

RCORP PR September 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

Molly

Last Name

Gelinas

Email Address

mgelinas@samhealth.org

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

4. Data Coordinator

First Name

Molly

Last Name

Gelinas

Email Address

mgelinas@samhealth.org

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

Implementation III Prevention-Related Work Plan Activities

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

	Not Yet Started	Just Beginning	Partially Implemented	Fully Implemented
P1. Public Education & Stigma Reduction. Provide culturally and linguistically appropriate education to improve family members', caregivers', and the public's understanding of evidence-based prevention, treatment, and recovery strategies for SUD/OD, and to reduce stigma associated with the disease.				X
P2. Naloxone Access. Increase access to naloxone within the rural service area and provide training on overdose prevention and naloxone administration to ensure that individuals likely to respond to an overdose can take the appropriate steps to reverse an overdose.				X
P3. Drug Take-Back Programs. Implement year-round drug take-back programs.			X	
P4. Community-Based Prevention. Increase and support the use of school- and community-based prevention programs that are evidence-based to prevent misuse of opioids and other substances.				X
P5. SUD Screening and Referral. Identify and screen individuals at risk for SUD/OD and provide or make referrals to prevention, harm reduction, early intervention, treatment, and other support services to minimize the potential for the development of SUD/OD.				X

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

	Delayed	On Track	Ahead of Schedule
P1. Public Education & Stigma Reduction.		X	
P2. Naloxone Access.		X	
P3. Drug Take-Back Programs.		X	
P4. Community-Based Prevention		X	
P5. SUD Screening and Referral.		X	

7. Did the COVID-19 pandemic disrupt any of your consortium's prevention activities?

No

Implementation III Treatment-Related Work Plan Activities

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

	Not Yet Started	Just Beginning	Partially Implemented	Fully Implemented
T1. Screen for Infectious Diseases. Screen and provide, or refer to, treatment patients with SUD/ODU who have infectious complications, including HIV, viral hepatitis, and endocarditis, particularly among PWID.				X
T2. Recruit, Train, and Mentor MAT Support Staff. Recruit, train, and mentor interdisciplinary teams of SUD/ODU clinical and social service providers who are trained, certified, and willing to provide medication-assisted treatment (MAT), including both evidence-based behavioral therapy (e.g., cognitive behavioral therapy, community reinforcement approach, etc.) and FDA-approved pharmacotherapy (e.g., buprenorphine, naltrexone). This can include providing support for the required training of providers who are pursuing DATA 2000 waivers for the prescription of buprenorphine-containing products and intend to provide these medications to their patients.				X
T3. Workforce Recruitment and Development. Increase the number of providers, other health and social service professionals, and appropriate paraprofessionals who are able to identify and treat SUD/ODU by providing professional development opportunities and recruitment incentives such as, but not limited to, the NHSC.			X	
T4. Address Treatment Barriers through Integrated Care. Reduce barriers to treatment, including by supporting integrated treatment and recovery, such as integration efforts between entities such as primary care service providers, behavioral health service providers, the criminal justice system, dentistry, and social services. As appropriate, provide support to pregnant women, children, and other at-risk populations using approaches that minimize stigma and other barriers to care.			X	
T5. Strengthen Collaboration to Improve Emergency Treatment. Train and strengthen collaboration with and between law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/ODU, particularly vulnerable populations within the service area that suffer from health access and outcome disparities.			X	
T6. Optimize Reimbursement. Train providers, administrative staff, and other relevant stakeholders to optimize reimbursement for treatment encounters through proper coding and billing across insurance types to ensure financial sustainability of services.	X			
T7. Improve Access to Treatment Supports. Enable individuals, families, and caregivers to find, access, and navigate evidence-based, affordable treatments for SUD/ODU, as well as home- and community-based services and social supports.				X

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

	Delayed	On Track	Ahead of Schedule
T1. Screen for Infectious Diseases.		X	
T2. Recruit, Train, and Mentor MAT Support Staff.		X	
T3. Workforce Recruitment and Development.		X	
T4. Address Treatment Barriers through Integrated Care.		X	
T5. Strengthen collaboration to improve emergency treatment.		X	
T6. Optimize reimbursement.		X	
T7. Improve Access to Treatment Supports.		X	

10. Did the COVID-19 pandemic disrupt any of your consortium's treatment activities?

No

Implementation III Recovery-Related Work Plan Activities

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

	Not Yet Started	Just Beginning	Partially Implemented	Fully Implemented
R1. Improve Discharge (Re-entry) Programs and Services. Enhance discharge coordination for people leaving inpatient treatment facilities and/or the criminal justice system who require linkages to home and community-based services and social supports, including case management, housing, employment, food assistance, transportation, medical and behavioral health services, faith-based organizations, and sober/transitional living facilities with the goal of improving health care in rural areas.			X	
R2. Expand Peer Workforce. Expand peer workforce and programming as interventionists in various settings, including hospitals, emergency departments, law enforcement departments, jails, SUD/OD treatment programs, and in the community.				X
R3. Expand Availability of Recovery Support Services. Support the development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.				X

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

	Delayed	On Track	Ahead of Schedule
R1. Improve Discharge (Re-entry) Programs and Services.		X	
R2. Expand Peer Workforce.		X	
R3. Expand Availability of Recovery Support Services.		X	

13. Did the COVID-19 pandemic disrupt any of your consortium's recovery activities?

No

Challenges

Availability of MAT

Availability of MAT

Not a challenge

Is this a challenge that you would like targeted technical assistance to help address?

Availability of Mental Health Treatment

Availability of Mental Health Treatment

Minor challenge

Is this a challenge that you would like targeted technical assistance to help address?

Availability of Substance Use Disorder Treatment

Availability of Substance Use Disorder Treatment

Minor challenge

Is this a challenge that you would like targeted technical assistance to help address?

Billing/Coding

Billing/Coding

Not a challenge

Is this a challenge that you would like targeted technical assistance to help address?

Care Coordination

Care Coordination

Not a challenge

Is this a challenge that you would like targeted technical assistance to help address?

Consortium Growth and/or Engagement (including competing priorities)

Consortium Growth and/or Engagement (including competing priorities)

Not a challenge

Is this a challenge that you would like targeted technical assistance to help address?

COVID-19 Pandemic

COVID-19 Pandemic

Major challenge

Is this a challenge that you would like targeted technical assistance to help address?

Data & Reporting

Data & Reporting

Not a challenge

Is this a challenge that you would like targeted technical assistance to help address?

DATA Waivers

DATA Waivers

Major challenge

Is this a challenge that you would like targeted technical assistance to help address?

Harm Reduction (other than naloxone distribution)

Harm Reduction (other than naloxone distribution)

Major challenge

Is this a challenge that you would like targeted technical assistance to help address?

Naloxone Distribution

Naloxone Distribution

Major challenge

Is this a challenge that you would like targeted technical assistance to help address?

Other Service Systems Involvement

Other Service Systems Involvement

Minor challenge

Is this a challenge that you would like targeted technical assistance to help address?

Prevention

Prevention

Major challenge

Is this a challenge that you would like targeted technical assistance to help address?

Program Financing

Program Financing

Major challenge

Is this a challenge that you would like targeted technical assistance to help address?

Recovery

Recovery

Major challenge

Is this a challenge that you would like targeted technical assistance to help address?

Service Capacity

Service Capacity

Major challenge

Is this a challenge that you would like targeted technical assistance to help address?

Stigma

Stigma

Major challenge

Is this a challenge that you would like targeted technical assistance to help address?

Telehealth/Telemedicine

Telehealth/Telemedicine

Minor challenge

Is this a challenge that you would like targeted technical assistance to help address?

Underserved Populations Engagement

Underserved Populations Engagement

Major challenge

Is this a challenge that you would like targeted technical assistance to help address?

Workforce (e.g., hiring, recruitment, retention)

Workforce (e.g., hiring, recruitment, retention)

Major challenge

Is this a challenge that you would like targeted technical assistance to help address?

Other (please specify)

Other (please specify)

Major challenge

Specify other challenge:

Barriers related to Peer Support Specialist Services

Is this a challenge that you would like targeted technical assistance to help address?

Challenges (continued)

14. Of the challenges specified, please choose three from the list below to describe in more detail:

COVID-19 Pandemic

Workforce (e.g., hiring, recruitment, retention)

Other, written-in challenge

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

COVID-19: COVID-19 continues to be a challenge as it can be unpredictable when people will become sick. Over the last month, the Samaritan Treatment and Recovery Services facility that provides local, residential treatment, was forced to shut down services due to a COVID-19 outbreak among both patients and staff. This disruption in treatment is not beneficial for the residents' treatment regimens.

35. Please describe the challenge(s) you had related to workforce (e.g., hiring, recruitment, retention)

Workforce: Workforce hiring and retention continues to be a challenge in our rural service area. There are programs in place to increase the workforce, specifically for CADC1s and PSSs, however, it is still a challenge to hire and retain staff.

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

Peer Support Specialist Services: One challenge is related to the ways in which peer support specialists are able to engage clients/patients. Peers working with one partner organization are unable to enter a client home and are unable to provide any sort of transportation. In addition, there is no vehicle at the disposal of these peers to assist with transportation needs of clients. Also, some clients do not have access to reliable communication, so it can be difficult to have continuous communication with some clients.

Successes

Availability of MAT

Availability of MAT

Not a success

Is this a success that targeted technical assistance helped you achieve?

Availability of Mental Health Treatment

Availability of Mental Health Treatment

Not a success

Is this a success that targeted technical assistance helped you achieve?

Availability of Substance Use Disorder Treatment

Availability of Substance Use Disorder Treatment

Not a success

Is this a success that targeted technical assistance helped you achieve?

Billing/Coding

Billing/Coding

Not a success

Is this a success that targeted technical assistance helped you achieve?

Care Coordination

Care Coordination

Minor success

Is this a success that targeted technical assistance helped you achieve?

Consortium Growth and/or Engagement (including competing priorities)

Consortium Growth and/or Engagement (including competing priorities)

Major success

Is this a success that targeted technical assistance helped you achieve?

COVID-19 Pandemic

COVID-19 Pandemic

Not a success

Is this a success that targeted technical assistance helped you achieve?

Data & Reporting

Data & Reporting

Minor success

Is this a success that targeted technical assistance helped you achieve?

DATA Waivers

DATA Waivers

Major success

Is this a success that targeted technical assistance helped you achieve?

Harm Reduction (other than naloxone distribution)

Harm Reduction (other than naloxone distribution)

Not a success

Is this a success that targeted technical assistance helped you achieve?

Naloxone distribution

Naloxone distribution

Major success

Is this a success that targeted technical assistance helped you achieve?

Other Service Systems Involvement

Other Service Systems Involvement

Not a success

Is this a success that targeted technical assistance helped you achieve?

Prevention

Prevention

Major success

Is this a success that targeted technical assistance helped you achieve?

Program Financing

Program Financing

Minor success

Is this a success that targeted technical assistance helped you achieve?

Recovery

Recovery

Not a success

Is this a success that targeted technical assistance helped you achieve?

Service Capacity

Service Capacity

Not a success

Is this a success that targeted technical assistance helped you achieve?

Stigma

Stigma

Major success

Is this a success that targeted technical assistance helped you achieve?

Telehealth/Telemedicine

Telehealth/Telemedicine

Not a success

Is this a success that targeted technical assistance helped you achieve?

Underserved Populations Engagement

Underserved Populations Engagement

Not a success

Is this a success that targeted technical assistance helped you achieve?

Workforce (e.g., hiring, recruitment, retention)

Workforce (e.g., hiring, recruitment, retention)

Not a success

Is this a success that targeted technical assistance helped you achieve?

Other (please specify)

Other (please specify)

Not Applicable/Don't know

Specify Other Challenge:

Is this a success that targeted technical assistance helped you achieve?

Successes (continued)

37. Of the successes specified, please choose three from the list below to describe in more detail:

Naloxone Distribution
Prevention
Stigma

49. Please describe the success(es) you had related to naloxone distribution

Naloxone Distribution: Naloxone distribution has been going well for community partners. Not only have they been able to reach vulnerable populations such as the unhoused, but Naloxone has also been distributed to staff and community members at hospital and community wide events.

51. Please describe the success(es) you had related to prevention

Prevention: The LifeSkills curriculum for 4th and 6th grade classrooms wrapped up their work for the school year in May. Their work has been instrumental in reaching the rural schools of Linn County and the younger generation. Another partner on our grant has been working to train their Youth Peer Outreach Worker who will strongly be involved in prevention efforts. He will be delivering his message and journey of substance use and recovery to the local high schools in the Fall.

55. Please describe the success(es) you had related to stigma

Stigma: The consortium launched a stigma reduction media campaign within the last 6 months and has been successful in getting the message out in various forms. We have billboards, paid advertising on Instagram, Facebook and Twitter, local radio announcements, and poster messaging placed in community organization locations. The messages going out are recovery focused and work to reduce shame and stigma attached with reaching out for help.

Medication-Assisted Treatment Options

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

Medication-Assisted Treatment Utilization

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

- Buprenorphine (e.g., Subutex) : 18.9%
- Buprenorphine, extended-release subcutaneous injection (e.g., Sublocade) : 0.5%
- Buprenorphine with Naloxone (e.g., Suboxone film, Cassipa, Bunavail, Zubsolv) : 43.7%
- Methadone (e.g., Dolophine, Methadose) : 0%
- Naltrexone, oral tablets (e.g., ReVia, Depade) : 33.6%
- Naltrexone, extended-release injection (e.g., Vivitrol) : 3.3%
- Total : 100%

MAT Access

62. To what extent do the following impede your consortium’s ability to provide MAT in your service area?

	Not at all	To some extent	To a moderate extent	To a large extent
Clinicians are hesitant to treat OUD individuals with MAT due to perceived clinical complexity				X
General difficulty in getting OUD patients who present to engage in treatment		X		
Individuals in the community with OUD are not presenting for treatment		X		
Logistical barriers (e.g., transportation, telehealth-related issues such as no internet connection or cell phone, etc.)			X	
MAT is not seen as a best practice by clinicians		X		
MAT is not seen as a best practice by pharmacists or pharmacies		X		
Medications for OUD are not readily available in pharmacies		X		
Patient mistrust of the healthcare/treatment system				X
Patients are refusing MAT as a treatment approach		X		
Patients are uninsured or underinsured	X			
Providers unwilling to treat patients with SUD due to stereotypes/generalization			X	
Some clinicians are unwilling to prescribe MAT at all or to capacity				X

63. How available are the following medications in retail and/or specialty pharmacies in your service area?

	No availability	Limited availability	Full availability
Naloxone		X	
Buprenorphine (e.g., Subutex)			X
Buprenorphine, extended-release subcutaneous injection (e.g., Sublocade)		X	
Buprenorphine with Naloxone (e.g., Suboxone film, Cassipa, Bunavail, Zubsolv)			X
Naltrexone, extended-release injection (e.g., Vivitrol)			X
Naltrexone, oral tablets (e.g., ReVia, Depade)		X	

64. What reasons, if any, were cited by the pharmacies for not stocking medications to treat OUD or prevent overdoses? Select all that apply.

- Concerned that filling too many prescriptions may trigger a DEA investigation
- Financial losses due to medication costs
- Lack of pharmacist knowledge or training about MAT
- Pharmacy is concerned about having OUD patients in the pharmacy

Naloxone Access

65. Does your consortium/partnership distribute naloxone in your service area?

Yes - as a result of full or partial RCORP funding

66. What form of naloxone do you distribute? Select all that apply.

- Injection formulations
- Nasal sprays

67. Please rate the degree to which you believe the following benefits have resulted from naloxone distribution.

	Not at all	To some extent	To a moderate extent	To a great extent
Prevention of fatal overdoses		X		
Decrease in stigma toward naloxone			X	
Engagement/increased engagement in harm reduction services		X		
Access/increased access in treatment services	X			
Engagement/increased engagement in other services (e.g., wrap-around)		X		
Secondary distribution of naloxone to individuals with SUD/OUD (e.g., community or family members who distribute naloxone to people with OUD)		X		
Bystander administration of naloxone		X		

Comments

68. Please rate the extent to which the following impede your consortium from distributing naloxone.

	Not at all	To some extent	To a moderate extent	To a large extent
Limited number of places/sites where naloxone could be distributed		X		
Limited number of staff at existing sites willing to distribute naloxone	X			
Limited supply of naloxone				X
Lack of knowledge of proper naloxone administration			X	
Stigma related to naloxone		X		
Lack of laws and policies supportive of naloxone (e.g., standing orders, third party policies)	X			

Comments

69. Please check what is available in your service area. Select all that apply.

- Sharp disposal boxes/venues for naloxone needle disposal
- Overdose reversal reporting (e.g., track naloxone administration/use in your service area)

70. Do you feel you are meeting the demand for naloxone?

No

71. What would your consortium need to facilitate larger-scale distribution of naloxone in your service area?

At this time our consortium agrees that having a larger amount of Naloxone readily available will be what is most impactful for a larger-scale distribution.

Peer Recovery Workers

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

Yes

73. Within each of the following locations, please choose the option(s) that best describes peers' role(s):

	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
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	X	X	X		
Recovery Community Organizations	X	X	X	X		
SUD/ODU Treatment Programs	X	X	X	X		
Other (please specify below)	X	X	X	X		

74. Please specify other location

Therapeutic Early Childhood Programs

Project Director Turnover

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

No

Grant Activities

76. 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

Subcommittees/Working Groups

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

No

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

No

Mobile Units

79. Does your consortium utilize mobile units as part of your RCORP SUD service delivery?

No

80. Are you planning to utilize mobile units in the future?

No

Funding/Sustainability

81. 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

82. Have opioid settlement funds been awarded to your state?

Yes

83. Has your consortium received any of these funds to date?

No, and we don't expect to

84. Are you familiar with the eligibility requirements for State Opioid Response (SOR) grants?

Yes

85. Since the beginning of your RCORP grant, has your consortium (or a consortium member) applied for SOR grant funds?

No

86. Please share why your consortium has not applied.

One partner mentioned they have had workforce issues, and other work-related items/priorities.

87. Are you or any of your consortium members/partners aware that SAMHSA provides Substance Abuse Prevention and Treatment Block Grants (SABGs) to your state's/jurisdiction's Single State Agency (SSA) for Substance Abuse Services?

No

88. What other types of funding opportunities are needed to address SUD/OD in your target rural population?

Other types of funds that are needed should be targeted to address low barrier housing and brick and mortar funds for business development.

**Rural Communities Opioid Response – Implementation
“Rural Communities Supporting Women and Youth”**

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	Jessica Collin	
FTRN YPOW	Family Tree Relief Nursery Youth Peer Outreach Worker	Carter Kachel	
FTRN PSGL	Family Tree Relief Nursery Peer Support Group Leader	Josh Pankau	
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	Molly Gelinias	mgelinias@samhealth.org
ROPC	Regional Overdose Prevention Coordinator	Jennifer Beckner	jbeckner@co.lincoln.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
- Q2 - December 2021, January, February 2022
- Q3 - March, April, May 2022
- Q4 - June, July, August 2022
- Q5 - September, October, November 2022
- Q6 - December 2022, January, February 2023
- Q7 - March, April, May 2023
- Q8 - June, July, August 2023
- Q9 - September, October, November 2023
- Q10 - December 2023, January, February 2024
- Q11 - March, April, May 2024
- Q12 - June, July, August 2024

Color Key

- Red** Activities completed between 3/1/2022 – 8/31/2022
- Yellow** Changes made during 3/1/2022 – 8/31/2022
- Green** Activities where progress has been made during 3/1/2022 – 8/31/2022(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	Q1	In Progress	<u>STARS</u> Christine Felt began as the STARS PSS on 11/8/2021. <u>FTRN</u> Amanda True began as the FTRN PSS on 12/1/2021. Jessica Collin will begin as the new FTRN PSS on 9/26/2022. Octavia Chandler began as the Peer Support Group Leader in 12/2021. Joshua Pankau began as the new Peer Support Group Leader on 8/4/2022. Carter Kachel began as the new Youth Peer Outreach Worker on 7/20/2022.
	1c	FTRN, STARS, LCAD, CHCLBC, will develop and distribute culturally and linguistically appropriate education material for family members and caregivers on	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	<u>STARS</u> STARS has shared educational materials that are currently being used among the partners 12/6/2021. <u>FTRN</u> # of education materials developed and distributed: 1 (12/6/2021) # of individuals receiving educational materials: 3 women (6/1/2022)

		SUD/ODU prevention, treatment and recovery.						# of individuals receiving educational materials: 7 women (8/4/2022)
1d	<p>PD-DC and STARS Peer Support Specialist will work with Brink Communications to develop the culturally specific messaging for the media campaign around SUD/ODU in multiple languages.</p>	<p>Improve community knowledge of SUD/ODU, 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>	STARS PSS PD-DC	Q3, Q7, Q11	In Progress	<p>The stigma reduction media campaign took place across three counties, utilizing funds from various grant sources. The following are the results of the media campaign that was launched on 6/13/2022.</p> <p>Stats (6/8/2022-7/15/2022) Social Media Impressions: 1,046,854 Post engagements: 4,688 Webpage views: 897 Out of Home Billboard Messages: 6 Posters & Wallet Cards 618 posters distributed to 18 partners (English) 183 posters distributed to 14 partners (Spanish) 4,190 wallet cards distributed to 20 partners (English) 1,395 wallet cards distributed to 16 partners (Spanish)</p>	
1e	<p>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>	ROPC	Q1-Q12	In Progress	<p>This task was 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> <p>The first order was submitted and received. 216 Narcan kits were ordered on 4/11/2022 and were delivered to STARS.</p>	

1f	<p>C.H.A.N.C.E. Coordinator The PD-DC 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>PD-DC C.H.A.N.C.E.</p>	<p>Q4</p>	<p>Not Started</p>	<p>The PD-DC will be responsible for this activity (8/31/2022)</p>
1g	<p>FTRN will continue to conduct on-going drug take-back programs throughout the year.</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> <p>FTRN partnered with the MED-Project of Oregon to distribute needed materials for mail in options. (11/17/21)</p> <p>FTRN has ordered materials from the MED- Project to facilitate pill, inhaler and injection take back events. These materials will be used to share information with clients and the FTRN PSS will assist in ordering materials for any clients who are interested in accessing these services. The MED-Project brochure has been downloaded and is being prepared to use in case work. (3/3/2022)</p> <p>Mail in materials and information is being distributed to the east Linn County case load. (4/11/2022)</p> <p># MED-Project Materials distributed: 2 (4/14/2022)</p> <p>The Linn County Sheriff's Office hosted drug take back days: 4/11/2022 Albany 4/30/2022 Scio/Halsey/Mill City/Lebanon FTRN attended these events to learn more about how the drug take back process works. FTRN will</p>

									partner with the Linn County Sheriff's Office to host drug-take back events later in 2022 and in 2023.
1h	FTRN will continue to provide Nurturing Parents evidenced-based parent education workshops and classes for parents and caregivers impacted by SUD/OUUD.	Reduce child abuse rates and incidents of emergency department visits	# of classes and workshops offered # of participants attend classes and workshops	FTRN	Q1-Q12	In Progress			Staff training for Nurturing Parents certification is scheduled for 3/21/2022 - 3/25/2022 # of participants: 20 staff members FTRN started a parenting support group on 3/31/2022 at LCAD. # sessions: 8 # of participants: 10 (6/1/2022) # sessions: 18 # of participants: 10 (8/4/2022) # sessions: 24 # of participants: 10 (8/31/2022) Many fathers are attending this class.
1i	LCAD Program will continue to provide and expand evidenced-based LifeSkills Training in elementary and middle school classrooms.	Improve youth resistance to substance use and delay age of first use	# of LifeSkills Trainings offered # of students participate in training	LCAD	Q2, Q3, Q5, Q6, Q7, Q9, Q10, Q11	In Progress			In classroom training began in late September 2021 in 4 th and 6 th grade classrooms and has been led by trainer, Shannon Snair. On 4/2/2022, Sarah Daniels joined the team as a trainer and has been able to provide LifeSkills classes as well. Having a second trainer will allow for more students to be served. Online versions of the curriculum are available. (3/1/2022) <u>LifeSkills</u> Pioneer – Grade 6 6 lessons, 40 students, 9 hours (9/29/21, 10/10/21, 10/17/21) Harrisburg Middle School -Grade 6 9 lessons, 65 students, 15 hours (10/7/21, 10/14/21, 10/21/21) Hamilton Creek – Grade 6 3 lessons, 30 students, 6 hours (10/10/21, 10/17/21, 10/24/21) Santiam Canyon School – Grade 6 6 lessons, 34 students, 12 hours (10/11/21, 10/17/21, 10/24/21)

									<p>Scio Middle School – Grade 6 6 lessons, 54 students, 9 hours (1/26/22, 2/2/22, 2/9/22)</p> <p>Lacomb – Grade 6 6 lessons, 22 students, 12 hours (1/27/22, 2/3/22, 2/10/22)</p> <p>Hawthorne Elementary – Grade 6 6 lessons, 57 students, 9 hours (4/12/22, 4/22/22, 4/29/22)</p> <p>Foster Elementary – Grade 6 6 lessons, 49 students, 9 hours (4/22/22, 4/29/22, 5/6/22).</p>
1j	<p>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. LCAD will advocate for schools to screen middle and high school youth using the SBIRT.</p>	<p>Increase number of individuals with or at-risk of SUD/OD who are referred to treatment programs</p>	<p># of screenings conducted</p>	<p>SLCH and clinics CHCBL LCAD</p>	<p>Q1-Q12</p>	<p>In Progress</p>	<p><u>SLCH & Clinics</u> # of screenings conducted: 10347 (9/1/2021 – 2/28/2022 SLCH & Clinics)</p> <p><u>LCAD</u> LCAD advocates for the schools to use the SBIRT screening tool. LCAD does not use the SBIRT as they are a treatment organization and have other assessment tools that they use.</p>		
1k	<p>Clinicians, Peer Support Specialist, and primary care providers will identify and screen</p>	<p>Increase number of individuals with or at-risk of SUD/OD who are referred to treatment programs</p>	<p># of screenings conducted # of referrals</p>	<p>SLCH and clinics FTRN STARS CHCBL</p>	<p>Q1-Q12</p>	<p>In Progress</p>	<p><u>SLCH & Clinics</u> # of screenings conducted: 10347 (9/1/2021 – 2/28/2022 SLCH & Clinics) # of screenings conducted: 12,645 (3/1/2022 – 8/31/2022 SLCH & Clinics)</p> <p><u>FTRN</u></p>		

											<p># of referrals from FTRN PSS: 10</p> <p># of connections from FTRN PSS (people connecting to those services you refer them to): 2 (6/1/2022)</p> <p>STARS</p> <p># of referrals from STARS PSS: 84 referrals (9/1/2021 – 2/28/2022)</p> <p># of connections from STARS PSS (people connecting to those services you refer them to): not tracked</p> <p># of referrals from STARS PSS: 44 referrals (3/1/2022 – 8/31/2022)</p> <p># of connections from STARS PSS (people connecting to those services you refer them to): not tracked</p>
Goal 2: Strengthen and expand SUD/ODU treatment services in rural Linn County.											
Develop and implement all seven core treatment activities by August 31, 2024.	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				No data at this time <u>SLCH & Clinics</u>
	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				The project director is working to track new and existing MAT providers in rural Linn County. Data surrounding medication types being prescribed is also being tracked. 8 SHS providers have DATA waiver 7 SHS providers have prescribed medications used to treat SUD/ODU (2/28/2022) 11 SHS providers have DATA waiver 11 SHS provider have prescribed medication used to treat SUD/ODU (8/30/2022) CHCBLC will offer DEA trainings to their providers.
	2c	Offer DEA Waiver trainings annually in east Linn County to	Increase number of providers with DEA Waiver, increase	# of trainings offered	SLCH CHCBLC	Q2, Q6, Q10	Not Started				

	increase number of providers and other paraprofessionals licensed to provide MAT services.	available MAT services					
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.	Improve coordination of services for women and youth with SUD/OUUD	Service integration model implemented in the community	PD-DC SLCH STARS FTRN LCAD CHCBLC	Q1-Q4	In Progress	<p>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).</p> <p>Desk spaces are being built at both locations (6/21/2022)</p> <p>STARS</p> <p>STARS PSS & PD presented on service integration between the RC-SWAY grant and referrals from providers to STARS at the SHS Lebanon provider meeting. (6/1/2022)</p>
2e	Peer Support Specialists will conduct outreach efforts to Maternity Care Coordinators to assist pregnant women in navigating the 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	<p>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.</p> <p>FTRN created a flyer and trifold for passing out to patients/clients.</p> <p># of referrals FTRN received from the MCC: 3 # of pregnant women provided assistance through engaging in services: 1 (3/3/2022)</p> <p>STARS</p> <p>STARS PSS has received referrals from both the MCC in Lebanon (Laurie Barajas) and the MCC in Albany (Pam Collier).</p>

	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	<p># of youth provided assistance</p> <p># of speaking engagements (specify location)</p> <p># of outreach events attended (specify location)</p> <p># of meetings with youth's family</p>	FTRN	Q2-Q12	In Progress	<p># of referrals STARS PSS has received from the MCC: 6 (8/31/2022)</p> <p># of pregnant women provided assistance through engaging in services: 13 (8/31/2022)</p> <p>FTRN will be providing outreach to schools by connecting with school superintendents and other staff. FTRN will reach youth through support groups taking place at LCAD. Additionally, FTRN will introduce youth to treatment services via the parents of the youth.</p> <p>FTRN has conducted outreach efforts with local youth treatment facilities. Information has been gathered regarding evidence-based practice when working with youth. (4/11/22)</p> <p>Speaking engagements have been coordinated and a youth in the community has been identified to be trained to speak at these events. (4/11/22)</p> <p>A youth speaker has been hired by FTRN and training will start for the youth employee throughout summer 2022.</p> <p>FTRN has met with the Lebanon school district and identified appropriate settings for the youth speaker to share their experience(s).</p> <p>FTRN will coordinate a booth at the Lebanon High School Open House event to share services and resources with families in the fall of 2022.</p> <p>Youth speaking events at Linn County Alcohol & Drug Program will commence after the youth employee has obtained the proper training. (6/1/2022)</p> <p>FTRN is in contact with Oak Creek school to coordinate potential outreach opportunities. (8/4/2022)</p>
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	2g	Mental Health/SUD Clinicians will facilitate entry of local middle and high school youth into early intervention and treatment services to reduce stigma.	Improve access to treatment and recovery programs for youth	# of youth participating in early intervention services # of youth entering treatment	LCAD	Q3, Q12	In Progress	<p>The Youth Peer Outreach Worker is going through the local school's background check. He met with LCAD on 9/7 to share his message of recovery and gain approval to share his message with youth accessing services. He is now Mental Health First Aid certified for Youth. He has been cleared through the central background registry and is cleared to work with children. He also sits on the YST and STAND committees. (9/6/2022).</p> <p>Youth are receiving early intervention services through this grant. They receive treatment services through another funding source.</p> <p><u>Numbers</u> # 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) # of youth participating in early intervention services: 19 (none of which rose to the level of needing treatment services) (3/1/2022 – 8/31/2022) # of youth entering treatment: 51 (3/1/2022 – 8/31/2022)</p> <p><u>Hours</u> Early Intervention Hours: 17 (1/31/2022) Early Intervention Hours: 13 (2/28/2022) Early Intervention Hours: 24.5 (3/31/2022) Early Intervention Hours: 16 (4/30/2022) Early Intervention Hours: 23.5 (5/31/2022) Early Intervention Hours: 8.5 (6/30/2022) Early Intervention Hours: 4 (7/31/2022) Early Intervention Hours: 2 (8/31/2022)</p>
	2h	Coordinate training and education opportunities for law enforcement	Create a more compassionate environment that will improve access to	# of people attend trainings	PD-DC	Q3, Q7, Q11	Not Started	<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.</p>

									<p>CME trainings offered through Samaritan will be emailed to law enforcement and first responder partners.</p> <p>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	and first responders to understand the trends of SUD/OD in the community particularly unhoused, pregnant women and youth.	services for women and youth	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	SLCH	Q8	Not Started	
2j	Peer Support Specialists will assist individual, family and caregiver referrals and connections to home and 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	Specialists will assist individual, family and caregiver referrals and connections to home and 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	STARS FTRN LCAD CHCBLC	Q1-Q12	In Progress	<p>FTRN (receiving referrals) # of referrals received at FTRN: 2 # of people connected to services at FTRN: 2 Two mothers are currently receiving services from FTRN. (2/4/2022)</p> <p># of referrals received at FTRN: 2 # of people connected to services at FTRN: 2 There have been 2 referrals for family members that need support in navigating SUD within their family systems. Both are grandparents caring for the children whose parents are in active use. (4/11/22)</p> <p><u>LCAD (referring out)</u> # of referrals to Recovery Housing: 13 referrals # of referrals to Transportation to treatment: 18 referrals # of referrals to Self-help groups: 141 referrals (for both rural and non-rural locations) (9/1/2021 – 2/28/2022)</p> <p># of referrals to Recovery Housing: 40 referrals # of referrals to Transportation to treatment: 48 referrals</p>

								<p># of referrals to Self-help groups: 171 referrals (for both rural and non-rural locations) (3/1/2022 – 8/31/2022)</p> <p><u>STARS (referring out)</u></p> <p># of referrals (not individuals) to childcare: 3 # of referrals (not individuals) to employment services: 1 # of referrals (not individuals) to prenatal/postpartum care services: 3 # of referrals (not individuals) to recovery housing: 14 # of referrals (not individuals) to transportation to treatment: 27 # of referrals (not individuals) to CARDV: 2 # of referrals (not individuals) to mental health treatment: 13 # of referrals (not individuals) to community recovery: 21 # of referrals for family members: 3 # of people connected to services: not tracked at this time (9/1/2021 – 2/28/2022)</p> <p># of referrals (not individuals) to employment services: 1 # of referrals (not individuals) to prenatal/postpartum care services: 7 # of referrals (not individuals) for recovery housing: 14 # of referrals (not individuals) for transportation to treatment: 23 # of referrals (not individuals) to CARDV: 1 # of referrals (not individuals) to mental health treatment: 1 # of referrals (not individuals) to community recovery: 23 # of people connected to services: not tracked at this time (3/1/2022 – 8/31/2022)</p>
Goal 3: Strengthen and expand SUD/ODU recovery services in rural Linn County.								
Develop and implement all three core recovery activities by August 31, 2024.	3a	Peer Support Specialists will outreach to Linn County Probation and Parole and local residential treatment facilities to connect people to housing and other services.	Improve access to services and supports to individuals within the justice system and residential treatment facilities	# of people connected to services	STARS FTRN	Q2-Q12	In Progress	<p><u>FTRN</u></p> <p>FTRN PSS attended Community Court on 12/22/21 to network with the local police office and law enforcement in Sweet Home. FTRN PSS is partnering with Measure 110 Access to Care outreach.</p> <p>FTRN PSS continues to attend Sweet Home Community Court as a way to connect to individuals experiencing homelessness and the criminal justice system. (6/1/2022)</p> <p>FTRN has coordinated with Sweet Home treatment services and Exodus treatment services, and both can now refer out for peer support services to FTRN. (3/3/2022)</p>

							<p># of people connected to services by FTRN: 2 (4/11/22)</p> <p>STARS</p> <p>STARS PSS attended Albany Police Dept talk on fentanyl and passed out brochures, cards, and Narcan (from a different funding source) as a way to share services available in rural Linn County.</p> <p># of people connected to housing/shelter services by STARS: 2 (6/1/2022)</p>
3b	Peer Support Specialists will be assigned to the SLCH /emergency department, jails, residential treatment facilities and schools.	Peer support services available on-site to facilitate entry into treatment, increase number of people entering SUD / OUD treatment	# of contacts # of referrals # of connections	STARS FTRN	Q2-Q12	In Progress	<p>STARS</p> <p>Below shows the data for the STARS PSS's contacts in a given location, referrals to a given location, and connections an individual has made with the given location.</p> <p># of contacts: 4 ED, 1 res treat, 1 IOP, 4 other # of referrals: 1 res treat, 2 detox # of connections: not tracked (3/4/2022)</p> <p># of contacts: 17 ED, 0 jail, 7 res treat, 11, 4 other IOP # of referrals: 11 res treat, 11 IOP, 2 detox # of connections: 7 res treat, 2 IOP (8/31/2022)</p> <p>FTRN</p> <p>FTRN contacted Capt. Langley at the Linn County Jail on 12/6/2021 and was informed that there are no outside services entering the jail at this time. Linn Co jail has established new criteria for professional visitation with adults in custody.</p> <p>The FRTN PSS has started the process to better support unhoused individuals.</p> <p>FTRN has been seeking clearance to enter the SHS Lebanon Emergency Department. (6/1/2022)</p>

3c	Outreach and train individuals and agency staff to increase the supply of Peer Recovery Coaches and Peer Support Specialists.	Increase in peer support workforce, increase support for people with SUD/OUUD	# of people trained	FTRN	Q3, Q7, Q11	In Progress	<p># of people trained: 16</p> <p>FTRN has partnered with 3 local agencies to place FTRN staff in their programming as interns. FTRN has trained 12 community members to obtain their CRM certification free of cost to them. (4/11/22)</p> <p>FTRN has offered an agency specific training to the volunteer staff to gain their CRM. There are 4 staff obtaining this training information. (4/28/2022)</p> <p>FTRN is preparing a PSS 40 hour training program to submit to OHA for approval. (6/1/2022)</p> <p>The 40 hr training program application has been submitted. (8/4/2022)</p>
3d	FTRN Peer Support Group Leader will provide support groups, counseling and mentoring to Peer Support Specialists connected to the project.	Strengthen peer support workforce, increase retention and skills of PSSs	# of contacts, group sessions, counseling sessions, mentoring sessions	FTRN	Q2-Q12	In Progress	<p>The first PSS support group session will take place on 1/13/2022.</p> <p>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.</p> <p>STARS and FTRN are working together to open this group to a larger peer network. Recurring Teams meetings have been scheduled & a public flyer has been made. (6/1/2022)</p> <p># of support group sessions conducted: 17 1/13/2022, 1/27/2022, 2/10/2022, 2/24/2022, 3/10/2022, 3/24/2022, 4/7/2022, 4/21/2022, 5/5/2022, 5/19/2022, 6/2/2022, 6/16/2022, 6/30/2022, 7/14/2022, 7/28/2022, 8/11/2022, 8/25/2022</p>
3e	Support FTRN in expanding access of recovery support services.	Strengthen recovery communities, increase number of people who remain in recovery	Amount and type of increased services offered by FTRN	PD-DC FTRN	Q2-Q12	In Progress	<p># of Increased Services: 5</p> <p>Increased Services in the following areas:</p> <ul style="list-style-type: none"> -Adults with SUD/OUUD -Pregnant women with SUD/OUUD -Youth services for SUD/OUUD -Drug take back events -Peer support programming and support groups (6/1/2022)

Goal 4: Strengthen and sustain the activities of the Mental Health Substance Abuse Subcommittee of the CCCWN beyond the grant period.

<p>Provide effective communication about SUD/ODU prevention, treatment, and recovery activities to stakeholders throughout project period.</p>	<p>4a</p>	<p>Convene monthly meetings of the RC-SWAY Consortium to guide activity coordination among organizations and within the Consortium.</p>	<p>Improve coordination of services women and youth with SUD/ODU</p>	<p># of people in attendance</p>	<p>PD-DC</p>	<p>Monthly, Q1-Q12</p>	<p>In Progress</p>	<p><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 3/14/2022: 21 attendees 4/11/2022: 25 attendees 5/16/2022: 24 attendees 6/13/2022: 28 attendees 7/11/2022: 29 attendees 8/8/2022: 31 attendees 9/12/2022: 35 attendees <u>RC-SWAY Team Meeting:</u> 12/6/2021: 7 attendees 3/7/2022: 9 attendees 6/6/2022: 5 attendees 9/14/2022: 7 attendees <u>PIMS Team Meeting:</u> 2/3/2022: 11 attendees</p>
	<p>4b</p>	<p>Provide bimonthly activity progress updates, lessons learned and successes to the CCCWN Steering Committee and full CCCWN.</p>	<p>Improve access to services and increase SUD/ODU support for women and youth</p>	<p>Bi-monthly progress reports</p>	<p>PD-DC</p>	<p>Q1-Q12</p>	<p>In Progress</p>	<p><u>CCCWN Steering Committee Meeting:</u> 10/13/2022: 12 attendees (3 CCCWN Network Members) 12/8/2021: 16 attendees (7 CCCWN Network Members) 2/9/2022: 13 attendees (4 CCCWN Network Members) 4/13/2022: 15 attendees (7 CCCWN Network Members) 6/8/2022: 11 attendees (4 CCCWN Network Members) 8/10/2022: 12 attendees (2 CCCWN Network Members) <u>CCCWN Network Meeting:</u> 11/10/2021: 20 (11 CCCWN Network Members) 5/17/2022: 29 (12 CCCWN Network Members)</p>
	<p>4c</p>	<p>Provide copies of the biannual progress reports,</p>	<p>Improve coordination of services for</p>	<p>Biannual reports submitted,</p>	<p>PD-DC</p>	<p>Q1-Q12</p>	<p>In Progress</p>	<p><u>Biannual Progress Reports:</u> 3/31/2022: Submitted 9/30/2022: Submitted</p>

		the sustainability plan and the final performance / closeout reports to the CCCWN Steering Committee and the full CCCWN.	women and youth with SUD/OUUD	Sustainability plan complete, Final report submitted				<u>PIMS:</u> 5/31/2022: Submitted 9/30/2022: Submitted <u>Sustainability Plan:</u> 9/30/2022: Submitted
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