



*The Sustainability Plan is a deliverable for your Rural Health Opioid Program grant. Submit your Sustainability Plan via the Electronic Hand Book (EHB) not later than **August 1st, 2021.** Use of the following template is required for completing your Sustainability Plan.*

**RURAL HEALTH OPIOID PROGRAM
SUSTAINABILITY PLAN**

For

**Mid-Valley Healthcare Inc., dba
Samaritan Lebanon Community Hospital**

August 1, 2021

Grant Number	H1URH32386
Address	525 N. Santiam Highway, Lebanon, OR 97355
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Part I: History/Background (4 pages maximum)

A. Environmental Context

Coast to Cascades Community Wellness Network Mental Health/Substance Use Disorder Committee (CCCWN MH/SUD Committee) has identified substance use disorder (SUD) and opioid use disorder (OUD) as critical community needs. According to data from the Oregon Prescription Drug Monitoring System (PDMP), the Centers for Disease Control and Prevention (CDC), Oregon Health Authority (OHA) and state opioid authority Dr. John McIlveen, Linn County had the state's highest rates of opioid-related deaths and hospitalizations in 2017. County opioid overdose rates were 8.9 per 100,000, and hospitalizations for opioid overdoses were 12.4 per 100,000 compared to Oregon's rates of 6.5 and 1.5 per 100,000, respectively.

CCCWN formed in 2009 and has a long history of supporting service integration and increasing access to quality care while also focusing on social determinants of health in Benton, Linn and Lincoln counties. The CCCWN MH/SUD Committee is a CCCWN subcommittee that focuses on addressing regional SUD issues. Since 2017, members have been working together to develop a comprehensive approach to providing prevention, treatment and recovery services for people struggling with SUD/OUD. Committee membership includes law enforcement, physicians, treatment providers, nonprofits, people with lived experience, and key regional leaders.

The service area for the RHOP grant comprises Sweet Home, Brownsville and unincorporated communities in east Linn County, Oregon. The COVID-19 pandemic hit during the course of our RHOP grant, impacting sustainability, populations served, service demands and partnerships.

The following changes supported our efforts:

- The CCCWN MH/SUD Committee moved from in-person to virtual meetings, which increased member attendance and participation.
- The Samaritan Treatment and Recovery Services (STARS) Barbara and Larry Mullins Center—a 16-bed co-ed residential treatment facility—opened in August 2020.
- STARS and its partners were able to provide treatment and outreach services virtually.
- Naloxone distribution to first responders, law enforcement, family members, friends and clients continued with adaptations throughout the pandemic.
- An outdoor SHARPS container was placed at Community Health Centers of Benton and Linn Counties.
- Partnerships developed to create the Community Court Project.
- Family Tree Relief Nursery revamped its peer support services to meet client needs through telehealth and other means.
- Medication assisted treatment (MAT) services were implemented through the development and rollout of a sustainable, integrated hub-and-spoke model.
- The Project Director provided education and information to the community in the form of speaking engagements—including a shame and stigma training that has been well received throughout the Samaritan Health Services (SHS) system—and newspaper articles in which he

and contracted Peer Support Specialists (PSS) presented their personal recovery stories as a tool for education.

- The hub has increased its providers from two to four. There are now six spokes, compared to two at the outset of the grant.

The following changes hindered our efforts:

- There were periods of time during the pandemic when in-person services were not permitted, which limited patient contact and eliminated patient transportation services and home visits.
- The STARS residential treatment center opened in August 2020, at the height of the pandemic, and was accordingly only able to serve a maximum of eight clients due to COVID-19 precautions.
- The Community Court Project was delayed by four months due to COVID-19 restrictions.
- Oregon's SUD treatment system was faced with unprecedented workforce shortages due to the pandemic and an overall shortage of SUD professionals statewide.
- Community support groups that closed and converted to virtual platforms were difficult for some rural residents to access due to poor internet service, lack of devices, and patient resistance to these platforms.
- The wildfires that ravaged rural Oregon in 2020 displaced some SUD patients and staff.

We engaged partners in sustainability discussions primarily during our regular CCCWN, CCCWN Steering Committee, and CCCWN MH/SUD Committee meetings. Monthly reports and work plans are emailed to all committee members prior to each meeting. In addition, hard copies are provided at each meeting in order to allow for comments and suggestions and to review the project's progress. During these meetings, committees also reviewed and approved all reports and other deliverables of the RHOP grant. Committee input and recommendations were incorporated into the work plan, which led to developing the sustainability plan. The draft sustainability plan was emailed to each of the listed committee members for comment, and the edited final document was then emailed to members for final comments and approval.

Partners who participated in sustainability planning activities include members of the CCCWN, CCCWN Steering Committee, and the CCCWN MH/SUD Committee.

B. Summary of Planning Process

Key Participants

Name	Title	Role	Organization
Marty Cahill, MBA, FACHE	VP-CEO	CCCWN Chair	SLCH - Internal
Kelley Story, MS, CADCIH	Director	Project Lead and CCCWN MH/SUD member	SLCH STARS - Internal
James Page, CADCIH	Project Director	RHOP Project Director	SLCH - Internal

Sandi Phibbs, PhD	Evaluator	Contractor	Contractor - External
Renee Smith	Executive Director	CCCWN MH/SUD member	Family Tree Relief Nursery - External
Jennifer Beckner	PDMP Coordinator	CCCWN MH/SUD member	Lincoln County Health and Human Services - External
Jeff Blackford	Executive Director	CCCWN MH/SUD member	C.H.A.N.C.E. Recovery - External
Tony Howell	Alcohol & Drug Program Manager	CCCWN MH/SUD member	Linn County Health Department - External
Carl Hoogesteger, M.D.	Physician	CCCWN MH/SUD member	Sweet Home Family Medicine - Internal
JoAnn Miller	Community Health Promotion Director	CCCWN staff	SHS - Internal
Ryan Combs	VP-COO	Staff	SLCH - Internal

In March 2021, Marty Cahill, VP-CEO of Samaritan Lebanon Community Hospital (SLCH) and CCCWN Chair, convened an in-person meeting of SLCH and CCCWN staff to discuss the progress of the RHOP grant and sustainability of services after the award. Additional in-person meetings were held in April, May and June 2021 to review and discuss the sustainability plan.

On June 18, 2021, the SLCH VP-CEO convened a discussion with project staff and SLCH staff to discuss the sustainability of this grant moving forward. It was agreed that peer support is a valuable service to the hospital and clinics, not least because it has proven to be one of the most cost-effective interventions the hospital, clinical and treatment program can employ.

One-on-one partner interviews conducted by CCCWN staff were held in June and July using a virtual platform. Representatives from Family Tree Relief Nursery, Lincoln County Health and Human Services, Linn County Health Department, and C.H.A.N.C.E. Recovery participated in these interviews to provide their input on sustaining the project at the end of the funding cycle. The recommendation to retain peer support and enhance other services through state funds was approved by each interviewee.

The Project Director provided an electronic copy of the RHOP 2020 annual progress report to Dr. Hoogesteger, who provided recommendations on sustaining the project in Sweet Home.

The Project Director meets monthly with the Evaluator to review data and any qualitative information gathered on the progress and sustainability of grant activities. An upcoming meeting is scheduled between the Project Director, SLCH staff and local first responders to discuss issues, attitudes and beliefs surrounding SUDs and naloxone so that we can move forward as a team on all aspects of the grant, including MAT, naloxone distribution and outreach/education.

C. Consortium Vision, Mission Statement & Values

Vision: The Coast to Cascades Community Wellness Network leads and sustains a system of partnerships of agencies and organizations working together to provide integrated services and programs to promote individual and community health.

Mission: To provide leadership to enhance the health of communities through development and support for collaborative regional partnerships in Benton, Lincoln and Linn counties.

D. Program Description and Summary of Outcomes

Our RHOP grant focused on creating infrastructure and providing a menu of services for OUD patients in east Linn County. Infrastructure and patient care center on outreach and deploying providers in key areas in the primary communities of Sweet Home and Brownsville. With the overarching goal of reducing OUD-related morbidity and mortality, our focus was on improving and fortifying our MAT hub-and-spoke model while also increasing SUD treatment linkages, peer support services, community partnerships, and provider and community education. Our accomplishments to date follow our work plan goals and objectives: The HUB currently serves about 200 acute patients, and 74 stabilized patients are being served in various spokes. Of these patients, 14 are in the Sweet Home Family Medicine and Brownsville Family Medicine clinics.

Also, 10 community education events, 11 provider trainings, two radio interviews and nine features in local publications have promoted services/supports available via the RHOP grant.

Sustained Impacts

1. The most significant impact was one that was unexpected: the return of people in recovery to these small, rural communities. Overdose survivors who survived severe injury due to their OUD, successfully completed intensive treatment and returned to their community exemplify why this grant is important and needs to be sustained. The single factor that sets these patients apart from those who do not complete treatment is their connection to Peer Support Specialists.
2. PSS, who come to the program when patients first enter treatment and meet them for lunch, have an impact on that patient, their family and everyone they touch during the journey toward recovery. With collaboration from Family Tree Relief Nursery in May 2020 and the onset of the work with patients, the integration of PSS into regional communities and clinics has been significant not only due to their lived experience with SUDs, but also for the hope they bring to patients and medical staff who get to see what actual recovery looks like. PSS have served 130 patients, approximately 58% of whom were referred to some level of treatment.
3. Infrastructure created through the hub-and-spoke model has had significant sustained impacts. Collaboration and partnerships have led to development and implementation of a Community Court that serves as an additional mechanism for referring people with SUD/OUD to services.

Part II: Moving Forward (2 pages maximum)

A. Current Program Activities to be Continued

1. Access Database

- The database tool can be used to track demographic and follow-up information as well as peer support activity.
- PIMS reporting requirements can be accessed.

2. Community Education

- SAMHSA defines SUD as “one of the most stigmatized disorders in the United States and around the world” (Nov. 2017).
- Staff with certifications will continue honoring the NAADAC code of ethics, which notes “society’s prejudice and stigma toward people with substance use disorders” and says, “we will willingly engage in public forums to educate people on addictive disorders.”
- SUD treatment was a new line of service for SHS when this grant was first written. STARS staff are now looked to as subject matter experts within the SHS system.

3. MAT Hub-and-Spoke Model

- STARS HUB offers the treatment intensity and staff expertise that patients require at the onset of recovery and at other vulnerable points in recovery.
- Evaluation respondents described a “dramatic” improvement in the number of services offered for treatment of OUD as well as improved accessibility to those services.
- Patients receiving MAT move throughout the continuum of care as needed.
- STARS HUB offers all elements of MAT, including assessment, ASAM assessment, and individual and group counseling.
- Care coordination, management of transitions of care, family support services, health promotion, and referral to community services are offered.
- STARS HUB providers and staff offer trainings and consultation to spokes and other providers.
- Spokes began with the Sweet Home Family Medicine and Brownsville Family Medicine practices and have grown to include spokes in Lebanon, Albany, and Benton and Lincoln counties.
- A change of medical directors, an added Huddle meeting, and the hiring of a MAT coordinator have improved the systems in place for ongoing support and enhancement of the hub-and-spoke model.
- Changes the DEA waiver requirements have loosened many of the restrictions, which may impact the number of providers who are willing to prescribe buprenorphine.

4. Naloxone Distribution

- The 2020 rate of overdoses in Oregon was double the U.S. average.
- Overdoses the east Linn County service area doubled in the last reporting period.

- Ensuring that naloxone is in the hands of the true “first responders” is our goal. Our belief is that these are the peers that people use with.
- Naloxone has proven to reduce overdose in communities and does not increase the use of nonprescription opioids.
- Our medical director, clinical director and entire STARS team agree that everyone, regardless of role or title, should carry naloxone.
- Given the increase in fentanyl-related overdoses, there has been a significant increase in the need for naloxone.

5. Overdose Awareness and Prevention

- The grant’s overarching goal has been to reduce morbidity and mortality related to OUD. Overdose awareness and prevention will continue to be a focus for the program and staff.
- The SLCH emergency department and STARS grant reporting documented 88 nonfatal overdoses in the Sweet Home community were documented in Q4 2020 and Q1 2021.
- CDC’s National Center for Health Statistics reports that the provisional U.S. drug overdose rate rose 29.4% in the last year.
- According to the DEA’s 2020 National Drug Threat Assessment (NDTA), while heroin overdoses decreased by nearly 20%, fentanyl-related overdoses increased by 12%.
- OHA reports that the 2020 overdose rate spiked at 63% higher than the year before.

6. Peer Support

- Provider time is costly; peer support is a more efficacious and sustainable intervention.
- Patients have the benefit of talking with someone who has similar lived experience.
- Peer Support Specialists (PSS) are the voice of recovery and lived experience in situations where providers are struggling to see the recovery side of SUD. They model recovery and resilience, bringing hope into the room for providers as well as patients.
- PSS can navigate treatment/recovery models that family, providers and patients cannot.
- Evaluation respondents stated that have improved assistance in areas of need that often pose barriers to people in treatment, including transportation, food, jobs, housing, legal issues, navigation of referrals, and care coordination.

7. SHARPS container

- An outdoor SHARPS container will continue to be available at the Community Health Center of Benton and Linn Counties, located in Sweet Home Oregon.
- The size of the inner storage bin needed to be increased, demonstrating use.
- Hazardous waste disposal in parks and other areas has decreased, indicating use.
- The container is maintained by the health department in a true spirit of collaboration that aligns with CCCWN’s mission to enhance community health through regional partnerships in Benton, Lincoln and Linn counties.
- The container can be a free advertising space for SUD treatment and related services.

Part III: Program Structure (3 pages maximum)

A. Consortium Partners

The full CCCWN comprises 25 community partners (listed below) who have been working together since 2009 and will continue to serve on the consortium.

Benton County Health Department, Capitol Dental Care, Community Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.), Community Services Consortium, COMP-NW Medical School, Confederated Tribes of the Siletz Indians, East Linn/Benton County Federally Qualified Health Center, Good Samaritan Regional Medical Center, InterCommunity Health Network CCO, Lebanon School District, Lincoln County Health and Human Services, Lincoln County Sheriff's Office, Linn County Health Department, Oregon Cascades West Council of Governments, Oregon Office of Rural Health, Oregon State University, Samaritan Albany General Hospital, Samaritan Lebanon Community Hospital, Samaritan North Lincoln Community Hospital, Samaritan Pacific Communities Hospital, and Samaritan Health Services.

The CCCWN MH/SUD Committee will remain part of the overall consortium. Its current members are C.H.A.N.C.E., Family Tree Relief Nursery, Linn County Health Department, Milestones Recovery Center, Lebanon Police Department, Lincoln County Health and Human Services, Samaritan Lebanon Community Hospital, and Samaritan Health Services.

New partners who have come on board since the RHOP grant include the Sweet Home Police Department, which provides additional insight on law enforcement issues; Linn County Circuit Court, which continues to support the Community Court Project; and Sweet Home Family Medicine, which assists with referrals and peer support services.

B. Management and Staffing Structure

CCCWN comprises a 25-member board, a seven-person Steering Committee and eight subcommittees. The consortium is staffed by the CCCWN Network Director, who is paid by Samaritan Health Services. The Network Director and the CCCWN Chair oversee the consortium's operations. They meet monthly to develop meeting agendas, review all grant activities and progress reports, and troubleshoot planning and implementation issues. The Network Director and CCCWN Chair will continue to provide leadership and direction to sustain the consortium.

Part IV: Three-Year Expense Budget Projections (3 pages maximum)

A. Budget Narrative

The CCCWN will continue to be staffed by Samaritan Health Services. The CCCWN Chair is the CEO of Samaritan Lebanon Community Hospital and will continue to commit time to the consortium. Budget expenses for sustaining the consortium are absorbed by CCCWN members.

Staff Salaries and Benefits

- **Network Director.** The Network Director spends approximately 25% of the day working on CCCWN efforts, including setting agendas, reviewing meeting minutes, reviewing reports, organizing meetings, and meeting with the CCCWN Chair and subcommittee chairs.
- **CCCWN Chair.** The CCCWN Chair spends approximately 5% of the day working on CCCWN efforts, which includes working with the Network Director to set agendas, review minutes, review reports, troubleshoot problems and conduct community outreach.

Other Staff Expenses

- **Office Space** is provided by SHS.
- **Telephone** costs of approximately \$50 per month paid are by SHS.
- **Supplies and Minor Equipment** Laptop, iPhone, computer bag provided by SHS.
- **Travel** provided by SHS.
- **Miscellaneous** provided by SHS.

B. Three-Year Budget

Expense	Total Expenses
Staff Salaries	\$ 24,600
Staff Benefits	8,610
Volunteer Hours	74,100
Telephone	1,980
Supplies	600
Outreach/Education/Marketing	25,000
Travel	24,816
Miscellaneous	3,000
Program Specific Expense	841,334
Total Expenses	\$ 1,004,040

Part V: Three-Year Funding Strategies (3 pages maximum)

A. Narrative

Oregon's 1115 Demonstration Waiver has been approved and will expand care for addiction services. According to HRSA research, states whose waivers have been approved have better sustainability rates. On April 8, 2021, the Centers for Medicare and Medicaid Services (CMS) approved Oregon's application for a five-year Medicaid 1115 Demonstration Waiver. This will increase access to treatment services for people with SUDs who are covered by the Oregon Health Plan (OHP). The waiver—which is effective April 8, 2021, through March 31, 2026—will allow Oregon to expand the continuum of care for people with SUDs and improve access to SUD services including outreach, initiation, treatment and recovery. (Oregon.gov.2021) This will allow treatment centers to bill for Peer Support Specialist services. Unfortunately, this did not include funding to support people with ongoing, post- or pre-treatment needs. The ability to bill for peer support services attached to the STARS treatment center will be helpful. However, until SUDs attain parity with other behavioral health services, this alone will not be sustainable. Currently, 67% of STARS patients are OHP/Medicaid patients; OHP rates pay 30 cents on the dollar while private insurance pays 80 cents on the dollar.

STARS is complying with CMS guidelines requiring that peer support services:

- Are offered as part of a comprehensive treatment plan.
- Include clinical supervision.
- Are provided by specialists who have completed state-specified training and coordination.

In 1999, Georgia was the first state to obtain approval for the payment of Peer Support Specialists. This approach was so effective that it is now known as the “Georgia Model.” A 2006 study conducted by the Georgia Department of Behavioral Health & Developmental Disabilities found patients receiving peer support showed reduced symptoms and behaviors, increased skills, and more ability to access resources and meet their own needs. Research demonstrates that SUD treatment is much more cost-effective than incarceration; peer support is more cost-effective than treatment. The 2006 study found that the use of the peer support cost Georgia on average \$997 per year compared to \$6,491 for day treatment. This model will be a cost-saving measure for the SHS hospital system.

In November 2020, Oregon voters passed Measure 110, which decriminalizes possession of small amounts of schedule A drugs. The passage of this measure provides funding to implement prevention, treatment and recovery services in all 36 Oregon counties; these services include assessments, peer support, clinical treatment, low-barrier treatment, housing, and case management for anyone seeking SUD/ODU care. In the Linn-Benton-Lincoln region, community partners and treatment providers have agreed to continue utilizing the CCCWN MH/SUD Committee as the lead for our efforts. Currently, we have 10 partners working together to provide peer support, clinical supervision, low-barrier treatment, housing and case management. These partners are collaborating on multiple levels to ensure that culturally relevant and gender-specific SUD/ODU services are available across all three counties. The funding for Measure 110 is part of the state of Oregon's general budget.

B. Funding Strategies by Activity (or Service) (3 Year Plan)

***Activity or Service to be Sustained:** Peer Support Services, MAT, Clinical Supervision, Case Management, Temporary & Supportive Housing, Transportation, Outreach and Education

Total Cost to Continue: \$1,004,040

Funding Source	Total Income
Fees for services	
Reimbursement from third-party payers	\$ 63,406
Product sales	
Consulting fees	
Membership dues	19,200
In-kind contributions	
Value of volunteer hours	74,100
Fundraising events	
Contributions/sponsorships	
Grants	250,000
Government budget allocation (OHA Measure 110 funds)	597,334
Total Projected Revenue	\$1,004,040

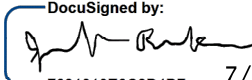
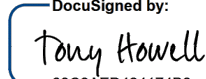
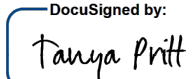

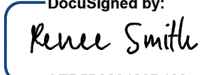
Part VI: Next Steps (1 page maximum)

The CCCWN MH/SUD Committee will continue working together to sustain the services developed by the RHOP grant. Measure 110 provides funding for all 36 counties to offer prevention, treatment and recovery services for people struggling with SUD/OD. The CCCWN MH/SUD Committee has been awarded state funds to provide peer support, clinical supervision, MAT, low-barrier treatment services, housing, case management and coordination through December 2021. The funding cycle will be available for partners to continue to receive state dollars for ongoing services. CCCWN staff will facilitate meetings with all currently funded partners, and take on additional partners as needed, to ensure that services are available throughout our region. CCCWN staff will also be responsible for submitting the required state documents for future funds.

Activity	Lead	Timeline
Review current funds available for SUD/OD services in the region.	CCCWN MH/SUD Committee	7/31/2021
Convene CCCWN MH/SUD Committee to review state funding availability.	CCCWN staff	8/31/2021
Identify additional services needed for SUD/OD prevention, treatment and recovery services.	CCCWN MH/SUD Committee	8/31/2021
Create agreements on service provider levels in each county.	CCCWN MH/SUD Committee, community providers	9/30/2021
Prepare and submit request for proposal or plan for state funds.	CCCWN staff, CCCWN MH/SUD Committee, community providers	10/30/2021
Meet monthly to review and improve services and supports for SUD/OD clients in the region.	CCCWN staff, CCCWN MH/SUD Committee	Ongoing

Part VII: Partner Signatures

Your partners are required to review and approve your RHOP Sustainability Plan by signing below:

<u>Partner Name</u>	<u>Partner Organization</u>	<u>Signature</u>	<u>Date</u>
Jennifer Beckner	Lincoln County Health and Human Services	 DocuSigned by: 7691010E6C8D4D7...	7/27/2021 17:12:42 PDT
Tony Howell	Linn County Alcohol and Drug Program	 DocuSigned by: 68C8AED424174B3...	7/27/2021 17:21:06 PDT
Tanya Pritt	Milestones Family Recovery	 DocuSigned by: D971BC1DEF714B0...	
Kelley Story	Samaritan Treatment and Recovery Services	 DocuSigned by: 5E552E3DB11F4B4...	
Renee Smith	Family Tree Relief Nursery	 DocuSigned by: AED5B993492D492...	