

megan tweedy

tweedymegan@gmail.com

Submission Date **Apr 10, 2025 11:48 AM**

Employee Name **megan tweedy**

Email tweedymegan@gmail.com

Phone Number **(509) 225-0650**

Position Title **Advisor, Supporting Community in Recovery Fund,YVCF**

Quarter Report **Quarter 1 (January to March '25 - DUE by April 14th, 2025)**

Select Contract Submitting Report for: **Opioid Settlement**

Contract Number: **YVCF-OSF-TRT-2025**

Confirming that none of the information you share includes client-identifying details. Names, dates of birth, and Social Security numbers are all protected information and should not be submitted to this portal.

Yes, I confirm.

Total Number of Clients (both duplicated/unduplicated number): **0**

Narrative Summary Detailing Program Success: **Planning is underway for the grant, Recognizing Trauma After an Overdose Fatality: Providing Support for Families. Meetings have been held on 2/28, 3/1, 3/21, and 4/3 to incorporate a trauma-informed professional to provide treatment of trauma for family members after an overdose fatality. YVCF and Heartlinks are planning the infrastructure of the group and will meet again 4/14 to continue discussion.**

Encountered Barriers: **None**

Significant Changes to the Program: **None**

Submission of current staffing model (Including vacant) **N/A**

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