



RCORP Sustainability Implementation Cohort I Deliverable

Send draft deliverable to your TEL and PO via email by July 28, 2022. The final deliverable, addressing TEL/PO feedback, is due in the EHB by September 30, 2022, but earlier submission is encouraged.

- A. **RCORP Program:** FY 19 Implementation
- B. **HRSA RCORP Grant Number:**
- C. **Grant Recipient Name:** Samaritan North Lincoln Hospital
- D. **Date:**
- E. **Consortium Vision and Definition of Sustainability:** *[Insert or update the definition of sustainability from Year 1 deliverable]*

The Coast to the Cascades Community Wellness Network (CCCWN) defines sustainability as the opportunity to provide continuous prevention, treatment, and recovery services to people with substance use disorders (SUD). The CCCWN works diligently to maintain and create new relationships with community partners who work to provide direct services in these key areas. In addition to providing these services, it is important to note that services are provided regardless of the person’s ability to pay. The CCCWN will ensure sustainability of the consortium through continuing to facilitate conversations and group discussions. The CCCWN invoices members each year to sustain initiatives and activities. The consortium is maintained by Samaritan Health Services staff and will continue to meet regularly to address the social determinants of health in the region.

F. **Activities that your consortium aims to continue beyond RCORP project period:**

Indicate the core activities that you aim to continue after the project period and the current/anticipated funding source.

Core Activities	Will you continue this activity beyond the project period? If not, why not? <i>[For example, other partners cover the service]</i>	Current/anticipated funding source <i>[reimbursement, other federal funding, state funding, foundation funding, etc.]</i>
Prevention Core Activities:		

1. Develop, implement, and assess intervention models that leverage opioid overdose reversal and increased naloxone availability as a bridge to treatment and ensure that rural communities have sufficient access to naloxone.	Yes	<ul style="list-style-type: none"> Federal (HRSA No Cost Extension) State (Oregon Health Authority) Local County (Lincoln County Health & Human Services) Local (Samaritan Health Services) Tribal (Confederated Tribes of the Siletz Indians)
2. Provide and assess the impact of culturally and linguistically appropriate education to improve family members', caregivers', and the public's understanding of evidence-based treatments and prevention strategies for SUD/ODU and to eliminate stigma associated with the disease.	Yes	<ul style="list-style-type: none"> Federal (HRSA No Cost Extension) State (Oregon Health Authority) Local County (Lincoln County Health & Human Services) Local (Samaritan Health Services)
3. Provide training and other professional development opportunities to increase the number of providers, including physicians, behavioral health providers, advanced practice nurses, pharmacists, and other health and social service professionals, who are able to identify and treat SUD/ODU.	Yes	<ul style="list-style-type: none"> State (Oregon Health Authority) Local (Samaritan Health Services)
4. Increase the number of providers who regularly use a Prescription Drug Monitoring Program (including prescribers and pharmacists).	Yes	<ul style="list-style-type: none"> State (Oregon Health Authority)
5. Identify and screen individuals who are at risk of SUD/ODU and make available prevention, harm reduction, early intervention services, referral to treatment and other supportive services to minimize the potential for the development of SUD/ODU.	Yes	<ul style="list-style-type: none"> State (Oregon Health Authority) Local County (Lincoln County Health & Human Services) Tribal (Confederated Tribes of the Siletz Indians)
6. Track, screen, prevent, and refer to treatment patients with SUD/ODU who have infectious complications, including HIV, viral hepatitis, and endocarditis, particularly among PWID.	Yes	<ul style="list-style-type: none"> Local (Samaritan Health Services) State (Oregon Health Authority) Tribal (Confederated Tribes of the Siletz Indians)
Treatment Core Activities:		
1. Increase the number of providers, including physicians, nurse practitioners, clinical nurse specialists, certified nurse-midwives, certified registered nurse anesthetists, and physician assistants who are trained, certified, and willing to provide MAT, including by providing opportunities for existing rural providers to obtain DATA 2000 Drug Enforcement Agency waivers.	Yes	<ul style="list-style-type: none"> Federal (HRSA No Cost Extension) Local County (Lincoln County Health & Human Services) Local (Samaritan Health Services)

2. Increase the number of support staff with the training and education to provide activities and services to complement MAT.	Yes	<ul style="list-style-type: none"> Federal (HRSA No Cost Extension) State (Oregon Health Authority) Local County (Lincoln County Health & Human Services) Local (Samaritan Health Services) Tribal (Confederated Tribes of the Siletz Indians)
3. Recruit and retain rural SUD/ODU providers by providing workforce development opportunities and recruitment incentives through mechanisms such as, but not limited to, the NHSC.	Yes	<ul style="list-style-type: none"> Local (Samaritan Health Services) State (Oregon Health Authority) Tribal (Confederated Tribes of the Siletz Indians)
4. Reduce barriers to treatment, including by supporting integrated treatment and recovery, including integration with behavioral health, dentistry, and social services, and, as appropriate, providing support to pregnant women, children, and at-risk populations using approaches to minimize stigma and other barriers to care.	Yes	<ul style="list-style-type: none"> Federal (HRSA No Cost Extension) State (Oregon Health Authority) Local County (Lincoln County Health & Human Services) Local (Samaritan Health Services) Tribal (Confederated Tribes of the Siletz Indians)
5. Train providers, administrative staff, and other relevant stakeholders to maximize reimbursement for treatment encounters through proper coding and billing across insurance types to ensure financial sustainability of services.	Yes	<ul style="list-style-type: none"> Local County (Lincoln County Health & Human Services) Local (Samaritan Health Services) Tribal (Confederated Tribes of the Siletz Indians)
6. Strengthen collaboration with law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/ODU.	Yes	<ul style="list-style-type: none"> State (Oregon Health Authority) Local County (Lincoln County Health & Human Services) Local (Samaritan Health Services)
Recovery Core Activities:		
1. Enable individuals, families, and caregivers to find, access, and navigate evidence-based and/or best practices for affordable treatment and recovery support services for SUD/ODU, including home and community-based services and social supports such as transportation, housing, childcare, legal aid, employment assistance and case management.	Yes	<ul style="list-style-type: none"> State (Oregon Health Authority) Local (Samaritan Health Services)
2. Develop recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.	Yes	<ul style="list-style-type: none"> Local (Samaritan Health Services)

3. Enhance discharge coordination for people leaving inpatient treatment facilities and/or the criminal justice system who require linkages to home and community-based services and social supports. These services and organizations may include case management, housing, employment, food assistance, transportation, medical and behavioral health services, faith-based organizations, and sober/transitional living facilities.	Yes	<ul style="list-style-type: none"> • State (Oregon Health Authority) • Local County (Lincoln County Health & Human Services) • Local (Samaritan Health Services)
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Indicate the non-core activities that your consortium will continue after the project period and the current/anticipated funding source.

Non-core activities identified in the work plan that the consortium will sustain	Current/anticipated funding source <i>[reimbursement, other federal funding, state funding, foundation funding, etc.]</i>
N/A – All of our activities fall under core activities.	

Tip #1: If you plan to sustain any activities using future grants be sure that identifying and applying for various opportunities appears in the action plan below.

G. Considering the activities you aim to continue listed above, review your RCORP budget and identify the costs that you anticipate to cover via reimbursement. Use the table below.

A	B	C
Major RCORP budget line <i>[Total salary for all staff per RCORP budget, for example]</i>	Recurring, annual costs needed to sustain activities above	Of the previous column how much needs to be covered by reimbursement from insurance
Personnel	\$0*	\$0
Travel	\$0**	\$0
Supplies – Narcan	\$10,000	\$0
Contractual	\$300,000	<ul style="list-style-type: none"> • \$8,000.00/month = \$96,000.00/yr

A	B	C
<ul style="list-style-type: none"> LCHHS (\$8,000.00/month) CTSI (\$9,000.00/month) 		<ul style="list-style-type: none"> \$6,750.00/month = \$81,000.00/yr
Other	\$200,000	\$0
Total:	Total: \$500,000	Total: \$177,000***

*Grant personnel comprise the project director and the project coordinator; neither position is necessary to sustainability.

** Travel expenses for conference fees and travel for grant team during grant period.

***Alternate funding sources, including other federal, state, and local grants and Opioid Settlement funds, will help sustain core activities. Due to population size and insurance reimbursement policies, this figure is unrealistic to be solely covered by reimbursement from insurance.

H. Current and needed patient volume

A	B	C	D	E
Total Current Insurance Reimbursement over 12 months attributed to RCORP	Current average patient volume attributed to RCORP (this means average unduplicated patients you see monthly)	Average insurance reimbursement per patient (Column A ÷ Column B)	Est. annual insurance reimbursement needed to sustain activities (transfer the total from column C above in Step G)	Needed patient volume to 'break even' (Column D ÷ Column C)
\$0*				

*Note: No grant activities are eligible for billing.

The completion of the patient volume table will help you identify the needed funding to sustain your program and its selected activities once RCORP grant funding is exhausted. For an accurate reflection of needed revenues and patient target, please work with your organization’s revenue cycle manager (RCM) and/or finance department. Your RCM and financial staff use patient outcomes, such as minimum number of patient visits per day/per provider, to determine billing amounts. These are frequently referred to as productivity benchmarks. A diversified revenue stream, which is a mix of payments, is often the best approach for providers to “break even.” Providers earn revenue from either 1) collecting out-of-pocket payments from patients; 2) filing a claim with private healthcare insurance companies paid via reimbursements; or 3) billing Medicare and/or Medicaid for contracted healthcare costs.

Tip #1: You can fill the table using a row for each service (i.e., SUD screening, clinical treatment services, MAT visit, etc.) or a row for each service site (i.e., emergency department, outpatient, etc.).

Tip #2: If you need to add many more patients than you currently have to break even without RCORP funds, discuss with your PO and review your Year 3 RCORP budget and work plan to reflect changes in strategies and resources (i.e., more aggressive patient recruitment, screening, improved referral/linkage/retention interventions) to meet your anticipated needs. Prior approvals can take considerable time, so considering this sooner rather than later is recommended.

I. Instructions to complete action plan¹: Use both your Years 1 and 2 deliverables and results from the completed sustainability self-assessment(s) to build a consortium sustainability action plan below that addresses the remaining internal/external challenges from your first two years of the grant and deliverables to achieve the funding and other essential sustainability needs to enable continuity of the activities indicated above. It is expected that grantees review their submission of the Years 1 and 2 deliverables and determine whether the information is still valid and, if not, to update accordingly in this version. Please pay special attention to your data including any trends that need to be addressed.

The tables below include possible additions to consider, but the draft should be a tool for the consortium that will be used throughout Year 3. Examples of the ‘**Steps to achieve objectives**’ and ‘**What does success look like**’ are noted in *italics* in the table below. This plan is intended to be more than a required deliverable—it should also be useful to your team as you plan for the program’s future. Progress against this plan will be discussed in calls with your TEL, and you will submit an update to HRSA at the end of Year 3. Complete last 2 columns for your Year 3 deliverable due on September 30, 2022. For the Progress and Lessons Learned columns, also indicate if anything unanticipated changed from your Year 2 submission.

¹ Adapted from Sample Sustainability Action Plans. (Brown School Center for Health Systems Science, University of St. Louis, 2018). Retrieved from www.sustaintool.org/wp-content/uploads/2018/04/Sample-Plans-EvaluationPartnersCommunications.pdf.

Sustainable Financial Base including Community Support

Sustainability Objective: (Based on the results of the sustainability self-assessment and progress from Years 1 and 2 sustainability deliverables, write objective(s) that are Specific, Measurable, Attainable, Realistic, and Time Bound (SMART) and pertain to establishing and maintaining a consistent financial base for the RCORP Program.)

1. Leverage funds secured through Oregon Health Authority state grants to support SUD/ODU treatment and recovery in Lincoln County. Significant funding is expected to continue via annual RFPs.
2. Continue standing agenda item on funding as part of each monthly CCCWN Regional Mental Health/Substance Use Disorder Coalition Meeting and bimonthly CCCWN Steering Committee meeting. Agenda discussion will include funding opportunities that address identified needs and gaps, coordination of existing funding streams to prevent duplication, stability of funding sources, and accountability for outcomes.

Steps to achieve objectives (Be specific and include important sub-steps.)	Who will do the work? (For each task, provide a responsible consortium member(s).)	What does success look like? (Detail the metrics used to track progress & completion.)	What financial resources, internal/external assets are needed for this step?	Progress (Complete during Year 3 as final submission; include monthly/quarterly date of review)	Lessons learned
OBJECTIVE 1					
<ul style="list-style-type: none"> Continue communication with state staff working on Oregon Health Authority (OHA) state grant activities. 	<ul style="list-style-type: none"> Network Director Lincoln County Harm Reduction Specialist Community Partners 	<ul style="list-style-type: none"> Weekly communication held 	<ul style="list-style-type: none"> In-kind staff time from SHS 	<ul style="list-style-type: none"> Network director, SHS staff, and regional partners met regularly throughout Year 2. Objective progress reviewed monthly. 	<ul style="list-style-type: none"> Staffing levels/turnover at both state and local levels created communications challenges; understanding the underlying causes of these challenges and being patient with state and local partners was important to maintaining open communication and preventing unnecessary misunderstandings.
<ul style="list-style-type: none"> Obtain copies of upcoming Request for Proposal (RFP) announcements for OHA grants. 	<ul style="list-style-type: none"> Network Director 	<ul style="list-style-type: none"> RFP announcements obtained as available 	<ul style="list-style-type: none"> In-kind staff time from SHS 	<ul style="list-style-type: none"> Network Director obtained RFP for 2021-2023 funding cycle. Objective progress 	<ul style="list-style-type: none"> Important to share announcement dates with staff and other partners and ensure it's on their calendars to coordinate

				reviewed as RFPs become available.	planning meetings.
<ul style="list-style-type: none"> Prepare draft application based on identified needs and gaps in Lincoln County. 	<ul style="list-style-type: none"> Network Director SHS Budget and CEO staff Consultant 	<ul style="list-style-type: none"> Applications drafted once RFP announcements are available 	<ul style="list-style-type: none"> Staff time Steering committee time 	<ul style="list-style-type: none"> Network Director, SHS Budget and CEO staff, and coalition partners prepared application. 	<ul style="list-style-type: none"> Ensure grant application is distributed to partners in a timely manner to allow them sufficient time to make comments and for consultant to make any necessary revisions.
<ul style="list-style-type: none"> CCCWN Steering Committee reviews and approves draft. 	<ul style="list-style-type: none"> Network Director 	<ul style="list-style-type: none"> CCCWN Steering Committee approval prior to submission 	<ul style="list-style-type: none"> In-kind staff time from CCCWN Steering Committee members for application review 	<ul style="list-style-type: none"> CCCWN Steering Committee reviewed and approved application. 	<ul style="list-style-type: none"> Ensure steering committee has adequate time to review application before submission due date.
<ul style="list-style-type: none"> Submit application. 	<ul style="list-style-type: none"> Network Director 	<ul style="list-style-type: none"> Application submitted by due date 	<ul style="list-style-type: none"> Staff time 	<ul style="list-style-type: none"> OHA application submitted May 3, 2021; funding available through September 2022. OHA application submitted December 16, 2021; majority of partners funded. 	<ul style="list-style-type: none"> Understanding that award and funding timelines might shift and being flexible in case original funding distribution dates shift is important to creating and implementing back-up plans to cover planned services that were written into the grant.

Sustainability of RCORP Consortium and Relationships
Sustainability Objectives <ol style="list-style-type: none"> Maintain existing relationships with community partners in Lincoln County through monthly CCCWN Regional Mental Health/Substance Use Disorder Coalition meetings and bimonthly CCCWN Steering Committee meetings.

- 2. Continue active participation in other SUD/ODD-related county meetings—including Community Harm Reduction Mentors and Allies (CHRMA), Behavioral Health Advisory Committee (BHAC), Partners for Health (PFH), and Public Health Advisory Council (PHAC)—and share progress, needs and resources for SUD/ODD service improvement.
- 3. Identify prospective community partners and organizations, conduct outreach to ensure that they are aware of our efforts and that we understand their services and role, and invite their participation and input.

Steps to achieve objectives	Who will do the work?	What does success look like?	What financial resources, internal/external assets are needed for this step?	Progress (to be used to track progress going forward; include date of review)	Lessons learned
OBJECTIVE 1					
<ul style="list-style-type: none"> • Plan, host and attend meetings. • Send out meeting minutes. 	<ul style="list-style-type: none"> • Network Director • Project Director • Project Coordinator • Administrative Assistant 	<ul style="list-style-type: none"> • Monthly meetings hosted with 75% attendance rate • Periodic internal evaluations show partners value the relationship and intend to remain in the consortium (yearly MOU sent out to partner organizations for them to sign and send back indicating their intention of joining the consortium) • Organizations support partners by promoting and attending each other’s events, resources, webinars, etc. • Organizations partnering for talks, conferences, events, etc. (Example: Annual Harm Reduction Conference) 	<ul style="list-style-type: none"> • Grant staff time • In-kind time from partners for attending meetings and working in between meetings as needed 	<ul style="list-style-type: none"> • Meetings continued to be held regularly with overall robust attendance from coalition and community partners from across the region • Meeting minutes recorded and sent out to all meeting invitees for review and approval • Action items highlighted and delegated to appropriate staff and/or partners • Variety of successful events and resources during Year 2, including: <ul style="list-style-type: none"> • CTSI Harm Reduction Summit • CCCWN Stigma Reduction Summit 	<ul style="list-style-type: none"> • Consistent participation in county and regional meetings has helped maintain strong, collaborative partnerships across the region, as well as help identify additional opportunities for innovative approaches to addressing MH and SUD. • Regular communication about program activities, challenges, successes, funding opportunities, etc. help increase awareness of resources, minimize duplication of efforts, and provide opportunities for strategic partnerships.

				<ul style="list-style-type: none"> • Regional Stigma Reduction media campaign • Lincoln County Overdose Symposium • Data Sharing Regional Meeting • Objective Progress reviewed monthly 	
OBJECTIVE 2					
<ul style="list-style-type: none"> • Attend meetings on SUD/OD. 	<ul style="list-style-type: none"> • Network Director • Project Director • Project Coordinator 	<ul style="list-style-type: none"> • Grant staff and partners are at the table with key partners working on SUD/OD services • Services are coordinated to support access and minimize duplication 	<ul style="list-style-type: none"> • Grant staff time • In-kind time from partners for attending meetings and working in between meetings as needed 	<ul style="list-style-type: none"> • Grant staff regularly has continued to regularly attend regional SUD/OD-focused meetings • Objective progress reviewed monthly 	<ul style="list-style-type: none"> • Regular communication between coalition partners allows for greater data sharing, better awareness of troubling trends (e.g., increased overdoses, especially among youth, overdose clusters, reports of fentanyl, etc.), and resources to address these issues. • Regular meeting participation helps coalition members to better strategize and focus their efforts, identify funding and other opportunities, and build strategic partnerships.
OBJECTIVE 3					

<ul style="list-style-type: none"> • Invite new organizations to CCCWN Regional MH/SUD Coalition meetings. • Facilitate connections between organizations to develop and strengthen partnerships. 	<ul style="list-style-type: none"> • Network Director • Project Director • Project Coordinator • Regional Overdose Prevention Coordinator 	<ul style="list-style-type: none"> • New service providers are identified, contacted and invited to attend at least one meeting • Partners understand the new services and how to access them, and new providers understand the consortium's goals 	<ul style="list-style-type: none"> • Grant staff time • In-kind time from partners for attending meetings and working in between meetings as needed 	<ul style="list-style-type: none"> • CCCWN Mental Health/Substance Use Disorder Subcommittee voted to expand its scope to include additional regional partners; CCCWN Regional MH/SUD Coalition commenced meeting in October 2021. • Objective progress reviewed monthly 	<ul style="list-style-type: none"> • Representatives from 8-10 additional organizations regularly attend scheduled meetings. This model has allowed for increased sharing of resources, lessons learned, and best practices, and can ultimately help strengthen MH/SUD services in the region.
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Sustaining/Increasing Workforce						
Workforce objectives						
<ol style="list-style-type: none"> 1. Continue to promote and offer training for Peer Support Specialists and CADC-I and CADC-II in partnership with Oregon certified trainers. 2. Continue promoting state and federal resources for workforce development, skill development, MAT certification, etc. 						
Steps to achieve objectives	Who will do the work?	What does success look like?	What financial resources, internal/external assets are needed for this step?	Progress (to be used to track progress going forward; include date of review)	Lessons learned	
OBJECTIVE 1						

<ul style="list-style-type: none"> Continue to leverage OHA Workforce Development grant funding to increase regional staff. 	<ul style="list-style-type: none"> Network Director Substance Abuse Treatment Services Director Project Director 	<ul style="list-style-type: none"> CADC-I and PPS trainings held Additional PPS and CADC-I personnel trained and certified 	<ul style="list-style-type: none"> Staff time 	<ul style="list-style-type: none"> Family Tree Relief Nursery conducted Peer Support Specialist training in May 2022; 20 PSS certified Northwest Oregon Works provided two CADC-1 trainings in May and August 2022; 26 CADC-1 certified Objective progress reviewed monthly 	<ul style="list-style-type: none"> Workforce recruitment, development, and retention challenges are widespread; however, an innovative, <i>solutions</i>-focused effort led to the consortium successfully identifying and procuring state funding to develop a concrete action plan, resulting in increased number of certified PPS and CADC-I available to fill critical workforce gaps.
OBJECTIVE 2					
<ul style="list-style-type: none"> Use CCCWN newsletter and periodic emails to partners to promote workforce trainings, certification options, financial support, etc. 	<ul style="list-style-type: none"> Project Director Project Coordinator 	<ul style="list-style-type: none"> Number of resources disseminated monthly Every Lincoln County provider attends at least one SUD/ODU opportunity per calendar year 	<ul style="list-style-type: none"> Staff time 	<ul style="list-style-type: none"> Monthly CCCWN newsletter distributed to SHS staff, CCCWN consortium members, and community partners CME, funding opportunities, and other resources disseminated via email and regular meetings Objective progress reviewed monthly 	<ul style="list-style-type: none"> Promoting and ensuring awareness of available resources and other opportunities has led to increased participation in these trainings and educational events, which is key to strengthening services and decreasing stigma.

Sustainable Outcomes including Ability to Adapt to Changing Conditions

Adapting to Changing Conditions objectives					
<p>1. Continue monthly updates to partners on implementation of Measure 110 in Linn, Benton and Lincoln counties.</p> <p>2. Continue discussing individual and organizational adaptations to COVID-19 in monthly CCCWN Regional MH/SUD Coalition meetings.</p>					
Steps to achieve objectives	Who will do the work?	What does success look like?	What financial resources, internal/external assets are needed for this step?	Progress (to be used to track progress going forward; include date of review)	Lessons learned
OBJECTIVE 1					
<ul style="list-style-type: none"> Continue communication with state staff working on OHA grants. Report OHA grant updates at monthly CCCWN Regional MH/SUD Coalition meetings. 	<ul style="list-style-type: none"> Network Director 	<ul style="list-style-type: none"> Monthly meetings held with 75% attendance and participation Partners understand updates and engage in active conversation related to Measure 110 	<ul style="list-style-type: none"> Grant staff time 	<ul style="list-style-type: none"> Network Director provided regular updates at CCCWN Regional MH/SUD Coalition meetings and CCCWN Steering Committee meetings, as well as other regional meetings and events. Objective progress reviewed monthly 	<ul style="list-style-type: none"> Regular, ongoing communication was essential to ensure coordination and prevent frustration when timelines and regulations were unclear and/or changing with little to no warning.
OBJECTIVE 2					
<ul style="list-style-type: none"> Allow for time at monthly CCCWN Regional MH/SUD Coalition meetings to share adaptations to change. 	<ul style="list-style-type: none"> Project Director Project Coordinator 	<ul style="list-style-type: none"> Monthly meetings held with 75% attendance and participation 	<ul style="list-style-type: none"> Grant staff time 	<ul style="list-style-type: none"> Year 2 saw a significant increase in attendance at these meetings, with most members attending monthly. Objective progress reviewed monthly 	<ul style="list-style-type: none"> Demonstrated success of these meetings, including strong partnerships and innovative regional efforts, clearly support their continuation beyond the end of this grant.
<ul style="list-style-type: none"> Continue hosting quarterly data collection meetings 	<ul style="list-style-type: none"> Network Director 	<ul style="list-style-type: none"> Adaptations to change collected and reported in 	<ul style="list-style-type: none"> Grant staff time 	<ul style="list-style-type: none"> Data collection meetings for this grant were held 	<ul style="list-style-type: none"> Data collection, especially for overdose data, remains

<p>where adaptations to change, successes, challenges, etc. are discussed.</p>	<ul style="list-style-type: none"> Coalition members Project Director 	<p>quarterly reports</p>		<p>quarterly and on ad hoc basis.</p> <ul style="list-style-type: none"> Objective progress reviewed quarterly 	<p>challenging but is critical to understanding where to best focus efforts and resources. The coalition will continue to meet regularly to brainstorm data collection strategies and to share data across the region.</p>
<p>OBJECTIVE 3</p>					
<ul style="list-style-type: none"> Identify and agree on evaluation parameters. Develop evaluation questions. 	<ul style="list-style-type: none"> Project Director Consultant 	<ul style="list-style-type: none"> Evaluation strategy and questions address the areas important to the ongoing success of the group 	<ul style="list-style-type: none"> Staff time Consultant time 	<ul style="list-style-type: none"> In Year 1, Evaluator and grant staff developed evaluation strategy and interview tool for Key Informant Interviews. Objective progress reviewed annually 	<ul style="list-style-type: none"> The evaluation parameters developed for Year 1 evaluation report were tailored to Lincoln County but included a six-month period prior to the start of the COVID-19 pandemic and prior to the passing of Measure 110 and its subsequent implementation. These parameters and evaluation questions will need to be updated to reflect these new challenges and opportunities.
<ul style="list-style-type: none"> Conduct interviews or surveys. 	<ul style="list-style-type: none"> Project Director Consultant 	<ul style="list-style-type: none"> Evaluations are conducted with participation by and input from all members 	<ul style="list-style-type: none"> Staff time Consultant time 	<ul style="list-style-type: none"> Evaluator interviewed 16 Key Informants (Year 1). Objective progress reviewed bi-annually 	<ul style="list-style-type: none"> Logistics (e.g., scheduling) was the biggest challenge in conducting interviews. It is important to leave sufficient time to schedule (and reschedule, if necessary) meetings.

<ul style="list-style-type: none"> • Tabulate results and present them for discussion with staff and partners. 	<ul style="list-style-type: none"> • Project Director • Consultant • Regional MH/SUD Coalition 	<ul style="list-style-type: none"> • Evaluation report identifies areas of strength and areas for improvement 	<ul style="list-style-type: none"> • Staff time 	<ul style="list-style-type: none"> • Evaluator and grant staff shared relevant feedback with MH/SUD Subcommittee and solicited additional input. • Data collection and addressing unmet needs related to Social Determinants of Health were primary challenges identified in the Year 1 evaluation report. • Strong partnerships, high levels of commitment and passion, and a supportive grant team were primary strengths in the Year 1 evaluation report. • Objective progress reviewed bi-annually 	<ul style="list-style-type: none"> • It was hard to parse weaknesses from some of initial widespread disruptions that COVID-19 caused in the second half of Year 1. The final evaluation will be important in helping clarify the longer-term effects of the pandemic on this grant's work. • Primary strengths and weaknesses identified in the Year 1 evaluation are anticipated to remain consistent but the final evaluation provides an opportunity to identify new and ongoing efforts and initiatives to address some of the challenges/weaknesses.
<ul style="list-style-type: none"> • Implement any necessary changes. 	<ul style="list-style-type: none"> • Project Director • Consultant • Regional MH/SUD Coalition 	<ul style="list-style-type: none"> • Necessary changes are made to improve outcomes 	<ul style="list-style-type: none"> • Staff time • Consultant time 	<ul style="list-style-type: none"> • A number of community partnerships, program, and initiatives have been formed and implemented in Lincoln County that address several of the challenges and unmet needs detailed in the Year 1 evaluation 	<ul style="list-style-type: none"> • Soliciting community and Key Informant input and using that feedback to inform future efforts is essential to affecting positive change in Lincoln County. This evaluation report can provide a tool to

				report. • Objective progress reviewed bi-annually	better understand where to best focus resources.
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OTHER: Sustain stigma reduction efforts

Sustainability Objectives

1. Participate in Overdose Prevention Awareness Day in August and Recovery Month in September.
2. Support ongoing stigma-reduction efforts, including in-house and community partner organizations' media campaigns.

	Who will do the work?	What does success look like?	What financial resources, internal/external assets are needed for this step?	Progress (to be used to track progress going forward; include date of review)	Lessons learned
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OBJECTIVE 1					
<ul style="list-style-type: none"> • Obtain and review campaign materials. • Discuss involvement with partners. • Identify how each partner will participate in the events. 	<ul style="list-style-type: none"> • Project Director • Project Coordinator 	<ul style="list-style-type: none"> • Campaign materials are obtained and reviewed • Event activities are identified, and responsible partners commit to participation 	<ul style="list-style-type: none"> • Staff time • Funds for promotional products or materials 	<ul style="list-style-type: none"> • Project Coordinator was very proactive in collaborating with partner organizations and planning activities; however, COVID-19 prevented planned activities to be canceled in both 2020 and 2021. • Objective progress reviewed annually 	<ul style="list-style-type: none"> • Because of the ongoing uncertainties around COVID-19 restrictions, the grant staff will focus its efforts on hospital staff and providers at the two critical access hospitals in Lincoln County. If successful, these efforts could be replicated and sustained by Coastal STARS facility.

<ul style="list-style-type: none"> • Provide monthly progress updates, and debrief after events 	<ul style="list-style-type: none"> • Project Director • CCCWN Steering Committee 	<ul style="list-style-type: none"> • Final report to CCCWN Steering Committee • Successes used to develop Recovery Month activities in 2022 	<ul style="list-style-type: none"> • Staff time 	<ul style="list-style-type: none"> • Grant staff provided regular updates, including lessons learned and challenges, with CCCWN Steering Committee and other relevant entities. • Objective progress reviewed monthly 	<ul style="list-style-type: none"> • Regular updates allow for the CCCWN Steering Committee to provide guidance and suggest creative alternatives when faced with unanticipated barriers and challenges.
OBJECTIVE 2					
<ul style="list-style-type: none"> • Determine which Lincoln County community organizations have media campaigns planned and how to best support their efforts. 	<ul style="list-style-type: none"> • Project Director 	<ul style="list-style-type: none"> • Planned campaigns identified and described • CCCWN discussion held • Decisions made on how to support or leverage partner media campaigns 	<ul style="list-style-type: none"> • Staff time 	<ul style="list-style-type: none"> • This grant, with braided funds from the OHA Safe+Strong campaign, the CCCWN RCORP Implementation III RC-SWAY grant, and the OHA grants, contracted BRINK Communications to develop and implement a regional stigma reduction and awareness media campaign. The campaign was rolled out June-August 2022, and included a variety of print and digital materials, including posters, wallet cards, billboards, and radio spots, as well as a robust social media blitz across the region. Materials have been widely disseminated throughout the region and will be available beyond the 	<ul style="list-style-type: none"> • Ensuring that all partners in a media campaign agree on messaging and target audience is critical to developing a well-crafted product that conveys the correct message.

				end of the grant period.	
				<ul style="list-style-type: none"> Objective progress reviewed annually 	
<ul style="list-style-type: none"> Identify and disseminate informational and training resources for stigma reduction. 	<ul style="list-style-type: none"> Project Director 	<ul style="list-style-type: none"> Materials identified and evaluated Materials/training resources disseminated to community partners and CCCWN Regional MH/SUD Coalition 	<ul style="list-style-type: none"> Staff time 	<ul style="list-style-type: none"> Grant staff have been proactive in identifying and sharing resources and training opportunities offered through a wide variety of sources. This grant supported a regional stigma reduction summit in March 2022. Objective progress reviewed quarterly 	<ul style="list-style-type: none"> Stigma reduction trainings, particularly virtual offerings, are plentiful, and staff participate in a robust network of organizations that regularly host trainings and informational resources. Grant staff will continue to attend and participate in the Regional MH/SUD Coalition meetings and other related work groups and advisory councils and will continue to disseminate this information as available and appropriate.