



SUBSTANCE USE DISORDER SERVICES NEEDS ASSESSMENT & PRIORITY SETTING

Yamhill County, Oregon

July 2022



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EXECUTIVE SUMMARY

Yamhill County, Oregon is a larger, northwestern county. The population in Yamhill County is growing at a rate more than 18% higher than the state and 2.5 times higher than the nation. Nearly 17% of Yamhill County residents identify as Hispanic and 14% speak a language other than English in the home. Although a slightly lower percentage of Yamhill County residents have their bachelor's degrees compared to the state, unemployment is consistently lower. Housing is less available, but affordability is similar to the state.

Regarding prescribing and overdose patterns, compared to the state, Yamhill County has higher rates of¹:

- All opioid prescription fills
- Overlapping opioid/benzodiazepine prescriptions
- Pharmaceutical opioid overdose deaths

Yamhill County has increasing trends of:

- Opioid overdose hospitalizations
- Stimulant prescription fills
- Stimulant overdose mortality

To investigate these trends further, key partners were invited to participate in interviews to collect information about current issues, resources, challenges, and solutions in Yamhill County.

Services currently available in Yamhill County included medications for opioid Use disorder (MOUD), outpatient treatment, transitional treatment and recovery, peer mentoring, housing services, syringe exchange services, naloxone distribution, provider prescription monitoring, and trainings.

Service providers discussed partnering with other organizations and described "meeting people where they're at." They also discussed formally evaluating their impact through state-level data. Information about SUD services tended to be disseminated through word-of-mouth, and some mentioned a need for a list of local treatment and SUD service providers to reference.

Challenges were at the individual, community, and system levels. At the individual level, community partners mentioned an increase in overdoses, youth substance use, and mental health and substance use comorbidities. Community challenges included the high need for services in the county, limited staffing, and an increase of fentanyl in the county. Systemic challenges were gaps in support and funding for services. Partners mentioned a need for additional services including prevention, medical detox, inpatient treatment, primary care, MOUD treatment, and services for older adults.

¹The most recent years of reporting for prescription fills, overdose mortality, and hospitalizations are 2021, 2019, and 2018, respectively.

Some also expressed that stigma was a concern. When asked about stigma, community partners said that some geographic locations might be more stigmatized than others, that lower income community members might be more stigmatized, and that some substances might be more stigmatized than others.

To address these concerns, partners suggested that the broader community needs to acknowledge that SUD challenges exist and then jointly come up with solutions to address those challenges. Several community partners talked about SUD against the backdrop of the county's wine industry or the normalization of alcohol use. The most frequently mentioned community-level solutions were fostering a culture of kindness and caring, funding more services, and increasing community education about SUD. Other solutions included creating a system where the emergency department is not the first stop on the journey to recovery, creating incentives to retain providers, and creating a system that other counties could replicate. Expanded or additional services include support for older adults with SUD, housing, support for youth, "no wrong door" for support, and seamless pathways and transitions between service providers

When reviewing information in this needs assessment, it is important to note that the data presented are static and captured in a single moment in time. Data from interviews are the perspective of those who participated and cannot be generalized to the thoughts of everyone in the county or sector. Additionally, information provided may not adequately represent current activities in the county. Some of the suggestions provided by partners may be duplicative or represent activities that are already occurring. The purpose of this needs assessment was to compile information to be used by the county to develop a strategic plan. Priorities, next steps, and intended activities will be outlined in the strategic planning document.

INTRODUCTION

As part of Oregon’s Overdose Data to Action (OD2A) funding from the Centers for Disease Control and Prevention (CDC) and State Opioid Response (SOR) funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), Oregon Health Authority’s (OHA) Injury and Violence Prevention Program (IVPP) and Health Systems Division (HSD) funded Lines for Life, Synergy Health Consulting, and Comagine Health to facilitate a Substance Use Disorder (SUD) Services Strategic Planning Initiative in four Oregon counties.

The goal of the SUD Services Strategic Planning Initiative is to strengthen and expand substance use disorder prevention, treatment, and recovery services and harm reduction services in rural counties. As part of the SUD Services Strategic Planning Initiative, community leaders convene to support the development of a SUD needs assessment and strategic plan and receive technical assistance to build readiness and capacity to apply for grant funding (e.g., Health Resources and Services Administration implementation grants).

YAMHILL COUNTY PUBLIC HEALTH, HEALTH & HUMAN SERVICES DEPARTMENT

The SUD Services Strategic Planning Initiative in Yamhill County is being facilitated by Jill Dale with the Regional Overdose Prevention Project within the Health & Human Services Department at Yamhill County Public Health. Jill has been in the substance use field and population-based health work for more than 20 years, primarily working as a substance use disorder treatment counselor and liaison between the Department of Human Services/Oregon Health Authority and Drug Free Communities coalitions across the state. With a background in organizational psychology, Jill has coordinated strategic prevention and wellness work in the community, trained on systems thinking, and provided technical assistance to communities with developing coalitions.

GEOGRAPHY

The geographic service area for this needs assessment is Yamhill County, a larger, northwestern county. The tenth most populous county in Oregon, it had 108,239 residents in 2021 with a population density of 138.6 people per square mile. By comparison, the population density is 39.9 and 87.4 people per square mile in Oregon and the United States, respectively. Between 2015 and 2019, the population in Yamhill County grew by 5.6%, compared to 4.6% in Oregon and 2.1% nationwide. Yamhill County ranks 32nd among Oregon counties in land area, 715.86 square miles.



METHODS

This needs assessment includes information from three data collection activities: 1) collating publicly available administrative data, 2) organizing findings from local key partners' presentations and reports, and 3) conducting interviews with local key partners.

Data from this report were collected from May to June 2022, during the continued COVID-19 pandemic. Rapidly changing circumstances required those working in SUD prevention, treatment, and recovery and overdose prevention to quickly adapt the ways services were provided. Communities addressed staffing shifts, embraced the virtual world, and innovated solutions. Many activities and initiatives were postponed or restructured during the pandemic. Data collected during this time reflects the impacts of this context.

ADMINISTRATIVE DATA

Demographic information about Yamhill County were obtained from multiple sources including the United States Census Bureau's American Community Survey, the State of Oregon Employment Department, and the Oregon Health Authority (OHA).

Drug-related information in the county were obtained from [Oregon's Prescribing and Drug Overdose Data Dashboard](#). The Prescribing and Drug Overdose Data Dashboard is an interactive tool containing state- and county-level data on controlled substance prescribing and drug overdose health outcomes, such as hospitalizations and deaths. Controlled substance prescription data comes from the Oregon Prescription Drug Monitoring Program (PDMP) which collects all Schedule II, III, and IV outpatient retail pharmacy fills dispensed in Oregon or to Oregonians. Other data populating the dashboard comes from published and unpublished OHA datasets.

LOCAL PRESENTATIONS AND REPORTS

Starting in March 2022, leaders and key partners involved in substance use disorder and overdose prevention services in Yamhill County attended regular, 60-minute virtual meetings. During these meetings, participants were invited to share information about services provided in the county and to present data or reports to highlight the successes, challenges, and gaps. Comagine Health reviewed the meeting notes, recordings, presentations, and reports and summarized key findings across the information provided.

KEY PARTNER INTERVIEWS

Jill Dale leveraged long-standing relationships to coordinate with SUD service providers and community leadership to engage agencies in interview participation. Between May and June 2022, Lines for Life collected data from SUD treatment providers; mental health providers; peer

recovery support specialists; harm reduction service providers; behavioral health, public health, and emergency medical service providers; law enforcement officers; community justice staff; people working in housing facilities; and a person with lived experience with drug use to understand experiences and areas for additional support related to care coordination, collaboration efforts, barriers, and related topics. In total, 15 interviews were conducted via Zoom. [See Appendix A: Key Informant Questions](#) for a list of interview questions.

All data from interviews were analyzed by Comagine Health.

RESULTS

Data collected for this needs assessment were combined to assess success, challenges, and gaps in SUD prevention, treatment, and recovery services and harm reduction services in Yamhill County, Oregon. To better understand the needs, this section presents county characteristics, prescribing and overdose rates, service descriptions, and results from primary data collection efforts.

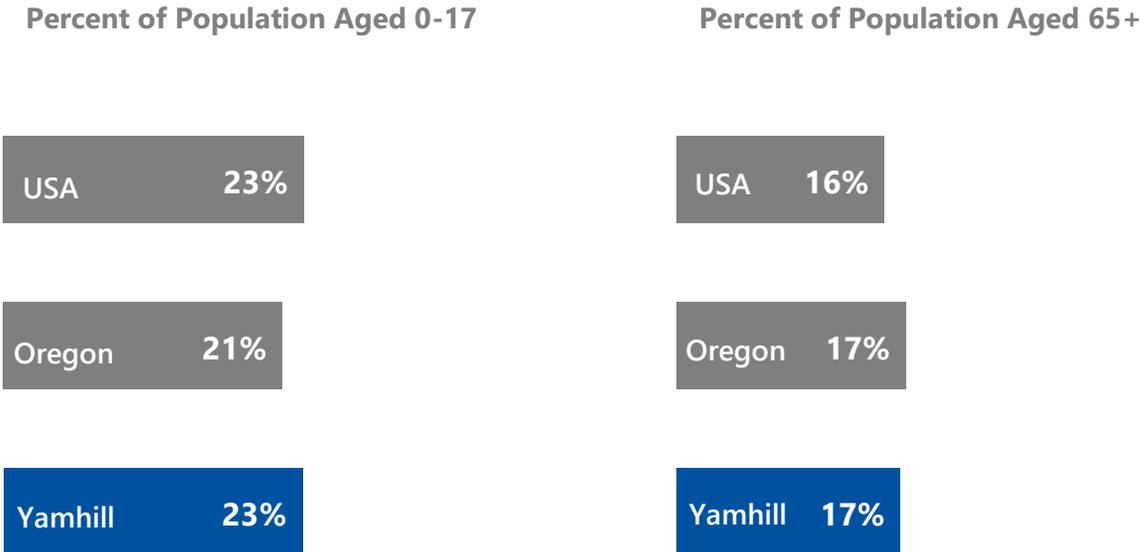
ADMINISTRATIVE DATA

Demographic Information

Age. Yamhill County has a similarly aged population compared to the state and the nation. According to the U.S. Census Bureau, American Community Survey 5-Year Estimates (2015-2019)², the proportion of residents younger than 18 was **22.5%** in Yamhill County compared to 21.0% in Oregon and 22.6% in the nation. The proportion of residents 65 and older was **16.8%** in Yamhill County compared to 17.2% in Oregon and 15.6% in the nation.

Exhibit 1 Age Distribution

The population age distribution in Yamhill County is similar to the state and nation.

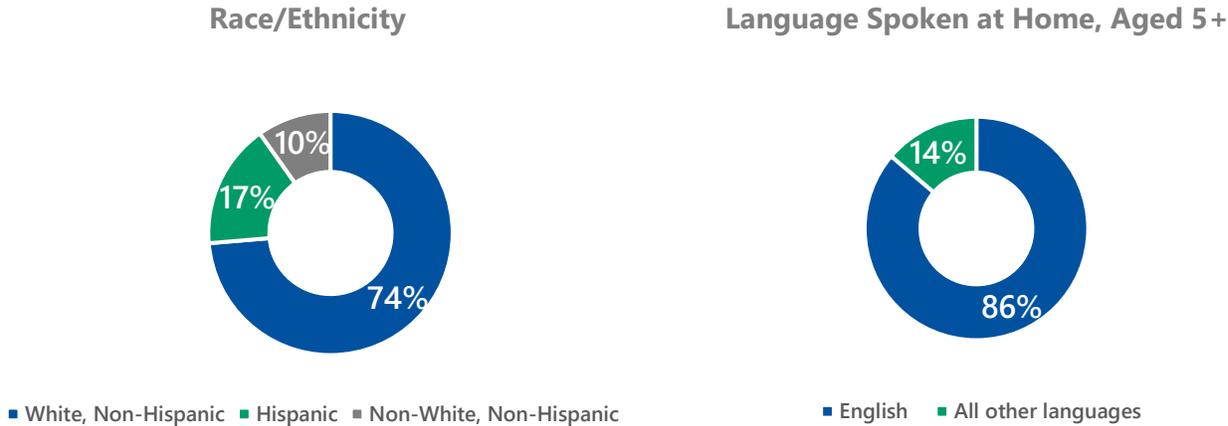


² In the remainder of this report, data obtained from the U.S. Census Bureau, American Community Survey 5-Year Estimates (2015-2019) is referred to simply as "Census Bureau" data.

Race/Ethnicity and Language. Census Bureau data show that the majority of Yamhill County residents are non-Hispanic White, **73.7%**, while **16.5%** are Hispanic/Latinx. For comparison, 13.9% of Oregonians identify as Hispanic/Latinx. Nearly one in ten Yamhill County residents are neither Hispanic nor White. Among residents aged 5 and older, **13.8%** primarily speak a language other than English at home.

Exhibit 2 Race/Ethnicity & Language Spoken at Home

Over 16% of Yamhill County residents are Hispanic and 14% do not speak English at home.



Income. The poverty rate and the median household income in Yamhill County are similar to the state and nation. Per Census Bureau data, **12.1%** of Yamhill County residents are living in poverty compared to just over 13% in both Oregon and the United States. The median household income in Yamhill County (**\$63,902**) is similar to that of the state (\$62,818) and the nation (\$62,843).

Exhibit 3 Income & Poverty

The poverty rate and the median household in Yamhill County are similar to the state and nation.

Percent of Residents Living in Poverty



Median Household Income



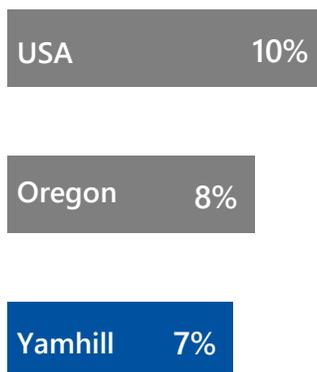
Insurance Coverage.

Census Bureau data indicate that **7.3%** of Yamhill County residents under the age of 65 do not have health insurance, a proportion slightly lower than in Oregon (8.0%) and the United States (10.3%).

Exhibit 4 Health Insurance

A slightly higher proportion of Yamhill County residents under 65 have health insurance than in Oregon and the United States.

Percent Under 65 Without Health Insurance

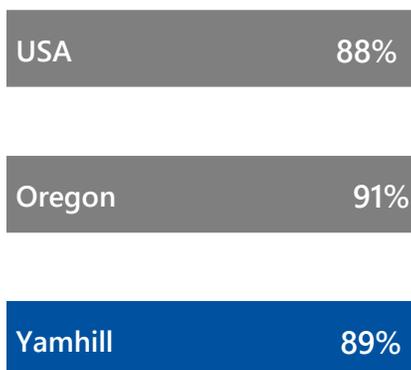


Education. Yamhill County residents are less likely to have a bachelor’s degree. According to Census Bureau data, residents of Yamhill County have similar rates of graduating high school by age 25 (**88.9%**) as Oregon residents (90.7%) and all residents of the United States (88.0%). However, a lower percentage of Yamhill County residents have a bachelor’s degree or higher by age 25 (**26.9%**) than Oregon residents (33.7%) and all residents of the nation (32.1%).

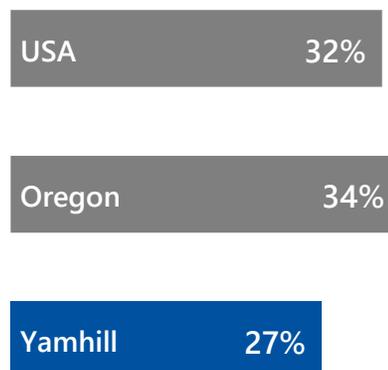
Exhibit 5 Educational Attainment

Yamhill County has a similar high school graduation rate, but a lower proportion with a bachelor’s degree or higher compared to Oregon and the United States.

High School Graduate or Higher,
Percent of Residents Aged 25+



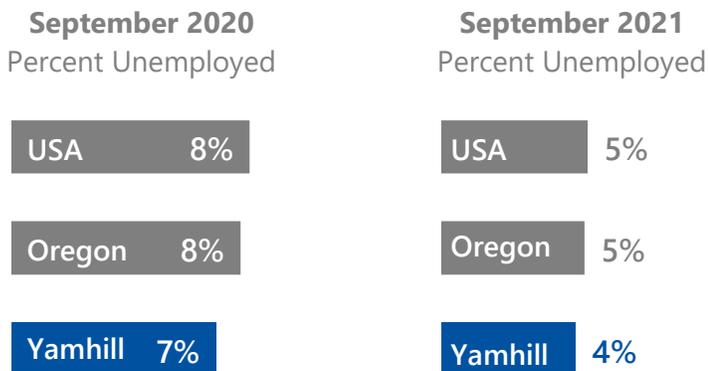
Bachelor’s Degree or Higher,
Percent of Residents Aged 25+



Employment. The unemployment rate in Yamhill County is slightly lower than state and national rates. The seasonally adjusted unemployment rate was **6.7%** for Yamhill County, 7.5% in Oregon, and 7.8% in the United States in September 2020, according to the Oregon Employment Department. The next year, the unemployment rate was **4.4%** in Yamhill compared to 4.7% and 4.8% in the state and nation, respectively.

Exhibit 6 Unemployment Rates

Unemployment in Yamhill County is slightly lower than the state and national rate.



Housing

Compared to the state, housing is less available but similarly affordable in Yamhill County.

Housing Availability. The Census Bureau estimated **40,123** available housing units for the 107,722 Yamhill County residents in 2020, which is **2.7** people per housing unit, more than for Oregon (2.3) and the nation (2.4).

Housing Affordability. According to the 5-year Census Bureau estimate for 2020, **30%** of mortgage-paying homeowners in Yamhill County spend 30% or more on housing costs, compared to 29.9% in Oregon and 27.4% in the U.S. According to the same data, **50.7%** of renters in Yamhill County spend 30% or more of their incomes on housing compared to 50.6% in Oregon and 49.1% in U.S.

Exhibit 7 Percent of Residents Spending ≥30% of Their Income on Housing

A similar proportion of homeowners and renters spend 30% or more of their incomes on housing in Yamhill County, Oregon, and the U.S.



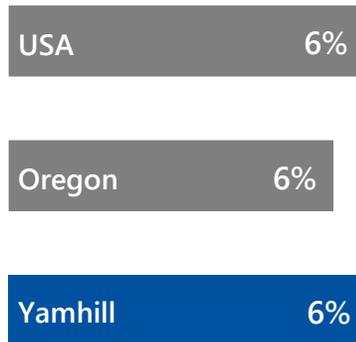
Crowded Housing Among Renters.

Crowded housing is defined as more than one occupant per room. According to the 2020 5-year Census Bureau Estimate, **6.2%** of renters in Yamhill County live in crowded housing compared to 5.6% in Oregon and 6.2% in the United States.

Exhibit 8 Crowded Housing Among Renters

Renters in Yamhill County live in crowded housing at a similar rate to the state and nation.

Percent of Housing Units with >1 Renter per Room

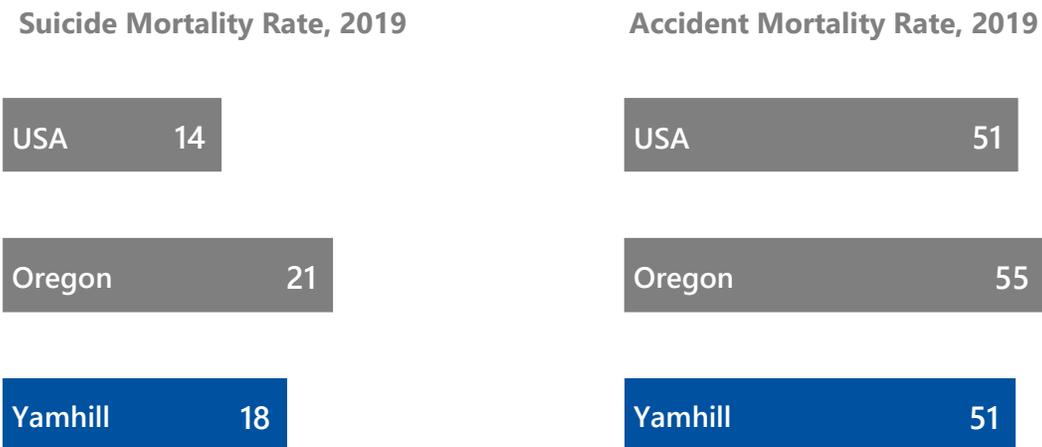


Suicide and Accident Mortality Rates

According to Oregon Vital Statistics Injuries Dashboard, both crude suicide and accident mortality rates in Yamhill County were similar to the rates in Oregon and the United States. The crude suicide mortality rate in Yamhill County was **18.4** deaths per 100,000 population, between the rate in Oregon (21.4) and the United States (14.2). The crude accident mortality rate in Yamhill County was **50.7** deaths per 100,000 population, comparable to the rate in Oregon (54.6) and the United States (51.1).

Exhibit 9 Suicide and Accident Mortality Rates

Suicide and accident mortality rates are similar in Yamhill County and the state as a whole.



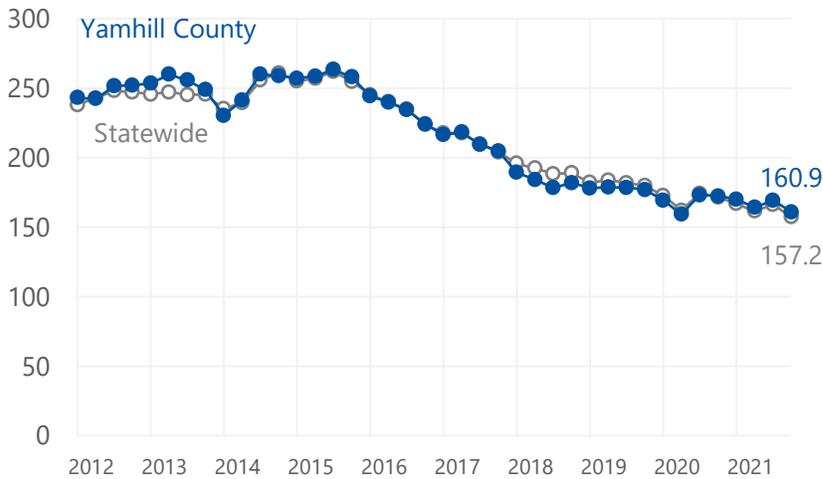
Prescribing Rates

All Opioid Prescription Fills per 1,000 Residents

Exhibit 10 Opioid Fill Rate in Yamhill County and Oregon

Yamhill County has a similar rate as Oregon

Opioid Fills per 1,000 Residents, 2012-2021



The data shown in Exhibits 10 and 11 include full opioid agonist, partial opioid agonist, and combination opioid agonist/antagonist pharmacological classes, including buprenorphine/naloxone combinations as well as codeine antitussives. Rate measurements are calculated using county populations as denominators.

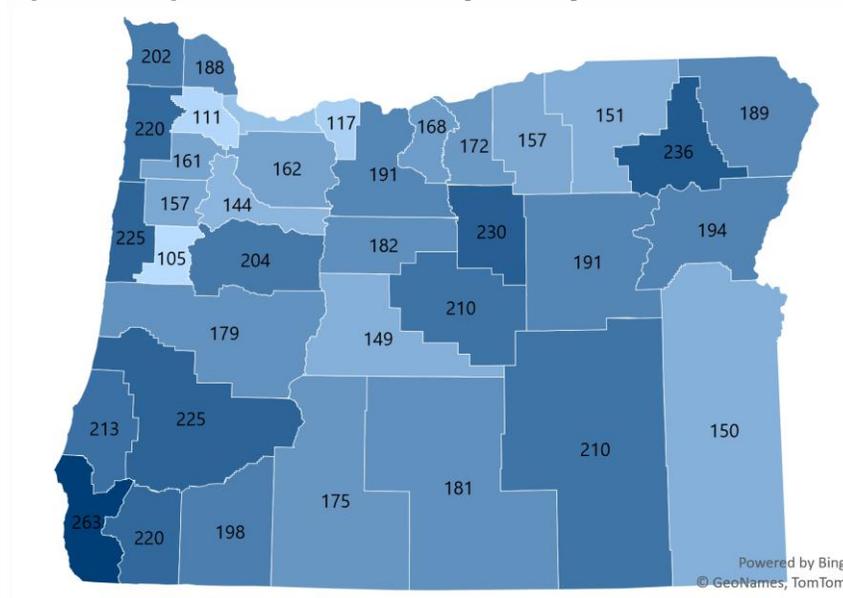
Between 2012 and 2021, Yamhill County followed a similar trend to the state regarding opioid prescribing. In the past 5 years, Yamhill County has made progress in decreasing the rate of opioid prescription fills. In Q4 2021, Yamhill County's rate was **160.9** opioid prescription fills per 1,000 residents compared to Oregon's rate of 157.2.

Yamhill County ranked **26th** among Oregon counties for the rate of opioid prescription fills per 1,000 residents.

Exhibit 11 Opioid Fill Rate by County

Yamhill County ranked twenty-sixth among Oregon counties

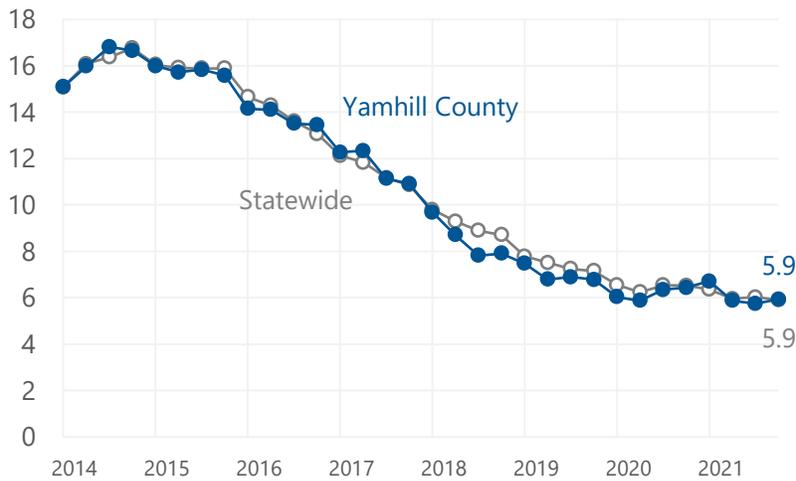
Opioid Fills per 1,000 Residents by County, Q4 2021



>90 MEU Individuals per 1,000 Residents from Any Fill

Exhibit 12 >90 MEU Rate in Yamhill County and Oregon
Yamhill County has a similar rate as Oregon

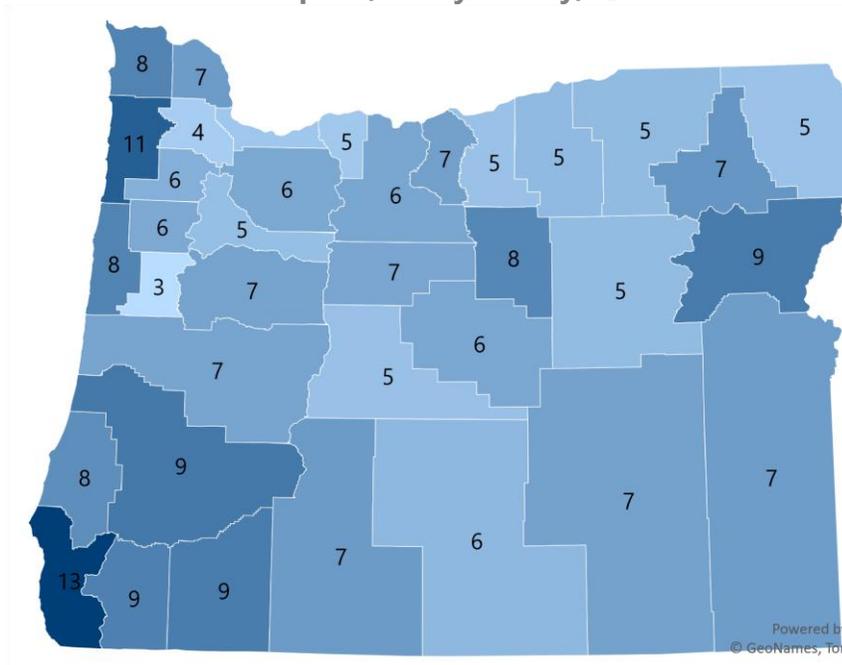
>90 MEU Individuals per 1,000 Residents, 2014-2021



Daily morphine equivalent units (MEU) thresholds of 50, 90, and 120, based on patient characteristics, are documented in both national resources, through the CDC’s Opioid Prescribing Guidelines, and statewide resources, through an Oregon Medicaid performance improvement project. The Oregon PDMP provides data for high dose, or risky, opioid prescriptions, including the number of individuals receiving 90 or more daily MEU.

Exhibit 13 >90 MEU Rate by County
Yamhill County ranked 24th among all Oregon counties

>90 MEU Individuals per 1,000 by County, Q4 2021



Between 2012 and 2021, Yamhill County followed a similar trend to the state regarding high-dose opioid prescribing. In the past 5 years, Yamhill County has made progress in decreasing the rate of >90 MEU individuals. In Q4 2021, the rate of individuals with >90 MEU opioid prescriptions per 1,000 residents was **5.9** for both Yamhill County and Oregon as a whole.

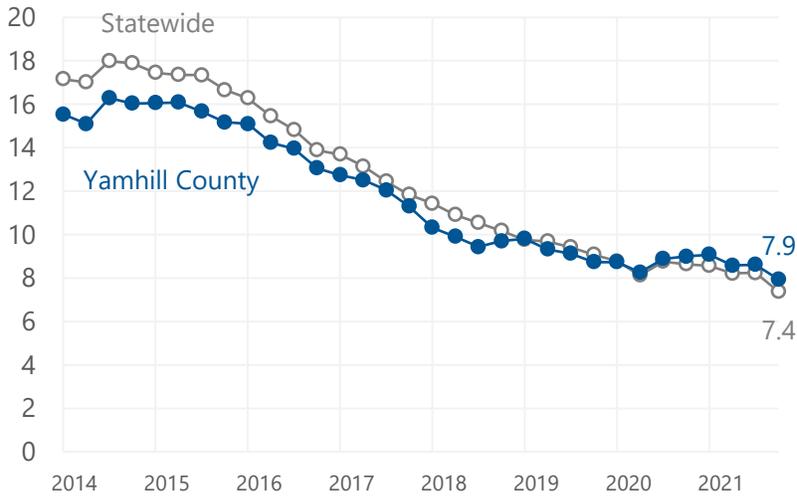
Yamhill County ranked **24th** among Oregon counties for the rate of >90 MEU individuals per 1,000 residents.

Overlapping Opioid/Benzodiazepine Individuals per 1,000 Residents

Exhibit 14 Opioid/Benzo Rate in Yamhill County and Oregon

Yamhill County has a similar rate as Oregon

Opioid/Benzo per 1,000 Residents, 2014-2021



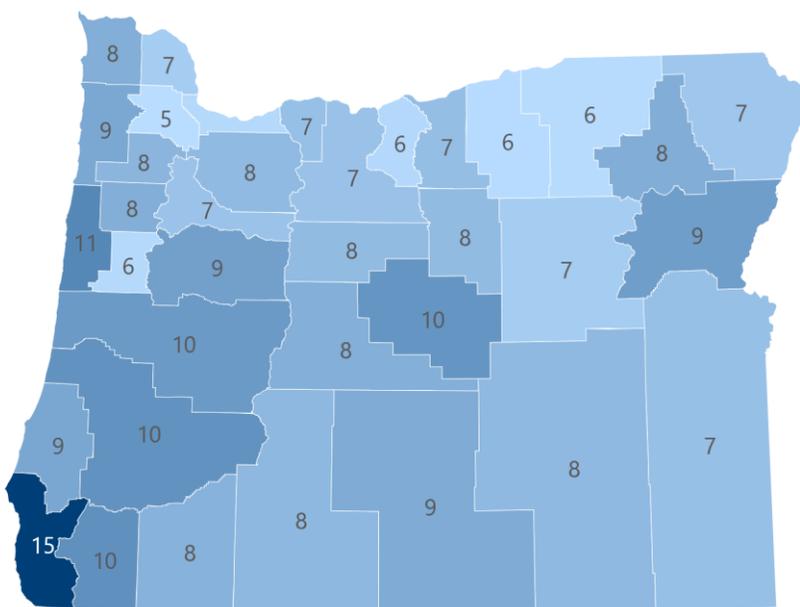
Combining opioids and benzodiazepines can be especially risky, as a significant number of opioid overdose deaths occur when the person also used benzodiazepines. The Oregon PDMP tracks the rate of people with combined benzodiazepine-opioid prescriptions in Oregon counties.

As was the case with the rate of >90 MEU individuals in Yamhill County, the rate of people with overlapping opioid and benzodiazepine prescriptions has followed the state trend. In Q4 of 2021, the county's rate of individuals with overlapping prescriptions was **7.9** per 1,000 residents, dropping from 16.3 in Q3 of 2014 but remaining higher than Oregon's rate of 7.4.

Exhibit 15 Opioid/Benzo Rate by County

Yamhill County ranked seventeenth among all Oregon counties

Opioid/Benzo per 1,000 Residents by County, Q4 2021



Yamhill County ranked **17th** among Oregon counties for the rate of individuals with overlapping opioid and benzodiazepine prescriptions per 1,000 residents.

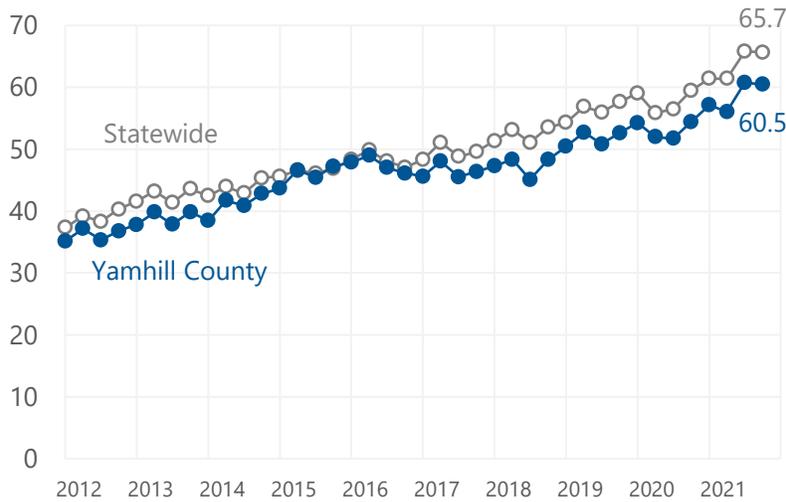
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Stimulant Prescription Fills per 1,000 Residents

Exhibit 16 Stimulant Fill Rate in Yamhill County and Oregon

The stimulant fill rate is increasing in Yamhill County

Stimulant Fills per 1,000 Residents, 2012-2021



The data shown in Exhibits 16 and 17 include stimulant prescription fills. Rate measurements are calculated using county populations as denominators.

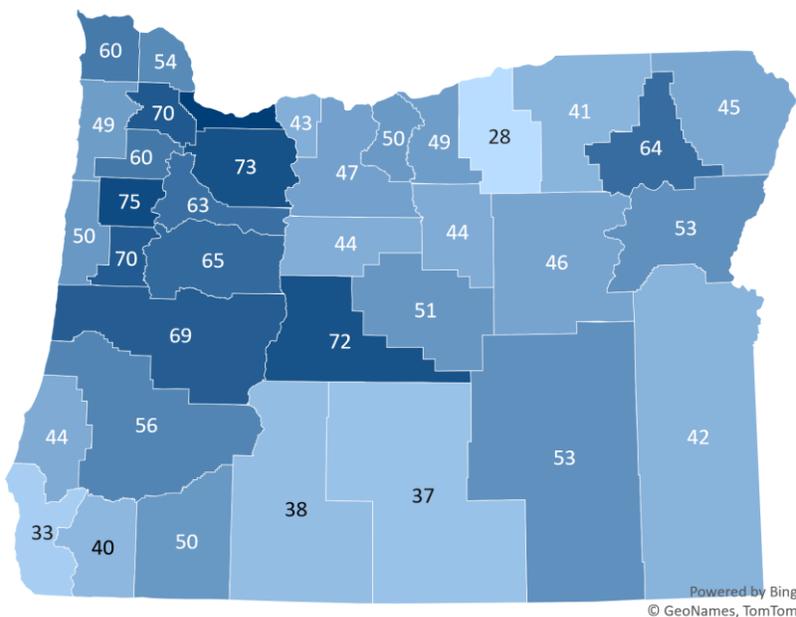
Like Oregon statewide, rates of stimulant prescribing are increasing in Yamhill County. In Q4 2021, Yamhill County's rate was **60.5** stimulant prescription fills per 1,000 residents compared to Oregon's rate of 65.7.

Yamhill County ranked **11th** among Oregon counties for the rate of prescription stimulant fills per 1,000 residents.

Exhibit 17 Stimulant Fill Rate by County

Yamhill County ranked eleventh among all Oregon counties

Stimulant Fills per 1,000 Residents by County, Q4 2021

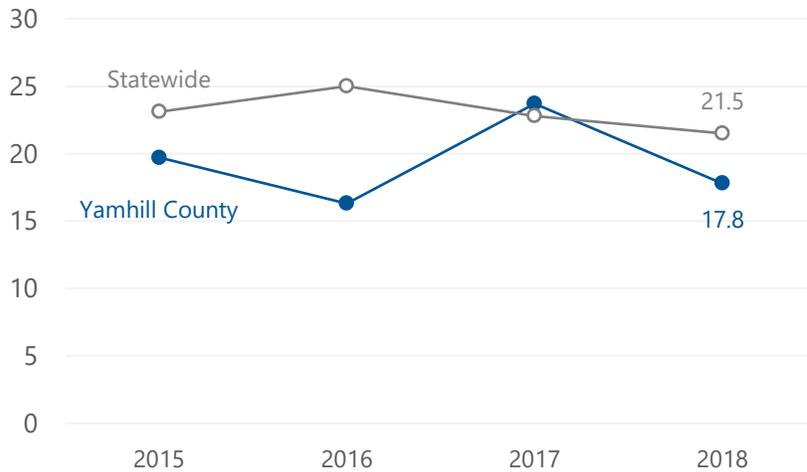


Any Opioid Overdose Hospitalizations per 100,000 Residents

Exhibit 18 Hospitalizations in Yamhill County and Oregon

Yamhill County typically has a lower rate than Oregon

Opioid Overdose Hospitalization Rate, 2015-2018



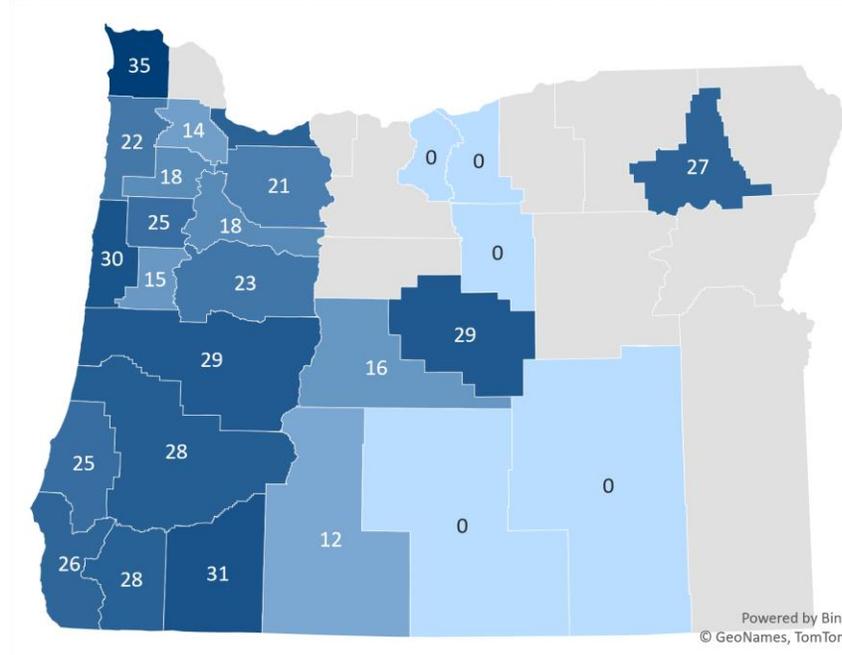
Data shown in Exhibits 18 and 19 are based on the ICD-10 hospital coding system.

Since 2015, when county-level data became available, Yamhill County has had lower opioid overdose hospitalization rates than the state, except in 2017. The rate of opioid overdose hospitalizations per 100,000 in 2018 in Yamhill County (**17.8**) decreased by 26% from the previous year and was lower than the rate in Oregon (21.5).

Exhibit 19 Hospitalization Rate by County

Yamhill County ranked seventeenth among all Oregon counties

Opioid Overdose Hospitalization Rate by County, 2018

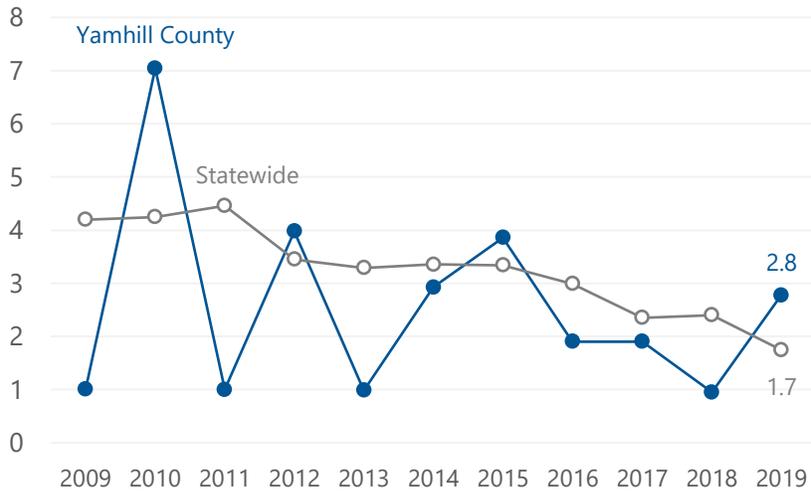


Yamhill County ranked **17th** among Oregon counties for the opioid overdose hospitalization rate.

Pharmaceutical Opioid Overdose Deaths per 100,000 Residents

Exhibit 22 Mortality Rate in Yamhill County and Oregon Yamhill County's rate fluctuates around Oregon's rate

Pharmaceutical Opioid Overdose Death Rate, 2009-2019



Data in Exhibits 22 and 23 include overdose deaths from pharmaceutical opioids.

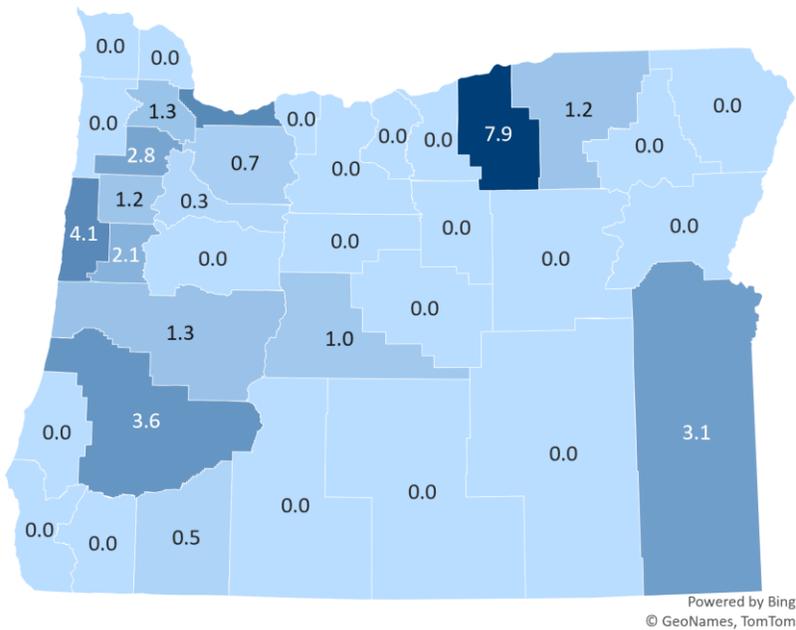
The pharmaceutical opioid overdose mortality rate has decreased across Oregon. In Yamhill County, the rate dropped from 7.0 deaths per 100,000 in 2010 to **2.8** in 2019. In 2019, the pharmaceutical opioid overdose mortality rate in Oregon was 1.7.

In 2019, Yamhill County ranked **6th** among Oregon counties for the number of pharmaceutical opioid overdose deaths per 100,000 population.

Exhibit 23 Mortality Rate by County

Yamhill County ranked sixth among Oregon counties

Pharmaceutical Opioid Overdose Death Rate by County, 2019

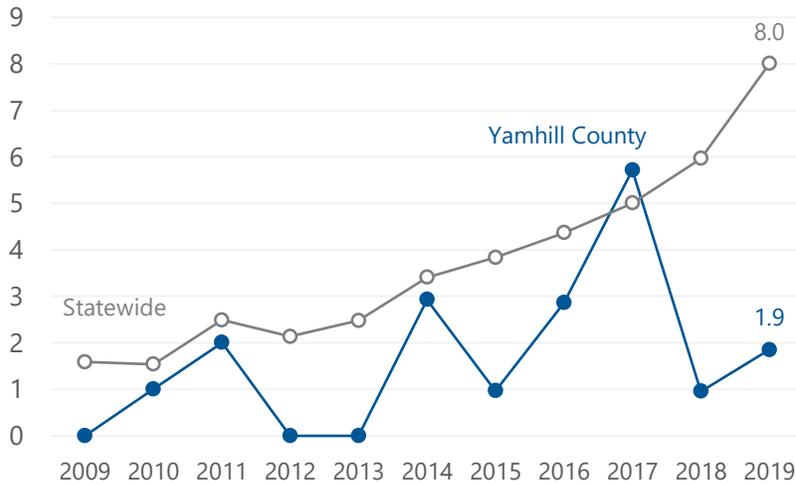


Stimulant Overdose Deaths per 100,000 Residents

Exhibit 26 Mortality Rate in Yamhill County and Oregon

The rate in Yamhill County is usually below the rate in Oregon

Stimulant Overdose Mortality Rate, 2009-2019



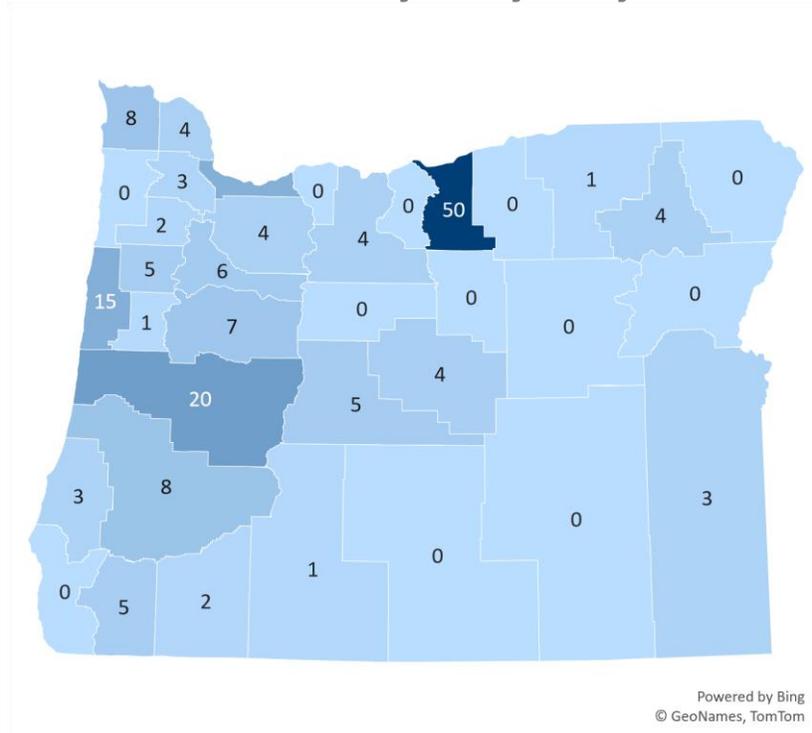
Stimulants include methamphetamine and other pharmaceutical and illicit stimulants.

Stimulant overdose deaths have been increasing in Oregon. Between 2009 and 2019 in Yamhill County, the stimulant overdose mortality rate was lower than in Oregon in every year except 2017. In 2019, the stimulant overdose mortality rate was **1.9** per 100,000 population compared to 8.0 in Oregon.

Exhibit 27 Mortality Rate by County

Yamhill County ranks twentieth among all Oregon counties

Stimulant Overdose Mortality Rate by County, 2019



In 2019, Yamhill County ranked **20th** among Oregon counties for the number of stimulant overdose deaths per 100,000 population.

KEY FINDINGS FROM LOCAL PRESENTATIONS AND REPORTS

Leaders and key partners involved in substance use disorder and overdose prevention services in Yamhill County shared information to highlight successes, challenges, and gaps. Below is a list of the reports shared, summaries, and links to access.

Virginia Garcia Memorial Health Center Rural Communities Opioid Response Program Strategic Plan

- To access the full report, see **Appendix B: Virginia Garcia Memorial Health Center RCORP Strategic Plan**
- Opioid Use Disorder (OUD) is a significant issue affecting the citizens of Yamhill County. Current available treatment resources are insufficient to meet the needs of those impacted by this serious public health problem. Data from the Community Needs and Gap Analysis for the identified target population that supports this assessment include:
 1. HRSA identified Yamhill County as a Mental Health Professional Shortage Area with a HPSA Score of 19 and a mental health provider ratio of 264:1, which is 25% higher than the average ratio in the state of Oregon.
 2. 13% of adults and 7% of children have unmet behavioral healthcare needs.
 3. 100% of individuals needing opioid detoxification services must go out of county.
 4. 100% of individuals needing daily dosing for Medication Assisted Treatment (MAT) must go out of county for services.
 5. 100% of individuals needing residential services must go out of county.
 6. 100% of Veterans needing VA provided services must go out of county.
 7. 0% of the OBOT Treatment Providers registered in the county are being utilized at full capacity.
 8. Currently, Virginia Garcia provides services to the underinsured and uninsured population as part of their mission. This is available for VGMHC patients in Washington County for MAT. However, it is not available in Yamhill County as only one Primary Care Provider at Virginia Garcia in Yamhill County has an X-Waiver and that individual is not providing MAT.
 9. There is no systematic access in the county for long term maintenance of MAT.
 10. There is at least a 14-day wait to enter available IOP programming.
 11. Sober living housing options are extremely limited.
 12. Primary prevention efforts within the school system have not been updated to address the impact of the opioid crisis.

2019-2024 Community Health Improvement Plan

- To access the full report, go to: <https://yamhillcco.org/wp-content/uploads/YCCO-CHIP-2019-2024.pdf>
- The Yamhill Community Care (YCCO) Community Health Improvement Plan (CHIP) is a plan to address the health needs of YCCO members and the community as a whole.
- Created by the YCCO Community Advisory Council (CAC).
- Based on the Community Health Assessment, which included national, state, and local data; YCCO member information; other local assessments; and community surveys and focus groups.
- Special focus on housing, equity, and social supports.

KEY PARTNER INTERVIEWS

From May through June 2022, Lines for Life conducted 15 45-minute interviews with community partners in Yamhill County. **Table 1** shows the interviewees by sector.

Table 1. Key Partners Interviewed by Sector

Sector	Interviews Completed
SUD treatment providers	1
Medical examiner	1
Law enforcement officers	1
Health systems	2
Mental health providers	2
Emergency physician	1
Government	1
Public health	1
Housing facility staff	1
School nurse	1
Community justice	1
Non-profit	1
Recovery/ Harm reduction services	1
Total	15

Interviews were audio recorded, transcribed, and analyzed thematically using NVIVO qualitative software. Findings are organized around the county’s resources, challenges, and solutions for addressing SUD.

Resources

SUD services in Yamhill County include both medical and behavioral health. Specific services include medications for opioid Use disorder (MOUD), outpatient treatment, transitional

treatment and recovery, peer mentoring, housing (i.e., permanent supportive and transitional), syringe services programs, naloxone distribution, provider prescription monitoring, and trainings.

Many service providers also partner across sectors including with Health and Human Services, peer mentors, MOUD providers, treatment and recovery programs, physicians, behavioral health providers, parole and probation, and other local service providers. Community partners described their approach to services as “meeting people where they’re at”, adaptive, and trauma-informed. When community partners referred clients to other organizations, they tended to refer for peer support, treatment, primary care, or therapy.

Organizations reported assessing the impact of their SUD services formally. Formal approaches included analyzing claims data, monitoring prescription fills, and reviewing state-level data.

Information about SUD services tended to be disseminated via word-of-mouth, outreach to local partnering agencies, referrals, and meetings with other community partners. Other approaches included websites, social media, and written materials such as a handbook or newspaper advertisement. A few community partners mentioned that having a list of local treatment providers and SUD services would be helpful to reference.

Challenges

The most common challenges related to SUD in the county were at multiple levels: individual, community, and systemic. At the individual level, community partners mentioned challenges related an increase in overdoses, youth substance use, and mental health and substance use comorbidities. One community partner said,

“It is just amazing how fentanyl has leaked into the whole fabric of the drug scene and basically we're seeing more fentanyl overdoses.”

Related to youth substance use, another community partner stated:

“Our school partners are telling us that they're seeing more and more kids getting in trouble for having drugs onsite. Using, being high in class, selling. All of those things. We're hearing from them that this is escalating and that things are getting worse.”

Community challenges included the high need for services in the county, limited staffing, and an increase of fentanyl in the county. Systemic challenges were gaps in support (e.g., detox to residential treatment, hospital to peer support, hospital or jail to treatment) and funding for services.

Data used to understand challenges related to SUD were from several sources. Individual-level data included claims data and medical screenings. Some organizations have used program outcome data and surveys. Other forms of data included state data and prescription fills. Data challenges included availability, the lag time to receive data, and access to local data.

Prevention services in the county are limited. Community partners suggested that families and youth could benefit from more prevention services and attributed the dearth of options to lack of funding. Strategies that have been working well included prevention messaging and trainings.

Although the county has many services for SUD treatment, community partners said accessing services can be challenging, and the county needs more services. Challenges include no medical detox center or inpatient treatment in the county, a wait list for services, and a limited number of beds in residential settings (and the one residential treatment option is expensive). The county might also need more resources for primary care, more MOUD providers, and MOUD in jail, sober living options, daily dispense or step-down programs, and services specifically for older adults.

Most community partners discussed harm reduction services as a strength, but a few mentioned the potential for conflicting views on the topic. A few community partners mentioned a need for more naloxone in the county. One community partner touched on conflicting views in the following statement:

“There is a growing awareness of the value and benefit of some of the harm reduction [approaches], but there's also still some hesitancy [that harm reduction is] just enabling. There's a little bit of the politics in that.”

Another community partner said:

“It is not widely known that we have naloxone in our school. I think that there are some people that maybe would be against that, thinking that we don't need to do harm reduction. I think there could be some pushback from some people.”

And:

“I think there's a lot of knowledge gap and misalignment philosophically around harm reduction in general. Largely, I would say in people who are in that realm of substance use disorder treatment. It's been so ingrained into people's minds of abstinence only. I think we've come a long way as a community, but there still is a ways to go.”

The community's perception of SUD treatment or services was mixed. Some community partners spoke about stigma and community resistance to providing services. Others thought that community resistance was minimal. When asked about stigma, community partners said that some geographic locations might be more stigmatized than others, that lower income community members might be more stigmatized, and that some substances might be more stigmatized than others.

One community member said:

"[Some community members might think] that only poor people are addicts. Or that the woman up in the Greens drinking wine at nine o'clock in the morning is not considered an addict. Or taking Percocet and drinking wine. That's not an addict. In people's minds, the addict is the person who is sitting on the street in front of Sherry's shooting up. Day drinking is talked about like everybody should be drinking. It's very strange. It's like we've normalized drinking a lot. It's 'Let's get together and have wine.' No one says, 'Let's get together and have iced tea.'"

Solutions

Community partners suggested that the broader community needs to acknowledge that SUD challenges exist and then jointly come up with solutions to address those challenges. Several community partners talked about SUD against the backdrop of the county's wine industry or the normalization of alcohol use. One community partner suggested getting real about substance use, stating:

"I think [we need to address] stigma across the whole county and be real about it. As this county becomes more and more dependent upon the wine industry, the more difficult it becomes to have the discussion around alcohol use disorder and those kinds of challenges. And there's also some issues around cannabis for the county in that there's a growing cannabis industry. So how do we balance all of that? I think it's a growing problem."

Another community partner suggested tackling county challenges together:

"I have experienced the most positive [results] when we're having these conversations. When we're talking about "How do we work together as a community to solve these community problems?" Whether that's with the schools. Whether that's with local elected officials. Whether that's with the city's EMS, law enforcement, peer organizations that work to support people. For the most part, everyone feels like this is something that we should be talking about and working on. Most places feel like they have some sort of role or responsibility."

The community could increase the number of SUD services that are currently available and add local detox and inpatient treatment options. Expanded or additional services include support for older adults with SUD (e.g., older adult specialists, peers, and access to care that uses an aging lens), housing (e.g., supportive, sober), support for youth (e.g., prevention in schools, more social options), "no wrong door" for support, and seamless pathways and transitions between service providers. One community partner described a seamless pathway as follows:

"[It's] the ability for a person to cross different organizations within a system as seamlessly as we possibly can—without interruption. Those are the most dangerous times. Those transitional times for people. And we can lose people. Building a system that really works well together and communicates well together."

The most frequently mentioned community-level solutions were fostering a culture of kindness and caring, funding more services, and increasing community education about SUD. Other solutions included creating a system where the emergency department is not the first stop on the journey to recovery, creating incentives to retain providers, and creating a system that other counties could replicate. Several community partners spoke about the type of community culture they would like to see. One community partner said:

"I would like to see people open their hearts more. To be better educated. To shave the fat off of the stigma surrounding SUDs and the people that suffer with them. That's a huge contributing factor to people even seeking treatment—the fact that they are stigmatized. They don't want to be viewed as a... as a junkie or less than human because they suffer with an addiction. It's definitely a huge contributing factor why people don't [seek support]. They don't want to be exposed."

Another community partner said:

"[I'd like] a community that showed kindness to each other. That listened. That people cared about each other and is a place where children felt loved and appreciated. That we all could just let each other be and then let each other be happy. And celebrate each other's happiness."

APPENDIX A: KEY INFORMANT QUESTIONS

INTRODUCTION

Welcome—Explain purpose of the interview

- Thank you for agreeing to do this interview. My name is [NAME], and I'll be talking with you today.
- Lines for Life is partnering with Comagine Health to provide strategic planning technical assistance to Yamhill County. This project is funded by the Oregon Health Authority to support the development of a strategic plan that builds on Community Health Improvement Plans (CHIP), coordinates efforts that engages people with substance use disorder (SUD) in services and strengthens community partnerships.
- The purpose of this interview today is to learn more about your experiences and recommendations that provide deeper insight into COVID-19 impacts and ongoing challenges on SUD prevention, treatment & recovery services, including identifying areas for community capacity building & care coordination.
- The interview will last about 45 minutes.

Ground Rules

- Everything you tell us will be confidential. To protect your privacy, we won't connect your name with anything that you say.
- At any time during our conversation, please feel free to let me know if you have any questions or if you would rather not answer any specific question. You can also stop the interview at any time for any reason.
- Please remember that we want to know what you think and feel and that there are no right or wrong answers.
- Is it OK if I record this interview today?

[Press record button on zoom.]

BACKGROUND

I'd like to begin by asking you some questions about your current job.

1. What is your position at [organization]? What are your major responsibilities in your current position?
2. How long have you been with [organization]?
3. Can you tell me a bit about your work and experience as it relates to opioid and other substance use disorder prevention, treatment, and recovery?

Throughout this interview we are interested in better understanding three key practices and services in Yamhill County. We recognize you may be more knowledgeable and more directly involved in some of the services or practices and not all. Those practices include:

- Pain and Provider/Prescriber practice
- Addiction, Treatment and Recovery
- Harm Reduction and Prevention

RESOURCES

What SUD-related resources or services do you/your organization currently provide in Yamhill County?

1. How do you assess or evaluate the impact of the SUD services your organization offers?
2. What is your organizations approach to providing services to people with SUD?
3. What resources/services outside your organization do you engage or refer to, for supports?
4. How do you disseminate information about your services to individuals seeking services? To partner organizations and professionals?
5. What resources does your organization have that are available for this current effort with Yamhill County (e.g., financial, staff expertise, etc.)?

CHALLENGES

What issues/barriers/gaps in SUD services and coordination do you face in this community?

1. What are the most common problems you see related to opioid misuse, including heroin and fentanyl, in Yamhill County? Other substances?
2. What data do you use, if any, to help you understand the challenges?
 - What challenges do you experience accessing data? (Probe: data availability, timeliness)
3. What concerns do you have, if any, about availability of prevention programs, practices, and services?
 - Funding?
 - Staffing challenges? Workforce? Housing?
 - Commercial insurance and non-insured concerns? Lack of data?
 - Covid impact, ongoing crisis services for pregnant mothers and children under 3?
4. What concerns do you have, if any, about the availability of SUD treatment options, including inpatient, outpatient, and detox services?
 - Funding?
 - Staffing challenges? Workforce? Housing?

- Commercial insurance and non-insured concerns? Lack of data?
 - Covid impact, ongoing crisis services for pregnant mothers and children under 3?
5. What concerns do you have, if any, about the availability of harm reduction services?
 - Funding?
 - Staffing challenges? Workforce? Housing?
 - Commercial insurance and non-insured concerns? Lack of data?
 - Covid impact, ongoing crisis services for pregnant mothers and children under 3?
 6. What changes have you seen related to overdoses over the last few years?
 - Do you provide or have access to naloxone?
 - Are there barriers? Community concerns on access and administering naloxone?
 7. What concerns do you have, if any, about community perceptions of treatment or other service options? Availability? Access?
 - From your perspective is the community well-informed about this issue? Availability of services? Are they supportive?
 - In the community, is stigma and mistrust of current systems of care an issue?
 - Is there mistrust between the staff and organizations providing treatment and support services? Why?
 - What is the community response to availability of harm reduction services? Awareness? Stigma?

SOLUTIONS

What are three things that you believe would have the most impact on addressing SUD in Yamhill County?

1. What current prevention strategies are working well to prevent SUD in Yamhill County?
2. What is working well in Yamhill County for those seeking treatment and recovery?
3. What is needed to increase your organization or your community's impact on addressing this issue? To provide better solutions.
4. What barriers can be overcome? How?
5. What is a short-term win? Long term wins?
6. What is your vision for Yamhill County? How can we get there?

Anything else you would like to share?

APPENDIX B: VIRGINIA GARCIA MEMORIAL HEALTH CENTER RCORP STRATEGIC PLAN

**Yamhill County, Oregon RCORP Consortium
Hillsboro, OR
February 7, 2020**

Grantee Organization	Virginia Garcia Memorial Health Center (VGMHC)	
Grant Number	G25RH33024	
Address	PO Box 6149 Aloha, OR 97007	
Service Area	Yamhill County	
Project Director	Name:	Kimberly Wilcox, Program Director (Project Manager: Kathy McCarthy)
	Title:	BH/MH Services Director
	Phone number:	503-352-8674
	Email address:	kwilcox@vgmhc.org
Contributing Consortium Members and Stakeholders	Yamhill County Health and Human Services	
	Yamhill Community Care Organization	
	McMinnville Sheriff's Office	
	Provoking Hope	
	Virginia Garcia Memorial Health Center	
	George Fox University	
	Yamhill County Commissioners	
	Willamina School District	

Strategic Plan

A. Assessment Summary

ASSESSMENT SUMMARY:

Date collection and analysis reveals that Opioid Use Disorder (OUD) is a significant issue affecting the citizens of Yamhill County. Current available treatment resources are insufficient to meet the needs of those impacted by this serious public health problem. Data from the Community Needs and Gap Analysis for the identified target population that supports this assessment include:

1. HRSA identified Yamhill County as a Mental Health Professional Shortage Area with a HPSA Score of 19 and a mental health provider ratio of 264:1, which is 25% higher than the average ratio in the state of Oregon.
2. 13% of adults and 7% of children have unmet behavioral healthcare needs.
3. 100% of individuals needing opioid detoxification services must go out of county.
4. 100% of individuals needing daily dosing for Medication Assisted Treatment (MAT) must go out of county for services.
5. 100% of individuals needing residential services must go out of county.
6. 100% of Veterans needing VA provided services must go out of county.
7. 0% of the OBOT Treatment Providers registered in the county are being utilized at full capacity.
8. Currently, Virginia Garcia provides services to the underinsured and uninsured population as part of their mission. This is available for VGMHC patients in Washington County for MAT. However, it is not available in Yamhill County as only one Primary Care Provider at Virginia Garcia (VG) in Yamhill County has an X-Waiver and that individual is not providing MAT.
9. There is no systematic access in the county for long term maintenance of MAT.
10. There is at least a 14 day wait to enter available IOP programming.
11. Sober Living housing options are extremely limited.
12. Primary Prevention efforts within the school system have not been updated to address the impact of the opioid crisis.

Some identified gaps in the Yamhill County RCORP Needs Assessment/Gap Analysis are not addressed in our Strategic Plan. This is in response to prioritization of goals and objectives that can immediately benefit (within the next three years) people suffering from OUD/SUDs and the system of care as a whole.

B. Problem Statement

PROBLEM STATEMENT:

1. Critical services are not available or severely limited in the county, which gravely impacts the ability of individuals and their families to stabilize their lives. This includes:
 - a. Detoxification
 - b. MAT Services
 - c. Residential Programs
2. There is insufficient clinical programming including IOP Programs, Reentry Services and stable recovery supports.
3. Housing and Financial Instability is a result of significant limitations in social support resources within the county.
4. The fractured system of care with limited coordination between providers prevents open communication regarding available resources and integration of services.
5. Failure to share valuable data between partners interferes with making sound, value-based decisions regarding the system of care.

C. Target Population

TARGET POPULATIONS:

Direct Targets:

1. Medicaid, Medicare, underinsured and uninsured citizens of Yamhill County with OUD:
 - a. Recognizing the increased incident of unintended use as many substances are being laced with fentanyl;
 - b. Recognizing that as access to opiates is declining, the incidence of other SUDS, specifically methamphetamine, needs to be addressed;
 - c. Populations requiring specialized programming include:
 - I. Pregnant Woman
 - II. Transitional Age Youth
 - III. CJS Reentry
 - IV. Chronic Pain Patients
 - V. Older Adults
 - VI. Hispanic population
 - VII. Migrant population
2. Prescribers

3. Treatment providers

Indirect Targets:

1. Family members – children, parents, extended family
2. Policy makers
3. Concerned citizens

D. Goal

State the major changes in behavior that need to occur within your identified target population to achieve your vision.

GOALS (Major changes in BEHAVIOR within target population to achieve vision):

Direct Targets:

1. Individuals with OUD
 - a. Engage in comprehensive treatment in Yamhill County
 - b. Become advocates for and participants in service development in Yamhill County
 - c. Become mentors for others struggling with OUD and other SUDs.
2. Prescribers
 - a. Develop core competencies
 - i. Understanding the chronic disease model and harm reduction principals
 - ii. Recognizing the need to treat individuals with OUD and other SUDs following ethical medical guidelines
 - iii. Obtain X-waivers
 - b. Accept and fulfill their role in expanding the capacity for provision of MAT and other medical services for OUD and other SUDs in the county:
 - i. Increase % of VG/YCCO providers having X-Waivers
 - ii. Establish and maintain all X-Waivered Providers at 25% of max capacity or higher
 - iii. Partner with all treatment providers working collaboratively to address the needs of those dealing with OUD and other SUDs.
3. Treatment Providers
 - a. Develop core competencies
 - i. Understanding the chronic disease model that necessitates individuals with OUD having access to LOC needed services as they experience improvement and relapses over the course of their illness
 - ii. Understand the need for and support the utilization of medication-based treatment of OUD

- iii. Understand the specialized EBP strategies needed to meet the diverse needs individuals with OUD and other SUDs, especially those with co-occurring psychiatric conditions.
- b. Increase capacity for service provision utilizing technological services including tele-health and social media tools

E. Long-Term Outcome

Define the change you are seeking to make in problems or behaviors.

LONGTERM OUTCOMES:

1. Comprehensive RCORP Consortium with collaborative, sustainable partnerships between medical providers, clinicians, social support systems, the criminal justice system, and community leaders, including elected officials and other key decision makers
2. Integrated Recovery Oriented System of Care (ROSC) based on the no wrong door principal with rapid access to ASAM determined Level of Care (LOC) Treatment
3. Critical OUD/SUD services available in Yamhill County including:
 - a. Detoxification
 - b. Induction and Maintenance using Medication Assisted Treatment (MAT)
 - c. Expansion of MAT to include antagonist therapy
 - d. Expansion of IOP including addressing the needs of special populations as previously outlined
 - e. Residential Services
 - f. Expanded sober living opportunities
4. Comprehensive, high quality data sets that can be utilized to support CQI and value-based decision making to maintain and expand the ROSC

F. Long-Term Outcome Indicators

List the indicators that will demonstrate you are making progress toward your goal.

Long Term Indicators:

1. RCORP Consortium will have a minimum membership of at least 1 representative from medical providers, clinicians, social support systems, the criminal justice system, and community leaders, including elected officials and other key decision makers.
2. RCORP Consortium will have robust workgroups focused on a) treatment; b) prevention; and c) recovery-oriented system of care objectives and strategies.
3. All citizens of Yamhill County with OUD or other SUDs will receive services in the counties Integrated Recovery Oriented System of Care (ROSC).

4. Yamhill County citizens with OUD or other SUDs will have rapid access to ASAM determined Level of Care (LOC) Treatment based on the no wrong door principle.
5. Treatment wait times will decrease by 50% (currently at least 14 days).
6. OUD/SUD services will be available in Yamhill County by the end of the Strategic Plan period as follows:
 - a. Detoxification
 - b. Induction and Maintenance using Medication Assisted Treatment (MAT)
 - c. Expansion of MAT to include antagonist therapy
 - d. Expansion of IOP including addressing the needs of special populations and increasing numbers of providers as previously outlined.
7. Each provider agency and individual will have developed comprehensive, high quality data sets that will be utilized to support CQI and value-based decision making to maintain and expand the ROSC. Reporting mechanisms will be in place.

YAMHILL COUNTY, OREGON RCORP STRATEGIC PLAN

OBJECTIVE WORKSHEET

1.Objective: Increase access to in county MAT treatment including induction, maintenance and daily dosing as needed.

Intermediate Outcome: By October 2023, 100% of patients will have access to in county Treatment Services

- Intermediate Outcome Indicators** (List the indicators that will demonstrate you are making progress toward your goal):
- By October 2021, 25% of patients will have access to in county Treatment Services.
 - By October 2022, 75% of patients will have access to in county Treatment Services.

Strategy: Expand engagement and follow up care after an OUD related ED visit and/or incarceration

<i>Activities</i>	<i>Timeline</i>		<i>Who Is Responsible?</i>	<i>Process Indicators</i>	<i>Short-Term Outcomes</i>
	<i>Start Date</i>	<i>End Date</i>			
Create a treatment workgroup as identified by the Consortium	9/20	10/20	Consortium	Treatment group developed	Implementation of procedures and pathways

Treatment workgroup will develop a charter operating agreement and service level agreement	10/20	12/20	Consortium Treatment Workgroup	Agreements approved	
Consortium will approve workgroup charter operating agreement and service level agreement	12/20	12/20	Consortium	Agreements are signed	
Treatment workgroup will make recommendations regarding goals, objectives, activities and timeline using the Yamhill County RCORP Strategic Plan as a blueprint	12/20	2/21	Consortium Treatment Workgroup	Changes and adjustments if any to the treatment Strategic Plan recommended to the Consortium	
Treatment workgroup will make recommendations regarding goals, objectives, activities and timeline using the Yamhill County RCORP Strategic Plan as a blueprint	12/20	2/21	Consortium Treatment Workgroup	Changes and adjustments if any to the treatment Strategic Plan recommended to the Consortium	
Consortium will evaluate and approve workgroup activities throughout as well as make changes when needed	2/21	2/21	Consortium	Consortium approves any changes or adjustments to the Strategic Plan	
Develop warm hand off procedures to support successful	3/21	6/21	Consortium Treatment Workgroup	Procedure developed	

transition as LOC needs change.					
Create care pathways within and between agencies and providers participating in the ROSC.	3/21	6/21	Consortium Treatment Workgroup Pathways approved by Consortium	Pathways developed	
Strategy: Expand number of waived prescribers within the System of Care (SOC)					
Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
Analyze barriers for obtaining DEA Waiver	1/20	ongoing	Consortium treatment workgroup	Report developed	25% more providers in county prescribe MAT
Educate prescribers about MAT	1/20	ongoing	Consortium treatment workgroup	Education plan developed	
Recruit prescribers internally	1/20	ongoing	VGMHC/PMG/YHHS and other local providers	3 providers identified	
Develop SOC workflow to successfully transfer MAT patients between LOC	3/21	6/21	MAT providing agencies/Consortium treatment workgroup	Workflow developed	
Support providers getting the X-Waiver –including time from clinical duties to complete training and financial support to obtain DEA-X	ongoing	ongoing	MAT providing agencies/YCCO	Potential funds identified	

2.Objective: Expand treatment to multiple provider agencies to increase and diversify therapeutic programming.

Intermediate Outcome:

- Recruit at least two co-occurring competent providers to complement existing service providers by 2023
- Increase collaboration between medical and clinical treatment providers as well as peer recovery support systems by having quarterly provider meetings and two lunch and learns by September 2021

Intermediate Outcome Indicators:

- By December 2022, recruit one co-occurring competent providers to complement existing service providers
- By February 2021, increase collaboration between medical and clinical treatment providers as well as peer recovery support systems

Strategy: YCCO will provide direct monitoring of service delivery system

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
Hire the Director of Behavioral Health and Integration	1/20	3/20	YCCO	Director is hired and training begins	Plan is developed and schedule for implementation is completed.
Build the YCCO Behavioral Health Department and SUD Treatments	1/20	ongoing	YCCO	Director is hired and expands program	
Schedule regular audits using evidence-based tools to evaluate fidelity to care pathways	4/20	ongoing	YCCO/YHHS	Process and schedule for audits is developed	
Develop manualized care pathways for service provision	6/20	ongoing	YCCO/YHHS/Consortium treatment workgroup and other local providers	Workgroup meets regularly	

Strategy: Engage with other treatment providers to expand therapeutic options and increase collaboration in the SOC

<i>Activities</i>	<i>Timeline</i>		<i>Who Is Responsible?</i>	<i>Process Indicators</i>	<i>Short-Term Outcomes</i>
	<i>Start Date</i>	<i>End Date</i>			
Develop Sequential Intercept Mapping of current SOC	3/20	6/20	Consortium Treatment Workgroup with consultants	SIM complete	<ul style="list-style-type: none"> - An open process developed for additional providers. - 25% Lunch and Learns, etc. are scheduled and completed. - Minimum of 1 time per month meetings
Explore possibilities of a Opioid Treatment Program clinic in McMinnville	9/20	10/22	The Consortium	Plan is developed	
Meet with current SOC partners to identify capacity individual partners	6/20	9/20	Consortium Treatment Workgroup	Meeting complete	
Identify agencies and individuals who are interested and have the capacity to expand their service array to include OUD/SUD treatment	6/20	9/20	Consortium Treatment Workgroup with YCCO	Agencies identified	
Expand YCCO contracted SUD treatment	5/20	ongoing	YCCO	Interested provider agencies	

provider agencies and individuals				<i>and individuals identified</i>	
Training and education of work force on essential topics via Lunch and Learns, on-line tools such as Relias and involvement with CME, CEU activities	9/20	1/21	<i>Consortium Treatment workgroup</i>	<i>Meetings scheduled</i>	
Increase treatment team staffing meetings to provide peer review and support	9/20	<i>ongoing</i>	<i>YHHS/VGMHC/PMG and other local providers</i>	<i>Meetings scheduled</i>	

3.Objective: Operate under ROSC principles

Intermediate Outcome:

- By September 2022, workflows and care pathways are fully implemented that support No Wrong Door engagement for those seeking services.
- By October 2023, implement Trauma Informed Care, personal resiliency and recovery models across the system of care.
- By October 2023, an integrated and organized system exists for family members, significant others, friends and concerned citizens in the community to learn about SUDs and ways they can support individuals working on stabilization and recovery.
- By October 2023, alternative self-help programs are fully integrated into the SOC.
- By December 2023, policy makers will promote service development through advocacy and support in order to bring resources to the county and decrease OUD and other SUDs as evidenced by an increase in resources of 25%.

Intermediate Outcome Indicators:

- By September 2021, create workflows and care pathways that support No Wrong Door engagement for those seeking services.

- By October 2021, 25% of providers in the SOC are implementing Trauma Informed Care, personal resiliency and recovery models.
- By October 2022, 50% of providers in the SOC are implementing Trauma Informed Care, personal resiliency and recovery models.
- By October 2021, at least one community event to expand opportunities for family members, significant others, friends and concerned citizens in the community to learn about SUDs and ways they can support individuals working on stabilization and recovery has occurred.
- By October 2022, at least one community event per quarter for family members, significant others, friends and concerned citizens in the community to learn about SUDs and ways they can support individuals working on stabilization and recovery has occurred.
- By October 2022, increase options for self-help programs by 20%.
- By December 2022, policy makers will promote service development through advocacy and support in order to bring resources to the county and decrease OUD and other SUDs as evidenced by an increase of resources of 10%.

Strategy: Expand participants in the Yamhill County RCORP Consortium to create a comprehensive, collaborative, community-based oversight committee that can lead and support the development of a ROSC

<i>Activities</i>	<i>Timeline</i>		<i>Who Is Responsible?</i>	<i>Process Indicators</i>	<i>Short-Term Outcomes</i>
	<i>Start Date</i>	<i>End Date</i>			
Implement strategies to bring other community partners into active participation in Consortium work	3/20	6/20	Consortium/Consortium consultants	Strategies implemented	25% more community members attend the quarterly Consortium meetings and are supportive of MAT in Yamhill County community
Develop Charter, operating agreements and service level agreements among Consortium members	3/20	6/20	Consortium/Consortium consultants	Agreements signed	
Identify workgroups to be	3/20	5/20	Consortium/Consortium consultants	Workgroups identified	

established per Strategic Plan					
Develop Yamhill County RCORP messaging plan	3/20	6/20	<i>Consortium/Consortium consultants</i>	<i>Messaging plan developed</i>	
High level leadership of YHHS, YCCO and VG create a joint statement in support of developing a ROSC.	4/20	6/20	<i>Consortium workgroup</i>	<i>Joint statement created</i>	
Identify ongoing activities that will maintain high visibility for this project	3/20	<i>ongoing</i>	<i>Consortium with consultants</i>	<i>Initial list of activities created</i>	
Make presentations to county-wide committees including but not limited to the Public Safety council, the Public Health Forum, and the Drug and Alcohol Committee to inform and recruit members for the RCORP	6/20	<i>ongoing</i>	<i>Consortium workgroup</i>	<i>Presentations completed</i>	

Strategy: Expand and engage with the recovery support system					
Activities	Timeline		Who Is Responsible?	Process Indicators	
	Start Date	End Date			
Educate recovery community about the chronic disease model and role of medication in stabilization and recovery	9/19	ongoing	Consortium workgroup with existing community resources	Sessions scheduled	50% Community members across Yamhill County are communicating interest in supporting OUD and SUD initiatives
In collaboration with Provoking Hope provide educational forums for recovery community about MAT	6/20	ongoing	Consortium workgroup/Provoking Hope	Forums scheduled	
Support individuals in recovery becoming CRMs	6/20	ongoing	Providers with Provoking Hope	3 interested people are identified	
Incorporate family therapy more consistently into treatment services	9/20	ongoing	Treatment providers	25% increase in family members participate in loved ones treatment	
Create a committee tasked with the development and maintenance of a directory of services	6/20	ongoing	Consortium workgroup	Committee created	

Develop and maintain a directory of recovery services in the county	1/21	ongoing	Consortium workgroup	Directory created	
Identify alternative self-help groups and support them in establishing meetings within the community.	6/20	ongoing	Consortium workgroup	At least 2 new alternative self-help groups begin	

4.Objective: Engage in preventative measures including early intervention when risky behaviors are observed.

Intermediate Outcome:

- By October 2023, Yamhill County will have at least 1 weekly drug and alcohol free activities for youth, families and young adults.
- By September 2021, develop up to date curriculum for school districts about drug and alcohol prevention.
- By September 2023, implement resiliency programming including parenting classes and school based curriculum for early childhood through high school aged youth.

Intermediate Outcome Indicators (List the indicators that will demonstrate you are making progress toward your goal):

- By October 2021, Yamhill County will have at least 1 monthly drug and alcohol-free activity for youth, families and young adults.
- By October 2022, Yamhill County will have at least 1 bi-weekly drug and alcohol-free activity for youth, families and young adults.
- By February 2021, school districts will approve curriculum about drug and alcohol prevention.
- By February 2021, identify and approve resiliency programming including parenting classes and school-based curriculum for early childhood through high school-aged youth with implementation plan.

Intermediate Outcome:

- By October 2023, Yamhill County will have at least 1 weekly drug and alcohol free activities for youth, families and young adults.
- By September 2021, develop up to date curriculum for school districts about drug and alcohol prevention.
- By September 2023, implement resiliency programming including parenting classes and school based curriculum for early childhood through high school aged youth.

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- By February 2021, school districts will approve curriculum about drug and alcohol prevention.
- By February 2021, identify and approve resiliency programming including parenting classes and school-based curriculum for early childhood through high school-aged youth with implementation plan.

Strategy: Engage Public Health and the Drug and Alcohol Coordinating Committees in utilizing CHIP resources to promote wellness programs for family and youth. Increase state support within the county.

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
Present to Community Services Meetings in the county about initiatives	6/20	ongoing	YCCO/Consortium workgroup	Develop presentations	50% of school districts are educating students.
Learn about resources in place that support healthy activities	6/20	ongoing	Consortium workgroup	A database of health activities in the county is developed.	At least 1 drug and alcohol-free family activity per month is happening in the county.
Recruit partners to implement healthy activities in the community as needed	6/20	ongoing	Consortium workgroup	Community partners are identified and participating.	

Create education committee to review current school system prevention practices.	9/20	12/20	Consortium workgroup/Yamhill County School Districts	Committee is working with Consortium workgroup	At least 1 citizen education opportunity is scheduled quarterly.
Engage and expand research of evidence-based practices that promotes healthy child development and resilience	9/20	ongoing	Consortium workgroup/Yamhill County School Districts	EBP are identified and chosen	25% increase in lobby activities.
Engage and expand to implement chosen EBP in schools within the county	1/21	ongoing	Consortium workgroup/Yamhill County School Districts	At least 1 school in each school district has implementation plan	
Policy makers will advocate for ongoing support within the state to address the needs of all citizens impacted by OUD and other SUDs	Immediately	ongoing	Policy makers	At least 1 policy maker in each level of government across the county and cities is engaged.	
Create educational structure within the county for concerned citizens to understand the chronic disease model including harm reduction initiatives	9/20	ongoing	Consortium workgroup with citizen committees	Educational structure developed.	
Citizens will become knowledgeable about the use of Narcan in saving lives of those with OUD	Currently	ongoing	Regional Prescription Drug Opioid Program	25% increase in Narcan use training.	

Strategy: Establish Education Committee to focus on and implement prevention programming and activities.

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
Establish and expand public forums throughout the county to engage citizens in understanding and learning how to avoid developing SUDs, especially OUD.	9/20	ongoing	Consortium workgroup	Develop curriculum and agenda of public forums	Calendar is created to include public forums, family support groups and policy maker presentations.
Create educational opportunities for family members	9/20	ongoing	Consortium workgroup/Provoking Hope	Create family support and education curriculum	
Increase education and awareness amongst policy makers regarding the impact of OUD and other SUDs on the quality of life for all citizens in Yamhill County	4/20	ongoing	Consortium workgroup/Community leaders	Presentation to policy makers is developed	

5.Objective: Maintain individuals who are opioid naïve as opioid free by promoting non-opioid treatment options for pain management

Intermediate Outcome:

- Prescribing practices will continue to demonstrate decline from current opioid prescriptions to appropriate levels and uses by December 2023.

Intermediate Outcome Indicators:

- Prescribing practices will continue to demonstrate a 10% decline in opioid prescription to appropriate levels and uses by December 2022.

Strategy: Promote the State of Oregon’s strategies with all surgical specialists and pain management providers in the county

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
PDMP monitoring of prescribing patterns	Ongoing	ongoing	YCCO/State of OR	50% of providers are monitored	Continued decrease in opioid prescriptions amongst surgical specialists and pain management providers
Create a system to monitor standards of care regarding opioid prescription are used across the county	Ongoing	Ongoing	YCCO/State of Oregon	Monitoring system is communicated across the system of care.	
Implement YCCO’s Persistent Pain Policy Guidelines	2/20	ongoing	YCCO/YHHS/PMG and all local providers	Providers in the county agree to treatment for pain per the guidelines of YCCO	

Strategy: Expand access to evidence based alternative pain management services

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
Monitor claims and referral records for	3/20	ongoing	YCCO	Data report is developed	Alternative pain management Consortium

increases in alternative therapies being utilized					<i>workgroup identified and begins to meet</i>
Inform providers in the county of the George Fox Physical Therapy (ACT) for pain management	2/20	<i>ongoing</i>	<i>The Consortium</i>	<i>Referrals to George Fox Physical Therapy ACT has increased</i>	
Identify successful alternative pain management services in the state	2/20	<i>ongoing</i>	<i>Consortium workgroup</i>	<i>.Workgroup has toured 2 successful alternative pain management programs.</i>	
Develop alternative pain management model	3/30	<i>Ongoing</i>	<i>Consortium workgroup approved by Consortium</i>	<i>Key alternative pain management strategies are identified</i>	

6.Objective: Create sustainability plan

Intermediate Outcome:

- By December 2021, YCCO, YHHS and VG will identify and monitor savings in health care expenditures that are the direct result of improved care for those with OUD and other SUDS so these savings can be used to maintain the ROSC.
- By September 2020, the Yamhill County RCORP Consortium will implement a comprehensive and collaborative process to target resources and grant opportunities to sustain the ROSC.

Intermediate Outcome Indicators (List the indicators that will demonstrate you are making progress toward your goal):

- By September 2020, YCCO, YHHS and VG will identify data set, roles and responsibilities to monitor savings in health care expenditures that are the direct

result of improved care for those with OUD and other SUDS.so these savings can be used to maintain the ROSC.

- By March 2021, YCCO, YHHS and VG will implement data set, roles and responsibilities across the system of care to monitor savings in health care expenditures that are the direct result of improved care for those with OUD and other SUDS.so these savings can be used to maintain the ROSC.
- By May 2020, Yamhill County RCORP Consortium will identify resources and grant opportunities to continue development of the ROSC.

Strategy: Analyze current structure of SOC and make changes to the design as needed with input from community stakeholders

<i>Activities</i>	<i>Timeline</i>		<i>Who Is Responsible?</i>	<i>Process Indicators</i>	<i>Short-Term Outcomes</i>
	<i>Start Date</i>	<i>End Date</i>			
Contact other CCOs for consultation and discussion of how they have implemented to meet the metrics.	5/20	9/20	Consortium workgroup	Report to consortium	Sustainability Consortium workgroup is identified and begins meeting by March 2020.
Collaboration with GF and HRSA initiatives	12/20	ongoing	Consortium workgroup	Meetings scheduled	
Strive to achieve the Triple Aim in Yamhill County	ongoing	ongoing	YCCO/Consortium workgroup	Draft activities identified.	
Work with pharmacies to identify pathways of MAT providers to reduce cost	3/20	ongoing	YCCO and the Consortium	Costs have reduced	
Explore options of other providers within the county to provide MAT services to underinsured/uninsured	3/20	ongoing	The Consortium	MAT services are identified for underinsured/uninsured	
Increase Virginia Garcia's capacity to provide MAT services to uninsured and underinsured patients,	1/20	ongoing	VGMHC	3 MAT providers identified	

including the Latino/Hispanic population					
Strategy: Develop data plan to capture savings and identify where these resources can be best used to support development of an ROSC					
<i>Activities</i>	<i>Timeline</i>		<i>Who Is Responsible?</i>	<i>Process Indicators</i>	<i>Short-Term Outcomes</i>
	<i>Start Date</i>	<i>End Date</i>			
IT to create a report that would allow for monitoring of financial outlays and savings as system is restructured	6/20	9/21	All provider agencies and individuals	Draft of data needs is developed	50% of all provider agencies and individuals have created data report.
Strategy: Apply for implementation grant due April 24, 2020					
<i>Activities</i>	<i>Timeline</i>		<i>Who Is Responsible?</i>	<i>Process Indicators</i>	<i>Short-Term Outcomes</i>
	<i>Start Date</i>	<i>End Date</i>			
Obtain grant information and start application to insure meeting deadlines.	2/04/20	4/24/20	VGMHC	Begin application process	Application complete and submitted