

SUSTAINABILITY PLAN

RCORP Tillamook

Tillamook, Oregon

July 2020

Grantee Organization	Northwest Medical Foundation of Tillamook DBA: Adventist Health Tillamook 1000 Third Street, Tillamook, OR 97141
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Service Area	Tillamook County, Oregon
Project Director	Nicole Vertner Business Development 503-842-4444 VertneNE01@ah.org

RCORP Tillamook Members	Mary Faith Bell, Tillamook County Commissioner
	Dr. John Bohlman, Medical Officer, Adventist Health Tillamook
	Melissa Brewster, Pharmacy Director, Columbia Pacific CCO
	Dr. Jessi Cox, ED Physician, Adventist Health Tillamook
	* Frank Hanna-Williams, Executive Director, Tillamook Family Counseling Center
	* Jim Horton, Sheriff, Tillamook County Sheriff's Office
	Dusti Linnell, Asst. Professor, OSU Extension Service - Family & Community Health
	* Gail Nelson, Chief Executive Officer, The Rinehart Clinic
	Dr. Rex Parsons, Retired Physician Mission Integration Committee, Adventist Health Tillamook Medical Director, Tillamook Family Counseling Center
	* Marlene Putman, Administrator, Tillamook County Community Health Centers
	* Erin Skaar, Executive Director, Community Action Resource Enterprises, Inc.
	Joel Stevens, Tillamook County Counsel
	* Eric Swanson, President, Adventist Health Tillamook
	* MOU signee Nicole Vertner, Business Development, Adventist Health Tillamook
Contributing Community Stakeholders	Devarshi Bajpai, Mental Health & Addiction Services, Multnomah County
	Danell Boggs, Behavioral Health Provider, Tillamook County Community Health Center
	Cathy Bond, NEMT Brokerage Manager, Tillamook County Transportation District

Sonja Bradburn, Rehabilitation Director, Adventist Health Tillamook
Valerie Bundy, Executive Director, Tides of Change
Kyle Connaughton, Pharmacy Director, Adventist Health Tillamook
Leanna Coy, Nurse Practitioner, Rinehart Clinic
Claudia Fabiana, Certified Nurse's Assistant, Adventist Health Tillamook
Emily Fanjoy, Health Programs Coordinator, Tides of Change
Melissa Finnell, Board President, Tillamook Serenity Club
Larry Hamilton, Lead RN, Long Prairie Clinic (Tillamook County Jail)
Lexie Hampton, Vice President, Executive Board, Tillamook Serenity Club
Robyn Herrick, Clinical Director, Tillamook Family Counseling Center
Justin Hersom, Behavioral Health Clinician, Adventist Health Tillamook
Matt Kelly, Lieutenant, Tillamook County Sheriff's Office
Dr. Safina Koreshi, Medical Director, Columbia Pacific CCO
Christopher Kruebbe, LCSW, Adventist Health Tillamook
Joseph LaMartina, Addictions Treatment Clinician, Tillamook Family Counseling Center
Christine McClure, Family Navigator, Tillamook Family Counseling Center (contracted to work at DHS)
James Oeder, Fire Chief, Nestucca Rural Fire Protection District

	Kathy Saxon, Patient Care Executive, Adventist Health Tillamook
	Gina Seufert, Clinic & Physician Services Executive, Adventist Health Tillamook
	Dr. Steven Stephanides, ED Physician, Adventist Health Tillamook
	Teresa Syversen, Behavioral Health Clinician (LPC, CADC, NCC), Tillamook Family Counseling Center
	Sara Todd, Social Worker, Rinehart Clinic
	Michelle Turner, LCSW, CADC III, Adventist Health Tillamook
	Krystine Valle, Mental Health Peer Support/ ACT Team, Tillamook Family Counseling Center
	Karen Walz, Physical Therapist, Adventist Health Tillamook
	Eleanor Watkins, Advocate & Volunteer Coordinator, Tides of Change
	Dave Westmark, Leader, Celebrate Recovery
	Dustin Young, LCSW, Tillamook Family Counseling Center
	Benjamin Zike, DDS, Green Tree Dental

Introduction

The prevalence of opioid abuse, overdoses, and mortality in Tillamook County, though trending downward, continues to be a challenge. The RCORP Tillamook workgroup and other community partners and leaders recognize that this crisis is complex. It will require a long-term approach, and must be addressed through an integrated, strategic, and sustainable plan open to modification given changes in the environment of substance and opioid use disorder. To ensure the health of Tillamook County citizens, this plan reflects a broad and diverse community of key stakeholders ready to make systemic changes.

Assessment Summary

According to an article which appeared in Tillamook Headlight Herald on May 2, 2018, Tillamook County is “currently experiencing the fastest increase in the rate of per-capita prescription opioid overdose deaths and has the highest level of high-dose opioid prescribing in the state.” Further, according to Oregon Health Authority’s Opioid Overdose and Misuse webpage, Oregon has one of the highest rates of misuse of prescription opioids in the nation. The most significant data gathered in the RCORP Tillamook Needs Assessment, which is informing workgroup members’ strategic planning decisions, include the following:

- Tillamook County had the highest rate overdose deaths in the state for pharmaceutical opioid overdose deaths (10.6 deaths per 100,000 people). This rate is more than three times the state measure for this statistic, at 3.02 deaths per 100,000 people. The majority of opioid overdose deaths in Tillamook County were from pharmaceutical opioids.
- Between 2010 and 2014, Tillamook County had a high rate of hospitalizations for pharmaceutical opioid overdose (12.64 per 100,000 people). The rate for the state of Oregon was much less, at 7.95 per 100,000 residents.
- In 2019, Tillamook had the highest rate of >90 morphine equivalent units (MEU) prescriptions in the state at 15.08 individuals per 1,000 residents.
- By 2019, Tillamook dropped from an estimated 26 per 1,000 residents who received an overlapping opioid and benzodiazepine prescription to 12.50 per 1,000. They are still higher than the 2019 state rates at 8.89 per 1,000.
- A median estimate of 1,742 Tillamook County residents “misuse opioids” over a 12-month period. This estimate was made using data from 2016, which is the latest published data from National Survey of Drug Use and Health (NSDUH).
- Tillamook County is designated as a Medically Underserved Area (MUA) and a Health Professional Shortage Areas (HPSA). These classifications, provided by the federal government, indicate the area has a shortage of health professionals for primary care, dental care and mental health care. Tillamook County is documented with a ratio of 490 residents per mental health provider, compared with Oregon’s ratio of 270 residents per provider.
- According to OHA, there are 10 providers with a primary address in Tillamook County who have a Drug Addiction Treatment Act of 2000 Waiver (X waiver) to prescribe buprenorphine to treat opioid dependence. Of these, only a few are “active” in that they wrote more than 30 prescriptions for buprenorphine that were filled in the third quarter of 2019. An additional 72 providers practice in

Tillamook County according to their license information, although their primary address is somewhere else, usually in the Portland area. Most providers wrote fills for one or two patients.

- According to OHA, there are a total of 123 residents with at least one prescription fill of buprenorphine during the third quarter of 2019. Compared with the estimated OUD prevalence ranging between 200 and 300 Tillamook County Residents (median estimate of 233), we estimate that only 40% to 60% of residents with OUD are being treated, and that there are likely to be at least 77 and as many as 177 residents with OUD who are not currently being treated.

Problem Statement

Tillamook County rates of overdoses and death related to opioid use disorder and substance use disorder (OUD/SUD) is three times higher than Oregon statewide rates. Based on the current level of estimated need for Tillamook County’s population with, or at risk of, opioid use disorder, there is a shortage of access to evidence-based OUD/SUD treatment, recovery services and related professionals as well as inadequate support for treatment and recovery professionals already established in Tillamook County.

Target Population

Primary: People in Tillamook County with or at risk of SUD/OUD.

Secondary: Family and friends of those with SUD/OUD, citizens of Tillamook County, health care providers in Tillamook County.

Goal and Objectives

RCORP Tillamook identified four main goals it would like to achieve.

1. Reduce opioid use and overuse, overdose, mortality and morbidity, and contact with emergency services related to OUD through a system change for best practices in pain care.
2. Expand access to evidence-based SUD treatment and recovery for those diagnosed with or at risk for SUD/OUD.
3. Increase opportunities to participate in harm reduction and community education programs for all Tillamook Residents.
4. Ensure sustainable support for the activities in the strategic and workforce plans previously created.

COVID-19 IMPACT

The COVID-19 pandemic has changed the everyday life of those in Tillamook County along with the rest of the country. The State of Oregon has taken different infection prevention measures and experienced different outcomes than other Western US states. The full impact that COVID-19 will have on the Tillamook County population is unknown and it is too early to understand how the need for treatment and recovery services will change.

The RCORP Tillamook workgroup acknowledges that in light of this significant world-wide health event, this plan is a starting point for the SUD/OUD response plan addressing Tillamook County and its long-term sustainability. This is to be a living document that will be reviewed and revised as needed.

Long-Term Outcome

Tillamook County residents will have access to health providers versed in best-practice pain relief, enjoy better health through addiction prevention strategies, benefit from ready access to treatment for addictions, and find support in a recovery community that embraces a range of options.

Long-Term Outcome Indicators

- Decreased mortality and morbidity from overdose-related health incidences.
- Decreased hospitalization for overdose-related health crises.
- Decreased prescription levels that lead to OUD/SUD.
- Decreased dual prescribing.
- Decreased number of new opioid-prescribed users.
- Decreased law enforcement activity related to OUD.
- Increased successful recovery through supportive communities.
- Increased number of providers with medication-assisted treatment (MAT) certification and support.

Population indicators under consideration for tracking progress toward achievement of the population result for Tillamook include:

- Number of emergency department visits that received an opioid overdose diagnosis
- Number of unintentional opioid-related deaths
- Number of naloxone administrations by first responders
- Number of community naloxone reversals
- Number of opioids dispensed
- Percentage of patients with an opioid prescription receiving more than an average daily dose of 90+ MEU of opioid painkillers
- Percentage of prescription days any patient had at least one opioid and at least one benzodiazepine prescription on the same day
- Percentage of opioid deaths involving heroin or fentanyl/fentanyl equivalent
- Number of certified peer support specialists
- Number of Tillamook residents served in alcohol and drug treatment programs
- Number of buprenorphine prescriptions dispensed

Goal 1: Reduce opioid use and overuse, overdose, mortality and morbidity, and contact with emergency services related to OUD through a system change for best practices in pain care.

Objective 1: Support providers with the tools and processes they need to provide evidence-based, best practice care.

Strategy 1: Offer education, best practice guidelines, and integrated services and referrals across Tillamook County.

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Identify providers to serve as referral source for alternative pain management	Nov 2020	Nov 2021	Adventist Health Tillamook (AHTM), Columbia Pacific CCO, Rinehart Clinic (RC), Tillamook County Community Health Centers (TCCHC), Tillamook Family Counseling Center (TFCC)	In-kind contributions. * Available free trainings and professional resources.	Decreased rate of opioid prescriptions by 5% through promotion of alternative evidence-based pain management strategy. (i.e. Physical Therapy)
Provide and promote local training regarding Prescription Drug Monitoring Program (PDMP) available through Tillamook County.	Nov 2020	Nov 2021	AHTM, Columbia Pacific CCO, RC, TCCHC, TFCC	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed. Available free trainings and professional resources.	By Nov 2021, launched at least 25% of the proposed initiatives to integrate best practices in policy across the county.
RCORP Tillamook members to adopt best practices for pain prescribing at emergency department, clinics, urgent care and acute care.	Nov 2020	Nov 2022	AHTM, Columbia Pacific CCO, RC, TCCHC, TFCC	In-kind contributions. * Available free trainings and professional resources.	
Provide referrals to bridge medical, behavioral health, dental and other social service programs and supports.	Nov 2020	On-going	AHTM, RC, TCCHC, TFCC	In-kind contributions. *	

Strategy 1: Offer education, best practice guidelines, and integrated services and referrals across Tillamook County.					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Develop a customized data dashboard for Tillamook County prescribers.	Nov 2020	Nov 2022	AHTM, Columbia Pacific CCO, RC, TCCHC, TFCC	Columbia Pacific CCO's dashboard. SUPPORT act requirements. In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed.	By Nov 2021, written document of best practices and shared provider strategies reviewed by Tillamook County prescribing providers and ready for dissemination to Tillamook County healthcare facilities.
Review and adopt tapering strategy for high-use patients in Tillamook County.	Nov 2020	Nov 2022	AHTM, Columbia Pacific CCO, RC, TCCHC, TFCC	In-kind contributions. * Consultation resources for prescribing, tapering support; BRAVO protocol. Additional future funding via partnerships, sponsorships, and grants as needed.	
Develop and adopt a Tillamook County prescriber's shared strategy for addressing pain and prescribing. Include review of Columbia Pacific CCO guidelines.	Nov 2020	Nov 2022	AHTM, RC, TCCHC, TFCC	In-kind contributions. * Columbia Pacific CCO guidelines.	

Strategy 1: Offer education, best practice guidelines, and integrated services and referrals across Tillamook County.					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Provide education targeting healthcare providers on alternative treatment for pain management. (e.g., physical therapy, hydrotherapy, chiropractic, etc.)	Nov 2020	Nov 2022	AHTM, RC, TCCHC, TFCC	Resources needed to create or adopt toolkit with messaging suggestions, patient handouts, healthcare provider resources. Available free trainings and professional resources.	By Nov 2022, 50% of Tillamook County prescribers participated in education on use of safe alternatives to prescription opioid use for chronic pain management.
Host two grand rounds in Tillamook designed to strengthen community across health systems and foster a sense of shared purpose through academic and experiential learning and dialogue.	Nov 2020	Nov 2022	Lines for Life, RCORP Tillamook, Synergy	Additional future funding via partnerships, sponsorships, and grants as needed.	By Nov 2022, 75% of physicians participated in events for reinforcing provider collaboration in implementing a county-wide strategy of adopting evidence-based policies, programs and practices to prevent, diagnose and treat opioid use disorder.
Create a county-wide alert system for flagging individuals with high prescriptions or concerns for high prescriptions.	Nov 2022	Nov 2023	ATHM, RC, TCCHC, TFCC	Advisory expert panel to oversee system development and use. Research models that use electronic medical records (EMR) to identify at-risk patients by searching for indicators of risk.	By Jan 2023, researched models that assist in safe prescribing practices and is adaptable for all EMR used in Tillamook County. By Nov 2023, provided integrated clinical decision support within the EMR at each healthcare organization.

Goal 2: Expand access to evidence-based SUD treatment and recovery for those diagnosed or at risk with SUD/OD.

Objective 1: Support both professionals introducing or offering services and patients searching for or receiving services.

Strategy 1: Offer relevant provider education and integrate peer services to better support those with or at risk of SUD/OD.

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Increase the number of local professionals who access technical assistance programs such as Project ECHO “Effective Systems for Addiction Treatment in Primary Care”.	Nov 2020	Nov 2021	AHTM, RC, TCCHC, TFCC	Columbia Pacific CCO resources. Available free trainings and professional resources.	Add at least four providers or clinic support staff who actively participate in offered technical assistance. By April 2021, increase access to treatment by increasing the number of certified / waived providers in the community by a minimum of 10.
Increase provider and community understanding of Peer Recovery Support models.	Nov 2020	Nov 2021	AHTM, Columbia Pacific CCO, OSU Extension Service, RC, TCCHC, TFCC	In-kind contributions. * Evaluation plan for measuring successful engagement in treatment. Available free trainings and professional resources.	By Nov 2021, increase provider understanding of peer recovery support models by 75% and increase the surveyed community understanding of peer recovery models by 50%.

Strategy 1: Offer relevant provider education and integrate peer services to better support those with or at risk of SUD/OD.					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Hold training for law enforcement and criminal justice on MAT and continuity of care in jails, people-first language addressing stigma, crisis intervention training and naloxone administration.	Nov 2020	Nov 2022	Tillamook Sheriff's Office with support from RCORP Tillamook	Yamhill County Sheriff's Office and Provoking Hope to share Jail MAT program. In-kind contributions. *	By June 2021, provided education to all law enforcement in the jail on person-first language. By Nov 2022, have MAT program available for individuals with addiction transitioning out of jail.
Adopt a Tillamook County learning network for medical/clinical support staff to aid best-practice MAT service delivery.	Nov 2020	Nov 2022	AHTM, Columbia Pacific CCO, RC, TCCHC, TFCC	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed. Available free trainings and professional resources (Project ECHO).	By Nov 2022, standardized use of learning network for medical/clinical support staff to aid best-practice MAT service delivery.
Recruit primary care professionals interested in pursuing X-waiver status and leverage state resources to receive MAT certification.	Nov 2020	On-going	AHTM, Columbia Pacific CCO, RC, TCCHC, TFCC	Columbia Pacific CCO to host DATA Waiver training.	Providers delivered MAT and other evidence-based SUD/OD treatment effectively and appropriately after receiving MAT certification. By Jan 2022, standardized MAT training for all new and continuing education providers already offering MAT.

Strategy 1: Offer relevant provider education and integrate services to better peer support those with or at risk of SUD/OD.					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Integrate treatment and recovery resources and services with law enforcement. Support providers readiness to receive referrals through trainings and technical assistance.	Nov 2020	On-going	RCORP Tillamook	In-kind contributions. *	By Nov 2022, increased referrals from law enforcement to treatment and/or recovery resources by 30%. Established a partnership between law enforcement and treatment providers for emergency intervention and treatment of individuals in crisis.
Embed Peer Recovery Support Specialists in programs that support treatment of individuals with OUD.	July 2020	On-going	TFCC with support from RCORP Tillamook	Grant funds from Oregon Health Authority to TFCC will assist in hiring peer recovery specialists for Tillamook during the initiative.	By Jan 2021, introduced integrated Peer Recovery Support services in community. By July 2021, increased opportunity for certification training of peer support specialist. By Jan 2021, identified engagement metrics and started data collection process.

Strategy 1: Offer relevant provider education and integrate peer services to better support those with or at risk of SUD/OD.					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Utilize closed loop referral system to integrate referrals between medical, behavioral health, dental and other social service programs and supports. (Unitus)	July 2020	On-going	RCORP Tillamook, local dental offices, local social services	OSU Extension Service. In-kind contributions. *	By April 2021, launched a fully integrated community referral program.
Develop community and peer intervention models that encourage overdose survivors to seek evidence-based treatment and recovery support services.	July 2020	On-going	RCORP Tillamook, Local recovery services	Columbia Pacific CCO's peer mentor project involved in overdose response and distribution of naloxone. Additional future funding via partnerships, sponsorships, and grants as needed.	By June 2021, submitted at least one proposal for funding opportunities to sustain this activity.
Enhance/expand resource guide of substance misuse prevention, treatment and recovery best practices, programs and policies document and update annually.	Nov 2021	On-going	OSU Extension Service with support from RCORP Tillamook	OSU Extension Service's SUD/OD grant deliverables. In-kind contributions. *	By Dec 2021, reviewed and approved resource guide and meet annually to review and update.

Strategy 2: Increase accessibility of services for patients including uninsured and underinsured individuals.					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Develop and integrate collaboration between primary care, specialty care and recovery community to support treatment and recovery services for people with SUD/OD.	Nov 2021	On-going	RCORP Tillamook, Local recovery services	In-kind contributions. * Available free trainings and professional resources.	By Nov 2022, the number of referrals between healthcare and recovery resources increased 20%.
Participate in state-level billing and coding education opportunities to enhance financial sustainability.	Nov 2020	On-going	AHTM, Columbia Pacific CCO, RC, TCCHC, TFCC	Proper coding and billing across insurance types will maximize reimbursement for treatment and support sustainability. In-kind contributions. *	By June 2021, established a standard coding plan for the Tillamook healthcare community.
Collaborate with state and Columbia Pacific CCO resources to increase substance use treatment funding for uninsured people.	Nov 2020	On-going	AHTM, Columbia Pacific CCO, RC, TCCHC, TFCC	Facilitate a learning collaborative among providers to address reimbursement issues. Additional future funding via partnerships, sponsorships, and grants as needed.	By June 2021, established a standard coding plan for the Tillamook healthcare community.
Explore, adapt and implement new payment models that facilitate and incentivize coordinated care.	Nov 2020	On-going	AHTM, Columbia Pacific CCO, RC, TCCHC, TFCC	Columbia Pacific CCO's operational procedures and lessons learned on payment system for office visits for MAT services in Primary care.	

Goal 3: Increase participation in harm reduction and community education programs for all Tillamook Residents.

Objective 1: Introduce programs that reduce harm and stigma while increasing understanding of SUD/OD.

Strategy 1: Offer training and education on SUD/OD and introduce new programs promoting harm reduction practices.

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Work with Columbia Pacific CCO to educate providers on co-prescribing naloxone with high dose opioid prescription.	Nov 2020	Nov 2021	AHTM, Columbia Pacific CCO, RC, TCCHC, TFCC	Columbia Pacific CCO funds.	By Nov 2021, provided naloxone trainings to all prescribers. By Nov 2021, increased naloxone prescriptions by 25%.
Promote opioid overdose prevention planning for criminal justice populations pre- and post-release from local jails and ED admissions due to overdose.	Nov 2020	Nov 2022	AHTM, Columbia Pacific CCO, Tillamook County Sheriff's Office	In-kind contributions. *	By Dec 2020, all law enforcement personnel have access to and carry Naloxone while on duty. (with exclusion to state and federal agencies) By Dec 2020, all law enforcement agencies provide overdose data to RCORP when Naloxone is administered in the field. (with exclusion of state and federal agencies)
Work with FQHC, AHTM and local pharmacies to increase the availability of safe medication disposal.	Nov 2020	Nov 2022	AHTM, Lines for Life, RC, TCCHC	Lines for Life funding through Safe Disposal Safe Communities project for receptacle and subscription services.	By Nov 2022, increased safe medication disposal sites in Tillamook County by 25%.

Strategy 1: Offer training and education on SUD/OD and introduce new programs promoting harm reduction practices.					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Host community town halls and social media platforms designed to decrease stigma related to SUD in order to build public awareness on risks of opioid use and publish findings and updates of data trends.	Nov 2020	Nov 2022	OSU Extension Service with support from RCORP Tillamook	In-kind contributions. * Partner support from OSU Extension Service.	By Nov 2021 provided community education about the Opioid Epidemic to a minimum of 500 Tillamook County residents.
Plan and deploy naloxone through the Sheriff's office with AHTM and Columbia Pacific CCO as partners.	Nov 2020	On-going	AHTM, Columbia Pacific CCO, Tillamook County Sheriff's Office	In-kind contributions. * Columbia Pacific CCO resources and funding. Tillamook Sheriff's Office resources and funding.	By Nov 2021, provided naloxone and training to all current Sheriff's deputies and new hires. By Nov 2021, provided naloxone and training to those with OUD and at-risk for overdose.
Pursue funding, create plan, provide training and distribute naloxone to: those screened for OUD, ED admissions due to overdose, those released from jails, law enforcement, and the local community.	Nov 2020	On-going	RCORP Tillamook	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed.	By Nov 2021, started tracking naloxone administration by first responders and ED. By Nov 2021, at least one proposal will be submitted for funding opportunities to sustain the activity.

Strategy 1: Offer training and education on SUD/ODD and introduce new programs promoting harm reduction practices.

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Develop and disseminate education materials on prevention, harm reduction, safe storage and disposal of medication, treatment and recovery in a variety of communication channels.	Nov 2020	On-going	RCORP Tillamook	Columbia Pacific CCO campaign toolkit. OSU Extension Service in-kind contributions. * Available free trainings and professional resources.	By Nov 2021 provided community education about steps to take in combating the opioid epidemic to a minimum of 500 Tillamook County residents.
Adapt Columbia Pacific CCO'S crisis response plan for a Tillamook County opioid crisis response plan.	Nov 2020	Nov 2022	Columbia Pacific CCO with support from RCORP Tillamook	In-kind contributions. * Columbia Pacific CCO's current crisis response plan.	Nov 2022, completed all updates and modifications to form an official community crisis response plan. Established a partnership between law enforcement and treatment providers for emergency intervention and treatment of individuals in crisis.
Develop and disseminate education campaign on risks of opioid use, overuse of prescription opioids, addiction and experiences of those suffering and data trends.	Nov 2021	Nov 2022	OSU Extension Service with support from RCORP Tillamook	In-kind contributions. * Partner support from OSU Extension Service. Columbia Pacific CCO campaign toolkit.	By June 2022, 60% of community stakeholders will have accessed identifiable data trends.
Secure funding to increase number of available needle exchange resources.	Nov 2021	On-going	TCCHC with support from RCORP Tillamook	Clatsop County. In-kind contributions. *	By Nov 2021, submit at least one proposal for funding opportunities to sustain the activity.

Strategy 1: Offer training and education on SUD/ODU and introduce new programs promoting harm reduction practices.					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Develop data collection tool in partnership with Sheriff's office to collect SUD/ODU usage data upon jail intake.	Nov 2021	On-going	Tillamook Sheriff's Office with support from RCORP Tillamook	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed.	By Nov 2021, identify one additional data trend amongst existing measures to inform opportunities for intervention.
Plan and develop a county-wide SUD/ODU data collection and evaluation process.	Nov 2021	On-going	RCORP Tillamook	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed.	By Nov 2021, identify one additional data trend amongst existing measures to inform opportunities for intervention.
Develop and offer screening for HIV, hepatitis and other infectious diseases at the county jail. Provide or refer to treatment if needed.	Nov 2022	On-going	Tillamook Sheriff's Office with support from RCORP Tillamook	In-kind contributions. * Funding from AHTM and Sheriff's office.	

Goal 4: Ensure sustainable support for the activities in the strategic and workforce plans previously created.

Objective 1: Maintain RCORP Tillamook consortium’s on-going collaborative impact to further its vision in reducing the prevalence/incidence as well as the mortality/morbidity of OUD/SUD.

Strategy 1: Maintain the RCORP consortium post-planning grant year.

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Identify the consortium members that are committed to the success of the strategic plan activities.	July 2020	Nov 2020	AHTM	In-kind contributions. *	By December 2020, six partners signed an updated Memorandum of Understanding (MOU) outlining roles and responsibilities of each member.
Define the roles and responsibilities of each consortium member through the development of updated MOUs.	Nov 2020	Mar 2021	RCORP Tillamook	In-kind contributions. *	
Define the consortium’s organizational structure, with AHTM resuming role as lead agency in determining the consortium’s success.	Nov 2020	Mar 2020	RCORP Tillamook	In-kind contributions. *	

Strategy 2: Increase the consortium’s partnerships to a total of 11 partners by June 2021.

Identify the strengths of the consortium members that contribute to success of initiatives and raise its awareness within the community.	Nov 2020	On-going	RCORP Tillamook	In-kind contributions. *	By Nov 2021, pursued two opportunities for external funding to sustain consortium.
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Strategy 2: Increase the consortium's partnerships to a total of 11 partners by June 2021					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Leverage local, state, federal and/or foundation resources to sustain the consortium's long-term impact.	Nov 2020	On-going	RCORP Tillamook	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed.	By March 2021, one community stakeholder joined RCORP Tillamook workgroup. By Nov 2021, created and disseminated education to community stakeholders on the stigma that hinders collaboration and support of SUD/ODU initiatives.
Recruit community and regional organizations whose projects align with the consortium's mission.	Nov 2020	On-going	RCORP Tillamook	In-kind contributions. *	
Educate community stakeholders about stigma surrounding SUD/ODU.	Nov 2020	On-going	RCORP Tillamook	In-kind contributions. * Free trainings and professional resources.	
Objective 2: Diversify funding sources to ensure affordability and accessibility of the strategic plan's proposed initiatives.					
Strategy 1: Increase affordability and accessibility for Tillamook County's SUD/ODU prevention, treatment and recovery services for individuals with and at risk of SUD/ODU.					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Maintain AHTM Project Coordinator to spearhead initiatives and funding research that advance post planning year.	Nov 2020	On-going	AHTM	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed.	By April 2021, launched 25% of the proposed initiatives.

Strategy 1: Increase affordability and accessibility for Tillamook County’s SUD/ODU prevention, treatment and recovery services for individuals with and at risk of SUD/ODU.

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Pursue state, federal and foundational funding to sustain Project Coordinator to ensure the initiatives have full support in achieving long lasting impact.	Nov 2020	On-going	AHTM	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed.	By June 2021, submitted two proposals for funding opportunities to sustain proposed initiatives.
Pursue funding for each new, un-replicated harm reduction program.	Nov 2020	On-going	RCORP Tillamook		
Pursue state, federal and foundation funding to develop and adopt a plan to expand availability of and access to recovery support services.	July 2020	On-going	RCORP Tillamook		

Objective 3: Establish a sustainable monitoring and evaluation system for tracking progress, demonstrating results of the RCORP Tillamook strategic plan and to ensure evidence-based decision making.

Strategy 1: Demonstrate the short-term and long-term impact of the proposed activities.

Develop and implement a county-wide data collection and evaluation process about substance use and public opinion on SUD/ODU to be conducted annually.	Nov 2020	June 2021	RCORP Tillamook	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed.	By 2021, have completed the data collection to measure outcome indicators.
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Strategy 1: Demonstrate the short-term and long-term impact of the proposed activities.					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Identify the number of Tillamook County overdose-related incidences of mortality and morbidity quarterly.	Nov 2020	On-going	RCORP Tillamook	In-kind contributions. *	By Jan 2021 overdose deaths reported with ongoing cadence and reporting guidelines established.
Measure engagement in local recovery resources quarterly.	Nov 2020	On-going	RCORP Tillamook	In-kind contributions. *	By Nov 2020, established data collection for quarterly evaluation of activity effectiveness.
Measure percentage of RCORP Tillamook Strategic Plan activities are completed each year.	Nov 2020	On-going	RCORP Tillamook	In-kind contributions. *	By Jan 2021, initial data collection reporting structure created with identified owners and reporting cadence solidified. Trends based on these measures help evaluate effectiveness of activities and guide the direction of the strategic plan.
Measure SUD/ODU workforce including total increase in and ability to retain professionals, and accessibility for clients in Tillamook County yearly.	Nov 2020	On-going	RCORP Tillamook	In-kind contributions. *	
Measure number of harm reduction or stigma-reducing education and resources are available in Tillamook County yearly.	Nov 2020	On-going	RCORP Tillamook	In-kind contributions. *	
Conduct regular reviews with the consortium on the progress and implementation issues of the proposed activities.	Nov 2020	On-going	AHTM	In-kind contributions. *	By Jan 2021 plan completed for future initiatives with review of current projects and modifications added as identified.

Strategy 1: Demonstrate the short-term and long-term impact of the proposed activities.					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Review and re-distribute the RCORP Tillamook community needs assessment survey at 3- and 5-year mark to measure progress.	Nov 2021	On-going	RCORP Tillamook	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed.	By June 2022, applied the data collected to measure outcome indicators.
Assess and re-disseminate workforce training assessment survey to measure professional development at 3- and 5-year mark.	Nov 2021	On-going	RCORP Tillamook	In-kind contributions. *	By Oct 2023 the outcomes will be disseminated to present increased engagement of ongoing workforce training and furthering engagement by both consortium and community.
Present project outcomes to consortium and community stakeholders via multiple modalities.	June 2023	Oct 2023	AHTM	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed.	
Objective 4: Maintain SUD/ODD staffing levels for effective implementation of the project's initiatives.					
Strategy 1: Recruit/retain SUD/ODD related workforce in high-priority professions identified by RCORP Tillamook.					
Refine a shared recruitment strategy for needed SUD/ODD treatment professionals.	Nov 2020	Nov 2021	RCORP Tillamook	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed.	By June 2023 sustained 75% SUD/ODD treatment programs staffing levels to meet the needs of Tillamook County.
Identify recruitment and workforce development strategies in place; Maximize National Health Service Corp (NHSC) program for recruitment and loan program.	July 2020	On-going	RCORP Tillamook	Columbia Pacific CCO recruitment resources.	

Strategy 1: Recruit/retain SUD/OD related workforce in high-priority professions identified by RCORP Tillamook.					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Identify recruitment and workforce development strategies in place; Maximize National Health Service Corp (NHSC) program for recruitment and loan program.	July 2020	On-going	RCORP Tillamook	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed. Columbia Pacific CCO recruitment resources.	By June 2023 sustained 75% SUD/OD treatment programs staffing levels to meet the needs of Tillamook County.
Assist new prospective NHSC sites in determining eligibility and provide guidance through NHSC site application process.	July 2020	On-going	AHTM with support from RCORP Tillamook	In-kind contributions. * OHSU and Gary Bess Associates resources. Additional future funding via partnerships, sponsorships, and grants as needed.	
Recruit and retain rural SUD/OD providers by offering workforce development and recruitment incentives.	July 2021	On-going	RCORP Tillamook	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed.	
Create prepackaged/ customizable recruitment materials for small clinics to access when recruiting.	July 2020	July 2021	RCORP Tillamook	Free trainings and professional resources.	
Increase pool of behavioral health and substance use disorder experts and integrate them into primary care practices.	July 2021	On-going	RCORP Tillamook		

Strategy 2: Assess and develop workforce members to ensure talent development and succession of key roles.					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Collaborate with state and regional partners and Columbia Pacific CCO to identify existing SUD/ODU prevention, treatment and recovery training initiatives, resources and how they can be leveraged or replicated in Tillamook County.	July 2020	On-going	Columbia Pacific CCO with support from RCORP Tillamook	Columbia Pacific CCO training initiatives. In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed. Free trainings and professional resources.	By June 2022, 60% of the SUD/ODU workforce reported adequate knowledge and skills of SUD/ODU. Increased SUD/ODU patient treatment panel sizes by 20%. RCORP Tillamook added two partners for workforce training in county organizations.
Cultivate clinical champions who encourage providers to integrate MAT in their practices; create provider alignment on MAT and use same metrics.	July 2020	On-going	AHTM, RCORP Tillamook, RC, TCCHC, TFCC	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed. Free trainings and professional resources.	
Assess RCORP Tillamook need for peer recovery support in broader settings.	July 2020	On-going	TFCC with support from RCORP Tillamook	In-kind contributions. * Additional future funding via partnerships, sponsorships, and grants as needed. Free trainings and professional resources. CCO funding for peer support training.	By July 2021 a key partner workgroup will establish the operational aspects.

* In-kind donations include staff-time, expertise, policy, influence – anything outside monetary contribution.

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