

RCORP PR March 2022 - Request for Information

Grantee Info

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

Mid-Valley Healthcare, Inc.

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

GA1RH42912

Contact Information

3. Project Director

First Name

Jolynn

Last Name

Meza Wynkoop

Email Address

jolynnm@samhealth.org

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

4. Data Coordinator

First Name

Jolynn

Last Name

Meza Wynkoop

Email Address

jolynnm@samhealth.org

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

SUD/Drug Concerns

5. Among the drug types listed, please rank in order the top three drug types that currently pose the greatest concern to the health and well-being of your HRSA-designated rural service area. List in order of drugs of most concern to least concern. If you have a concern not included in this list, please use the comment box to specify.

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

Comments

If a 4th option could be listed, we would include prescription opioids.

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

1. Alcohol
2. Benzodiazepines
3. Prescription Opioids

Comments

With no detoxification facility in our HRSA-designated rural service area, individuals experiencing alcohol and benzodiazepine withdrawal are not able to receive the medical monitoring that they need. There is a huge need for a 24/7 detox facility where partners could have access to meet with clients, suggest residential treatment, and provide other support services.

SUD-Related Health Concerns

7. Among the problem areas listed, please rank in order the top three problem areas that currently pose the greatest concern to the health and well-being of your HRSA-designated rural service area. List in order of health issue of most concern to least concern. If you have a concern not included in this list, please use the comment box to specify.

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

Comments

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

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

Comments

Successes

9. Please select the top three areas where you feel you've had successes during the current reporting period:

Care Coordination
Service Capacity
Workforce — Hiring/Recruitment

10. Please describe the success(es) you had related to care coordination

Linn County Alcohol and Drug (LCAD) has worked closely with Family Tree Relief Nursery (FTRN) prior to the Rural Communities Supporting Women and Youth (RC-SWAY) grant. Similarly, Samaritan Treatment and Recovery Services (STARS) have been a huge partner for FTRN through coordination efforts taking place through other Health Resources Services Administration (HRSA) grants. Referrals have taken place between these three agencies for services such as drug and alcohol assessments, parenting education services, peer support services, and residential treatment. Additionally, peer support specialist (PSS) staff with FTRN and STARS work closely together to track patients that are being served through Samaritan Lebanon Community Hospital (SLCH) in order to prevent duplication of efforts. Additionally, there is time set aside at the end of the PSS support group meeting for peers to discuss care coordination.

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

Family Tree Relief Nursery (FTRN) has been working to secure a new service delivery location in Sweet Home, Oregon. By having a physical location for their peer support specialist (PSS) to work from, they will have a designated space to meet with clients and offer services. Through partnering with the Hope Center, FTRN expects to have a greater reach in our rural service area.

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

One success for all partners on the Rural Communities Supporting Women and Youth (RC-SWAY) grant has been the ability to recruit and hire workforce. Family Tree Relief Nursery (FTRN) has hired their peer support specialist (PSS) and peer support group leader who has been able to provide a support group for peers in the area. Linn County Alcohol and Drug (LCAD) has filled the trainer position for providing LifeSkills courses in 4th and 6th grade classrooms. Another staff will be joining in to assist in LifeSkills course training as well. LCAD also has staff working to provide Early Intervention services for youth through this grant. Samaritan Treatment and Recovery Services (STARS) has hired a PSS to work with pregnant and non-pregnant women with substance use disorders (SUDs) and Samaritan Lebanon Community Hospital (SLCH) has had the Project Director – Data Coordinator in place since the beginning of the grant period. The final component of this grant is hiring a PSS to work with youth. We are in the process of working with FTRN to provide this service to our rural service area – staff have not yet been assigned to this role.

Challenges

13. Please select the top three areas where you feel you've had challenges during the current reporting period:

COVID-19 Pandemic
Overdose Prevention and Naloxone Distribution
Stigma

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

With current COVID-19 restrictions for some partner organizations, it has been difficult to integrate peer support specialists (PSS) services in the home. In the past, PSS were able to meet with clients at their houses, and due to restrictions over the last couple of years, we have been unable to do so. Additionally, it has been difficult to engage with individuals with substance use disorders/opioid use disorders after the initial contact.

15. Please describe the challenge(s) you had related to overdose prevention/naloxone distribution

One challenge that our community is facing is the increase in overdoses. To combat this, Narcan is continuing to be distributed, however, it has been difficult for some partner organizations to keep their supply well stocked. It is a success that Narcan is being distributed widely, but also a challenge when supplies are limited.

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

Stigma continues to be a large barrier to substance use disorder/opioid use disorder (SUD/ODU) treatment. Not only do people with SUD/ODU feel the stigma in accessing treatment, but in health care settings in general. Providers can be stigmatizing and often do not understand how to interact with someone who has a SUD. Efforts are in place to reduce stigma in our communities, however, providers, community members, etc. need to work to realize their own biases and make sure that it doesn't contribute to the stigma that people with SUD face when attempting to access services.

Anticipated Challenges/TA Needs

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

COVID-19 Pandemic
Overdose Prevention and Naloxone Distribution
Stigma

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

Due to COVID-19, Samaritan Treatment and Recovery Services (STARS) has had to scale back their residential treatment services to maintain physical distancing and safety. We are hopeful that with COVID-19 restrictions being lifted, policies can be implemented that will allow the facility to return back to normal operating conditions where both men and women can receive services (currently only women are receiving residential treatment services). Although services may be able to resume fully, there will remain an uncertainty surrounding the COVID-19 pandemic and what another surge in cases could mean for our community and the services provided.

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

Overdoses are not anticipated to decrease in our service area, so there will be a continued demand for Narcan in our communities. One anticipated challenge is in keeping up an adequate supply of Narcan to distribute among our partner agencies.

20. Please describe the anticipated challenge(s) or technical assistance need(s) you have related to stigma

Stigma is one of our current challenges and is expected to remain a challenge as we move forward.

Comment: One of our Coast to Cascades Community Wellness Network (CCCWN) consortium members has expressed concerns that this template includes "Tribal Populations" as a "Challenge," particularly as no other populations have been singled out. The U.S. government has a long, complicated history of troubled relationships with Native Americans, not limited to genocide, displacement, and widespread disregard for and violation of treaties. In this context, the inclusion of "Tribal Populations" as a challenge is problematic. While this may simply be a semantic error, we would like further clarification on the rationale for this inclusion.

Medication-Assisted Treatment Options

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

- Buprenorphine (e.g., Subutex)
- Buprenorphine with Naloxone (e.g., Suboxone film, Cassipa, Bunavail, Zubsolv)
- Naltrexone, oral tablets (e.g., ReVia, Depade)
- Other (please specify): Librium for early alcohol use disorder

Medication-Assisted Treatment Utilization

22. Of the patients served by your consortium/partnership, approximately what percentage receive the following?

Total : 0%

Peer Recovery Workers

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

Yes

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

Yes

25. 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.

- Other virtual networks
- In-person networks
- Other (please specify): Peer support specialist support group

26. 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

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

Peer recovery workers, or peer support specialists (PSS), face many challenges in their line of work. Providers face stigma for working with PSS because there is this belief that the PSS's expertise in substance use disorders (SUDs) isn't valid, or their lived experience doesn't appropriately assist the provider in working with the patients. Additionally, many providers don't know what it means to work side-by-side with a PSS. As mentioned previously, another challenge that peers face is in finding a way to continue to engage clients after the initial contact. Also, COVID-19 has posed restrictions surrounding the interactions between the client and the peer (i.e., no home visits).

28. Did your consortium/partnership expand the peer workforce and/or programming in any of the following settings? Select all that apply.

- SUD/ODU Treatment Programs
- Other (please specify): Early childhood education programs with substance use disorder programs embedded underneath.

Grant Activities

29. 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		

30. Comments

Telehealth

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

No

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

None of the above

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

None of the above

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

N/A

Subcommittees/Working Groups

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

No

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

No

Fentanyl Test Strips

37. Does your consortium/partnership distribute fentanyl test strips in your service area?

No - Not at this time

38. Please rate the extent to which the following prevent your consortium from distributing fentanyl test strips.

	Not at all	To some extent	To a moderate extent	To a large extent
State or local laws prohibiting use of FTS as a harm reduction method (e.g., criminalization of possession)	X			
Limited number of harm reduction services where FTS could be distributed	X			
Limited number of providers (e.g., treatment, medical, EMS) willing to distribute FTS	X			
Limited supply of FTS	X			
Assumption most drugs will test positive for fentanyl so FTS aren't needed	X			
Concerns that a positive FTS result will not change behavior	X			
Concerns over accuracy of FTS results resulting in distributor liability	X			
Concerns of FTS misuse by fentanyl seekers	X			
Stigma concerning harm reduction services			X	

39. Comments

Our consortium is not currently seeking to utilize Fentanyl Test Strips.

40. Do you or anyone in your consortium/partnership use FTS as part of urinalysis/drug screens?

No

41. What would be needed to facilitate larger-scale distribution of FTS in the target rural service area?

In order to facilitate a larger-scale distribution of fentanyl test strips in the target rural service area, there would need to be more coordination efforts originating from our Community Harm Reduction Mentors and Allies (CHRMA) coalition. According to RC-SWAY partners, the CHRMA coalition are the only group in rural Linn County that distribute fentanyl test strips.

Rural Health Clinics

42. Is there a Rural Health Clinic (RHC) contributing to the work on this grant?

Yes

43. Has/have the RHC(s) increased or expanded MAT service delivery since your award date?

No

44. Please indicate any challenges/barriers the RHC(s) have had in expanding MAT services in the HRSA designated service area.

Confusion of federal RHC regulations
 Lack of perceived relevance among RHC leadership (e.g., "That's not our job")
 Other (please specify): Shame and stigma

Sustainability

45. 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):

Insurance – Medicaid/CHIP
 State grants

RC-SWAY Work Plan

Acronym	Definition	Key Contact(s)	Email
CHCBLC	Community Health Centers Benton & Linn Counties	Carla Jones	carla.jones@co.benton.or.us
FTRN	Family Tree Relief Nursery	Renee Smith Stephanie Cameron	rsmith@familytreern.org scameron@familytreern.org
FTRN PSS	Family Tree Relief Nursery Peer Support Specialist	Amanda (Mandi) True	atrue@familytreern.org
FTRN PSGL	Family Tree Relief Nursery Peer Support Group Leader	Octavia Chandler	ochandler@familytreern.org
LCAD	Linn County Alcohol & Drug Program	Justin Thomas	jthomas@co.linn.or.us
LCAD LST	Linn County Alcohol & Drug Program LifeSkills Trainer	Shannon Snair	
LCAD EIFY	Linn County Alcohol & Drug Program Early Interventionist for Youth	Rose Reaser Barry Collins Heidi Kizer Aranda	
PD-DC	Project Director-Data Coordinator	Jolynn Meza Wynkoop	jolynn@samhealth.org
ROPC	Regional Overdose Prevention Coordinator	Jennifer Beckner	jbeckner@co.lincn.or.us
SHS MCC	Samaritan Health Services Maternity Care Coordinator	Laurie Barajas	lbarajas@samhealth.org
SLCH	Samaritan Lebanon Community Hospital	Marty Cahill, CEO	mcahill@samhealth.org
STARS	Samaritan Treatment and Recovery Services	LaMonte Morgan	lamontem@samhealth.org
STARS PSS	Samaritan Treatment and Recovery Services Peer Support Specialist	Christine Felt	cbuchan@samhealth.org

Quarters

Q1 - September, October, November 2021	Q7 - March, April, May 2023
Q2 - December 2021, January, February 2022	Q8 - June, July, August 2023
Q3 - March, April, May 2022	Q9 - September, October, November 2023
Q4 - June, July, August 2022	Q10 - December 2023, January, February 2024
Q5 - September, October, November 2022	Q11 - March, April, May 2024
Q6 - December 2022, January, February 2023	Q12 - June, July, August 2024

Color Key

- Red** Activities completed between 9/1/2021 – 2/28/2022
- Yellow** Changes made during 9/1/2021 – 2/28/2022
- Green** Activities where progress has been made during 9/1/2021 – 2/28/2022 (details included)



RC-SWAY Work Plan

Overarching Goal: Reduce morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in rural Linn County.								
Goal 1: Strengthen and expand SUD/OUD prevention services in rural Linn County.								
Objective	Activity Number	Activities	Improvement to health care delivery	Deliverable	Responsible persons	Timeline	Progress	Details
Develop and implement all five core prevention activities by August 31, 2024.	1a	Hire Project Director-Data Coordinator to support the RC-SWAY Project.	Improve coordination of services for people with SUD/OUD	Staff hired	SLCH	Q1	Completed	Jolynn Meza Wynkoop began as the PD-DC on 9/27/2021.
	1b	Hire or assign Peer Support Specialists and Peer Support Group Leader to implement RC-SWAY peer support activities.	Improve access to direct services and increase SUD/OUD supports	Staff hired	STARS FTRN C.H.A.N.C.E.	Q1	In Progress	Christine Felt began as the STARS PSS on 11/8/2021. Amanda True began as the FTRN PSS on 12/1/2021. Octavia Chandler began as the Peer Support Group Leader in 12/2021.
	1c	FTRN, STARS, C.H.A.N.C.E., LCAD, CHCLBC, will develop and distribute culturally and linguistically appropriate education material for family members and caregivers on SUD/OUD prevention, treatment and recovery.	Improve knowledge of family members and caregivers around SUD/OUD, reduce stigma and increase ability to access care	# of education materials developed and distributed	FTRN	Q1-Q12	In Progress	FTRN has shared educational materials that are currently being used among the partners 12/6/2021.

1d	<p>PD-DC and STARS Peer Support Specialist will work with Marketing Department Brink Communications to develop the culturally specific messaging for the media campaign around SUD/OD in multiple languages.</p>	<p>Improve community knowledge of SUD/OD, reduce stigma and increase access to services</p>	<p># of media messages, articles and printed materials distributed</p> <p># of media messages distributed monthly</p>	<p>STARS PSS PD-DC</p>	<p>Q3, Q7, Q11</p>	<p>In Progress</p>	<p>A proposal for a media campaign by Brink Communications has been signed by SHS leadership. Planning meetings are underway. Funding will be combined from RC-SWAY, Bridges to Recovery, and Measure 110 for a regional campaign.</p> <p>A planning meeting took place on 1/25/2022 and communication via Basecamp is underway for the development of the campaign.</p> <p>A planning meeting took place on 3/10/2022 and more was shared in relation to key messengers, social media communication, outreach strategies, photography, etc.</p> <p>Total Meetings: 6 1/25/2022, 2/10/2022, 3/1/2022, 3/2/2022, 3/10/2022, and 3/18/2022.</p>
1e	<p>C.H.A.N.C.E. ROPC will coordinate and monitor the purchase and distribution of Narcan.</p>	<p>Reduce overdose fatalities</p>	<p>Amount Narcan distributed through tracking sheets</p>	<p>C.H.A.N.C.E. ROPC</p>	<p>Q1-Q12</p>	<p>In Progress</p>	<p>This task is being switched from C.H.A.N.C.E. to the Regional Overdose Prevention Coordinator (ROPC).</p> <p>Samaritan Lebanon Community Hospital has executed a purchase agreement with Lincoln County Health and Human Services for the purchase of Narcan for the rural Linn County region. \$15,000 is allocated towards Narcan purchasing for the first year of the grant.</p>
1f	<p>C.H.A.N.C.E. Coordinator will provide trainings to community and family members on proper use of Narcan and injectable naloxone in multiple languages.</p>	<p>Increased number of people who can administer Narcan to reduce overdose fatalities</p>	<p># of participants attending training through sign-in sheets</p>	<p>C.H.A.N.C.E.</p>	<p>Q4</p>	<p>Not Started</p>	<p>The RC-SWAY team will work to determine who will be responsible for this work plan activity.</p>
1g	<p>FTRN will continue to conduct on-going drug take-back</p>	<p>Reduce incidents of drug use and overdose</p>	<p>Quantity of drugs collected</p>	<p>FTRN</p>	<p>Q1-Q12</p>	<p>In Progress</p>	<p>FTRN is working with Linn Together to coordinate drug take-back events throughout the grant funding period 10/21/21.</p>

	all age-appropriate patients. LCAD will screen middle and high school youth using the SBIRT.		Increase number of individuals with or at-risk of SUD/ODU who are referred to treatment programs	# of screenings conducted # of referrals # of connections	SLCH and clinics FTRN STARS C-H-A-N-G-E CHCBLC	Q1-Q12	In Progress	
1k	Clinicians, Peer Support Specialist, and primary care providers will identify and screen individuals at risk of SUD/ODU and connect them to prevention, harm reduction, early intervention services, referral to treatment and other support services.							
Goal 2: Strengthen and expand SUD/ODU treatment services in rural Linn County.								
2a	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 # of referrals	SLCH and clinics CHCBLC	Q1-Q12	In Progress		
2b	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	SLCH and clinics CHCBLC	Q1-Q12	In Progress		
2c	Offer DEA Waiver trainings annually in east Linn County to increase number of providers and other paraprofessionals	Increase number of providers with DEA Waiver, increase available MAT services	# of trainings offered	SLCH CHCBLC	Q2, Q6, Q10	Not Started	CHCBLC will offer DEA trainings to their providers.	

	licensed to provide MAT services.	Improve coordination of services for women and youth with SUD/OUUD	Service integration model implemented in the community	PD-DC SLCH STARS FTRN C.H.A.N.C.E. LCAD CHCBLC	Q1-Q4	In Progress	FTRN met with the Sweet Home Pregnancy Center and provided them with service information and materials. FTRN met with the office manager at the Sweet Home Clinic and provided them with service information and materials. FTRN PSS will physically be in the Sweet Home community to enhance networking opportunities (projected placement 4/1/2022).
2d	RC-SWAY 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.						
2e	Peer Support Specialists will conduct outreach efforts to Maternity Care Coordinators to assist pregnant women navigate treatment and recovery system.	Improve access to treatment and recovery programs for pregnant women	# of pregnant women provided assistance	SLCH STARS FTRN	Q2-Q12	In Progress	FTRN reached out to the SHS Maternity Care Coordinator (MCC) in Lebanon on 11/16/2021 and a meeting took place 12/8/2021. When FTRN met with the MCC, they were brought up to speed on referrals and service delivery already in place and learned how to best serve new clients in the already established system. FTRN created a flyer and trifold for passing out to patients/clients. STARS PSS has received referrals from both the MCC in Lebanon (Laurie Barajas) and the MCC in Albany (Pam Collier). FTRN PSS has received 3 referrals. As of now one mother has engaged in services 3/3/2022. STARS PSS has received 5 referrals 3/22/2022.
2f	Peer Support Specialists will conduct outreach efforts to schools and youth serving agencies to assist youth in navigating the treatment and recovery system.	Improve access to treatment and recovery programs for youth	# of youth provided assistance	C.H.A.N.C.E. FTRN	Q2-Q12	Not Started	

2g	<p>Mental Health/SUD Clinicians will facilitate entry of local middle and high school youth into early intervention and treatment services to reduce stigma.</p>	<p>Improve access to treatment and recovery programs for youth</p>	<p># of youth participating in early intervention services # of youth entering treatment</p>	<p>LCAD</p>	<p>Q3, Q12</p>	<p>In Progress</p>	<p>Youth are receiving early intervention services through this grant. They receive treatment services through another funding source. # of youth participating in early intervention services: 12 (none of which rose to the level of needing treatment services) (9/1/2021 – 2/28/2022) # of youth entering treatment: 15 (9/1/2021 – 2/28/2022)</p>
2h	<p>Coordinate training and education opportunities for law enforcement and first responders to understand the trends of SUD/ODU in the community particularly unhoused, pregnant women and youth.</p>	<p>Create a more compassionate environment that will improve access to services for women and youth</p>	<p># of people attend trainings</p>	<p>PD-DC</p>	<p>Q3, Q7, Q11</p>	<p>Not Started</p>	<p>The RC-SWAY team will work together to plan this training. FTRN & their relationship with law enforcement will be helpful in coordinating this training. One potential trainer/speaker that was suggested was Dr. Simmons with STARS. CME trainings offered through Samaritan will be emailed to law enforcement and first responder partners. It was shared at the RC-SWAY team meeting on 3/7/2022 that local law enforcement has required crisis intervention trainings (CIT) and this could be a potential spot to partner and see about integrating in some SUD-related training.</p>
2i	<p>Offer training to the consortium, providers, and staff of local SUD/ODU treatment centers on proper coding and billing across insurance types.</p>	<p>Increase resources to sustain services provided through this project</p>	<p># of people attend trainings</p>	<p>SLCH</p>	<p>Q8</p>	<p>Not Started</p>	
2j	<p>Peer Support Specialists will assist individual, family and caregiver referrals and connections to home and community-based and social</p>	<p>Improve access to services and community supports for women, families, caregivers, and</p>	<p># of people who are referred to services</p>	<p>STARS FTRN C-H-A-N-C-E LCAD CHCBLC</p>	<p>Q1-Q12</p>	<p>In Progress</p>	

3c	<p>Outreach and train individuals and agency staff to increase the supply of Peer Recovery Coaches and Peer Support Specialists.</p>	<p>Increase in peer support workforce, increase support for people with SUD/OUUD</p>	<p># of people trained</p>	<p>C.H.A.N.C.E. FTRN</p>	<p>Q3, Q7, Q11</p>	<p>In Progress</p>	<p>Since November, there have been two Peer Support Specialist trainings, with the second one ending on 4/11/2022. The trainings are focused on peer wellness. FTRN will be the organization that provides the PSS training for the tri-county region moving forward. The first PSS support group session will take place on 1/13/2022. PSS support groups are in process and held on Thursdays at 11am. Flyers and other materials have been created and will be distributed to community partners as a resource for their PSS staff. # of support group sessions conducted: 6 (3/29/2022)</p>
3d	<p>FTRN Peer Support Group Leader will provide support groups, counseling and mentoring to Peer Support Specialists connected to the project.</p>	<p>Strengthen peer support workforce, increase retention and skills of PSSs</p>	<p># of contacts, group sessions, counseling sessions, mentoring sessions</p>	<p>FTRN</p>	<p>Q2-Q12</p>	<p>In Progress</p>	
3e	<p>Support C.H.A.N.C.E. FTRN in expanding access of recovery support services.</p>	<p>Strengthen recovery communities, increase number of people who remain in recovery</p>	<p>Amount and type of increased services offered by C.H.A.N.C.E.</p>	<p>PD-DC C.H.A.N.C.E. FTRN</p>	<p>Q2-Q12</p>	<p>Not Started</p>	

Goal 4: Strengthen and sustain the activities of the Mental Health Substance Abuse Subcommittee of the CCCWN beyond the grant period.						
Provide effective communication about SUD/OU D prevention, treatment, and recovery activities to stakeholders throughout project period.	4a	Convene monthly meetings of the RC-SWAY Consortium to guide activity coordination among organizations and within the Consortium.	Improve coordination of services women and youth with SUD/OU D	# of people in attendance	PD-DC	Monthly, Q1-Q12 In Progress <u>MH/SUD Regional Coalition Meeting:</u> 10/19/2021: 22 attendees 11/18/2021: 20 attendees 12/16/2021: 18 attendees 1/10/2022: 20 attendees 2/14/2022: 19 attendees <u>RC-SWAY Team Meeting:</u> 12/6/2021: 7 attendees 3/7/2022: 9 attendees <u>PIMS Team Meeting:</u> 2/3/2022: 11 attendees
	4b	Provide bi-monthly activity progress updates, lessons learned and successes to the CCCWN Steering Committee and full CCCWN.	Improve access to services and increase SUD/OU D support for women and youth	Bi-monthly progress reports	PD-DC	Q1-Q12 In Progress <u>CCCWN Steering Committee Meeting:</u> 10/13/2021: 12 attendees (3 CCCWN Network Members) 12/8/2021: 16 attendees (7 CCCWN Network Members) 2/9/2022: 13 attendees (4 CCCWN Network Members) <u>CCCWN Network Meeting:</u> 11/10/2021: 20 (11 CCCWN Network Members)
	4c	Provide copies of the quarterly biannual progress reports, the sustainability plan and the final performance / closeout reports to the CCCWN Steering Committee and the full CCCWN.	Improve coordination of services for women and youth with SUD/OU D	Quarterly Biannual reports submitted, Sustainability plan complete, Final report submitted	PD-DC	Q1-Q12 In Progress <u>Biannual Progress Reports:</u> 3/31/2022: Submitted 9/30/2022: