

Closeout Report
FY 2018-2021 Rural Health Care Outreach Services Grant Program

Part 1: Grant Information

Grant Number	D04RH31787	
Outreach grant project title	Samaritan Treatment & Recovery Services (STARS) ED Outreach Project	
Project Period (<i>beginning year to end year</i>)	2018 – 2021	
Funding level for each budget period (<i>Do not include any supplemental funds and/or carryover funds. The maximum funding level for each budget period should not exceed \$200,000</i>)	June 2018 to April 2019: \$199,997	
	May 2019 to April 2020: \$199,989	
	May 2020 to April 2021: \$199,935 (NCE extended period May 2021 to November 2021)	
Consortium Partners		
<i>Use an * next to the organization's name to indicate those consortium partners who have signed a Memorandum of Understanding/Agreement for involvement with the implementation of your funded Outreach grant project.</i>		
Partner Organization Name	Location (<i>town/county/state</i>)	Organizational Type (<i>i.e. AHEC, university, hospital, etc.</i>)
Benton County Health Department	Corvallis, Benton County, Oregon	Health Department
Capitol Dental Care	Benton, Lincoln, Linn counties, Oregon	Dental Care Provider
College of Osteopathic Medicine North West (COMP-NW)	Lebanon, Linn County, Oregon	University
Community Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.)*	Corvallis, Benton Co., Albany, Lebanon, Linn Co., Newport, Lincoln City, Lincoln Co., OR	Nonprofit Agency
Community Outreach, Inc.	Corvallis, Benton Co, Lebanon, Linn Co, OR	Nonprofit Agency
Community Services Consortium	Corvallis, Benton County, Albany, Linn County, Newport, Lincoln County, Oregon	Community Action Agency
Confederated Tribes of Siletz Indians	Siletz, Lincoln County, Oregon	Tribal Organization
Community Health Centers of Benton and Linn Counties	Corvallis, Benton County, Lebanon, Sweet Home, Linn County, Oregon	Federally Qualified Health Center
Family Tree Relief Nursery*	Albany, Linn County, Oregon	SUD Services, Nonprofit
Good Samaritan Regional Medical Center	Corvallis, Benton County, Oregon	Level II Trauma Center
Lebanon Community School District	Lebanon, Linn County, Oregon	K-12 Education
Lincoln County Board of Commissioners	Newport, Lincoln County, Oregon	County Government
Lincoln County Health and Human Services	Newport, Lincoln County, Oregon	Health Department
Lincoln County Sheriff's Office	Newport, Lincoln County, Oregon	Law Enforcement
Linn County Department of Health Svcs.*	Albany, Lebanon, Sweet Home, Linn Co., OR	Health Department
Milestones Recovery Center*	Corvallis, Benton County, Oregon	SUD Treatment Services
Oregon Cascades West Council of Governments	Corvallis, Benton County, Albany, Linn County, Toledo, Lincoln County, Oregon	Nonprofit Agency
Oregon Office of Rural Health	Portland, Multnomah County, Oregon	Office of Rural Health
Oregon State University	Corvallis, Benton County, Oregon	Higher Education
Samaritan Albany General Hospital	Albany, Linn County, Oregon	DRG Hospital
Samaritan Health Plans	Corvallis, Benton County, Oregon	Health Insurance
Samaritan Health Services, Inc.	Corvallis, Benton County, Oregon	Health System
Samaritan InterCommunity Health Network Coordinated Care Organization	Corvallis, Benton County, Oregon	Affordable Care Organization
Samaritan Lebanon Community Hospital*	Lebanon, Linn County, Oregon	Critical Access Hospital
Samaritan North Lincoln Hospital	Lincoln City, Lincoln County, Oregon	Critical Access Hospital

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Samaritan Pacific Communities Hospital	Newport, Lincoln County, Oregon	Critical Access Hospital
Samaritan Treatment and Recovery Services (STARS)*	Lebanon, Linn County, Oregon	SUD Treatment

A. Community description

Briefly describe the primary factors that influence life in your community (such as population make up, disease rates, gaps in services, economic and social conditions that impact health). Your response should align and elaborate on the target population description included in your project's Sourcebook Template response, as applicable.

East Linn County is a large, geographically isolated area that includes Lebanon, Sweet Home, and Brownsville and many smaller remote communities. It is bounded on the east by the Cascade Mountains and national and state forest land. The western portion of Linn County is comprised primarily of grass seed and sheep farms. East Linn County contains both Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs) and is a designated Economically Distressed county. The population is less diverse than Oregon overall, with 92.6% of residents identifying as Caucasian. Almost 10% of the population identify as Latinx.

The region was struggling economically before the Recession of 2008, and its persistently high unemployment, fewer opportunities and lower incomes have led to growing levels of methamphetamine, heroin and alcohol addiction as well as prescription opioid misuse.

B. Need

Provide a brief description of the need that your Outreach grant program was designed to address.

The project was designed to address the high overdose and mortality rates in east Linn County. The project was also designed to address the high need for services for people struggling with Opioid Use Disorder/Substance Use Disorder (OUD/SUD). There were no OUD outreach activities taking place in the community and no residential treatment options. The nearest services have long wait lists with preference given to those within their own service areas. Although there were limited behavioral counseling services in Lebanon, Medication Assisted Treatment services were not readily available, and the services that existed were not accessible to those in the more remote areas of the county. There are no treatment services at all in the smaller communities of Sweet Home, Brownsville, Halsey, and the most rural areas of east Linn County.

Part 3: Models & Activities

A. Evidence-based and/or promising practice model(s)

Explicitly state the evidence-based model or promising practice model(s) that your project adopted and/or adapted, briefly describing why the model was selected and how it was applied for your funded grant project implementation. If applicable, describe any adaptations made to the evidence-based model or promising practice model(s) used. Your response should align and elaborate on the Evidence-Based Model(s)/Promising Practice(s) description you included in your project's sourcebook template response.

The STARS ED Outreach project utilized multiple methods recognized by the Substance Abuse and Mental Health Services Administration as either evidenced- based or promising practice.

- Emergency Department Initiated Brief Negotiation Interview + Buprenorphine (evidenced-based), This is more effective than SBIRT or referral to treatment. We adapted the model to have the Peer Support Specialist (PSS) ask the BNI questions in order to accommodate our ED's workflow and because the PSS has more time than the ED physician to spend with patients once they are stabilized.
- Peer-Delivered Recovery Support (evidenced-based), Outreach and engagement with PSS is effective because of their lived experience with SUD and successful recovery.
- Motivational Interviewing and Enhancement (evidenced-based), Used to assess patient's readiness to change.
- Opioid Overdose Education & Community Naloxone Distribution (promising practice), Distribution and training has been shown to save lives.
- Medication Assisted Treatment (evidence-based), The combination of medication and behavioral therapies is effective in the treatment of patients with substance use disorders.

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B. Description of Activities

Describe the activities conducted through your Outreach grant program. Your response should elaborate on the Services and activities description you included in the sourcebook table. Clearly indicate the grant years the funded grant project services and activities were implemented, as applicable.

Peer Support, Outreach and Warm Hand- Offs in the Emergency Department (ED) at SLCH to capitalize on patients' greater readiness for change after a life-threatening event such as an overdose. Starting July 2018 through the duration of the grant our STARS Outreach staff worked to educate ED Personal and First Responders on the Peer Support Role to identify and target first time opioid overdose survivors for intensive intervention. STARS Outreach staff participated in ED provider meetings and Care Coordination Meetings in order to build trust and integrate the substance use professionals within the hospital setting.

Community resourcing and marketing The Project Director and SHS marketing department launched a website providing information on overdose prevention and Narcan availability in east Linn County. Our educational campaign has targeted regional communities through various media. Radio broadcast messages and a live interview for Overdose Awareness Month reached more than 10,000 listeners each year. The initial planning of the media campaign was set to begin by June of 2018 and then at the start of each grant year, May 2019 and May 2020, in order to identify the greatest areas of need in educating the community. Throughout the duration of the grant the activities included publishing 12 articles in local newspapers, posting 6 billboards along high traffic corridors, 6 magazine articles, and radio broadcasting each year to reach over 27,000 total households across the tri-county region.

Provider education supports two related goals: preventing of opioid misuse through better prescribing habits and improving access to effective OUD treatments by educating providers on current treatment options. The Medical Director, Project Lead, and Project Director worked to conduct educational sessions at community events as well as at the local medical school and with allied health professionals. (3 presentations/year) Medical students were invited to do rotations throughout the Samaritan Treatment and Recovery Services (STARS) clinic and treatment center.

Naloxone distribution has been credited with reducing opioid overdose deaths. Between June 2018 and the end of our no cost extension period in November 2021 a total of 1,600 Narcan kits were distributed throughout east Linn County.

Support Groups for Family and Friends to provide vital support and recovery resources. By the end of year 3 STARS Outreach initiated the establishment of a weekly local support group for community members.

Rapid Access to Medication Assisted Treatment and Substance Use Treatment Services. From July of 2018 throughout the grant period STARS ED Outreach staff supported individuals in entering treatment and followed up with those that did not enter through phone calls and meeting in the community.

C. Role of Partner Collaboration

Describe the roles and responsibilities that each consortium partner had in the planning and implementation of the grant-funded program.

The Coast to Cascades Community Wellness Network (CCCWN) was established through a 2009 HRSA network planning grant (HRSA-10-020). The Network became established in 2010 when the majority of members joined the Consortium and it has a long history of supporting service integration, access to quality care, and the social determinants of health in Benton, Linn, and Lincoln counties. CCCWN currently comprises a 25-member board, a seven-person Steering Committee and eight subcommittees. The Steering Committee is responsible for managing and overseeing CCCWN activities, initiatives and grants, while subcommittees are responsible for locally driven activities i.e. STARS ED Outreach.

CCCWN Consortium members voted in 2017 to prioritize mental health with a focus on the opioid epidemic. The Subcommittee was formed and as a result the CCCWN's Mental Health/Substance Use Disorders (CCCWN/MHSUD) Subcommittee prioritized a focus on substance use in general and on the regional opioid epidemic in particular. Since then, the Subcommittee has collaborated extensively on identifying evidence-based and promising practices for OUD education, treatment, and recovery that would be appropriate and effective given the unique setting and limited community resources of rural east Linn County. Throughout this process, Subcommittee members have identified service gaps for high-risk users, family support and access to treatment.

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STARS Director and Outreach Staff: Led planning efforts and final approval for the grant application. Implemented the Peer Support Services, Education and Outreach activities, Distributed Narcan to community members, families, clients and law enforcement agencies and participated in community events. Member of the CCCWN/MHSUD Subcommittee.

SLCH CEO: Approved the grant application project. Provides leadership and direction to Emergency Department staff and medical team to participate in the grant project. Leads the CCCWN/MHSUD Subcommittee.

C.H.A.N.C.E. Director: Provided input and final approval to the grant application project. Serves as a referral agency for services and purchased Narcan for distribution. Member of the CCCWN/MHSUD Subcommittee.

Family Tree Relief Nursery Director: Provided input and final approval of the grant application project. Serves as a referral agency for services. Member of the CCCWN/MHSUD Subcommittee

Linn County Alcohol and Drug Manager: Provided input and final approval of the grant application project. Provides services to clients referred for outpatient treatment. Member of the CCCWN/MHSUD Subcommittee.

Milestones Recovery Director: Provided input and final approval of the grant application project. Provides services to clients referred for outpatient treatment. Member of the CCCWN/MHSUD Subcommittee.

At its monthly meetings, CCCWN/MHSUD Subcommittee makes collective decisions to support specific grant activities. Members are kept up to date through progress reports that include information on local issues, current data, and cutting-edge reports from other consortium members and guest presenters. Members work together to identify gaps and barriers and to establish the best possible resources in the region.

The CCCWN/MHSUD Subcommittee is also responsible for day-to-day workgroup functions, including reviewing project activities, preparing reports and solving problems. The CCCWN Steering Committee and the full CCCWN receive regular updates from CCCWN/MHSUD Subcommittee meetings.

- i. *Please indicate if your organization was able to leverage new partnerships, directly or indirectly, as a result of your funded grant project. If applicable, briefly describe how your organization was able to leverage the new partnerships indicated and include any related implications of any new partnership(s) to your funded grant project.*

Lebanon Police Department, Lincoln County Sherriff's Department, Police Chief from Sweet Home, and Reconnections Counseling are new partnerships that were created as a result of examining and identifying regional needs for people struggling with SUD/ODU in the tri-county region.

- ii. *Did your funded grant project include collaborations and/or partnerships with any philanthropic, private foundations and/or public charity organizations? If yes, please identify and briefly describe these partnership(s) and/or collaboration(s). No*

Part 4: Outcomes

A. Outcomes and Evaluation Findings

Summarize the outcomes resulting directly from your funded grant project. Please connect project outcomes with the related funded grant project activities implemented (i.e. activities that can be attributed to the outcomes described) Where possible, please also list any outcomes that demonstrate impact on patient health as a result of project implementation. Example: "Over the course of the 3-year project period, X number of individuals who participated in grant project activities showed an X% average decrease in BMI."

Year 1

Peer Support integration into the SLCH Emergency Department through education, increased communication efforts, and established trust between Substance Use Professionals and Medical Professionals. One hundred and six individuals with opioid use complications were met in the Emergency Department and throughout the hospital in year 1.

Patient care focused on brief negotiation interviewing, resourcing, and warm hand offs to capitalize on patients' greater readiness for change after a life-threatening event such as an overdose.

Community resourcing and marketing began after August of 2018 when an influx of overdose's happened in east Linn County. The Project Lead made the first public service announcement educating the community on Opioid Use Disorder. SHS marketing department and the Project Director soon after launched a website providing information on overdose prevention and Narcan availability in east Linn County.

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One hundred and twenty total Narcan kits were distributed in year one.

Year 2

Continuation of Provider Education supported the two related goals: preventing of opioid misuse through better prescribing habits and improving access to effective OUD treatments by educating providers on current treatment options.

Administration of Buprenorphine induction was supported by medical professionals in the hospital setting and was used to counteract opioid withdrawal symptoms increasing treatment readiness. Patients received Rapid Access to Medication Assisted Treatment and Substance Use Treatment Services.

Media Campaign led to education via billboard, radio broadcasting, published articles in local newspapers and magazines, signage on the local shuttle, and educational handouts in various community events. The live interview for Overdose Awareness Month reached more than 10,000 listeners.

A electronic data collection system was created through Microsoft Access to track program activities such as community education, provider education, family group meetings, contact with STARS Outreach patients, and Narcan distribution.

Three hundred and fifteen kits of Narcan were distributed in year two.

Year 3

Two full-time Peer Support Specialist provided support seven days a week to the Samaritan Lebanon Community Hospital Emergency Department.

Increase in educational opportunities including the Labor and Delivery unit.

The Project Director and Peer Support Specialist conducted focus groups assessing the various challenges faced in the recovery community due to COVID-19 and the Oregon Wildfires.

Virtual meeting space of support groups for Family and Friends of substance users provided vital support and recovery resources which expanded beyond east Linn County with future plans of holding in person weekly gatherings.

Four hundred and fifty-five kits of Narcan distributed in year three.

No-Cost Extension

The Project Director and medical director of Samaritan Treatment & Recovery Services met with champion physicians, Emergency Department (ED) staff, and hospital administration twice during the No Cost Extension period to ensure protocols for inducing patients with buprenorphine in the ED were clearly understood and in practice.

Six patients were induced with buprenorphine in the ED following the model, Emergency Department ED-BNI-BUPE + Peer Support.

The Project Director attended the national conference GAB2021, Global Conference on Addiction Medicine, Behavioral Health, and Psychiatry in October 2021.

The number of physicians offering Medication Assisted Treatment (MAT) within our HUB & SPOKE model grew to include ten X-waivered physicians.

Outreach, education, and Narcan distribution took place for International Overdose Awareness day through a tabling event at SLCH where thirty-six kits of Narcan were picked up by employees and visitors.

International Overdose Awareness day and Recovery Month were honored through an outdoor Candle-lighting ceremony. Approximately forty community members lit candles in remembrance of individuals affected by overdose.

Seven hundred and ten kits of Narcan were distributed during the No Cost Extension period.

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Part 5: Challenges & Innovative Solutions

**Responses provided under this section should align with and elaborate on the Lessons Learned & Considerations for Program Replication response you provided in your project's completed Sourcebook Template.*

A. General Challenges & Innovative Solutions (non-COVID-19 related)

Identify any non-COVID-19 related challenges experienced during your Outreach program's development and/or implementation and describe how these challenges were addressed.

Differences in professional culture and communication between hospital-based medical staff and substance use staff. Communication barriers often exist between providers, Peer Support Specialists and other staff due to differences in training and experience.

Solution: Shame and stigma play a significant role in how substance users and their families, are viewed. Reducing this shame and stigma has been at the forefront of each education session we participate in. The Medical Director is integral in the hiring process of the staff for the STARS Outreach Project resulting in his ability to educate other departments in the hospital about substance abuse personnel and their role. He has identified that there are things that he can do to assist substance use professionals in adapting to a hospital and medical environment and he and the other provider in the Recovery Clinic created an orientation for STARS Outreach Staff to make it easier for them to interact with medical staff. This has taken the burden from STARS Outreach Staff to learn these skills on their own, thereby avoiding errors that can be hard to recover from in a professional medical environment.

Lack of understanding of opioids, OUD and the opioid crisis. Community members often lack an accurate understanding of the nature and risks of opioids, the characteristics of opioid use disorder as a treatable medical condition and the factors driving the local opioid epidemic. This lack of understanding fuels shame and stigma and presents an obstacle to implementing evidence-based solutions.

Solution: Project Lead, Project Director, and SHS Marketing Team developed an education campaign to educate friends, family members, providers and other stakeholders on OUD and aid in the identification of high-risk users. Project Lead, Project Director, and other Outreach staff have utilized local billboards, radio broadcasting, magazine articles, websites, transportation shuttles, and presentations surrounding the empowerment behind recovery and educating the community on substance use disorder. During a presentation, ABC's of Addiction, in year 2 of the grant, the Project Lead and Project Director distributed Narcan, acquired a list of 20+ community members ready to take part in a support group, and then were able to organize and initiate a weekly support group for friends and families of substance users.

Challenges in hiring and retaining Peer Support Specialists. The substance use treatment field has a high turnover rate, and Peer Support Specialist is an especially demanding position that can be difficult to fill and sustain due to the requirement for lived experience with substance use. Also, because these personnel have their own history of substance use, the possibility of relapse is a major concern.

Solution: The Project Director took part in monthly calls with other grantees to discuss the issues that seemed to be nationwide. One suggestion we implemented was to pay for the training of the Peer Support Certification. Just as other grantees reported success in finding Peer Support Specialists when they made this adjustment to their own grants we also saw an increase in resumes and candidates interested in the position. The Project Lead and Project Director worked diligently to reassure the Emergency Department Staff it would take time to create stability and consistency with staffing and showed up during the gaps when Peer Support Specialists were not available.

Difficulties purchasing naloxone directly. It is not possible for the program to purchase naloxone directly due to SLCH's status as a Critical Access Hospital (CAH) requiring 340B pricing and prescriptions for medication. This complicates the process of distributing naloxone to recovery events, health fairs, overdose survivors and law enforcement personnel.

Solution: With the Consortium members collaboration efforts STARS Outreach partnered with C.H.A.N.C.E who purchased the Narcan Nasal Spray 4mg, for the program and then received reimbursement for the medical supplies.

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Inconsistent protocols for ED treatment of OUD survivors and for the patient’s transition from ED to treatment programs. Protocols vary based on whether patients come into the ED due to an overdose or some other opioid-related complication. They also vary based on the time of day and on whether back-up staff are available in the ED.

Solution: Our community has a shared commitment to quality. STARS, SLCH and the CCCWN are equally committed to continuous quality improvement. A key element of this approach is to solicit feedback from patients in recovery. The Medical Director of Alcohol and Drug Services and the ED have worked together to design the medical protocols for the patients that enter the Emergency Department as a consequence of their opiate use. The Medical Director of the ED has changed the protocols in the ED and is no longer giving “punitive” doses of Narcan, therefore patients are staying in the ED and are more willing to talk to Peer Support and treatment personnel. The Nurse Manager of the ED and the Director of Treatment & Recovery Services have worked together to develop protocols and smooth transitions between the ED and treatment programs. The Medical Director and Director of Substance Abuse and Project Director attend the ED staff meeting to discuss cases and help. All the charts of overdose cases are sent to the Medical Director of A&D and the Program Director to review.

Lack of experience in administering buprenorphine among ED personnel. Providers have the ability to administer a three-day supply of buprenorphine while a patient is in the hospital. In order to write a prescription, providers must go through an eight-hour training and get a Category X waiver from the U.S. Drug Enforcement Agency (DEA). This is an unfamiliar process for many health care professionals and requires extra education and training.

Solution: Working with the hospital professionals, we have found it helpful to include the Medical Director on the grant to take part in educating other physicians. The effort has increased the percentage of doctors who are receptive to inducting patients with buprenorphine in the hospital. The CEO made the decision to pay \$100.00 an hour towards education for X-Waiver training for the physicians working in the emergency department and any other providers in this hospital system.

Note: *Please reserve any COVID-19 related challenges & innovative solutions for responses provided to questions under Part: 10 ‘Other.’ Responses under this section should be kept to non-COVID-19 related challenges & innovative solutions only. If necessary, you may reference ‘see response in Part 10’ as part of your response to this section if COVID-19 & non-COVID-19 challenges & innovative solutions cannot be separated.

Part 6: Sustainability

**Responses provided under this section should align with and elaborate on the Sustained Impacts response you provided in your project’s completed Sourcebook Template.*

A. Structure

Discuss whether or not your consortium will continue after grant funding ends. Please describe why or why not. If your consortium will sustain, identify the partners that will continue to be part of the consortium.

The full Coast to the Cascades Community Wellness Network (CCCWN) will continue to operate as it has over the past ten years. With strong support from Samaritan Health Services, the CCCWN will focus on the overall health of the region and support its eight subcommittees. The CCCWN/MHSUD consortium, a subcommittee of the CCCWN will sustain after the grant funding ends. The partners of the CCCWN/MHSUD are Samaritan Lebanon Community Hospital-Samaritan Treatment and Recovery Services, Linn County Department of Health Services-Linn County Alcohol and Drug Program, Family Tree Relief Nursery-Peer Support Services, Communities Helping Addicts Negotiate Change Effectively (CHANCE)-Peer Support Services, and Milestones Recovery Center-SUD/OUD Treatment Services.

B. On-going Projects and Activities/Services To Be Provided

- i. *Will all, some or none of the elements of the program be sustained once Outreach grant funding has ended? Please check the appropriate selection.*
 - All elements of the program will be sustained
 - Some parts of the program will be sustained**
 - None of the elements of the program will be sustained (i.e. the project will completely end after the grant period)

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- ii. *Identify and briefly describe the project activities that will be sustained beyond the Outreach grant period. Sustainability does not mean that the activities necessarily continue in the same form as originally conceived, funded or implemented. You may be continuing some, but not all of your grant-funded activities; you may be expanding by creating new services; you may be serving a smaller/larger geographic area or fewer/more target populations, etc.*

Peer support and outreach. A bill now in front of the Oregon State Senate declares a state of emergency relating to behavioral health care needs, including peer support. The anticipated passage of this bill would make Peer Support Specialist positions billable in the ED setting. In preparation, the Project Director will continue her current discussions with IHN-CCO and Marty Cahill, CEO of SLCH, regarding the modification of SHS's contract with IHN-CCO to include an APM that will facilitate third-party reimbursement of peer support.

Community resourcing and marketing. A grant application has been submitted to the State that would fund the continuation of our educational campaign beyond the grant period.

Provider education. SLCH holds Continuing Medical Education (CME) sessions weekly. Our plan is to incorporate sessions on substance addiction and recovery, specifically related to OUD and MAT through the generosity of provider volunteer hours. The Medical Director of Addiction Medicine, along with other providers, will donate hours toward annual training slots in the didactics schedule. Interim planning for this activity will be addressed at quarterly STARS provider meetings until a concrete plan of action is established.

Narcan distribution. Providing community access to naloxone kits will continue with the help of other consortium members through donations as well as new grants. Implementation steps for this activity will be addressed at the community harm reduction mentors and allies meetings held on the second Wednesday of every month. During these meetings, the Project Director will collaborate with members of C.H.A.N.C.E., a consortium partner through which the grant has previously purchased Narcan. The Project Director will also update the program's Basecamp platform monthly to track requested access to naloxone kits.

Support groups for family and friends of people with OUD. Currently a support group for family and friends of people in treatment and recovery meets virtually each week. Through volunteer efforts it is anticipated that this support group will continue to meet and provide vital support and recovery resources to the east Linn County community. Hopefully with the end of the pandemic, meetings will be held in person.

- iii. *Briefly describe methods/strategies you will use to sustain your activities, i.e. absorption by partner, grant funding, etc*

Peer Support + Outreach will be absorbed through Third-party reimbursement. Working with the InterCommunity Health Network Coordinated Care Organization (IHN-CCO) to create a modification that will allow Peer Support to be a billable position.

Community Resourcing and Marketing A grant application has been submitted to the State that would fund the continuation of our educational campaign beyond the grant period.

Provider Education will also continue through In-Kind Contributions as Medical Champions knowledgeable in addiction will participate in and provide education through CME sessions offered through the SLCH.

Narcan Distribution will continue through various forms of grant funding. Other Consortium members with access to Narcan have shown a commitment to continue the distribution and easy access throughout Linn County.

Support Groups for Family and Friends of People with OUD will continue with assistance through In-Kind Contributions as well as through the help of Volunteers. Currently the group is being held every Wednesday evening and is being run by community members.

C. Sustained Impact

Discuss the long-term effect on your community as a result of your Outreach grant program. Focusing solely on sustained activities may understate the full impact of your program and does not describe the potential for lasting effects in the community. There are multiple ways that an initiative can impact a community long after activities have been discontinued. Some examples of such impacts could include changes in the way that consortium partners work together to serve your community, improved service models, changes in institutional practices, increased capacity, new skills developed by service providers, or policy changes.

Peer Support Specialists offer a level "lived experience" that traditional behavioral health specialists and medical professionals are unable to provide. Candidates that we considered for these positions and others would have normally

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been disqualified from being hired at the hospital level due to their criminal history. The Project Lead, with the support of the SLCH VP-CEO, worked with Human Resources, Recruiting, Legal, Risk and Compliance personnel to address these issues and change policies and resolved the barriers to hiring, thus positively impacting our ability to provide Peer Support Services into the future.

One of the needs identified during the project period was for support for friends and families of substance users. The closest support groups were about 50 minutes away from east Linn County. After a presentation given by the Project Lead around the ABC's of Addiction, participants took interested in the establishment of a local group. Peer Support Specialists connected with other community partners as well as local networks to gain information on how to create a new support group which now meets weekly through an online platform. Local support group meetings for our rural community will be sustained through volunteers.

Part 7: Successes, Contributions & Implications for Other Communities

A. Implications for Other Communities

Discuss how your grant project experiences and outcomes might benefit other communities that are interested in implementing a similar program. Please include any measures/indicators that might be beneficial for others to consider when creating similar projects or initiatives.

The STARS ED Outreach project can be implemented in other rural communities where a critical access hospital is located. One major requirement for implementing the project is commitment from the hospital leadership to provide non-traditional services in the emergency department. This encourages medical staff to work with Peer Support Specialists when a patient presents with a substance use overdose. The presence of a PSS provides a patient with immediate support should they choose to seek treatment. Additional requirements to implement the project is collaboration and partnerships with local organizations that provide OUD/SUD treatment and recovery services to ensure supports are available for patients. It is important that social support agencies also participate in the collaboration to provide housing, shelter services, food, transportation and other basics needs patients may need when agreeing to treatment. These partnerships will provide the patients access to the services available as well as support needed for a path to successful recovery. Another component needed to implement the project is the education, training, and distribution of Naloxone and Narcan. Providing Naloxone and Narcan to first responders, organizations, family members and caregivers will offer instant revival for individuals who overdose. Finally promoting the project to the community with key marketing strategies that address cultural diversity will help family members, caregivers and the community understand that OUD/SUD is a treatable disease that crosses all races, ethnicities, gender and ages.

B. Defining Success

i. *How do you define "success" for your grant program? Please bold/highlight all that apply from the following list. If other, please describe.*

- Access to a new or expanded health service**
- Increased number of people receiving direct services**
- Improved quality of health services**
- Operational efficiencies or reduced costs
- Integration of process improvement into daily workflow**
- Continuation of program activities after grant funding**
- Continuation of network or consortium after grant funding**
- Health improvement of an individual**
- Health improvement among your program participants**
- Health improvement among your community**
- Enhanced staff capacity, new skills, or education received**
- Improved capacity to adapt to changes in healthcare**
- Other (please describe)

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ii. *Do you believe that your program has achieved success? If so, how? YES*

The Medical Director of the ED has changed the protocols in the ED and is no longer giving “punitive” doses of Narcan, therefore patients are staying in the ED and are more willing to talk to Peer Support and treatment personnel. The Nurse Manager of the ED and the Director of Substance Abuse have worked together to develop protocols and smooth transitions between the ED and treatment programs.

iii. *Briefly describe any particular key successes, innovations and/or or accomplishments achieved as a result of your grant project that you would like to highlight.*

The Project Director and marketing department launched a website providing education and information regarding safe practices with opioid use and contact information for people in east Linn County to obtain Narcan. One of our biggest accomplishment has been the placement of our campaign concepts on a billboard on Main Street in Lebanon, in east Linn County, within close proximity to Samaritan Lebanon Community Hospital. With the significant contribution of the marketing department’s expertise, three different concepts were developed: “Narcan Saves Lives”, “Empowering Recovery”, and “Going from Helpless to Being a Hero”. With placement on a billboard, side of the city bus, lamp posts in the downtown area, newspapers, and radio broadcasting we reached well over 42,000 community members, passing along a message of awareness and hope.

We have reached approximately 1,500 participants through the Medical Director, Project Lead, and Project Director working together to provide community health education and counseling. Articles have been published in local newspapers distributed in east Linn County and in the Heart to Heart Magazine published by Samaritan Health Services which reaches 27,000 households three times a year. Presence at the “Hands Across the Bridges” event allowed us to reach approximately 1,200 attendees in year two and year three during Recovery Month. The STARS ED Outreach team distributed Narcan at the Oregon Jamboree. Over the course of our grant we distributed 1,600 kits of Narcan.

iv. *If applicable, briefly describe any recognition or acknowledgement received, either local, state or national (e.g. tv, radio, newspaper article, award, community recognition) as a result of this grant funding. N/A*

C. Organizational Capacity

How has the federal funding of your grant program increased local capacity at your organization, within your network, and/or in your community? Please bold/highlight all that apply. If other, please describe.

- Formalized networks or coalition
- Developed new partnerships or relationships**
- Enhanced skills, education, or training of workforce**
- Enhanced data collection and analysis**
- Other (please describe)

D. Contributions to Change

i. *Please provide a story or two about how your program made a difference in individuals’ lives, your organization or consortium, or your community. (Please do not use actual individuals’ names.)*

Below is an interview with a patient who has been successful in their recovery while utilizing the services provided under the STARS ED Outreach Grant:

Our patient woke up in a hospital room nine days after a catastrophic car wreck that nearly killed her. High on heroin and meth, “it was a miracle that I lived,” said the patient, who suffered significant injuries. The car wreck was a turning point for this woman, after a lifelong struggle with substance use and growing up in a family where there were generational substance use challenges. She had tried a few treatment programs in the past but didn’t like the curriculum and failed to connect with staff. She felt judged. Her first experience with Samaritan Treatment and Recovery Services (STARS) Outreach was different. “I walked in the door and the first thing I saw was a sign that said, ‘Don’t let your past define you.’ That was the first time I felt hope.” This particular woman started intensive outpatient treatment, attending

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individual and group therapy sessions, three times a week. It was during outpatient therapy where she was able to process past trauma and grief. A mother of two young children, she had deep regrets about how her drug use impacted her children's lives making her miss milestones such as her daughter's first steps and words. "Group therapy is an open and safe space where you can be honest with yourself," she said. Group is also where this patient learned how to respond, and not react. It's where she developed caring and trusting friendships for the first time in many years. Her group supported her in overcoming fears - fears of being herself, fears of losing her kids, fears of moving beyond her past - and developing confidence. "Addiction removes any hope you have for a future. When I was deepest in my addiction, there was no hope for me being a good mom or a good partner. No hope for going back to school or having a job. No hope for connecting with family. I had no stability." "STARS saved my life," she said. "It's a place where I've learned that people are on my side and will fight for what I need." This patient's transformation has been nothing short of remarkable. Approaching one year in sobriety, she also recently celebrated her wedding anniversary, has repaired her relationship with her children, had her driver's license reinstated, purchased a car, and is no longer on probation. She's proud of her progress, her family and excited about her future. "My biggest hope is to go back to school and become a certified peer support mentor and work for STARS. I want to share my story to inspire others."

- ii. *If applicable, please provide an example of how your grant program may have directly or indirectly contributed to policy changes, systems changes, or environmental changes. Examples may include passing school nutrition policies, implementing Lean process improvements within your organization, or enhancing walkable spaces in your community.*

Samaritan Treatment & Recovery Services (STARS) ED Outreach Project has initiated a line of services, the evidence-based practice ED+BNI+BUPE in addition to Peer Support, into Samaritan Health Services starting with Samaritan Lebanon Community Hospital. Through the work of this Outreach Grant we have employed a shift in culture where medical providers and substance use providers are working collaboratively ensuring patients are receiving wrap around services. The Samaritan Lebanon Community Hospitals ED medical director and nurse manager and the Director of Substance Use Treatment Services have worked together to develop protocols and smooth transitions between the ED and treatment programs as well as recovery related resources. As the hospital system quickly learned how the Outreach team was valuable in helping to assist patients with substance use coming into the ED, other departments throughout the hospital (CCU, Labor and Delivery, Med Surge) began to express interest in coordinating with the Outreach team.

In prior years the hospital system was unfamiliar with the culture of substance use. The Medical Director of Substance Use Services played an integral role in educating the hospital system. His efforts resulted in a decrease of shame and stigma and an increase in the way Samaritan Health Services adapted their hiring process so that people with lived experience who had past criminal charges could be hired to fill the positions of STARS Outreach staff.

Part 8: Other

Some responses to this section may not be applicable to your funded grant project. Please include responses to all questions that are applicable. If a question is not applicable to your individual project, please respond "Not Applicable" or "N/A"

A. Health Information, Telehealth, Telemedicine & Mobile Technology

For projects utilizing telehealth, telemedicine and/or mobile technology (also includes remote patient monitoring), briefly describe any challenges, successes, innovations and/or best practices you would like to share related to your project's use of telehealth, telemedicine and/or mobile technology, if applicable. N/A

B. COVID-19 Project Impacts & Lessons Learned

- i. *Please indicate whether or not your funded Outreach grant project utilized telehealth or telemedicine (also includes remote patient monitoring) to implement any grant project activities directly as a result of COVID-19. Briefly describe how planned grant project activities were adapted to incorporate this use of telehealth or telemedicine during the COVID-19 pandemic, if applicable.*

When the STARS ED Outreach Grant project began our services were entirely in person. Brief Negotiation Interviews (BNI) in the ED, assessments, residential and outpatient treatment, support groups, and other services were impacted in March of 2020 when the COVID-19 pandemic began. By the Summer of 2020 we had developed new procedures and methods for reaching our target population while adhering to the newly implemented hospital policies related to

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COVID-19. Through the Microsoft TEAMS application, Telehealth appointments were offered by the Project Director, Peer Support Specialist, and MAT providers, in order to continue to provide services to our patients.

- ii. *In what ways has the COVID-19 pandemic impacted the implementation of your funded grant project activities? Identify and briefly describe these impacts, including any COVID-19 related challenges, and describe how these challenges were and/or in process of being addressed.*

Samaritan Treatment & Recovery Services is comprised of a 16-bed residential program, intensive outpatient services, outpatient services, peer support, and MAT. During the COVID-19 pandemic the 16-bed residential program temporarily closed its doors due to staffing shortages and the compromised safety of staff and patients. Additionally, during the pandemic, there have been several weeks that the outpatient groups have closed after a COVID exposure. Similarly, many other treatment programs throughout Oregon decided to close as a result of COVID-19 leaving very few options for patients who were needing treatment. To address these challenges for our patients we implemented telehealth services utilizing the Microsoft Teams platform to offer peer support and counseling services. We also offered contact via phone for clients with access barriers.

- iii. *Were there any innovations or successful project adaptations accomplished as a result of responding to COVID-19? If so, what were they? N/A*
- iv. *Are there any COVID-19 related challenges not already discussed in this report that you would like our Office to know about?*

Like many other U.S. communities, we have seen a recent uptick in overdoses and serious injuries due to drug use. One unexpected consequence of the pandemic is that the populations we serve are reaching the Emergency Department with more acute conditions such as severe bacterial infections, heart conditions, and complications during pregnancy and delivery. It appears likely that people are more reluctant to access medical care due to the pandemic, leading to a higher degree of acuity in their medical conditions.

- v. *Are there any program activity adaptations made due to COVID-19 that you were not implementing prior to COVID-19 but worked well and are planning to keep after the pandemic? N/A*

Part 9: Health Improvement Special Project (HISP) Participants

**This section is applicable and required for completion by HISP participants only. N/A*

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Part 10: Outreach Grant Experience (not included in page limit)

This section is only submitted with your final report and is not included in the first draft.

A. FORHP Support:

Was the support provided by FORHP (i.e. your project officer) helpful to you? If so, please list and explain aspects of FORHP support that were beneficial to you (i.e. accessibility, responsiveness, met your needs etc.). Please also provide any feedback on how we could improve our support.

The support provided was very appropriate to the needs of our grant. Our Project Officer attended the majority of our monthly calls with the TA and grant staff which allowed for clear understanding of expectations surrounding reports, especially when it came to the sustainability plan. This report in particular required more attention around budgeting, resourcing among organizations, and planning for the future. Our Project Officer provided great insight and feedback around the more effective ways to navigate this report. We were very appreciative around the timely notifications of upcoming conferences, whether in person or virtual, we felt prepared and informed.

On occasion when our Project Officer was out of the office short term or long term, we were unclear who to reach out to for support. Having a centralized support team may be a future component to navigating this issue.

B. Grants Management Support:

Was the support provided by your Grants Management Specialist helpful to you? If so, what aspects of grants management were beneficial to you? Please also provide any feedback on how we could improve our grants management support.

Most of our communication with the GMS was through our Grants Compliance Manager. The GMS was generally knowledgeable and responsive to our questions.

C. GHPC Technical Assistance Provider support:

Was the support provided by your TA provider helpful to you? If so, please explain. Please also provide any feedback on how we could improve our technical assistance provider support.

Our grant worked with two different TA's. Our first TA was a mix of helpful and unhelpful. We appreciated his efforts in flying to Oregon in order to get a clear picture of how our grant was transforming. We were able to include him in a Network meeting, various meetings with medical staff, and then the Substance use and Outreach team. The comments and feedback were not always clearly understood. Often times he contradicted the information we were provided by our Project Officer.

In the second and third years of our grant we were excited to work with a new TA. She was clear in her communication and continually offered suggestions for improvement. We benefitted greatly from her joining one of our Network meetings to assist us in our Sustainability planning. Our experience with her was significantly more positive than with our first TA.

D. Suggestions

Do you have any suggestions for FORHP that you believe would improve the grant program? What did you find most/least helpful during the past year? What can be improved? Please share your candid thoughts and observations. Your comments are not for attribution and will not be used in any publications about the program.

As Project Director on this grant I attended two in-person conferences and one virtual conference facilitated by HRSA. I found these very beneficial. The organization and clear communication made it easy to relax and enjoy the conference. In my opinion, being able to collaborate with other FORHP grantees about the challenges and successes we were experiencing was very helpful. I learned that many of the other grantees in had similar struggles with the hiring of Peer Support, etc. This was affirming to me as a Project Director in knowing our team wasn't doing something wrong. At the same time, we were able to collaborate with grantees who did not experience this same challenge and gain ideas for how to expand our hiring efforts. Additionally, it was not only helpful to see other grantee presentations, but to share our own grant efforts, and receive praise, motivating us to want to do better.

One suggestion for improvement would be to make the templates for all the reports available in the EHB.