



RCORP-Implementation Sustainability Plan Deliverable Part I: Defining Sustainability (Cohort III)

Grantee Name: Mid-Valley Healthcare, Inc.

Grant Number: GA1RH42912

DUE DATE: September 30, 2022, in EHB

- Please email a draft to your HRSA Project Officer and JBS Technical Expert Lead by August 15, 2022, for an initial review.

Instructions:

Over the course of the three-year project period, your consortium will complete a three-part Sustainability Plan. Each part builds on the preceding part and helps your consortium strategically and methodically develop and implement concrete action steps to sustain the consortium itself and the services it provides to the community. This is part one of the overarching three-part Sustainability Plan. All partners should participate in developing each deliverable. It is recommended that you use the results from your Sustainability Self-Assessment and input from your RCORP Consortium, to inform your responses to this deliverable.

As you prepare for Sustainability, consider if and how you and your consortium are using data to inform decision-making and program adjustments and adaptations, how you plan to address financial sustainability (including optimizing reimbursement and seeking funding), and how to retain and enhance workforce capacity.

Please contact your HRSA Project Officer and JBS Technical Expert Lead with any questions or concerns.

DEFINING SUSTAINABILITY

RCORP Program Title:	Rural Communities Supporting Women and Youth (RC-SWAY)
State(s):	Oregon
Funding Year:	2021
Contributing Consortium Members and Stakeholders (organization name or individual descriptor – i.e., “person in recovery” – is sufficient; individual names are not required)	Samaritan Lebanon Community Hospital (SLCH)
	Samaritan Treatment & Recovery Services (STARS)
	Family Tree Relief Nursery (FTRN)
	Linn County Alcohol & Drug Program (LCAD)
	Community Health Centers of Benton & Linn Counties (CHCBLC)
Consortium Definition of Sustainability: [Briefly describe how your consortium defines sustainability in the context of the RCORP grant. Your consortium is encouraged to address both financial sustainability and the sustainability of the consortium itself.]	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.
Population(s) of Focus: [Briefly describe the vulnerable populations in your community who you intend to reach.]	All individuals with a substance use/opioid use disorder, specifically women, pregnant & parenting women, and youth.

Internal Assets and Challenges

<p>Description of Internal Assets Aiding Sustainability: [E.g., assets within your organization or consortium. It is recommended that you use the results of the Sustainability Assessment to inform this process.]</p>	<p>Internal Asset #1: The consortium includes strong community partnership and collaboration through the monthly CCCWN Regional Mental Health/Substance Use Disorder (MH/SUD) Coalition meetings and bimonthly CCCWN Steering Committee meetings in which both consortium members and community partners attend and share updates, progress, and community needs related to substance use and opioid use disorder.</p> <p>Internal Asset #2: The consortium members and staff participate in other community substance use disorder/opioid use disorder related meetings, events and conversations.</p> <p>Internal Asset #3: The consortium is organized and vigilant in keeping conversations related to the most pressing issues and ensures that those who are not at the table are invited to participate and collaborate.</p> <p>Internal Asset #4: The consortium supports and takes part in stigma reduction activities, trainings, educational opportunities, conferences, and other community engagement type opportunities.</p>
<p>Description of Internal Challenges to Sustainability: [E.g., barriers within your organization or consortium. It is recommended that you use the results of the Sustainability Assessment to inform this process.]</p>	<p>Internal Challenge # 1: The consortium has identified that workforce shortages among peer support specialists (PSS) and certified alcohol and drug counselors I & II (CADCI/II) is a key challenge. The consortium is working to address this challenge through promoting and offering training for these roles.</p>

Of the Internal Assets and Challenges described above, which of them will be prioritized in Year 2?	How will your consortium build upon each asset? How will your consortium address each challenge?	Responsible Individual(s)/ Consortium Member(s)	Timeframe for Addressing Challenge	Anticipated Outcome
Internal Asset #1	The consortium will continue to meet through the monthly CCCWN MH/SUD meetings and the bimonthly CCCWN Steering Committee meetings. They will continue to share updates, progress, and community needs related to substance use and opioid use disorder. As new issues arise, those will be placed on the agenda as a topic of conversation.	CCCWN Chair, CCCWN Staff Members, CCCWN Consortium Members	September 1, 2022 – August 31, 2023	The consortium meets monthly at the CCCWN MH/SUD meetings and the bimonthly CCCWN Steering Committee meeting. Topics of conversation are diverse and change as new issues arise.
Internal Asset #2	The consortium members and staff will continue to participate in community meetings and events. When new meetings or events come about, the consortium members will consider joining or participating.	CCCWN Chair, CCCWN Staff Members, CCCWN Consortium Members	September 1, 2022 – August 31, 2023	The consortium participates in new community-based meetings, conversations, and events.

Internal Asset #3	The consortium will continue to be organized and vigilant in keeping conversations related to the most pressing issues and ensure that those who are not at the table are invited to participate and collaborate. The consortium will invite new partners to the meetings as needed and they will keep conversations relevant and targeted to issues that arise in the community.	CCCWN Chair, CCCWN Staff Members, CCCWN Consortium Members	September 1, 2022 – August 31, 2023	The consortium has new partners and discusses new topics of interest.
Internal Asset #4	The consortium will continue to support and take part in stigma reduction activities, trainings, educational opportunities, conferences, and other community engagement type opportunities. When new opportunities arise, the consortium will determine if those are of interest to the group and will consider participating.	CCCWN Chair, CCCWN Staff Members, CCCWN Consortium Members	September 1, 2022 – August 31, 2023	The consortium participates in new activities, trainings and opportunities.
Internal Challenge #1	The consortium is working to address this challenge through promoting and offering training for these roles.	Family Tree Relief Nursery, Samaritan Health Services	September 1, 2022 – August 31, 2023	Newly trained PSS and CADCI/II are hired and working at an organization in the Benton, Lincoln or Linn County region.

External Assets and Challenges

Description of system and community level External Assets Aiding Sustainability:

[E.g., policies and regulations, insurance coverage. It is recommended that you use the results of the Sustainability Assessment to inform this process.]

External Asset #1: Measure 110 in Oregon provides the financial backing for the behavioral health resource networks.

Description of system and community level External Challenges to Sustainability:

[E.g., policies and regulations, insurance coverage. It is recommended that you use the results of the Sustainability Assessment to inform this process.]

External Challenge #1: Measure 110 in Oregon requires state level work to be completed in an organized manner in order to effectively address the decriminalization process. There is much work to be completed with this effort.
External Challenge #2: There is a lack of access to residential treatment and detox services in the state of Oregon.

Of the External Assets and Challenges described above, which of them will be prioritized in Year 2?	How will your consortium build upon each asset? How will your consortium address each challenge?	Responsible Individual(s)/ Consortium Member(s)	Timeframe for Addressing Challenge	Anticipated Outcome
External Asset #1	The consortium will continue to meet and discuss the progress of M110 legislation. The behavioral health resource networks will continue to be a standing agenda item at the CCCWN MH/SUD meetings in order to effectively plan for the funds that will be distributed through the M110 legislation.	CCCWN Chair, CCCWN Staff Members, CCCWN Consortium Members	September 1, 2022 – December 31, 2023	Consortium member organizations receive M110 funding and effectively communicate updates surrounding their work plans, services offered, budget, and partnerships.
External Challenge #1	The consortium will continue to remain in touch with the Oregon Health Authority in order to gain the most up to date information related to the implementation of the behavioral health resource network grants.	CCCWN Chair, CCCWN Staff Members, CCCWN Consortium Members	September 1, 2022 – December 31, 2023	The consortium will have a clear understanding of the details related to the M110 behavioral health resource network grants and will be able to make precise decisions based on this knowledge.

External Challenge #2	The consortium will research and investigate residential treatment and detox options across the state to better understand the landscape surrounding treatment availability. The consortium will also be a key partner on the development of the Samaritan Treatment and Recovery Services (STARS) Coastal Clinic - Residential Treatment Center, that will be built in Newport, Oregon in the coming year(s) by the Samaritan North Lincoln Hospital (SNLH) Foundation and Samaritan Pacific Communities Hospital (SPCH) Foundation.	CCCWN Chair, CCCWN Staff Members, CCCWN Consortium Members, SNLH Foundation, SPCH Foundation	September 1, 2022 – December 31, 2024	The consortium will have a better understanding of treatment availability across the state and will be involved in the development of the STARS Coastal Clinic – Residential Treatment Center.
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Of all of the Assets and Challenges (both Internal and External) summarized above, which of them will be addressed after Year 2?	How will your consortium build upon each asset? How will your consortium address each challenge?	Responsible Individual(s)/ Consortium Member(s)	Timeframe for Addressing Challenge	Anticipated Outcome
All assets and challenges (both internal and external), will be addressed during and after Year 2, if there is a need to continue addressing them.				

RCORP Sustainability Implementation Cohort III Deliverable

Send draft deliverable to your TEL and PO via email by **August 31, 2023**. The final deliverable, addressing TEL/PO feedback, is due in the EHB by **October 31, 2023**

- A. **RCORP Program:** FY 21 Implementation III
- B. **HRSA RCORP Grant Number:** GA1RH42912
- C. **Grant Recipient Name:** Mid-Valley Healthcare Inc. dba Samaritan Lebanon Community Hospital
- D. **Date:** October 31, 2023
- E. **Consortium Vision and Definition of Sustainability:** 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:	
<p>1. Provide culturally and linguistically appropriate education to improve family members', caregivers', and the public's understanding of evidence-based prevention, treatment, and recovery strategies for SUD/OD, and to reduce stigma associated with the disease</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Funding source: Family Tree Relief Nursery annual budget, Behavioral Health Resource Network-Oregon Health Authority (BHRN-OHA) state funds</p> <p>Who will sustain: Samaritan Treatment and Recovery Services, Family Tree Relief Nursery, Linn County Alcohol and Drug</p> <p>Tasks to sustain: Educational handouts on overdose, Narcan, suicide prevention, SUD/OD treatment and recovery resources, and parenting education are all available in both English and Spanish.</p>
<p>2. Increase access to naloxone within the rural service area and provide training on overdose prevention and naloxone administration to ensure that individuals likely to respond to an overdose can take the appropriate steps to reverse an overdose.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Funding source: BHRN-OHA, Oregon Opioid Settlement state funds</p> <p>Who will sustain: Linn County Alcohol and Drug, Samaritan Treatment and Recovery Services, Family Tree Relief Nursery</p> <p>Tasks to sustain: Partners will utilize grant and state funding to purchase Narcan for distribution among individuals, families, and community members. Partners will collaborate with the Harm Reduction workers in the service area to coordinate Narcan trainings for organizations.</p>
<p>3. Implement year-round drug take-back programs.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Funding source: Linn County</p> <p>Who will sustain: Linn County Sheriff's Office</p> <p>Tasks to sustain: The Linn County Sheriff's Department will continue to hold semi-annual Drug Take Back events at four different locations throughout Linn County and has a medication drop box in their Albany location where individuals can dispose of medications anytime. Individuals can remain anonymous and bring controlled, non-controlled, and over the counter substances for disposal.</p>

<p>4. Increase and support the use of school- and community-based prevention programs that are evidence-based to prevent misuse of opioids and other substances.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Funding source: Oregon Medicaid funds, Oregon Alcohol and Drug grant funds</p> <p>Who will sustain: Linn County Alcohol and Drug</p> <p>Tasks to sustain: Mental Health and Substance Use Clinicians will increase the number of students they serve in rural middle and high schools to prevent misuse of opioids and other substances. Clinicians use the Life Skills Curriculum to address the fundamental skills communication, decision making, and goal setting and work alongside students who have been identified as at risk.</p>
<p>5. Identify and screen individuals at risk for SUD/ODU, and provide or make referrals to prevention, harm reduction, early intervention, treatment, and other support services to minimize the potential for the development of SUD/ODU.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Funding source: Oregon Alcohol and Drug grant funds, BHRN-OHA</p> <p>Who will sustain: Linn County Alcohol and Drug, Samaritan Treatment and Recovery Services, Family Tree Relief Nursery</p> <p>Tasks to sustain: Medical and substance use professionals use evidence-based instruments, American Society of Addiction Medicine (ASAM) assessment and Screening, Brief Intervention, and Referral to Treatment (SBIRT), and work closely with Peer Support Specialists to reduce recidivism in the emergency departments and jails. Clinicians provide early intervention and Life Skills training to youth, providing resources when necessary.</p>
<p>Treatment Core Activities:</p>	
<p>1. Screen and provide, or refer to, treatment for patients with SUD/ODU who have infectious complications, including HIV, viral hepatitis, and endocarditis, particularly among PWID.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Funding source: BHRN-OHA, Oregon Alcohol and Drug grant funds</p> <p>Who will sustain: Samaritan Treatment and Recovery Services, Samaritan Medical Group Clinic, Linn County Alcohol and Drug, Family Tree Relief Nursery</p> <p>Tasks to sustain: Clinicians screen individuals using the American Society of Addiction Medicine (ASAM) evidence-based assessment tool. The ASAM assessment gathers biomedical conditions and complications which can help determine course of treatment. The hospital and clinics use Screening, Brief Intervention, and Referral to Treatment (SBIRT) for identifying individuals with substance use disorder complications.</p>

<p>2. Recruit, train, and mentor interdisciplinary teams of SUD/OD clinical and social service providers who are trained, certified, and willing to provide medication-assisted treatment (MAT), including both evidence-based behavioral therapy (e.g., cognitive behavioral therapy, community reinforcement approach, etc.) and the U.S Food and Drug Administration-approved pharmacotherapy (e.g., buprenorphine, naltrexone). This can include providing support for the required training of providers who are pursuing DATA 2000 waivers for the prescription of buprenorphine-containing products and intend to provide these medications to their patients.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Funding source: BRHN-OHA, Samaritan Medical Group annual budget</p> <p>Who will sustain: Samaritan Medical Group, Samaritan Treatment and Recovery Services</p> <p>Tasks to sustain: The Medical Director of Samaritan Treatment and Recovery Services partners with local universities to coordinate opportunities for students and residents to shadow health care professionals working in addiction treatment. Students and residents are also encouraged to perform rotations in the Recovery Clinic where individuals are supported through Medication Assisted Treatment, the residential treatment center, and throughout the hospital.</p>
<p>3. Increase the number of providers, other health and social service professionals, and appropriate paraprofessionals who are able to identify and treat SUD/OD by providing professional development opportunities and recruitment and retention incentives such as, but not limited to, the NHSC.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Funding source: Samaritan Medical Group annual budget</p> <p>Who will sustain: Samaritan Medical Group</p> <p>Tasks to sustain: Through professional development opportunities and recruitment and retention incentives the number of health care professionals who are trained in treating substance use disorders will increase. Physicians in the Emergency Department and in Labor and Delivery Unit will continue to utilize protocols for the treatment of withdrawal management, specifically utilizing Buprenorphine induction for individuals who use opioids.</p>
<p>4. Reduce barriers to treatment, including by supporting integrated treatment and recovery, such as integration efforts between entities such as primary care service providers, behavioral health service providers, the criminal justice system, dentistry, and social services. As appropriate, provide support to pregnant women, children, and other at-risk populations using approaches that minimize stigma and other barriers to care.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Funding source: BHRN-OHA, Oregon Alcohol and Drug grant funds, Oregon Medicaid funds</p> <p>Who will sustain: Samaritan Lebanon Community Hospital, Samaritan Treatment and Recovery Services, Family Tree Relief Nursery, Linn County Alcohol and Drug</p> <p>Tasks to sustain: The Medical Director of Samaritan Treatment and Recovery Services works with a multidisciplinary team to provide a low-barrier approach for individuals interested in Medication Assisted Treatment and trains medical staff on the protocols for withdrawal management. Peer Support Specialists, Youth Outreach Worker, and clinicians support families in Labor and Delivery Unit, middle and high schools, and coordinate care with various organizations to ensure individuals receive the appropriate support.</p>

<p>5. Train and strengthen collaboration with and between law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/OD, particularly vulnerable populations within the service area that suffer from health access and outcome disparities.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Funding source: BHRN-OHA</p> <p>Who will sustain: Samaritan Lebanon Community Hospital, Samaritan Treatment and Recovery Services</p> <p>Tasks to sustain: The Medical Director of Samaritan Treatment and Recovery Services, Peer Support Specialists, and the Medical Director of the Emergency Department are all active in their collaborative efforts at educating law enforcement and first responders of the specific needs for individuals challenged with SUD/OD. Particularly pregnant woman, youth, and individuals who are houseless have increased barriers that are important to address during emergency response.</p>
<p>6. Train providers, administrative staff, and other relevant stakeholders to optimize reimbursement for treatment encounters through proper coding and billing across insurance types to ensure long-term financial sustainability of services.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: Samaritan Health Services Regional Business Office is no longer able to provide training due to staffing shortages.</p>	<p>Funding source: n/a</p> <p>Who will sustain: n/a</p> <p>Tasks to sustain: n/a</p>
<p>7. Enable individuals, families, and caregivers to find, access, and navigate evidence-based, affordable treatments for SUD/OD, as well as home- and community-based services and social supports.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Funding source: BHRN-OHA, Oregon Alcohol and Drug grant funds</p> <p>Who will sustain: Family Tree Relief Nursery, Samaritan Treatment and Recovery Services, Linn Alcohol and Drug</p> <p>Tasks to sustain: Emergency Department-initiated Brief Negotiation Interview + Buprenorphine (ED-BNI-BUPE) is a promising practice that was developed during a study conducted at Yale University in 2015. We have adopted this practice in our emergency departments and throughout our hospitals and clinics with the added component of Peer Support Specialists to accommodate medical staff's workflow. The HUB & Spoke Model is used with individuals seeking Medication Assisted Treatment (MAT). This model promotes effective continuation of care and wrap around services with the target population by stabilizing individuals in our HUB and then coordinating the continuation of MAT with SPOKE providers in the location which the individual resides.</p> <p>Family Tree Relief Nursery, Samaritan Treatment and Recovery Services, Linn Alcohol and Drug all provide SUD/OD assessments in the service area and can meet individual's hospitals, in the community, or at an organization.</p>

Recovery Core Activities:	
<p>1. 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, including case management, housing, employment, food assistance, transportation, medical and behavioral health services, faith-based organizations, and sober/transitional living facilities with the goal of improving health care in rural areas.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Funding source: BHRN-OHA, Oregon Linn County Alcohol and Drug state grants</p> <p>Who will sustain: Family Tree Relief Nursery, Samaritan Treatment and Recovery Services, Linn County Alcohol and Drug treatment</p> <p>Tasks to sustain: Peer Support Specialists support families in the Labor and Delivery Unit and work closely with Maternal Care Coordinators to ensure mothers are receiving necessary post-partum care and resources are provided for families and newborns upon discharge. Peer Supports and substance use disorder clinicians from our partnering agencies collaborate with treatment facilities, jails, and law enforcement and connect individuals to recovery housing.</p>
<p>2. Expand peer workforce and programming as interventionists in various settings, including hospitals, emergency departments, law enforcement departments, jails, SUD/ODU treatment programs, and in the community.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Funding source: Oregon Workforce Development Grants</p> <p>Who will sustain: Family Tree Relief Nursery</p> <p>Tasks to sustain: The Oregon Health Authority's approved Peer Wellness Training will continue to be held by partners in a 90-hour class format with 20 individuals being trained per class. Once the Peer Wellness Training 40-hour class time format has been approved by the Oregon Health Authority, partners will no longer hold the 90-hour class format. Upon completion of the Peer Wellness Training, individuals can gain certification through the Mental Health and Addiction Certification Board of Oregon (MHACBO) and begin working as Peer Support Specialists.</p>
<p>3. Support the development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Funding source: BHRN-OHA</p> <p>Who will sustain: Samaritan Treatment and Recovery Services, Family Tree Relief Nursery Peer Support Specialist</p> <p>Tasks to sustain: Peer Support Specialists have integrated into hospitals, clinics, jails, and have been an integral part of building a community court program as well as help to staff sober living programs in the service area. Peer Support Specialists are working closely with Harm Reduction workers on outreach projects such as: Narcan trainings, Family Assistance and Resource Center, and at Shelters to help reduce barriers for individuals.</p>

G. Instructions to complete Action Plan¹: Use your completed Year 1 sustainability plan deliverable and results from the sustainability self-assessment (if completed) to build a consortium and community sustainability action plan. Please ensure that this Action Plan addresses the remaining internal/external challenges from your first year of the grant and deliverable to achieve the funding and other essential sustainability needs determined by your consortium and community. Please pay special attention to your data including any trends that need to be addressed. All goals and objectives are written in the SMART format: Specific, Measurable, Attainable, Realistic, and Time Bound (SMART).

For this submission, DO NOT complete the Progress and Lessons Learned columns. For the Progress column, as you begin your work during your final year of the grant, document the progress made in achieving your goal; include date of review. These two columns will be completed with your Year 3, final sustainability plan submission.

Sustainable Financial Base including Community Support - Required					
Financial Sustainability Goal: By August 2024, identify and request at least two grants from local, state, or federal funding sources to continue SUD prevention, treatment and recovery services.					
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; to be used to track progress moving forward; include date of review)	Lessons learned (Complete during Year 3 as final submission; include monthly /quarterly date of review)
Submit applications to local, state and federal agencies that focus on substance use disorders prevention, treatment and recovery services.	SHS Staff will identify funding opportunities. SHS Staff and contracted grant writer will complete applications. CCCWN will approve applications for submission. SHS Staff will submit applications.	SHS Staff and grant writer prepare and submit applications before deadline.	Financial support for the contracted grant writer.		

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.

Sustainability of RCORP Consortium and Stakeholder Relationships - Required

Consortium and Stakeholder Sustainability Goal: Increase rural representation on the CCCWN by at least two members by August of 2024.

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, to be used to track progress going forward; include date of review)	Lessons learned (Complete during Year 3 as final submission; include monthly /quarterly date of review)
Identify who is not represented on the CCCWN from the region.	CCCWN will identify who is not represented and make recommendations.	CCCWN members identify at least one person each who is not represented on the consortium from rural areas in the region.	No financial resources are needed to complete this step.		
Recruit representatives from rural communities in the region	CCCWN Chair and CCCWN Network Director will meet with possible members	CCCWN Chair and Network Director has obtained signature on the Memorandum of Understanding.	No financial resources are needed to complete this step.		
Provide training and orientation to new members	CCCWN Network Director will train and orient new members to the consortium	New representatives are serving on the CCCWN from rural communities in the region.	No financial resources are needed to complete this step.		

Sustaining/Increasing Workforce – Required					
Workforce Sustainability Goal: CCCWN will provide coordination and support of two Peer Support workforce training by August 2024.					
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, to be used to track progress going forward; include date of review)	Lessons learned (Complete during Year 3 as final submission; include monthly /quarterly date of review)
Coordination of Peer Support training in the region	CCCWN Network Director will work with local agencies who provide PSS training. Family Tree Relief Nursery and CHANCE will conduct the trainings	One training for at least 10 PSS is conducted by FTRN One training for at least 10 PSS is conducted by CHANCE At least 20 PSS receive certificates of completion	Oregon Health Authority workforce development training funds		

Sustainable Outcomes including Ability to Adapt to Changing Conditions – Required					
Data Sustainability Goal: Develop and secure comprehensive overdose data in the region by August 2024.					
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, to be used to track progress going forward; include date of review)	Lessons learned (Complete during Year 3 as final submission; include monthly /quarterly date of review)
CCCWN partners participate in Overdose Detection Mapping Application Program (ODMAP) to collect accurate overdose data	SHS Evaluator CCCWN Staff SHS Staff CCCWN Members	Partners are trained and members of ODMAP	In-kind contributions for staff time. ODMAP is free		

CCCWN partners work with Oregon Health Authority to collect regional state data	CCCWN Network Director CCCWN Members	OHA provides monthly overdose data to the CCCWN staff	BHRN-OHA OHA Opioid Settlement Funds		
CCCWN create a local uniform data collection process	CCCWN Network Director SHS Evaluator Community partners	CCCWN work with partners and SHS to develop a data collection process that accurately reflects overdoses in the region.	In-Kind contributions County support SHS support		

[Other] – Optional

Sustainability Goal: (Pertains to any unfinished or modified goals from your Year 1 submission or emerging community trends that must be formally addressed)					
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, to be used to track progress going forward; include date of review)	Lessons learned (Complete during Year 3 as final submission; include monthly/quarterly date of review)