

FY 2018-2020 Rural Health Opioid Program Closeout Report Template

Overview & Instructions: This template is the required template for your grant project's **final** closeout reporting requirements for this grant. Failure to use this template and answer all parts may result in your HRSA Project Officer disapproving the entire submission.

Where appropriate, feel free to use narratives and information captured in other program deliverables (e.g., original grant application, sustainability plan, and any other project related data reports you've developed).

Page limit: Please limit the final closeout report to **15** pages single spaced.

Due Date: 90 Days after Project Period End Date (December 28, 2021) **If approved for a No Cost Extension (NCE), the final closeout report will be due 90 days after the end date of the approved NCE.*

Template: Closeout Report Template Parts 1-8. **Part 8 is optional but encouraged.*

Reporting Period: All 3 years of the grant program (September 30, 2018 – September 29, 2021). **If approved for a No Cost Extension (NCE), the reporting period will reflect September 30, 2018 to the end date of the approved NCE.*

Submission: HRSA Electronic Handbook System (EHB) under the "Other Submissions" > "Final Closeout Report" submission task.

Please complete responses to all items, as applicable, for all requested sections for your final closeout report. Any questions that are not applicable to your funded grant project, please indicate a response of "not applicable" or "n/a."

Closeout Report Template

Part 1: Organizational Information	
Grant Number	H1URH32386
Grantee Organization	Mid-Valley Health Care, Inc. dba Samaritan Lebanon Community Hospital
Organization Type (i.e. AHEC, CAH, FQHC, etc.)	Rural Health Care Clinic
Address	525 N. Santiam Highway, Lebanon, OR
Grantee organization website (if available)	www.samhealth.org/find-a-location/s/samaritan-treatment-and-recovery-services-residential?utm_source=BrightLocal&utm_medium=LN&utm_campaign=001
Grant project title	Samaritan Treatment and Recovery Services (STARS) Rural Health Opioid Program
Project Director	Molly Gelinias, CADCI, QMHA
Project Period (beginning year to end year)	2018 - 2021
Funding level for each budget period <i>(The maximum funding level for each budget period should not exceed the amount you were awarded)</i>	Year 1:
	Year 2:
	Year 3: \$249,521.00

Part 2: Consortium Partners (please add as many rows as necessary)			
Partner Organization	Location (town/county/state)	Organization Type (i.e. AHEC, CAH, FQHC, etc.)	Is there a MOU in place? Yes/no
Benton County Health Department	Corvallis/Benton County/Oregon	Health Department	Yes
Capitol Dental Care	Benton, Lincoln, Linn Counties, Oregon	Dental Care Provider	Yes
College of Osteopathic Medicine North West (COMP-NW)	Lebanon, Linn, Oregon	University	Yes
Community Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.)	Corvallis, Benton County, Albany, Lebanon, Linn County, Newport, Lincoln City, Lincoln County, Oregon	Nonprofit Agency	Yes

FY18-20 RHOP Cohort

Community Outreach Inc.	Corvallis, Benton County, Lebanon, Linn County, Oregon	Nonprofit Agency	Yes
Community Services Consortium	Corvallis, Benton County, Lebanon, Linn County, Oregon	Community Action Agency	Yes
Confederated Tribes of Siletz Indians of Oregon	Siletz, Lincoln County, Oregon	Tribal Organization	Yes
Community Health Centers of Benton and Linn Counties	Corvallis, Benton County, Lebanon, Sweet Home, Linn County, Oregon	Federally Qualified Health Center	Yes
Family Tree Relief Nursery	Albany, Linn County, Oregon	SUD Services, Nonprofit	Yes
Good Samaritan Regional Medical Center	Corvallis, Benton County, Oregon	Level II Trauma Center	Yes
Lebanon Community School District	Lebanon, Linn County, Oregon	K-12 Education	Yes
Lincoln County Health and Human Services	Newport, Lincoln County, Oregon	Health Department	Yes
Lincoln County Sheriff's Office	Newport, Lincoln County, Oregon	Law Enforcement	Yes
Linn County Department of Health Services	Albany, Linn County, Oregon	Health Department	Yes
Milestones Recovery Center	Corvallis, Benton County, Oregon	SUD Treatment Services	Yes
Oregon Cascades West Council of Governments	Corvallis, Benton County, Albany, Linn County, Toledo, Lincoln County, Oregon	Nonprofit Agency	Yes
Oregon Office of Rural Health	Portland, Multnomah County, Oregon	State Office of Rural Health	Yes
Samaritan Albany General Hospital	Albany, Linn County, Oregon	DRG Hospital	Yes
Samaritan Health Plans	Corvallis, Benton County, Oregon	Health Insurance	Yes
Samaritan Health Services, Inc.	Corvallis, Benton County, Oregon	Health System	Yes
Samaritan Intercommunity Health Network Care Organization	Corvallis, Benton County, Oregon	Affordable Care Ore	Yes
Samaritan Lebanon Community Hospital	Lebanon, Linn County, Oregon	Critical Access Hospital	Yes
Samaritan North Lincoln Hospital	Lincoln County, Lincoln County, Oregon	Critical Access Hospital	Yes

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

A. Role of Partner Collaboration

a. Consortium roles & responsibilities

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. The 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 such as the services and outreach provided under the RHOP grant.

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) Committee prioritized a focus on substance use in general and on the regional opioid epidemic in particular. Since then, the Committee 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, Committee members have identified service gaps for high-risk users, family support and access to treatment.

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 Committee supported and monitored all the activities outlined in the grant.

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

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

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

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

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

At its monthly meetings, CCCWN/MHSUD Committee 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 Committee meetings.

b. New partnerships

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

c. Consortium growth during project period (if applicable)

No

Part 3: Community Characteristics

A. Service Area

a. Community Description

The service area for the RHOP grant comprises Sweet Home, Brownsville, Lebanon and many smaller remote communities in East Linn County, Oregon. These rural communities contain both Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs) and is a designated Economically Distressed county.

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. List of Counties

The grant serviced East Linn County which at large is part of tri-county region comprised of Linn, Benton, and Lincoln Counties in Oregon. Collaboration between partners in each county has resulted in increased services and resources for the target population.

B. Target Population Characteristics

Our primary target population is adults with Opioid Use Disorder most at risk of opioid overdose. We focused on people with substance use disorders through outreach efforts and education to connect them with individualized holistic care. The population in East Linn County is less diverse than Oregon overall, with 92.6% of residents identifying as Caucasian. Almost 10% of the population identify as Latinx. Over the course of the grant project our overall demographic results showed the largest percentage of our reach was with adults between the ages of 18 and 64, white, non-Hispanic Latino, with Medicaid insurance.

C. Needs Addressed

When grant funds were awarded in 2018, Linn County had one of the highest rates of opioid-related deaths among Oregon counties at 4.9 deaths per 100,000 population over the years 2015-2017; in 2019, that rate had decreased to 3.16 per 100,000 (OHA, n.d.). Hospitalization rates for heroin-related and other opioid-related use in 2017 were also among the highest in the state (2.4 and 27.2 per 100,000 population, respectively). In August of 2018, East Linn County saw a rash of overdoses, up to 6 a week showing up in the ED due to Fentanyl and Carfentanil being used with other street drugs. Rates of opioid prescriptions have been decreasing across Oregon since 2015, but the rate of opioid prescriptions filled in Linn County continues to be higher than the statewide rate (200 vs. 167 per 1,000 residents, respectively). Although the state's Prescription Drug Monitoring Program (PDMP) has led to a reduction in opioid prescriptions, this has not translated into a reduction in opioid addictions. To the contrary, local law enforcement reports that there is both high availability and high use of heroin within the region.

D. Capacity of Treatment & Recovery Services

The RHOP Outreach Project serving East Linn County set out to address the high need for services for people struggling with OUD/SUD. There were no treatment services at all in the communities of Sweet Home, Brownsville, or other rural areas of east Linn. Additionally, there were no OUD outreach activities taking place and no residential treatment options. The nearest services have long wait lists with preference given to those within their own service areas. The limited behavioral counseling services in Lebanon were often at full capacity leaving individuals with no reliable resources. Medication Assisted Treatment services were not readily available, and the services that existed were not accessible to those in the more remote areas of East Linn County. We implemented various services that are both successful and sustainable.

In Year 1:

- Gender-specific intensive outpatient programs in Lebanon
- Three-year operations certification from the Oregon Health Authority for STARS Outpatient
- Mindfulness-based recovery support group
- Collection of referral options currently available within the larger service area
- Provision of MAT within Spoke clinics

In Year 2:

- PSS doing outreach within the community to identify individuals with OUD, in partnership with Sweet Home Emergency Ministries (SHEM)
- PSS doing outreach to unhoused individuals, in partnership with the Family Assistance Center
- A 6-8-week course entitled Parent Café was planned, but cancelled due to COVID-19
- Community Court had a planned launch earlier in the year but was delayed until 9/23/20 because of COVID-19.

In Year 3:

- Community Court launched in September of 2020. PSS and project staff attend each session and are instrumental in interviewing/assessing and in connecting individuals to services.
- An open recovery support group was added in the Sweet Home area by the PSS.
- DUI outpatient groups opened at STARS

No-Cost Extension:

- Family Tree Relief Nursery (FTRN) opened two new offices for PSS in Sweet Home.
- A women's recovery house, The Hope Center, began accepting women into the house offering a "Harm Reduction" approach with grant Peer Support Specialist on site.

Part 4: Project Services

A. Evidence-Based Model(s)

- Peer-Delivered Recovery Support (evidenced-based)
- Motivational Interviewing (evidenced-based)
- HUB & SPOKE Model (promising practice)
- Opioid Overdose Education & Community Naloxone Distribution (promising practice)
- Medication Assisted Treatment (evidence-based)
- ASAM National Practice Guidelines (evidence-based)
- Emergency Department Initiated Brief Negotiation Interview + Buprenorphine (evidenced-based)

B. Description of Activities

Peer Delivered Recovery Support: Provider time is costly; peer support is a more efficacious and sustainable intervention. Patients have the benefit of talking with someone who has similar lived experience. Peer Support Specialists (PSS) can navigate treatment/recovery models that family, providers and patients cannot. PSS help in the areas of need that often pose barriers to people in treatment, including transportation, food, jobs, housing, legal issues, navigation of referrals, and care coordination.

HUB & SPOKE Model: STARS HUB offers the treatment intensity and staff expertise that patients require at the onset of recovery and at other vulnerable points in recovery. The HUB offers all elements of MAT, including assessment, ASAM assessment, and individual and group counseling. Patients receiving MAT move throughout the continuum of care as needed. Care coordination, management of transitions of care, family support services, health promotion, and referral to community services are offered. Once a patient has been stabilized and the HUB provider and treatment team works with the MAT coordinator to transition the patient to a SPOKE. SPOKES began with the Sweet Home Family Medicine and Brownsville Family Medicine practices and have grown to include 12 current X-waivered SPOKES in Lebanon, Albany, Toledo, and Benton and Lincoln counties.

Community Education: With Substance Use Disorder (SUD) as, "one of the most stigmatized disorders in the United States and around the world" we placed importance on educating our community at large (SAMHSA, 2017). Tabeing events were held at various public gatherings, Sweet Home Health Fair, Oregon Jamboree, Samaritan Scramble Golf Tournament, and others to reach East Linn County community members to provide education and spread awareness. Providers, healthcare professionals, law enforcement, and surrounding agencies were also informed of the services we were integrating into the community, educated about Narcan, and invited to collaborate on our efforts.

Naloxone Training: In 2020 rate of overdoses in Oregon was double the U.S. average. With this said, we set out to ensure Naloxone was in the hands of those who needed it most such as substance users, family and friends of substance users, first responders, law enforcement, and community members.

Given the increase in fentanyl-related overdoses, there has been a significant increase in the need for naloxone. Our mission included educating, training, and distributing Naloxone throughout the duration of our grant project.

Harm Reduction: In order to reduce the hazardous disposal of sharps in parks and other areas and decrease the spread of disease, an outdoor SHARPS container was placed at the Community Health Center of Benton and Linn Counties, located in Sweet Home Oregon. The container is maintained by the health department in a true spirit of collaboration that aligns with CCCWN’s mission to enhance community health through regional partnerships in Benton, Lincoln and Linn counties.

Overdose Awareness and Prevention: With the overarching goal of reducing morbidity and mortality related to OUD, bringing awareness and prevention to the forefront of discussion was consistent throughout the duration of our grant. Through the creation of new SUD/OUD services lines in East Linn County, collaboration with community partners, and Naloxone training and distribution, we aimed to reduce the shame and stigma while decreasing the rate of overdoses. International Overdose Awareness Day on August 31st was honored by the STARS Outreach team through tabling events and an evening candle light vigil help for the community.

B. Use of Health Information, Telehealth, Telemedicine & Mobile Technology

For projects utilizing telehealth, telemedicine and/or mobile technology for project activities, please 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.

C. Impact of Service Disruptions (if applicable)

In 2020 Samaritan canceled all non-emergent/medically necessary appointments in clinics and began shifting toward telemedicine, and as of 3/23/2020 program staff were instructed to work remotely as much as possible. During this time, we witnessed substance users and those in recovery disengage from services, some of them returned to use, and the increase in acute conditions related to substance use increased. The Community Court Pilot Project had planned to launch in the early part of 2020 however was delayed as a result of COVID-19. Similarly, the Peer Support lead recovery support group had to cancel their weekly meetings. Many other local 12-step and non-12-step recovery groups were also canceled due to COVID-19. This left our target population at a loss for places to access support.

Part 5: Outcomes

A. Outcomes

- a. Summarize project outcomes and what implemented services/activities attributed to them.

Year 1:

In 2018 Samaritan Treatment and Recovery Services opened the doors for Level II Intensive Outpatient Treatment Groups. In early 2019 a step-down level of care was added, Level I Mindfulness-Based recovery support group. Project Director began working closely with the treatment team to determine what individuals would benefit from more local services in East Linn County. Year 1 kicked off the HUB and SPOKE Model with 2 MAT providers at the HUB and 2 SPOKES, one in Sweet Home and one in Brownsville. Providers and healthcare professionals at the Sweet Home and Brownsville clinics were educated on the role of grant staff and the integration of substance use services. In Year 1 the Project

Director identified 32 individuals in the service area with OUD and 22 individuals who began the treatment process. 145 kits of Naloxone were distributed in Year 1

Year 2:

Samaritan Treatment and Recovery Services (STARS) officially opened the newly constructed 16-bed residential treatment facility, serving as the only residential level facility in Linn County. The team also expanded outpatient services (including MAT) through the Hub & Spoke model and solidified new policies, procedures, and training for the entire service system. Peer Support Specialists were hired and began their outreach into the community. In Year 2 we attribute the decline in the number of individuals screened (14) those who started treatment (9) the COVID-19 pandemic and disruption from the Wildfires. Positive outcomes includes; partnerships developed, PSS began outreach with Sweet Home Emergency Ministries and Family Assistance Center, relationships with Sweet Home court officials and law enforcement strengthened, and efforts towards overdose education and prevention expanded as we collaborated with the various agencies. The number of SPOKES increased to 4 X-waivered providers in addition to the 2 providers at the HUB. 79 kits of Naloxone we distributed in Year 2.

Year 3:

In September of 2020 Community Court launched bringing together law enforcement, substance use professionals, health department officials, mental health professionals, homeless outreach providers, and peer support specialists. This project enhanced efforts around overdose awareness and prevention and harm reduction. The Peer Support Specialists began facilitating an open recovery support group for active users and individuals in recovery. In Year 3, 250 individuals were screened as having OUD and 41 individuals began receiving treatment services. The HUB & SPOKE Model expanded to having 8 MAT providers who held an X-waiver. 174 Kits of Naloxone were distributed.

No-Cost Extension:

During the No-Cost Extension the Project Director facilitated 3 Narcan trainings, held 7 education forums and seminars, and participated in various tabeling events. Community education and Naloxone training has been imperative to the development of sustainable activities. Peer Supports opened their new office space in Sweet Home creating easier access and resources for the target population. A total of 59 individuals were screened as having OUD and 36 of them began treatment. A new woman's recovery house opened in Sweet Home and the female Peer Support Specialist was able to have office space on site. By the end of the No-Cost Extension the HUB & SPOKE Model grew to include 12 X-waivered providers and 353 kits of Naloxone were distributed during the No-Cost Extension.

b. Key Project Outcomes

During the course of this grant period, 355 individuals were screened and identified as having opioid use disorder and of that number, 108 individuals began treatment. Direct community education efforts reached approximately 12,222 individuals over the grant period while 15,355 were reached indirectly. Additionally, we distributed a total of 751 kits of Naloxone.

c. Project Data Collection, Utilization, and/or Dissemination Strategies

A combination of Samaritan Health Services (SHS) electronic records system EPIC was used along with the newly created Access Database. The Access Database was used by the Peer Support Specialists through deidentifying patients making the reporting of data a smooth process for the Project Director and Project Evaluator. The tool was able to track demographic and follow-up information as well as collect all necessary information required for PIMS reporting. SHS utilized EPIC to hold electronic records which was helpful when identifying how many individuals were seen at the Samaritan Lebanon Community Hospital for overdoses. Additionally, we were able to narrow down how many of those individuals were from the target service area. As we began to build relationships with the emergency department staff and were recognized as reliable assets to the care team, we started receiving daily reports through EPIC of individuals who were seen in the hospital for OUD. This allowed for quicker care coordination efforts and intervention opportunities.

B. Successes, Innovations and/or Accomplishments (please include any patient/staff success stories, if applicable)

Overall key informants and interviewees were pleased with the positive impact made through the grant activities in East Linn County. Below are some highlights.

One interviewee noted that having the project director and PSS in the clinic to interact with patients is a significant element for engagement: “That same-day hand-off is helpful; it’s more effective than giving a phone number or a business card. [Having the project director or PSS in the clinic] captures the moment to discuss options and services.”

One interviewee noted, “Because of the grant program there’s an abundance of Narcan, and that’s always a good thing.”

One key informant noted, that creating the community court, “as an alternative to incarceration is really huge; it’s an acknowledgement of SUD as a health issue rather than a criminal issue.” One community partner noted the project director’s availability, expressing appreciation for their effort to build relationships.

C. Recognition

Describe any successful 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.

Part 6: Challenges & Innovative Solutions

A. Challenges, Barriers and Solutions

Identify any significant challenges or barriers experienced during the implementation of your funded grant project and describe how these challenges were addressed. Please add as many rows as necessary.

Challenges & Barriers	Solutions
Delay in hiring Peer Support Specialists (PSS)	Contract PSS with local agency
Lack of trained SUD/PSS professionals	Work with funders to scholarship training and certifications

COVID-19 Pandemic, stay-at-home order	Creation of telehealth services and Virtual Education seminars
Introducing new service lines into medical settings	Identify champion physicians to assist in trainings and provider education

B. Discuss any other trends of substance use in your community that may have affected your program. Please include if there are any trends of polysubstance users (i.e. alcohol and opioids or meth and opioids), if applicable.

Part 7: Sustainability

A. Grant-Funded Services to Continue or Discontinue

1. Access Database: Although the database worked well for the current grant project, it is likely too complicated to be used in future activities and will be discontinued.
2. Community Education: Community education will continue through the various partnerships that were made in the community as well as through the Sweet Home and Brownsville clinics.
3. MAT Hub-and-Spoke Model: The HUB & SPOKE Model will continue and likely expand over the years. More and more providers in healthcare clinics are seeing the benefits of obtaining an X-waiver and treating substance use as a disease. The foundation for the HUB & SPOKE Model has been established with 12 MAT providers and a MAT Care Coordinator to further educational efforts.
4. Naloxone Distribution: Naloxone distribution will continue through prescription. Most insurance companies will cover the cost of a Naloxone prescription. The recommendation is for providers to prescribe 1 kit of Naloxone whenever prescribing opioids, Methadone, Suboxone, or Subutex.
5. Overdose Awareness and Prevention: Overdose Awareness and Prevention will continue through the various partnerships. Several substance use treatment services have developed over the duration of the grant period, STARS 16-bed residential facility, outpatient services, and recovery support groups, as well as Exodus treatment and recovery, Community Court, Hope Center, Family Resource Center, and the Harm Reduction workers that have integrated into East Linn County will continue the efforts initiated by the grant.
6. Peer Support: A foundation for Peer Support Services has been built. Currently the Oregon Health Authority grant funding has allowed for an additional Peer Support Specialist to be integrated into the East Linn County area. Furthermore, other partnerships who employ PSS have expressed a desire to continue the services that have been developed in the community.
7. SHARPS container: The SHARPS container that was placed at the Community Health Center of Benton and Linn Counties, located in Sweet Home Oregon will continue to be monitored by the health department. This activity will be sustained, and the sides of the container can be used for signage related to reducing shame and stigma while spreading awareness.

B. On-going Projects and Activities/Services to be Provided

- a. Will all, some or none of the elements of the program be sustainable once Outreach grant funding has ended? (place 'X' next to one)
 - i. All elements of the program will be sustained

- ii. Some elements of the program will be sustained
 - iii. None of elements of the program will be sustained
- b. Methods/Strategies That Will Be Used to Sustain Activities

Samaritan Treatment and Recovery Services (STARS) Rural Health Opioid Program has received oversight from the Coast to Cascades Community Wellness Network (CCCWN) throughout the duration of the grant. CCCWN's 25-member board, seven-person Steering Committee and eight subcommittees have provided support towards the integration services, access to quality resources for the target population, and are aware of the social determinants of health that our service area experiences. The CCCWN Regional Mental Health/Substance Use Disorder Coalition is a subcommittee which focuses on substance use and oversees multiple other grants throughout the region; Health Resources and Services Administration (HRSA) Regional Assessment and Implementation Disaster (RAID) Grant, HRSA Rural Communities Opioid Response Program (RCORP) Implementation Grant, Bridges to Recovery Project for Lincoln County, HRSA Rural Communities Opioid Response Program (RCORP) Implementation III Rural Communities Supporting Women and Youth (RC-SWAY) Grant, Measure 110 Access to Care Grant, and the Measure 110 - Behavioral Health Resource Network. Although each of these grants have specific objectives and activities, all of them work collaboratively to better the communities in the region.

In order to provide consistent SUD/ODU messaging across the region, multiple partnerships collaborated and found the most effective ways for reducing shame and stigma, outreach strategies, and providing resources to the target populations. For example, on August 31st we held various events in honor of International Overdose Awareness Day. The RC-SWAY Grant and Measure 110 Grant partnered with the RHOP Grant to strategize ways that we could provide consistent educational messaging about overdose awareness to the hospitals, clinics, and community members across the region. This is just one instance where information, Naloxone, and resources were brought to our communities. Community education, overdose awareness and prevention, and Naloxone distribution will be absorbed by the other grants named above.

The foundation, policies, and procedure for the Medication Assisted Treatment (MAT) Hub-and-Spoke Model has been established and is operating effectively. This activity will not only continue but will expand as more providers obtain their X-waiver and become SPOKES. The Medical Director of Samaritan Treatment and Recovery Services is one of the HUB's MAT providers and is dedicated to reducing barriers and expanding access to care for individuals with OUD. The HUB & SPOKE Model has been built in to SHS system for treating individuals with OUD which started in 2018 with 4 providers and has since increased to 12 providers actively providing quality care within the model.

The Measure 110 Grant provides funding to implement substance use disorder prevention, treatment, and recovery services in all 36 Oregon counties. Services such as, assessments, peer support, clinical treatment, low-barrier treatment, housing, and case management for anyone seeking SUD/ODU care. Currently, we have 10 partners working together to provide these services. Additionally, on April 8, 2021, the Centers for Medicare and Medicaid Services (CMS) approved Oregon's application for a five-year Medicaid 1115 Demonstration Waiver, increasing access to treatment for people with SUDs who are covered by the Oregon Health Plan (OHP). The waive, which goes through March 31, 2026, will allow Oregon to expand the continuum of care for people with SUDs and improve access to SUD services including outreach, initiation, treatment and recovery. This will allow treatment centers to bill for Peer Support Specialist services.

C. Sustained Impact

- a. Long-Term Effects and Impact

Making an impact and creating a shift in culture takes strength, courage, and dedication. It is crucial that community members come together to support the efforts around community education. Over the duration of the grant the Project Director and Peer Support Specialists worked with healthcare professionals, law enforcement, first responders, media sources, educational institutions, treatment centers, various local organizations, active substance users, and those in recovery. Not everyone we spoke with was in support of our efforts to bring awareness to our communities regarding SUD/OD, however those who were, stepped up to the plate, and took action towards change. Community Court in East Linn County is one example of a new service that will make a long-lasting impact. Rather than putting individuals in jail who have broken the law, we are choosing to provide services that will support their overall wellbeing. This type of service, where various partners have come together, will positively impact the financial, educational, social, and environmental health of the community.

One of our primary goals was to integrate support into the medical system and community through reducing barriers and providing access to care for SUD/OD. Our HUB & SPOKE Model is established with several “Champion” physicians who support the long-lasting efforts towards reducing the rates of mortality and morbidity among substance users. We are making headway with how substance use is looked at within the medical system which is leading to more individuals receiving the help they need so that recovery is possible and return to use is less likely.

Part 8: Grant Experience (Does not count towards page limit)

- A. Describe your experience with the following support mechanisms
 - a. Program Staff (Program Coordinator & Project Officer)

Our Program Coordinator and Project Officer were valuable members of our team. Overall, we felt supported and were provided with opportunity to access the help and resources within HRSA. We were promptly notified about trainings and learning opportunities, including the conferences in Washington, DC where we met other grantees and collaborated on our efforts.

- b. Grants Staff (Grants Management Specialist)
 - c. State Office of Rural Health (if applicable)
 - d. Telehealth Resource Center (if applicable)
 - B. Suggestions
 - a. 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.