County
PC and MH-SUD identified ways to implement the Strategic plan	Completed June 2019

Results of the Grant

We met all the grant goals and objectives. We are fortunate that many community and service organizations in our rural county understand the importance of collaboration. Resources for all programs and agencies in our area are always stretched, so a great deal of emphasis is placed on not duplicating efforts and on supporting each other's unique contributions. Four key agencies, Samaritan North Lincoln Hospital, Lincoln County Health and Human Services, the Confederated Tribe of the Siletz Indians, and C.H.A.N.C.E (Communities Helping Addicts Negotiate Change Effectively) took the lead on most of the deliverables guided by input provided by agencies represented on the Consortium and the MH-SUD subcommittee.

As described previously in the Activities section, this grant:

- increased the coordination of services;
- strengthened the referral network;
- resulted in the joint commitment to MAT certification for providers (existing and to be hired);
- improved naloxone distribution; and
- increased awareness about the opioid crisis among medical professionals and community members.

The Consortium has had a strong impact on the community we serve; it existed before the planning grant and has a 10-year history of addressing access, quality, integration, etc. of services across a wide spectrum of health conditions as well as social determinants of health.

The grant enabled the Consortium to place a much-needed spotlight on OUD that contributed to a greater understanding across the county of the need for OUD services – resulting in improved integration of services, increased access to Naloxone, and increased access to care. One significant impact was increased awareness that non-tribal members who live in Lincoln County are able to receive MAT services through the Confederate Tribe of the Siletz Indians' program.

The planning grant was a direct catalyst for a number of important changes in our community, including:

- We became aware of, and received, additional State funding for peer support services.
- Our use of language, including the name of the advisory committee, was modified to be more current (and less judgmental) following group discussion – substance

- abuse and opioid abuse were changed to substance use disorder and opioid use disorder.
- Our local District Attorney attended one of the meetings and as a result we learned of a pilot project with which consortium and MH-SUD subcommittee members could collaborate in future.

The grant's core deliverables had a very positive impact, as summarized below:

MOU: Clarified commitments and provided a means for ensuring accountability.

Needs assessment: Key partners gained a better understanding of the degree and impact of the use of opioids in our county; key partners gained a better understanding of what each was doing, the resources community partners had and needed, and what each could bring to the table to address SUD and OUD; the prioritization process helped us focus limited resources on the areas of greatest need; discussions with a wide range of constituents and partners, beyond the Consortium, enhanced our picture of the region's needs and helped create buy in.

Strategic plan: Helped illuminate gaps in service and minimize duplication of effort; resulted in the identification of goals, objectives and activities for upcoming years that everyone agreed on; provided a map of resources to ensure they could be accessed effectively and efficiently; provided a locally-relevant document, based on data, that would be used for improving prevention and treatment services for OUD and SUD in our county; provided a document by which we could share information with other key partners who were not directly involved in the grant.

Workforce plan: clarified the types of positions we were in need of, and their relative priority (for example, the data analysis revealed the extent to which we were lacking in peer support specialists); provided evidence of the need for additional staff at key partner agencies.

Sustainability plan: solidified the Consortium's commitment to continuing this work, even without additional funds; illuminated areas for which key players needed to ensure ongoing internal support within their agency.

Evaluation: allowed us to make course corrections along the way; helped ensure we stayed focused on the planning project's goals and objectives; contributed subject matter expertise during all phases of the project.

Two stories, of many we could offer, illustrate how the OPATCH planning project made a difference—the first is in regard to the Consortium, and the second in regard to target populations:

1. **District Attorney's involvement:** From the outset we had consistent and substantial involvement from the County Sheriff's Office. We believed that this meant we would have good representation regarding the needs of incarcerated persons with OUD. Specifically, the Sheriff's Office had additional ongoing projects related to substance use disorder and were piloting a significant diversion and support initiative called "Stepping Up."

   Meanwhile, but unbeknownst to us, another branch of law enforcement, our District Attorney, had begun to put together a pilot concept for diversion and treatment for those who had been picked up for substance use related crimes but had not yet been sentenced. The DA was launching a project that would allow nonviolent offenders to avoid the court system if they complied with treatment. We learned of her project about half way through the grant period. Together we identified several ways we could work together and added the DA's project and insights into our overall planning process.

2. **Senior outreach and advocacy:** We participated in an event which allowed us to speak to over 150 seniors from our area. That event provided an opportunity for us to

give them useful consumer education materials on OUD and SUD, promote local resources for help, and to hear their concerns about opioids. There was quite a bit of misinformation and lack of awareness among most of the group. Based on what we learned that day from a large number of them, we moved seniors up as a target population. We also identified several seniors who had lived experience with OUD and were interested in helping educate other seniors.

Data

The information presented in the Attachment entitled "G25RH32473 Closeout Report - Attachment RCORP Measures" was gathered during routine program monitoring as well as more in depth evaluative support and oversight. This seems a good place to describe briefly our evaluation approach, which we would strongly recommend to other grantees.

The consortium is accustomed to the participatory evaluation model, which engages members in all aspects of an evaluation. Most members of the MH-SUD subcommittee were familiar with the participatory evaluation approach as well. We used this approach during the two foci of the evaluation: (1) evaluation of the implementation of the OPATCH grant, including quality and timeliness of the completion of the activities in the workplan and (2) evaluative support to build strong internal and external validity in the program plan that was submitted to the Rural Opioid Implementation Grant from the Department of Health and Human Services, Health Resources and Services Administration (and was subsequently funded for $1,000,000).

Under the umbrella of the participatory evaluation approach, our external evaluator used Glasgow's RE-AIM framework, which is particularly helpful when planning new programs that are evidence-based, effective and sustainable. RE-AIM is an acronym for Reach, Effectiveness, Adoption, Implementation, and Maintenance. These concepts were considered when developing the new program plan:

- Reach - identification of the target population and development of strategies to ensure the program optimally reaches them.
- Effectiveness - the efficacy (impact) of the program on desired outcomes.
- Adoption - the willingness of organizations and people to deliver the program.
- Implementation - the development of an unambiguous program protocol that can be delivered with fidelity and consistency.
- Maintenance - sustainability that happens when the program becomes an institutionalized part of the organizational practices and policies.

The evaluator attended all meetings of the Consortium and the MH-SUD subcommittee to monitor and support progress in carrying out the OPATCH workplan. She was an active participant during group discussions and functioned as a facilitator, when needed, to steer conversations to be more inclusive and in more productive directions. She encouraged Consortium and MH-SUD subcommittee members to pay attention to the five essential RE-AIM elements as they worked together on the products that were developed over the 12-month period of the grant – the needs assessment, strategic plan, workforce development plan and the sustainability plan.

Together these documents comprise the new program plan that was submitted to HRSA.

After the Grant

The Consortium has been functioning for 10 years and is committed to continuing after the planning grant funds are expended. The Consortium is committed to continuation of:

- expanding the Coast to the Cascades Community Wellness Network Mental Health-Substance Use Disorder Subcommittee;

- strengthening collaborative partnerships between health providers and community-based organizations that provide services to those affected by opioid use disorders; and
- educating and informing key stakeholders, community partners and providers on opioid use disorders in Lincoln County.

In August 2019 we learned that we were awarded an HRSA Implementation Grant. The implementation proposal is based on the work that was completed during the OPATCH planning grant. The workplan developed for the implementation funds will allow us to make great progress in dealing with OUD and SUD in our county over the next three years.

We received other funds as a result of our work on this grant. The Oregon Health Authority selected Lincoln County for additional funding for peer support services. We will use the funding to address the workforce shortage we identified by hiring, training and providing support for peer specialists.

We have ongoing involvement with our local elected officials, decision makers, providers and leaders from health, public health, medicine, education, law enforcement, social services and community-based organizations with whom we will continue to share needs, progress, successes during meetings, distribution of minutes, presentations at community gatherings and local media.

Presentations will be made at local, state and national level meetings and conferences. The documents that were developed as part of the OPATCH planning grant were distributed widely. In order to increase utilization of these documents (e.g., needs assessment, strategic plan, workforce development plan, sustainability plan) we hosted six listening sessions to disseminate the documents, educate participants, gather feedback and promote utilization. We also held a final celebratory meeting with Consortium members, elected officials, community members and other key partners and presented the data, plans and results from the planning grant, and we launched the implementation grant at that meeting as well.

The Consortium, which includes key service providers in the community, is kept current on local issues, up-to-date data, and cutting-edge reports from other Consortium members and guest presenters. Consortium members meet regularly to identify emerging service gaps and needs and adjust priorities and resources as needed. Samaritan Health Services also conducts community health needs assessments on a regular basis and those data have and will continue to inform our work.

Regarding lessons learned, we reached out for input from our Consortium members and others who participated in the process and they said:

"We have a strong resilient community. When asked, partners from so many areas were willing to come together to work on this issue. I am amazed at how we all agreed to continue the work even if the implementation grant wasn't awarded."

"Opioid use disorder is still under the radar for many people, and they are surprised by our data."

"There is more stigma among professionals than I would have expected, especially around the use of medications in treatment and recovery, but hopefully we can change that over time."

"I think for me it has to be about the power of partnerships and how much more we can accomplish when we come together over an issue. I'm not saying that partnering with so many folks is always easy, but it is worth it. Even when the issue is not directly my issue, knowing what's going on and being able to support that work makes my work more meaningful and impactful. I think this is the best example of collaboration I have ever had the pleasure of being part of."

We are fortunate to have a very skilled and committed group of colleagues whose work has made this project such a success.

Feedback to the Federal Office of Rural Health Policy (FORHP)

Rural settings can be an ideal location for projects that are built upon collaboration and integration of services. Rural communities may lack the abundant funding that is available in urban settings, but they understand the importance of clear communication and supportive relationships between community entities who share the same goal of improving the health and well-being of their neighbors. In our community – and likely in other rural communities – front line workers as well as organizational leaders know one another. Anyone can pick up the phone and get decision makers' attention in ways that those in urban areas might not. This personal access definitely facilitates success in our rural setting. After attending the reverse site visit, however, it became clear that many other rural areas do not have the culture of access we enjoy. Evidence of prior sustained collaboration may be a useful criterion when identifying the readiness of a rural community for similar projects.

Our Consortium has been functioning for ten years and has provided oversight for federally-funded grant projects in a range of areas including childhood obesity, inactivity and oral health. Members of our Consortium were eager to recognize OUD as a public health crisis and to work together to address it. It takes a mature Consortium to work at optimal level. Because of our Consortium's track record, our planning process to develop a plan for addressing OUD proceeded efficiently and effectively. If a region did not have a well-established Consortium, they might find our model a bit challenging.

The grant allowed us to focus on OUD in particular. Without the focus the grant provided, we might not have had the impetus to drill down so specifically on this one type of use disorder. Of course, we found that it must be addressed as part of the larger issue of SUD, mental health and addiction, but we benefitted from analyzing our local OUD data and capacity, and from exploring the still strong stigma we must address locally.

What would be helpful in the future for our group would be the opportunity to continue to connect on topic-specific webinars or calls, coupled with a resource bank where we could share the products we create with each other.

Many of the report templates asked for duplicative information—streamlining the process for developing plans and framing the required information as elements within one document, rather than as individual reports, might help reduce or eliminate that duplication.

The technical assistance was helpful. There were a few times when we needed specific resources and recommendations (for example, reaching out to veterans and the faith community) and the technical assistance provided was very helpful. We did not need any TA beyond what was provided, but we knew that we could always ask for help along the way.

Regarding funding needed to respond to our local crisis, we received notification of the HRSA Implementation Grant before the end of the planning grant, so for the next three years our funding needs have largely been met.

Additional External Award Funding

Additional external SUD/OUD award funding is summarized below, first is our previously reported list, followed by the current list.

1. **Previously Reported External Awards List**

Name of Award: Rural Health Opioid Program
Awarded To: Mid-Valley Healthcare, Inc. dba Samaritan Lebanon Community Hospital (SLCH) *on behalf of the Consortium - Coast to the Cascades Community Wellness Network*
Grant #: H1URH32386
Consortium Members: Marty Cahill, Chair CCCWN, CEO, SLCH and Kelley Story, Director, Samaritan Treatment and Recovery Services, SLCH
Federal Department and Agency: US DHHS Health Resources and Services Administration

Amount of Funding Received: $747,243 3/years 9/30/2018-9/29/2021
Brief Scope of Work for Grantee Organization: Utilizing a multifaceted approach, this Grant will expand the delivery of opioid related healthcare services in rural east Linn County with the overarching goal of decreasing morbidity and mortality related to opioid use in our communities. Utilizing peer support, it will prepare individuals with OUD to enter treatment and, employing trauma informed, gender-based therapy and Medication Assisted Treatment (MAT), support them in treatment and through recovery. Outreach and education will be built into the project at every level, focusing on Opioid Overdose Education and Naloxone Distribution (OEND) for family members and friend of individuals with OUD, as well as for community organizations that come into contact with individuals with OUD.

Name of Award: Rural Health Care Services Outreach Program
Awarded To: Mid-Valley Healthcare, Inc. dba Samaritan Lebanon Community Hospital (SLCH) *on behalf of the Consortium - Coast to the Cascades Community Wellness Network*
Grant #: D04RH31787
Consortium Members: Marty Cahill, Chair CCCWN, CEO, SLCHand Kelley Story, Director, Samaritan Treatment and Recovery Services, SLCH
Federal Department and Agency: US DHHS Health Resources and Services Administration
Amount of Funding Received: $599,921 3/years 6/1/2018 – 4/30/2021
Brief Scope of Work for Grantee Organization: Utilizing an approach that combines peer-delivered services, community Naloxone distribution and a multifaceted education campaign, this grant will expand the delivery of opioid services in rural east Linn County. It will target high risk adult and adolescent individuals with opioid use disorder (OUD) and first time opioid overdose survivors in east Linn County utilizing the following evidence-based and promising practices: Peer-Delivered Recovery Support (in emergency department and community), Emergency Department Initiated Brief Negotiation Interview and Buprenorphine administration with referral to treatment (ED-BNI+Bup), Motivational Interviewing, and Opioid Overdose Education & Community Naloxone Distribution (OEND). Peer support activities will be integrated in the Emergency Department (ED) in conjunction with implementation of ED-BNI+Bup. Community-based peer support will be conducted throughout east Linn County, providing follow up to treatment referral, peer support for those not in treatment and support for families and friends of individuals with OUD.

2. **Current External Awards List (as of October 2019)**

The chart on the next two pages outlines our current external awards and was also provided in September 2019.

Consortium Member and Grant Recipient	Name of Award	Funder	Dates of Award	Award Amount	Brief Scope of Work
Samaritan North Lincoln Hospital *Consortium Member*	RCORP-Implementation	HRSA	9/1/2019 To 8/31/2022	$1,000,000	Reduce morbidity and mortality related to substance use disorder in Lincoln County, Oregon. Under the direction of the Coast to the Cascades Community Wellness Network and the Mental Health Substance Abuse Subcommittee, the LCBRP will strengthen and expand SUD/OUD prevention, treatment and recovery activities across Lincoln County. The LCBRP will serve adults and pregnant women.
LCHHS/ Lincoln County Public Health *Consortium Member*	SAMHSA State Opioid Response (SOR)	Oregon Health Authority	9/1/2019 to 8/21/2020	$142,857	Grant will allow LCHHS to purchase, distribute & train Lincoln County staff & partner agencies on the use of Naloxone. Each agency completing training will receive naloxone tool kits containing, at minimum ten 2 ml doses of naloxone, 10 atomizers for intranasal administration, alcohol pads, rescue breathing masks, rubber gloves, and instructions. Targeted Partners agencies include: Group homes, Sober living facilities, Schools, City & County Departments, Jails, Warming Shelters, Domestic Violence Homes. Naloxone Kits will be also be distributed through Harm Reduction workers in the field and clinic.
Confederated Tribes of the Siletz Indians *Consortium Member*	SAMHSA State Opioid Response (SOR) SAMHSA Tribal Opioid Response (TOR) SAMHSA (TOR) supplement STR	Oregon Health Authority	2018-2020 9/30/18 – 9/30/20 2019 2019	$126,715 total, 2yrs $174,694 per year $66,972 $37,772	Hire a full time MAT counselor and .2 Tabaco cessation counselor to work with patients in the MAT program. Additional monies were designated for staff training. Supplemental funding will be used for client support. STR monies is used to help offset the cost of contractual services with our CDAC III

					MAT counselor and client support services
LCHHS/ Lincoln County Community Health Center *Consortium Member*	Integrated Behavioral Health Services (IBHS)	HRSA	9/1/2018 to 8/31/2020	$285,000 $185,000 Y1 and $100,000 To base FQHC Y1 and each year after	The grant will allow LCHHS to: integrate and implement psychiatric services within primary care; manage psychiatric medications in primary care for patients who are stable on their medications and do not require counseling; fund a portion of a Psychiatric Nurse Practitioner position to support the Assertive Community Treatment team (ACT). We will be able to utilize the PNP to provide services in the community rather than in the office. Some outreach activities will include service delivery to homes, shelters and jails.
LCHHS/ Lincoln County Public Health *Consortium Member*	PDO Coordination	Oregon Health Authority IVPP	9/1/2019 To 8/31/2020	$95,500 Y2 of 2-year grant	Develop regional infrastructure and Network for Opioid and other illicit drug prevention. We anticipate receiving grant for an additional 2 years.
LCHHS/ Lincoln County Behavioral Health *Consortium Member*	State HB 4143	Oregon Health Authority	6/1/2019 To 6/30/2020	$400,000	To reduce Emergency Department (ED) visits & connect IV drug using population to services by providing Peer Mentors to meet overdose victims in the ED
LCHHS/ Lincoln County Community Health Center *Consortium Member*	Integrated Behavioral Health Services (IBHS)	HRSA	9/1/2019 To 8/31/2020	$167,000	Hiring an additional counselor who will be able to go out into the community to help people with substance use and mental health issues.
Samaritan Lebanon Community Hospital *Consortium Member*	Rural Health Care Services Outreach Grant Program	HRSA	6/1/2018 To 5/31/2021	$599,921	Refer to summary on page 9
Samaritan Lebanon Community Hospital *Consortium Member*	Rural Health Opioid Program	HRSA	9/30/2018 to 9/29/2021	$747,243	Refer to summary on page 8

SECTION 2: RCORP-Planning Activity Measures

Please see the Attachment entitled: **G25RH32473 Closeout Report - Attachment RCORP Measures** for an overview of planning activity measures.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number G25RH32473, *Rural Communities Opioid Response Program-Planning, "Opioid Prevention and Treatment Comprehensive Health Plan (OPATCH Project)"*, for $200,000 total award amount and zero percentage financed with nongovernmental sources.

This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by, HRSA, HHS or the U.S. Government.

Final Performance/Closeout Report

Grant Number: **G25RH32473**
Grantee/Organization Name: **Samaritan North Lincoln Hospital**

Rural Communities Opioid Response Program (RCORP)
Measures & Definitions

Section 1: RCORP Core Measures –
Please provide these data to the best of your ability, using the most recent data available. These measures will be collected from all grantees under the various RCORP grant initiatives (e.g. Planning, Implementation and Rural MAT Expansion).

<table>
<tr><th>#</th><th>Measure</th><th>Definition</th></tr>
<tr><td>1 Core</td><td>Total population in the project's service area</td><td>Please report the total number of individuals in your project's service area. 49,388 (source: US Census)
NOTE: This is not necessarily the number of people who availed themselves of your services but the number of people in the project's service area.</td></tr>
<tr><td>3 Core</td><td>Number of non-fatal opioid overdoses in the project's service area</td><td>Please report the total number of non-fatal overdoses from opioid poisoning in your project's service area in the past 6-months. Include all types (e.g., accidental, intentional, undetermined). The latest county data we have is a proxy measure, based on EMS administered Naloxone ambulance runs, so it likely not a complete picture, nor does it distinguish fatal from non-fatal; in Q2 2019 there were 24 EMS administered naloxone ambulance runs. Source: Oregon Health Authority Drug Overdose Data Dashboard – EMS Naloxone Administration</td></tr>
<tr><td>4 Core</td><td>Number of fatal opioid overdoses in the project's service area</td><td>Please report the total number of fatal overdoses from opioid poisoning in your project's service area in the past 6-months. Include cases where opioids are the underlying or contributing cause of death and include all types (e.g., accidental, intentional, undetermined). The latest county data we have is from 2018 and the total for that year was: 38 deaths source: Oregon Health Authority Drug Overdose Data Dashboard (overdose deaths – medical examiner)</td></tr>
<tr><td>5 Core</td><td>Number of healthcare providers who have a DATA waiver

Source: SAMHSA Buprenorphine Practitioner Locator Database retrieved 9/12/19</td><td>Please report the total number of healthcare providers within the service area who have a Data Treatment Act 2000 (DATA) waiver to prescribe buprenorphine-containing products for medication assisted treatment (MAT). Additionally, please report the total number of health care providers within your consortium who have a DATA Waiver. Please specify by provider type:
<table>
<tr><th>Provider type</th><th># within the service area</th><th># within your consortium</th></tr>
<tr><td>Physicians (MD/DOs, including internal medicine, family medicine, pediatrics, and other specialties)</td><td>3</td><td>1</td></tr>
<tr><td>Psychiatrists (i.e. physician in the specialty of psychiatry)</td><td></td><td></td></tr>
<tr><td>Physician Assistant</td><td></td><td></td></tr>
<tr><td>Nurse practitioners</td><td>4</td><td>1</td></tr>
<tr><td>Clinical nurse specialists</td><td></td><td></td></tr>
<tr><td>Certified nurse-midwives</td><td></td><td></td></tr>
<tr><td>Certified registered nurse anesthetists</td><td></td><td></td></tr>
</table></td></tr>
</table>

SECTION 2: RCORP-Planning Activity Measures

#	Measure	Definition
6	Identify the types and number of organizations in the consortium	*Please report the types and number of member organizations in your consortium.* *NOTE: Consortium members are defined as members who have signed a Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) or have a letter of commitment to participate in the consortium* **Most of our members fill multiple roles so we counted them in a primary role, but also noted with an "x" where they fill additional roles** *Health care providers:* __5__ Critical access hospitals or other hospitals __1__ Federally qualified health centers (FQHCs) ____ FQHC Look-alikes __3__ Local or state health departments __x__ Mental and behavioral health organizations, practices, and providers (this is counted under OTP, sole community hospital, local health department and substance use treatment providers) ____ Methadone Center __x__ Opioid treatment programs (OTPs) (counted under substance abuse treatment providers) __1__ Primary care practices and providers (counted under sole community hospital and local health department) __x__ Rural health clinics (counted under sole community hospital and local health departments) ____ Ryan White HIV/AIDS clinics _____ Sole community hospitals __1__ Substance abuse treatment providers __1__Other medical agencies and organizations (Specify) **Dental Care Org.** *Other organizations:* __2__ Community-based organizations ____ Cooperative extension system offices __x__ Criminal justice (e.g., probation and parole) (counted under law enforcement) __x__ Emergency medical services entities (counted under law enforcement) ____ Faith-based organizations ____ Healthy Start sites ____ HIV and HCV prevention organizations __1_ Law enforcement ____ Maternal, infant, and Early Childhood Home Visiting Program local implementation agencies ____ Poison control centers ____ Primary Care Associations __x_ Primary Care Organizations (counted under sole community hospital, local health departments) ____ Prisons __1_ School systems ____ Single state agencies (SSAs) __1_ State Offices of Rural Health (SORHs) __1_ Tribes/Tribal Organizations __6_ Other social service and non-medical agencies and organizations (Please specify) **Lincoln County Commissioners, Council of Governments, Coordinated Care Organization,** COMP NW **Medical School, SHS Health Systems, Evaluator**

7	Define your service area	*Please select the option that best describes your project's service area:* ____Multiple states ____State ____Multiple counties __**X**__Single county **Lincoln County, Oregon** ____Partial county (census tract(s) within counties) *Identify the state(s) included in the project service area:* **Oregon**
8	Indicate the total number of consortium meetings conducted in the past 6-months	*Please report the total number of consortium meetings conducted in the past 6-months in which the majority of consortium members (>75%) participated.* ***6 monthly meetings were held in the past 6 months*** ***NOTE:*** *Meeting types may include: face-to-face, via teleconference, or via webinar. Consortium members are those that signed MOU, MOA, or letters of commitment.*
9	Please check any/all activities included in your program	*Please indicate the types of activities included in your program during the past 6-months as a result of RCORP funding (please check any/all activities that apply):* __**x**__*Creating subcommittees* ____*DATA Waiver/MAT trainings* __**x**__*Hosting town halls, focus groups (or other community education/outreach)* __**x**__*Naloxone training/distribution* ____*Overdose reversal reporting* __**x**__*Provider usage of Prescription Drug Monitoring Program (PDMP) data* ____*Telehealth* ____*Training on prescribing guidelines* ____*Other (please specify)*
10	Will the consortium continue to operate after the Federal grant funding period?	*Please indicate if the consortium and/or activities of the consortium will continue to operate after the Federal grant period of performance by choosing one of the options below:* __**x**__*Yes, the consortium and/or activities of the consortium are expected to operate after the period of performance.* ____*No, the consortium is not expected to continue after the period of performance.*
11	Select funding sources for sustainability	*Please indicate the type(s) of sources of funding for sustainability using the following categories (*please check all that apply) *and amount for each, if applicable:* o Contractual Services $_____ o Fees charged to individuals for services $_____ o Foundations $_____ o Fundraising/ Monetary donations $_____ **X** In-kind contributions (defined as donations of anything other than money, including goods or services/time.) **$ this is a very large amount but undetermined amount considering the 4 key agencies and consortium members' services and time** o Membership Fees/Dues $_____ o None **X** Other Federal grants (non-HRSA) **$142,857 SAMHSA (awarded to Lincoln County HHS)** **X** Other HRSA grants (non-RCORP) **$285,000 (awarded to Lincoln County HHS)** o Program Revenue $_____ o RCORP MAT-Expansion $_____ **X** RCORP-Implementation **$ 1,000,000 over 3 years** **X** Reimbursement from third-party payers (e.g. private insurance, Medicare,

<table>
<tr><td></td><td></td><td>Medicaid) $ amt to be determined
X State grants $ 400,000 (awarded to Lincoln County HHS)
o Other - Specify: _____ $_____</td></tr>
<tr><td>12</td><td>Number of providers, paraprofessional, and community members (non-providers) who received general SUD education or training</td><td>Please report the total number of providers, paraprofessional staff, and community members (non-providers) who participated in direct substance use disorder education or training activities within the past 6-months as a result of RCORP funding. For each topic area, please provide the number of participants in each category: Providers, paraprofessional staff (e.g. peer support staff, care managers, care navigators, other recovery support staff) and community members (neither providers nor paraprofessional staff)
<table>
<tr><th>Education or Training Activities</th><th># of Providers</th><th># of Paraprofessionals</th><th># of Community Members</th></tr>
<tr><td>Mental health first aid</td><td></td><td></td><td></td></tr>
<tr><td>Naloxone training</td><td>60</td><td></td><td></td></tr>
<tr><td>Prescribing guidelines</td><td></td><td></td><td></td></tr>
<tr><td>Stigma reduction</td><td></td><td></td><td>150</td></tr>
<tr><td>Other (specify)</td><td></td><td></td><td></td></tr>
<tr><td>Other (specify)</td><td></td><td></td><td></td></tr>
</table></td></tr>
</table>

List of Existing Consortium Members UPDATED September 2019

Coast to Cascades Community Wellness Network Member List

Organization Name	Address	Primary Contact	EIN	Facility	Sector	Community Role	New Member
Benton County Health Department	530 NW 27th Street, Corvallis ,OR 97330	Dawn Emerick	93-6002285	Health Department	Health Care/Mental	Health Dept. Dir.	
*Samaritan Pacific Community Hospital	930 SW Abbey, Newport, OR 97365	Dr. Lesley Ogden	93-1329784	Hospital	Health Care	Hospital CEO	
Capitol Dental Care	3000 Market St., Ste 228 Salem, OR 97301	Linda Mann	48-1278540	Dental Care Org.	Dental Care	Dental Provider	
Oregon Cascades West Council of Governments	1400 Queen SE Albany, OR97322	Fred Abouselman	93-0584306	Non-Profit	Community	Executive Director	
*Samaritan Lebanon Community Hospital	525 N. Santiam Hwy, Lebanon, OR 97355	Marty Cahill-Chair	93-0396847	Hospital	Health Care	Hospital CEO	
*Lincoln County Board of Commissioners	225 West Olive Street, Newport, OR97365	Clarice Hall	93-6002304	Government	Local Government	Community Health	
*Lincoln County Sheriff	225 West Olive Street, Newport, OR97365	Curtis Landers	93-6002304	Sheriff	Law Enforcement	Public Safety	
*Lincoln County Health and Human Services	36 SW Nye Street, Newport, OR 97365	Rebecca Austen	93-6002304	Health Department	Public Health	Public Health Dir.	
East Linn/Benton County FQHC	530 NW 27th Street, Corvallis, OR 97330	Sherlyn Dahl	93-6002305	FQHC	Health Care	FQHC Director	
Physician Representative	3600 Samaritan Dr. Corvallis, OR 97330	Dr. K. Ewanchyna	93-0951989	Emergency Dept.	Private Practice	Physician	
*Lebanon School District	485 S. 5th Street, Lebanon, OR 97355	Bo Yates	93-1175526	K-12 Schools	Education	School Superintend.	
InterCommunity Health Network	815 NW 9th Street, Corvallis, OR 97330	Kelley Kaiser	93-1124326	Insurance Plan	Medicaid	Health Plans CEO	
Community Services Consortium	250 SW Broadalbin, Albany, OR 97322	Martha Lyon	93-6118438	Non-Profit	Community Action	Comm. Act. Agcy.	
Samaritan Health Services	3600 Samaritan Dr., Corvallis, OR 97330	Julie Manning	93-0951989	Health Systems	Health Care	Hospital Vice. Pres.	
Linn County Health Department	PO Box 100 Albany, OR 97321	Todd Noble	93-6002305	Health Department	Health Care/Mental	Health Dept. Dir.	
*COMP NW Medical School	200 Mullins Drive, Lebanon, OR 97365	Dr. Jeanne Davis	95-3127273	Higher Education	Education	COMP NW Dean	
*Samaritan North Lincoln Hospital	3043 NE 28th St. Lincoln City, OR 97367	Dr. Lesley Ogden	93-1305493	Hospital	Health Care	Hospital CEO	
Good Samaritan Regional Medical Center	3600 NW Samaritan Dr. Corvallis OR 97330	Becky Pape	93-0391573	Hospital	Health Care	Hospital CEO	

*Confederated Tribes of Siletz Indians	107 SE Swan, Siletz, OR 97380	Ruby Moon	93-0714057	Tribal	Tribal Community	Comm. Health Dir	
Oregon Office of Rural Health	3181 SW Sam Jackson, Portland, OR97201	Sarah Anderson	93-1142493	State of Oregon	Rural Health	SORHP	
Samaritan Albany General Hospital	1046 NW 6th Ave, Albany, OR 97321	Dan Keteri	93-0110095	Hospital	Health Care	Hospital CEO	
Community Outreach Inc.	865 NW Reiman St., Corvallis, OR 97330	Kari Whitacre	93-0602094	Non–Profit	Homeless	Non-Gov. Exec.	
Community/Evaluator	6975 NW Diamond Place, Corvallis, OR 97330	Jana Kay Slater,PhD	N/A	Program Evaluator	Community	Evaluator	
C.H.A.N.C.E.	238 3rd Ave SE, Albany, OR 97321	Jeff Blackford	20-3295927	Non-profit	Treatment Recovery	Provider	New

*Indicates member is located in a HRSA-designated Rural area

List of the CCCWN Mental Health-Substance Use Disorder Subcommittee 2018 "Grant Workgroup" UPDATED September 2019

Organization Name	Address	Primary Contact	Project Role	EIN	Facility	Sector	Community Role	New Member
*Samaritan North Lincoln Hospital	3043 NE 28th St. Lincoln City, OR 97367	Dr. Lesley Ogden	Hospital	93-1305493	Hospital	Hospital CEO	Hospital CEO	
*Samaritan Lebanon Community Hospital	525 N. Santiam Hwy, Lebanon, OR 97355	Kelley Story	Treatment Provider	93-6118438	Hospital	Substance Treatment	Hospital CEO	
Linn County Health Dept.	PO Box 100, Albany, OR 97322	Tony Howell	A & D Provider	93-6002305	Health Dept.	Mental Health	Provider	
Family Tree Relief Nursery	PO Box 844, Albany, OR 97322	Renee Smith	Referring Agency	14-1872327	Non-profit	Treatment	Provider	
Milestones Recovery Center	518 SW 3rd Street Corvallis, OR 97330	Tanya Pritt	Treatment Provider	93-1154557	Non-profit	Substance Treatment	Provider	
C.H.A.N.C.E.	238 3rd Ave SE, Albany, OR 97321	Jeff Blackford	Treatment Provider	20-3295927	Non-profit	Treatment & Recovery	Provider	
*Lincoln County Health and Human Services	36 SW Nye Street, Newport, OR 97365	Jennifer Versteeg	Presc. Drug Mang.	93-6002305	Health Dept.	Public Health	Provider	
*Confederated Tribe of Siletz Indians	107 SE Swan, Siletz, OR 97380	Ruby Moon	General Manager	90-0674673	Clinic	Indian Health	Provider	
*Lebanon Police Department	525 N. Santiam Hwy Lebanon, OR 97355	Frank Stevenson	Corrections	93-6002199	Police Department	Law Enforcement	Law Enforcement	New
*Lincoln County Sheriff's Office	225 W Olive St. Newport, OR 97365	Nick Vaille	Corrections	93-6002304	Sheriff's Office	Public Safety	Public Safety	New
*Reconnections Counseling	547 SW 7th St Newport, OR 97365	Faith Brandenberger	Treatment Provider	93-1195726	Substance Treatment	Substance Treatment	Provider	New

* Indicates the member is located in a HRSA-designated Rural area.