

# RCORP PR March 2023 - Request for Information

## Grantee Info

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**1. Grantee Name (Prepopulated, do not edit)**

Mid-Valley Healthcare, Inc.

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

GA1RH42912

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

Implementation III (FY21)

## Contact Information

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**4. Project Director**

**First Name**

Molly

**Last Name**

Gelinas

**Email Address**

mgelinas@samhealth.org

**Phone Number**

541-405-2233

**5. Data Coordinator**

**First Name**

Molly

**Last Name**

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**Email Address**

mgelinas@samhealth.org

**Phone Number**

541-405-2233

## Successes, Challenges, and TA Needs

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**6. Capacity**

	Success	Challenge	Need TA	N/A
Availability of MAT		X		
Availability of Mental Health Treatment		X		
Availability of Substance Use Disorder (SUD) Treatment		X		
Detoxification/Medical Stabilization, safe housing, access to Primary Care Physicians and Oral Healthcare,		X		

## 7. Services

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

## 8. Operations

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

## 9. Other

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

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

N/A

**11. Please describe the success(es) identified**

The CCCWN Mental Health/Substance Use Disorder consortium identified youth services and supports need to be more aggressively addressed. The MH/SUD formed a subcommittee to identify and address youth services and supports. The Project Director of this grant along with the Project Director on another federal grant agreed to lead and facilitate the subcommittee to discuss the current challenges and gaps related to youth that will include a need assessment and other activities to develop a plan. Family Tree Relief Nursery along with other partners within our service area are now able to bill insurance for peer support services and more grant funding is being offered for peer mentoring work. Grant partners each use their own tracking systems, submit monthly updates to the Project Director, and deliver the appropriate data to the Project Director/Data Coordinator in a timely manner for monthly updates at the MH/SUD consortium meetings as well as the bi-monthly CCCWN Steering committee meetings. Partners express that while housing is still an overall challenge, they have seen more grant funding going towards hotel programs for unhoused individuals. Linn County Alcohol & Drug and Samaritan Treatment & Recovery Services both have robust Trauma Informed and gender responsive outpatient programs that are consistently reaching capacity. Linn County Alcohol & Drug has seen increased referrals from middle and high schools for their Lifeskills program and Early Intervention for adolescents. Family Tree Relief Nursery partners noted how more individuals are seeking help due to the term "recovery" becoming more ambiguous than previous years where the only way to be in recovery was to be fully abstinent from all substances.

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

The Medical Director of Samaritan Treatment & Recovery Services notes that although we have created a HUB & SPOKE Model to increase our care coordination with patients, we continue to face challenges with individuals receiving rapid access to services. Clients are facing 3-to-6-month long waitlists when attempting to schedule with a mental health therapist says the Peer Support Specialists at Family Tree Relief Nursery and Samaritan Treatment & Recovery Services. All our partners expressed frustration with access to detox services for individuals needing medical stabilization. Peer Support at Family Tree Relief Nursery have a difficult time getting their clients in for an ASAM assessment in order to get them into residential treatment centers. The Medical Director emphasized the limited access to harm reduction resources such as Naloxone, and drug testing. Linn County Alcohol & Drug shared concern for those in domestic violence situations that need safe housing. Stigma was a topic brought up by all our grant partners, the Medical Director, and our Senior Medical Director with Samaritan Medical group who stated, "Until we can get a program up and running where we can get education out, have consultation, and provide more wrap-around-services with Certified Alcohol & Drug Counselor deployment in primary care, I don't think we will see much change". Regarding stigma, Family Tree Relief Nursery Director noted how we are in a service area with a large percentage of population believing Measure 110 has allowed individuals to use substances. She also emphasized how underserved populations are consistently at a disadvantage of being met by providers from the same cultural background and while organizations attempt to provide culturally specific services there are not enough resources and population to do no harm with clients from diverse backgrounds.

**Grant Activities**

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

	Yes - as a result of full or partial RCORP funding	Yes - but not as a result of RCORP funding	No - Not at this time
Creating/continuing consortium/partnership subcommittees or working groups	X		
Hosting town halls, focus groups (or other community education/outreach)	X		
Overdose reversal reporting		X	
Provider usage of Prescription Drug Monitoring Program (PDMP) data		X	
Telehealth (including services, trainings, and capacity-building)			X
Training on prescribing guidelines		X	
Mental health first aid		X	
Stigma reduction activities	X		

## Comments

The Oregon Health Authorities Linn County Behavioral Health Resource Network (BHRN) has allowed for Family Tree Relief Nursery's Youth Outreach Specialist to sit on the Youth Service Teams panel helping to provide integrated services to students and their families. This same grant provides funding for Family Tree Relief Nursery staff to complete a mental health first aid training and for a Housing First program, The Hope Center, where woman and children in need are provided respite. Our own grant funds have given RC-SWAY Peer Support Specialists opportunity to provide education for police departments and classroom education for youth regarding substance use disorder and mental health. The Coast to Cascades Community Wellness Network Mental Health & Substance Use Disorder Consortium proposed the creation of a Youth Health and Wellbeing coalition that began with two Project Directors coming together and facilitating the first working group in February of 2023. Next steps for the Youth Health and Wellbeing group include a regional Youth Needs Assessment.

## Medication-Assisted Treatment Options

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

Buprenorphine (e.g., Subutex)  
Buprenorphine, 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)  
Other (please specify): Chlordiazepoxide (Librium), Lorazepam (Ativan), Gabapentin, Bupropion, Topiramate, Mirtazapine, Hydroxyzine (used for alcohol withdrawal and early recovery).

## Medication-Assisted Treatment Utilization

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

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

## Medication-Assisted Treatment Utilization (continued)

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

Buprenorphine with Naloxone (e.g., Suboxone film, Cassipa, Bunavail, Zubsolv)

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

The Medical Director of Samaritan Treatment & Recovery Services anticipates gaining 25 new providers.

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

The Medical Director hopes to see movement towards addition of injectable depot Buprenorphine with increased clinician availability. He also touches on the mental health access which is mitigated by dearth of available providers and encumbrances of 42CFR Part 2. The Senior Medical Director of Samaritan Medical Group notes how the changes in the Data waiver requirement are a huge step however it is insufficient on its own until stigma associated with prescribing is reduced, and he does not anticipate much change in the number of providers who will get onboard with Medication Assisted Treatment.

## SUD/Drug Concerns

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

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

#### Comments

The Medical Director of Samaritan Treatment & Recovery Services acknowledged alcohol as the top concern to individuals' health and well-being. Similarly, Linn County Alcohol & Drug had the highest number of staff contacts with individuals being seen for alcohol at 199 screenings. Samaritan Treatment & Recovery Services, Family Tree Relief Nursery, and Linn County Alcohol & Drug partners were all in agreement that Fentanyl posed the greatest threat to health due to the increased risk of overdose we are seeing in our services area. During this reporting period 9/1/22 to 2/28/23 Samaritan Lebanon Community Hospital admitted 63 individuals into their emergency department due to overdose. Peer Support Specialist from Samaritan Treatment and Recovery Services noted how alcohol had been a consistent challenge especially because medical detox is needed for treating withdrawal symptoms. It appears more people are seeking out Fentanyl as their drug of choice and when transported to the emergency department for an overdose many individuals are refusing services. Linn County Alcohol & Drug reported screening 103 individuals for other synthetics and 52 for heroin. 203 individuals were seen for methamphetamine which was the Medical Directors and all partners combined third greatest concern for health and wellbeing.

**20. Among the drug types listed, please rank in order the top three drug types that your HRSA-designated rural service area has the least capacity to treat. The ranking is only for those areas that are a problem in your community (e.g., if you do not have the capacity to address cocaine but that is not a problem in your service area, do not rank it). List from top to bottom starting with the drug you have the least capacity to address. If you have a concern not included in this list, please use the comment box to specify.**

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

#### Comments

The top 3 choices noted fentanyl, alcohol, and benzodiazepine were named by the Medical Director of Samaritan Treatment & Recovery Services as well as partners from Family Tree Relief Nursery and Linn County Alcohol & Drug. The primary complaint is around the lack of freestanding detoxification withdrawal management necessary for alcohol treatment and limited pharmacologic treatment for Benzodiazepines. Again, partners express frustrations around the long waitlists with residential treatment and the Medical Director notes challenges to ambulatory initiation of Buprenorphine therapy for Fentanyl.

### SUD-Related Health Concerns

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

1. Fatal and Non-Fatal Overdoses (all drugs)
2. Neonatal Abstinence Syndrome
3. Drug-related Bacterial Infections (e.g., infectious endocarditis)

#### Comments

The Medical Director of Samaritan Treatment and Recovery Services discussed the challenges with "Point of Care" detection of Fentanyl and Xylazine in toxicology as well as how the drug screens are not readily or universally available. Samaritan Treatment and Recovery Services Peer Support Specialist noted how many individuals are still resistant to receiving support despite the severity of infection or risk factors associated with overdose. Family Tree Relief Nursery Peer Support Supervisor believes stigma to be the reasoning behind the challenges faced in getting Peer Support Specialists clearance to enter the hospital and support woman in the Labor & Delivery Unit. Samaritan Lebanon Community Hospital reported 32 babies born to Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS) between 9/1/22 and 2/28/23 and only 5 women were referred to or receptive around Peer Support services according to Samaritan Treatment and Recovery Peer Support Specialist.

**22. Among the problem areas listed, please rank in order the top three problem areas that your HRSA-designated rural service area has the least capacity to address. The ranking is only for those areas that are a problem in your community (e.g., if you do not have the capacity to address opioid poisoning among children but that is not a problem in your service area, do not rank it). List from top to bottom starting with the health issue you have the least capacity to address. If you have a concern not included in this list, please use the comment box to specify.**

1. Fatal and Non-Fatal Overdoses (all drugs)
2. Neonatal Abstinence Syndrome
3. Drug-related Bacterial Infections (e.g., infectious endocarditis)

#### **Comments**

Our service area is comprised of one 16-bed residential facility which is consistently full with at least a one month waitlist for individuals seeking residential treatment. Family Tree Relief Nursery Peer Supervisor expressed not only the challenges faced with getting individuals into detox but also the lack of options for getting people set up with an appointment for an ASAM assessment. The Peer Supervisor also discussed stigma as a reason people are taking so long to seek help and support for infections. The Director of Family Tree Relief Nursery and the Medical Director of Samaritan Treatment & Recovery Services voiced concerns for our service area not being allowed to support needle exchange programs and the ability to set individuals up for safe using. Samaritan Treatment and Recovery Services Peer Support Specialist runs into barriers with the referral process regarding pregnant woman struggling with substance use disorder and the resistance seen with pregnant and post-partum woman unless they are facing involvement with Child Protective Services (CPS).

### **Behavioral Health Concerns**

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

1. Crisis intervention for adolescents and children
2. Crisis intervention for adults
3. Treatment for co-occurring disorders in adolescents and children

#### **Comments**

Linn County Alcohol & Drug has been working to bring Early Intervention and Lifeskills training to Elementary and Middle School classrooms and notes the difficulty in finding substance use disorder and mental health treatment that is youth specific. Family Tree Relief Nursery states that even when they find an adolescent mental health therapist or psychiatrist the wait time to be seen is months. Both of these partners emphasized the increase in mental health challenges during and after COVID that youth have experienced, and partners have been actively working towards solutions.

### **Peer Recovery Workers**

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

Yes

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

Yes

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

Other virtual networks  
In-person networks

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

Yes



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

Family Tree Relief Nursery Peer Supervisor shared the challenges faced when they are attempting to get a Peer Support Specialist screened and cleared to work in the hospital and meet expecting mothers in the Labor & Delivery Unit. The Peer Supervisor spent 5 months walking the Peer Support through the process and then when cleared faced discouragement because internal staff showed resistance in welcoming her to their department and letting her do her job as a Peer Support. Family Tree Relief Nursery commented on the overall workforce shortage within the behavioral health system.

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

Harm Reduction Venues  
Recovery Community Organizations

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

	Facilitate treatment/service entry	Facilitate treatment/service engagement	Provide supportive services	Provide advocacy-related activities	Other (please specify below)	N/A - No peers in this location
Emergency Services Units (e.g., law enforcement, paramedic units)			X	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			
SUD/ODU Treatment Programs	X	X	X	X		
Other (please specify below)						

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

Peer services are paid for by state grant or federal grants, contracts with state and county agencies such as child welfare and county drug treatment programs and they are covered in an alternative payment methodology contract with our coordinated care organization, Inter-Community Health Network according to the Director of Family Tree Relief Nursery.

**Telehealth**

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

No

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

None of the above

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

None of the above

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

None at this time.

## **Subcommittees/Working Groups**

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

Yes

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

1

**38. Please list your consortium subcommittees/working groups.**

Youth Health & Wellbeing Subcommittee.

## **Funding/Sustainability**

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**39. 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



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

**RC-SWAY Work Plan**

<b>Acronym</b>	<b>Definition</b>	<b>Key Contact(s)</b>	<b>Email</b>
CHCBLC	Community Health Centers Benton & Linn Counties	Carla Jones	carla.jones@co.benton.or.us
FTRN	Family Tree Relief Nursery	Renee Smith <b>Vernon Rose</b>	rsmith@familytreern.org vrose@familytreern.org
FTRN PSS	Family Tree Relief Nursery Peer Support Specialist	Carter Kachel	ckachel@familytreern.org
FTRN YPOW	Family Tree Relief Nursery Youth Peer Outreach Worker	Josh Pankau	jpankau@familytreern.org
FTRN PSGL	Family Tree Relief Nursery Peer Support Group Leader	Justin Thomas	jthomas@co.linn.or.us
LCAD	Linn County Alcohol & Drug Program	Shannon Snair	
LCAD LST	Linn County Alcohol & Drug Program LifeSkills Trainer	Rose Reaser	
LCAD EIFY	Linn County Alcohol & Drug Program Early Interventionist for Youth	Barry Collins Heidi Kizer Aranda <b>Andrea Goff</b> <b>Eva Arndt</b>	
PD-DC	Project Director-Data Coordinator	Molly Gelinas	mgelinas@samhealth.org
ROPC	Regional Overdose Prevention Coordinator	<b>Isabelle Cisco</b>	icisco@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 9/1/2022 – 2/28/2023
- Yellow** Changes made during 9/1/2022 – 2/28/2023
- Green** Activities where progress has been made during 9/1/2022 – 2/28/2023(details included)



# RC-SWAY Work Plan

<b>Overarching Goal: Reduce morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in rural Linn County.</b>									
<b>Goal 1: Strengthen and expand SUD/OUD prevention services in rural Linn County.</b>									
<b>Objective</b>	<b>Activity Number</b>	<b>Core Activity</b>	<b>Activities</b>	<b>Improvement to health care delivery</b>	<b>Deliverable</b>	<b>Responsible persons</b>	<b>Timeline</b>	<b>Progress</b>	<b>Details</b>
Develop and implement all five core prevention activities by August 31, 2024.	1a	3	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. Molly Gelinias began as the PD-DC on 9/27/2022.
	1b	3	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.  Jessica Collins left her role as FTRN PSS and Lynette Cavanaugh, a Bi-lingual PSS, was hired for this position on 11/14/2023.  Vernon Rose was hired with FTRN as the Program Director on 11/28/22. He is helping ensuring deliverables are met and all necessary data is gathered for the grant.

1c	1	<p>FTRN, STARS, LCAD, CHCLBC, will develop and distribute culturally and linguistically appropriate education material for family members and caregivers on SUD/ODU prevention, treatment and recovery.</p>	<p>Improve knowledge of family members and caregivers around SUD/ODU, reduce stigma and increase ability to access care</p>	<p># of education materials developed and distributed</p>	<p>FTRN</p>	<p>Q1-Q12</p>	<p>In Progress</p>	<p><u>STARS</u>  STARS has shared educational materials that are currently being used among the partners 12/6/2021.</p> <p>STARS PSS provided Director of STARS with 50 wallet cards (25 English/25 Spanish) and 50 posters (25 English/25 Spanish) to pass out at conferences, events, and trainings.</p> <p>Measure 110 PSS were provided 50 wallet cards (25 English/25 Spanish) and 50 posters (25 English/25 Spanish) Community Court was provided with 50 wallet cards (25 English/25 Spanish) and 50 posters (25 English/25 Spanish)</p> <p># of individuals receiving educational materials: 80  (9/1/22-2/28/23)</p> <p><u>FTRN</u>  # of education materials developed and distributed: 1 (12/6/2021)  # of individuals receiving educational materials: 3 women (6/1/2022)  # of individuals receiving educational materials: 7 women (8/4/2022)  # of individuals receiving educational materials: 4 women (2/8/2023)</p>
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1d	1	<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>	<p>STARS PSS PD-DC</p>	<p>Q3, Q7, Q11</p>	<p>In Progress</p>	<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)</p> <p><u>Social Media</u></p> <p>Impressions: 1,046,854</p> <p>Post engagements: 4,688</p> <p>Webpage views: 897</p> <p><u>Out of Home</u></p> <p>Billboard Messages: 6</p> <p><u>Posters &amp; Wallet Cards</u></p> <p>618 posters distributed to 18 partners (English)</p> <p>183 posters distributed to 14 partners (Spanish)</p> <p>4,190 wallet cards distributed to 20 partners (English)</p> <p>1,395 wallet cards distributed to 16 partners (Spanish)</p> <p>1/11/2023</p> <p>18 Marketing monitors are actively running the SUD/ODU campaign at the following locations:</p> <p>4 SamFit locations</p> <p>1 Pastega House</p> <p>5 SHS hospital sites</p>
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1e	2	ROPC will coordinate and monitor the purchase and distribution of Narcan.	Reduce overdose fatalities	Amount Narcan distributed through tracking sheets	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> <p>The second order of Narcan for 312 kits was placed on 12/9/2022 and delivered to STARS.</p>
1f	2	<del>C.H.A.N.C.E. Coordinator</del> The PD-DC will provide trainings to community and family members on proper use of Narcan and injectable naloxone in multiple languages.	Increased number of people who can administer Narcan to reduce overdose fatalities	# of participants attending training through sign-in sheets	PD-DC <del>C.H.A.N.C.E.</del>	Q4	In Progress	<p>The PD-DC will be responsible for this activity (8/31/2022)</p> <p>Narcan and Harm Reduction training for FTRN staff (9/2/22) # of attendees: 14</p> <p>Narcan and Harm Reduction training for STARS staff (9/22/22) # of attendees: 10</p> <p>Narcan and Harm Reduction training for SHS Community Health Promotions: (11/28/22) # of attendees: 8</p> <p>Narcan and Harm Reduction training for Samaritan Foundations Team Huddle (2/15/22) # of attendees: 16</p>
1g	3	FTRN will continue to conduct on-going drug take-back programs throughout the year.	Reduce incidents of drug use and overdose	Quantity of drugs collected	FTRN	Q1-Q12	In Progress	<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 partner with the Linn County Sheriff's Office to host drug-take back events later in 2022 and in 2023.</p> <p>11/17/2022  FTRN is taking a new approach with the Med Project. They began partnering with Project Coordinator Michelle Means who has connections to more advanced services within the Med Project. FTRN staff have been made aware of all the "take back med stations" and have access to the "mail in resources" to better assist clients with safe medication disposal.</p>								
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	1h	4	<p>FTRN will continue to provide Nurturing Parents evidenced-based parent education workshops and classes for parents and caregivers impacted by SUD/OUUD.</p>	<p>Reduce child abuse rates and incidents of emergency department visits</p>	<p># of classes and workshops offered # of participants attend classes and workshops</p>	FTRN	Q1-Q12	In Progress	<p>Staff training for Nurturing Parents certification is scheduled for 3/21/2022 - 3/25/2022 # of participants: 20 staff members</p> <p>FTRN started a parenting support group on 3/31/2022 at LCAD. # sessions: 8 # of participants: 10 (6/1/2022)</p> <p># sessions: 18 # of participants: 10 (8/4/2022)</p> <p># sessions: 24 # of participants: 10 (8/31/2022) Many fathers are attending this class.</p> <p>Additional FTRN staff are being trained to lead the Nurturing Parents group. Continuing to see an increase in fathers attending the classes. 10/8/2022 # sessions: 28 # of participants: 10 11/17/2022 # sessions: 34 # of participants: 10 2/27/2023 FTRN is currently running the "Parent Café" weekly support group on Thursdays at 11:30am and working towards coordinating in person "Nurturing Parents" classes that will be open to the public.</p>
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1i	4	<p>LCAD Program will continue to provide and expand evidenced-based LifeSkills Training in elementary and middle school classrooms.</p>	<p>Improve youth resistance to substance use and delay age of first use</p>	<p># of LifeSkills Trainings offered # of students participate in training</p>	<p>LCAD</p>	<p>Q2, Q3, Q5, Q6, Q7, Q9, Q10, Q11</p>	<p>In Progress</p>	<p>In classroom training began in late September 2021 in 4<sup>th</sup> and 6<sup>th</sup> 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)</p> <p><u>LifeSkills</u>  <b>Pioneer – Grade 6</b>          6 lessons, 40 students, 9 hours (9/29/21, 10/10/21, 10/17/21)  <b>Harrisburg Middle School -Grade 6</b>          9 lessons, 65 students, 15 hours (10/7/21, 10/14/21, 10/21/21)  <b>Hamilton Creek – Grade 6</b>          3 lessons, 30 students, 6 hours (10/10/21, 10/17/21, 10/24/21)  <b>Santiam Canyon School – Grade 6</b>          6 lessons, 34 students, 12 hours (10/11/21, 10/17/21, 10/24/21)  <b>Scio Middle School – Grade 6</b>          6 lessons, 54 students, 9 hours (1/26/22, 2/2/22, 2/9/22)  <b>Lacomb – Grade 6</b>          6 lessons, 22 students, 12 hours (1/27/22, 2/3/22, 2/10/22)  <b>Hawthorne Elementary – Grade 6</b>          6 lessons, 57 students, 9 hours (4/12/22, 4/22/22, 4/29/22)  <b>Foster Elementary – Grade 6</b>          6 lessons, 49 students, 9 hours (4/22/22, 4/29/22, 5/6/22).</p> <p>LCAD has established consistency with bringing LifeSkills into both 4<sup>th</sup> and 6<sup>th</sup> grade classrooms for this reporting period. (2/3/2023)  <u>LifeSkills</u></p>
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	1j	5	Primary care clinics will continue to implement Screening Brief Intervention and Referral (SBIRT), Alcohol Use Disorder Identification Test (AUDIT) and Drug Abuse Screening Test	Increase number of individuals with or at-risk of SUD/ODU who are referred to treatment programs	# of screenings conducted	SLCH and clinics CHCBL LCAD	Q1-Q12	In Progress	<p><b>Pioneer – Grade 6</b> 3 lessons, 186 students, 6 hours (10/12/22, 10/19/22, 11/2/22)</p> <p><b>Harrisburg Middle School -Grade 6</b> 2 lessons, 126 students, 4 hours (10/4/22, 10/20/22)</p> <p><b>Hamilton Creek – Grade 6</b> 3 lessons – 93 students – 6 hours (1/25/23, 2/1/23, 2/8/23)</p> <p><b>Santiam Canyon School – Grade 6</b> 3 lessons, 141 students, 6 hours (10/13/22, 10/20/22, 10/27/22)</p> <p><b>Scio Middle School – Grade 6</b> 3 lessons, 141 students, 6 hours (10/31/22, 11/7/22, 11/14/22)</p> <p><b>Lacomb – Grade 6</b> 3 lessons – 81 students – 6 hours (1/27/23, 2/10/23, 2/17/23)</p> <p><b>Sio – Grade 4</b> 1 lessons, 46 students, 2 hours (10/31/22)</p> <p><b>Pioneer – Grade 4</b> 1 lessons, 48 students, 2 hours (10/12/22)</p> <p><b>Lacomb – Grade 4</b> 1 lessons, 34 students, 2 hours (1/27/23)</p> <p><b>Hamilton Creek – Grade 4</b> 1 lessons, 47 students, 2 hours (1/25/23)</p> <p><b>Central Linn – Grade 4</b> 1 lessons, 34 students, 2 hours (1/24/23)</p>
									<p>SLCH &amp; Clinics</p> <p># of screenings conducted: 10347 (9/1/2021 – 2/28/2022 SLCH &amp; Clinics)</p> <p>LCAD LCAD advocates for the schools to use the SBIRT screening tool. LCAD</p>

									does not use the SBIRT as they are a treatment organization and have other assessment tools that they use.
1k	5	(DAST) screening for all age-appropriate patients. LCAD will advocate for schools to 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 CHCBLC	Q1-Q12	In Progress	<p>SLCH &amp; Clinics</p> <p># of screenings conducted: 10347 (9/1/2021 – 2/28/2022 SLCH &amp; Clinics)</p> <p># of screenings conducted: 12,645 (3/1/2022 – 8/31/2022 SLCH &amp; Clinics)</p> <p># of screenings conducted: 11,656 (9/1/2022 – 2/28/2023 SLCH &amp; 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>2/28/2023</p> <p>FTRN PSS are helping 2 individuals access treatment services.</p> <p><u>STARS</u></p> <p># of referrals from STARS PSS: 84 referrals</p> <p>(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</p> <p>(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>	

												# of referrals from STARS PSS: 68 referrals # of connections from STARS PSS: 20 known (9/1/2022 – 2/28/2023)
<b>Goal 2: Strengthen and expand SUD/ODU treatment services in rural Linn County.</b>												
Develop and implement all seven core treatment activities by August 31, 2024.	2a	1	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	SLCH & Clinics No data at this time			
	2b	2	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)			
	2c	2	Offer DEA Waiver trainings annually in east Linn County to increase number of providers and other paraprofessionals licensed to provide MAT services.	Increase number of providers with DEA Waiver, increase available MAT services	# of trainings offered	SLCH CHCBLC	Q2, Q6, Q10	Not Started	CHCBLC will offer DEA trainings to their providers.			
	2d	4	RC-SWAY will continue to strengthen the service integration model between physicians, mental health providers, dentists, local law enforcement and service providers to	Improve coordination of services for women and youth with SUD/ODU	Service integration model implemented in the community	PD-DC SLCH STARS FTRN LCAD CHCBLC	Q1-Q4	In Progress	FTRN 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			

			<p>reduce barriers to treatment and recovery.</p>					<p>PSS will physically be in the Sweet Home community to enhance networking opportunities (projected placement 4/1/2022).          Desk spaces are being built at both locations (6/21/2022)</p> <p>11/17/2022          FTRN PSS are working in connection with Community Court to help support individuals who have law involvement and need to meet certain requirements assigned by the judge.          2/28/2023          PSS are serving 8 participants (both male and female) through the Community Court program.</p> <p><u>STARS</u>          STARS PSS &amp; 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> <p>STARS PSS has continued to meet with Maternal Health Care Coordinator, OBGYN's in Labor &amp; Delivery, and Providers throughout the hospital during her interaction with patients that are referred to her from the hospital. PSS has helped to introduce and integrate other PSS into hospital and meets with them on a weekly basis during supervisor to discuss appropriate referrals.          (9/1/22-2/28/23)  <u>LCAD</u>          LCAD has been partnering with rural law enforcement and other</p>
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	2e	7	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>outreach programs and reaching more women who are struggling with SUD/OUUD.</p> <p><u>PD-DC</u> PD-DC convened a meeting with partners to discuss the formalities in conducting a Youth Needs Assessment. (2/16/2022) PD-DC collaborated with other grantees to focus on youth health and wellness. They convened a meeting with 47 attendees and discussed the current gaps, barriers, and successes surrounding youth in the region. (2/22/2022)</p>
									<p>FTRN 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.</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>FTRN PSS Lynette is completing necessary requirements to receive clearance for the Samaritan Lebanon Community Hospital so that she can provide services and support to the Emergency</p>

									<p>Department and Labor &amp; Delivery unit.</p> <p><u>STARS</u></p> <p>STARS PSS has received referrals from both the MCC in Lebanon (Laurie Barajas) and the MCC in Albany (Pam Collier).</p> <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># of referrals STARS PSS has received from the MCC: 5</p> <p># of pregnant women provided assistance through engaging in services: 6</p>
2f	4	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>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).  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 &amp; 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>
										<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>2/28/2023  Youth Outreach Specialist Carter is making progress connecting with</p>

	2g	5	<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>high schools and is speaking to students in the Health Communications class. He plans to be an active participant in the Youth Health &amp; Wellness Committee and attended the first meeting on 3/8/2023. Carter is attending the following committees on a monthly basis: Youth Services Team (YST) Linn County Students Taking Action Not Drinking (STAND) # of meetings with youths family: 5 # of speaking engagements: 3 # of outreach events attended: 4</p>
									<p>Youth are receiving early intervention services through this grant. They receive treatment services through another funding source.</p> <p>Numbers # 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) Hours Early Intervention Hours: 17 (1/31/2022) Early Intervention Hours: 13 (2/28/2022)</p>

	2h	5	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.	Create a more compassionate environment that will improve access to services for women and youth	# of people attend trainings	PD-DC	Q3, Q7, Q11	Not Started	<p>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> <p><u>Numbers</u>          # of youth assessed: 34 (6 entered Early Intervention, 19 entered Outpatient, 6 entered intensive outpatient, 1 entered residential, 2 did not need treatment) (12/1/22 – 2/28/23)          # of youth participating in early intervention services: 90 (9/1/2022 – 2/28/2023)          # of youth entering treatment: 24 (9/1/2022 – 2/28/2023)</p> <p><u>Hours</u>          Early Intervention Hours: 11.5 (1/3/2023)          Early Intervention Hours: 13 (2/3/2023)</p> <p>The RC-SWAY team will work together to plan this training. FTRN &amp; 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>
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									<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> <p>PD-DC spoke with Captain Hyde and Lieutenant Jackson about grant projects and discussed OD-Maps. PD invited them to CCCWN Network meetings reiterating the value in having close partnerships with law enforcement. (1/27/23, 2/2/23)</p> <p>PC-DC collaborated with various providers to discuss recent trends with overdose and procedure with PSS. Dr. Sprague, Medical Director of ED and Linn County EMS, is working with others to create a more seamless process for individuals entering the ED so that each person brought in with SUD/ODU is met by a PSS. (2/21/23)</p>
2i	6	Offer training to the consortium, providers, and staff of local SUD/ODU 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	7	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/ODU	# of people who are referred to services  # of people connected to services	STARS FTRN LCAD CHCBLC	Q1-Q12	In Progress	<p>FTRN (receiving referrals)</p> <p># of referrals received at FTRN: 2</p> <p># of people connected to services at FTRN: 2</p> <p>Two mothers are currently receiving services from FTRN. (2/4/2022)</p> <p># of referrals received at FTRN: 2</p> <p># of people connected to services at FTRN: 2</p>	

																					<p>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>FTRN is serving 4 families and assisting them in navigating additional recovery supports. PSS is working in connection with STARS to assist 1 mom with accessing treatment.</p> <p># of referrals received at FTRN: 4  # of people connected to services at FTRN: 4  # of people referred out: 1</p> <p>LCAD (referring out)</p> <p># 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  # of referrals to Self-help groups: 171 referrals  (for both rural and non-rural locations) (3/1/2022 – 8/31/2022)</p> <p>During 9/1/22-2/28/23 LCAD staff participated in training with a new medical record system for more consistent tracking with referral processes. Their numbers this quarter are lower due to the training process.</p>
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<p><b>Referrals Out</b>  # of referrals to Recovery House: 13 referrals  # of referrals to Transportation to treatment: 18  # of referrals to Self-help groups: 141 referrals  # of referrals to other Community programs: 41 referrals</p>														

**STARS (referring out)**

# 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)

# of referrals (not individuals) to employment services: 1  
# of referrals (not individuals) to prenatal/postpartum care services: 7  
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># of referrals to Childcare services: 0  # of referrals to Employment Services: 2  # of referrals to Prenatal/Postpartum care services: 3  # of referrals to Recovery Housing: 11  # of referrals to Transportations to treatment: 23  # of referrals to CARDV: 5 known  # of referrals to Mental Health Treatment: 3  # of referrals to Community Recovery: 23  (9/1/2022 – 2/28/2023)</p>
<b>Goal 3: Strengthen and expand SUD/ODU recovery services in rural Linn County.</b>									
Develop and implement all three core recovery activities by August 31, 2024.	3a	1	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>  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.  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)  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)  # of people connected to services by FTRN: 2 (4/11/22)  FTRN does not currently have a PSS designated to the Community Court support position however PSS Lynette plans to begin attending the monthly meetings in the near future. (11/17/2022)</p>



								<p>FTRN PSS is working with 8 individuals who were referred through Community Court and connecting them with resources such as housing and transportation. (2/28/2023)</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> <p>STARS PSS has gone to Community Court 4 times over the last quarter. PSS met with Director of Oabria and discussed services for unhoused women or women discharging from treatment.</p> <p># of referrals from Community Court: 0</p> <p>Linn Co P&amp;P clients connected to housing: 4</p> <p>Linn Co P&amp;P clients connected to supports: 4</p> <p>(9/1/2022-2/28/2023)</p>
3b	2	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</p> <p># of referrals: 1 res treat, 2 detox</p> <p># 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>STARS PSS facilitated 12 step meetings for patients in treatment. (10/8/2022)</p> <p># of contacts:  Emergency Dept: 0  Jail: 2</p> <p>Residential treatment: 5 (16 during 12-step meetings)  Intensive Outpatient: 4  Detox: 6  (2/28/2023)</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> <p>All new FTRN staff have been cleared for Linn County Jail visitations. They are in the process of presenting their services to all the police departments in the county in hope to lesson barriers</p>
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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>and create a seamless referral process. PSS Lynette is waiting to receive clearance for the SLCH emergency department. (2/28/2023) Jails # contacts: 2 Residential Treatment # of referrals: 1</p> <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> <p>CRM Training (as of 2/28/2023) # of people trained: 18 graduates FTRN PSS Supervisor reports there was a wide variety of participants from diverse backgrounds and many individuals found employment while attending the training.</p> <p>Waiting on approval from OHA to begin the 40 hr CRM training.</p>
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3d	3	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># of people on the waitlist: 25 individuals</p> <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 &amp; 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> <p>10/8/2022</p> <p>Open Zoom link was created and a flyer was sent out to multiple partners across the region that employ Peer Mentors.</p> <p>11/17/2022</p> <p>FTRN and STARS Peer Mentors have been the only participants at the Support Group meetings thus far.</p> <p>2/28/2023</p> <p>Attendance for the meetings remains low. FTRN PSS Supervisor has facilitated the meetings on the following topics: Ethics, Dual Roles, Conflicts of Interest, Self-Care</p> <p># of meetings: 23 (since 10/17/22)</p>
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3e	3	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	# of Increased Services: 5 Increased Services in the following areas: -Adults with SUD/OD -Pregnant women with SUD/OD -Youth services for SUD/OD -Drug take back events -Peer support programming and support groups (6/1/2022)  -additional CRM 40hr training for individuals in recovery to work as a Peer Mentor -expanded services to have an additional office space at the Church of Nazarene in Sweet Home and continuing to provide support at the Hope Center and Family Clinic in Sweet Home (11/17/2022)
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<b>Goal 4: Strengthen and sustain the activities of the Mental Health Substance Abuse Subcommittee of the CCCWN beyond the grant period.</b>									
Provide effective communication about SUD/OD prevention, treatment, and recovery activities to stakeholders throughout project period.	4a	3	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/OD	# of people in attendance	PD-DC	Monthly, Q1-Q12	In Progress	MH/SUD Regional Coalition <u>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 10/10/2022: 33 attendees 11/14/2022: 26 attendees 12/12/2022: 26 attendees 1/9/2023: 33 attendees 2/13/2023: 33 attendees

<p><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  10/19/2022: 3 attendees  12/21/2022: 3 attendees  1/26/2023: 4 attendees</p> <p><u>PIMS Team Meeting:</u>  2/3/2022: 11 attendees  3/10/2023: 7 attendees</p>					<p>Improve access to services and increase SUD/OD support for women and youth</p>	<p>Provide bimonthly activity progress updates, lessons learned and successes to the CCCWN Steering Committee and full CCCWN.</p>	<p>3</p>	<p>4b</p>
<p><u>CCCWN Steering Committee Meeting:</u>  10/13/202: 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)  12/14/2022: 14 attendees  2/8/2023: 14 attendees</p> <p><u>CCCWN Network Meeting:</u>  11/10/2021: 20 (11 CCCWN Network Members)  5/17/2022: 29 (12 CCCWN Network Members)  11/2/2022: 22 attendees</p>	<p>In Progress</p>	<p>Q1-Q12</p>	<p>PD-DC</p>	<p>Bi-monthly progress reports</p>	<p>Improve coordination of services for women and youth with SUD/OD</p>	<p>Provide copies of the biannual progress reports, the sustainability plan and the final performance / closeout reports to the CCCWN Steering Committee and the full CCCWN.</p>	<p>3</p>	<p>4c</p>
<p><u>Biannual Progress Reports:</u>  3/31/2022: Submitted  9/30/2022: Submitted</p> <p><u>PIMS:</u>  5/31/2022: Submitted  9/30/2022: Submitted</p> <p><u>Sustainability Plan:</u>  9/30/2022: Submitted</p>	<p>In Progress</p>	<p>Q1-Q12</p>	<p>PD-DC</p>	<p>Biannual reports submitted, Sustainability plan complete, Final report submitted</p>	<p>Improve coordination of services for women and youth with SUD/OD</p>	<p>Provide copies of the biannual progress reports, the sustainability plan and the final performance / closeout reports to the CCCWN Steering Committee and the full CCCWN.</p>	<p>3</p>	<p>4c</p>

