

RCORP Sustainability Implementation Cohort II Deliverable

Send draft deliverable to your TEL and PO via email by **August 17, 2022**. The final deliverable, addressing TEL/PO feedback, is due in the EHB by **September 30, 2022**.

- A. **RCORP Program:** FY 20 Implementation
- B. **HRSA RCORP Grant Number:** GA1RH39597
- C. **Grant Recipient Name:** Snohomish Health District
- D. **Date:** August 19, 2022

- E. **Consortium Vision and Definition of Sustainability:** *[Insert or update the definition of sustainability from Year 1 deliverable]*

During year two our consortium has gained consensus on some clear priorities for sustainability after the project period ends. Our vision for sustainability is to be able to sustain strategies that are working well for our community, with new funding sources to support this work, without having to sacrifice our rural focus or our well-established consortium and partner relationships. We've had great success with our consortium itself, and we still intend for our group to continue past the funding period. We know that to do this successfully and with the best chances for long-term sustainability we will need expand our geographic boundaries to include more of the self-defined rural community as well as bring in more partners. The Rural HRSA Consortium has provided a forum to collaborate around SUD/ODD-related issues that are unique to the smaller, more rural parts of our county, and we all agree this as a critical resource to keep going into the future. Sustaining our work and consortium will also require securing future funding that can support project strategies as well as a portion of an FTE to support project and consortium coordination. The Health District's planned January 2023 merge with Snohomish County government presents some unknown factors which could impact how our consortium operationalizes our sustainability plan, but could also bring new opportunities for funding and collaboration which can support this project's longer-term future. The element of planning for sustainability that has been most challenging for our consortium is knowing which strategies to prioritize based on their evidence of success and impact. This is because we've still faced roadblocks and delays in getting strategies all the way to implementation. While this has still provided some important information about what we can expect in the future as we work to sustain these activities, or even implement new ones, we haven't had sufficient implementation time to thoroughly evaluate program impact. This will be a priority for year three as we have continued opportunities to gather qualitative and quantitative feedback on project activities.

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. 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	Yes	New/other federal and state funding sources such as NACCHO, CDC OD2A, RCORP, or state/county opioid settlement funds
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.	Yes	New/other federal and state funding sources such as NACCHO, CDC OD2A, RCORP, or state/county opioid settlement funds as well as current county-wide funding
3. Implement year-round drug take-back programs.	Yes	New/other federal and state funding sources such as NACCHO, CDC OD2A, RCORP, or state/county opioid settlement funds as well as current county-wide funding
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.	Yes	School district funds, possible state education funds (sometimes available), other new state or federal funds that align with this strategy

<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>Yes, will be continued through consortium partner organization Darrington School District</p>	<p>District funding source will remain the same</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>Yes</p>	<p>New/other federal and state funding sources such as NACCHO, CDC OD2A, RCORP, or state/county opioid settlement funds</p>
<p>2. Recruit, train, and mentor interdisciplinary teams of SUD/ODU 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>No</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/ODU by providing professional development opportunities and recruitment and retention incentives such as, but not limited to, the NHSC.</p>	<p>No</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>Yes but with expanded geographic area of focus to facilitate implementation of this strategy because current service area includes very few services/entities</p>	<p>New/other federal and state funding sources such as NACCHO, CDC OD2A, RCORP,</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/ODU, particularly vulnerable populations within the service area that suffer from health access and outcome disparities.</p>	<p>Yes</p>	<p>state/county opioid settlement funds as well as current county-wide funding (primarily new NACCHO grant)</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>Consortium partner organization(s) will take ownership of this strategy and manage this internally moving forward</p>	<p>Will differ for each on organizations taking this on but ideally no new funding needed</p>
<p>7. Enable individuals, families, and caregivers to find, access, and navigate evidence-based, affordable treatments for SUD/ODU, as well as home- and community-based services and social supports</p>	<p>Yes as part of our county-wide efforts</p>	<p>Current county-wide funding (primarily new NACCHO grant and OD2A) and possible state/county opioid settlement funds</p>
<p>Recovery Core Activities:</p>		

<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>Yes depending on funding and adequate staffing either with SHD or partner organizations</p>	<p>New/other federal and state funding sources such as NACCHO, CDC OD2A, RCORP, or state/county opioid settlement funds</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>Some consortium partners may continue this within their own organizations. Potentially yes for SHD as well depending on how/if we are able to integrate this into other departments' direct service work when we move under Snohomish County</p>	<p>Funding needs and source will vary by organization.</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>Yes</p>	<p>New/other federal and state funding sources such as NACCHO, CDC OD2A, RCORP, or state/county opioid settlement funds</p>

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>
Provide training and education to patients, families and communities on SUD prevention and treatment, mental health, neo-natal abstinence syndrome, trauma-informed care, suicide prevention and opioid overdose	New/other federal and state funding sources such as NACCHO, CDC OD2A, RCORP, or state/county opioid settlement funds as well as current county-wide funding

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
N/A*	N/A*	N/A*
Total:	Total:	Total:

***We will not be using reimbursement to sustain any of our project activities**

H. Current and needed patient volume (OPTIONAL)

The intent of this table is to ensure that the services you established or expanded through grant funds are maintained in your community and are not eliminated at the end of the RCORP grant period. It is strongly encouraged that you complete this table **IF** you are financing clinical or non-clinical care and treatment services, even as a fiscal passthrough, that have could be reimbursed by third party payer coverage. These may include direct clinical care such as prescriber, therapy, or patient care services. It may also include non-clinical services such as case management, care coordination, community health worker, or peer support services.

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), billing department, or fiscal staff.** 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 contractual reimbursements; or 3) billing Medicare and/or Medicaid for contracted healthcare costs.

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)

Tip #1: You can fill the table using a row for each service (i.e., clinical treatment services, MAT/MOUD 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.

- I. Instructions to complete action plan¹:** Use your completed Year 1 deliverable and results from the sustainability self-assessment (if completed) to build a consortium and community sustainability action plan below that addresses the remaining internal/external challenges from your first year of the grant and deliverable 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 Year 1 deliverable 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 the core activities you identified to sustain, and possible additions to consider, but the draft should be a tool for the consortium that will be used throughout Year 2 in preparation for the final year of your RCORP grant. 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. For this submission, DO NOT complete the Progress and Lessons Learned columns, those will be completed with your Year 3 submission.

Sustainable Financial Base including Community Support - Required					
Sustainability Objective: By July 31, 2023 Snohomish Health District will have secured at least 1 new source of funding to sustain HRSA consortium and minimum of 4 priority project activities.					
Steps to achieve objectives (Be specific and include important sub-steps.)	Who will do the work? (For each task, provide a responsible	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

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.

	consortium member(s.)				
<p>Determine which project strategies should be sustained</p> <ul style="list-style-type: none"> • Create a sustainability workgroup • Collect program data to use in evaluating impact • Convene workgroup to evaluate strategies; prioritize for future 	Project & Data Coordinators	<p>Number of partners involved in workgroup</p> <p># of workgroup meetings</p> <p>Evaluation data shared with workgroup; full consortium</p> <p>Priority strategies selected</p>	SHD project staff, project data		
Identify and apply for new funding sources in Q3 and Q4 that align with project goals, strategies, and rural geography	Project Coordinator, SHD Grant Manager	Number of local, state and federal funding opportunities identified, number that we successfully submit applications for, number that we are awarded.	SHD's Board of Health approval required to apply for grants over certain threshold		
Consortium partner organizations select strategies to take over, fund and sustain within their bodies of work	Project Coordinator to work with relevant partners	Partners have taken on project activities (mostly treatment	Adequate funding from partner organizations to sustain strategies		

Sustainability of RCORP Consortium and Stakeholder Relationships - Required

Sustainability Objective: The Health District will secure funding for at least a 0.2 FTE project/consortium coordinator by May 31, 2023 to ensure that consortium meetings and partner engagement can continue without interruption after project period, will meet individually during Q3 with all current consortium members to assess commitment to future involvement, and will work during Q4 to invite 5 organizations to join consortium in anticipation of relaxed rural boundaries.

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 (to be used to track progress going forward; include date of review)	Lessons learned
Secure funding (new or existing) that will allow integration of consortium coordination in one Healthy Communities Specialist position	Project Director, Project Coordinator	One Healthy Community Specialist at SHD responsible for coordinating rural consortium after RCORP funding ends.	SHD Grants Coordinator		
Set up meetings with all consortium members - Create survey to assess anticipated involvement in project in coming years	Project Coordinator	Survey responses from all partners	Project coordinator's time to meet with all members		
Identify and connect with key new partners who provide services rurally (but	Project Coordinator	New partners invited to and engaged with rural consortium	Project coordinator's time for intro meetings, consortium partners knowledge		

outside of service area) who can facilitate continuation and/or expansion of project activities			of other rural-serving organizations that fit our project's goals		

Sustaining/Increasing Workforce – Required

Sustainability Objective: By March 1, 2023 the workforce workgroup will complete a community workforce assessment to evaluate workforce opportunities and challenges for project sustainability, and will present recommendations to full consortium.

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 (to be used to track progress going forward; include date of review)	Lessons learned
Form a workforce assessment workgroup	Project coordinator plus at least 3 consortium members	Group formed, holding monthly meetings	Consortium member time commitment		
Conduct qualitative interviews with key community partners	Workforce assessment workgroup	Interview guide created; interviews done with 4 key partners	List of key partners from diverse sectors (consortium and external)		

Conduct workforce landscape analysis	Workforce assessment workgroup	Landscape analysis complete	Consortium member time commitment		
Share workforce findings and recommendations	Workforce assessment workgroup	Finalized recommendations prepared to share with consortium for prioritization and action	No extra financial resources or assets needed		

Sustainable Outcomes including Ability to Adapt to Changing Conditions – Required

Sustainability Objective: Form a sustainability workgroup by February 28, 2023 to: review all available data from implemented strategies; present findings on project strategies’ quality and impact to full consortium; and make evidence-based recommendations about workplan updates and priority strategies to be sustained, to be completed before the end of Q3.

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 (to be used to track progress going forward; include date of review)	Lessons learned
Establish sustainability workgroup Hold monthly workgroup meeting	Project Coordinator, 3-4 consortium members	Workgroup formed and meeting on monthly basis	No extra financial resources or assets needed.		
Collect and share implementation data	Project & Data Coordinators	Evaluation metrics shared with	Data coordinator’s data collection plan		

for project strategies to evaluate impact		workgroup and updated bi-monthly			