

# Rural Communities Opioid Response Program - Implementation (RCORP - Implementation)

**Grant:** GA1RH33539    **Start Date:** 03/01/2021    **End Date:** 08/31/2021    **Report Date:** 09/30/2021

**Organization:** SAMARITAN NORTH LINCOLN HOSPITAL

**Submitted Date:** 09/29/2021

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0044. Public reporting burden for this collection of information is estimated to average 5.66 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

**Service Area and Consortium**

**Service Area and Consortium**

Medical Organizations and Agencies	Number
Identify the types and number of medical organizations and agencies in your consortium.	
Hospitals - Critical Access Hospitals (CAHs)	2
Hospitals - Small Rural (49 beds or less, non-CAH)	
Hospitals - Other (e.g. Sole Community, Rural Referral Center, etc.)	
Emergency medical services entities	
Federally Qualified Health Centers (FQHCs)	2
FQHC Look-alikes	
Local or state health departments	1
Mental and behavioral health organizations, practices, and providers	1
Primary care practices and providers	
Rural Health Clinics	4
Ryan White HIV/AIDS clinics	
Substance abuse treatment providers - Methadone clinics	
Substance abuse treatment providers - Opioid treatment programs (OTPs)	1
Substance abuse treatment providers - Other	
Other medical agencies and organizations Type 1 - Specify:	
Other medical agencies and organizations Type 2 - Specify:	
Other medical agencies and organizations Type 3 - Specify:	

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Social Service and Non-Medical Agencies and Organizations	Number
Identify the types and number of social service and non-medical organizations and agencies in your consortium.	
Community-based organizations	
Cooperative extension system offices	
Criminal justice entities - Law enforcement	1
Criminal justice entities - Court system	
Criminal justice entities - Prisons	
Criminal justice entities - Probation and parole	
Faith-based organizations	
Healthy Start sites	
HIV and HCV prevention organizations	
Maternal, Infant, and Early Childhood Home Visiting Program local implementation agencies	
Poison Control Centers	
Primary Care Associations (PCAs)	
Primary Care Organizations (PCOs)	
Recovery Community Organizations (RCOs)	1
School systems	
Single State Agencies (SSAs)	
State Offices of Rural Health (SORHs)	
Tribes/Tribal organizations	1
Other social service and non-medical agencies and organizations Type 1 - Specify:	
Other social service and non-medical agencies and organizations Type 2 - Specify:	
Other social service and non-medical agencies and organizations Type 3 - Specify:	

Service Area	

Please select the option that best describes your project's service area:	Single County
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**States/Territories**  
 Identify the State(s)/Territories included in the project service area. Select from the 'State(s)/Territories' drop-down and then click on the 'Add' button and repeat if needed.

<b>States/Territories</b>
<b>States/Territories</b>
OR

Service Area Population	Number
Please report the number of people that live in the project's service area.	
Total population in the project's service area	51,438

Consortium Meetings	Number
Please report the total number of consortium meetings conducted in the past 6-months in which the majority of consortium members (>75%) participated.	
Total number of consortium meetings conducted in the past 6-months	10

Sources of Sustainability	
Please indicate the type(s) of sources of funding that you plan to use to sustain the consortium and/or its activities using the following categories (please check all that apply):	
Contractual Services (e.g. Fee For Service, Bundled Payment, Per Capita)	
Federal grant - RCORP-Implementation	✓
Federal grant - RCORP MAT-Expansion	
Federal grant - Other HRSA grants (non-RCORP)	✓
Federal grant - non-HRSA	✓
Insurance - Separate Children's Health Insurance Program (CHIP)	

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<b>Sources of Sustainability</b>	
Please indicate the type(s) of sources of funding that you plan to use to sustain the consortium and/or its activities using the following categories (please check all that apply):	
Insurance - Medicaid/CHIP	
Insurance - Medicare	
Insurance - Private Insurance	
Insurance - Tricare	
In-kind contributions (defined as donations of anything other than money, including goods or services/time.)	
Foundations	✓
Fundraising/Monetary donations	
Program Revenue, Membership Fees/Dues	
State grants	✓
Self-Pay	
Other Type 1 - Specify:	
Other Type 2 - Specify:	
Other Type 3 - Specify:	

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Service Area and Consortium Form Comments

Is Service Area and Consortium Form Complete?	Y
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Service Area and Consortium Form File Attachment			
File Name	File Type	File Size	Upload Date

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## Demographics

### Demographics

This table collects demographic information for all individuals who have received direct services for substance use disorder (SUD), including opioid use disorder (OUD), in the project's rural service area. Please do not leave any sections blank or use N/A (not applicable) since the measures are applicable to all RCORP grantees providing direct services. If the number for a particular category is zero (0), please put zero in the appropriate section (e.g., if the total number that is Hispanic or Latino is zero (0), enter zero in that section). If data are incomplete or have other limitations, please enter the data you have, indicate the data have limitations, and explain those limitations in the comments box below.

Issues Reporting Demographic Data	Number
Please indicate any issues with reporting these data: (select one)	None - data are reported as requested

Ethnicity	Number
Please report the number of people served, by ethnicity, during the past 6-months.	
Hispanic or Latino	618
Not Hispanic or Latino	9,975
Unknown	1,632
<b>Total</b>	<b>12,225</b>

Race	Number
Please report the number of people served, by race, during the past 6-months.	
American Indian or Alaska Native	271
Asian	100
Black or African American	105
Native Hawaiian or Other Pacific Islander	51
White	9,921
More than one race	0
Unknown	1,777
<b>Total</b>	<b>12,225</b>

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Age Group	Number
Please report the number of people served, by age group, during the past 6-months.	
0 - 12	127
13 - 17	368
18 - 24	676
25 - 34	1,108
35 - 44	1,261
45 - 54	1,371
55 - 64	1,801
65 and over	4,063
Unknown	1,450
<b>Total</b>	<b>12,225</b>

Insurance Status	Number
Please report the number of people served, by insurance status, during the past 6-months.	
Self-pay	591
None/Uninsured	15
Dual Eligible (covered by both Medicaid and Medicare)	0
Medicaid/CHIP only	2,902
Medicare only	4,295
Medicare plus supplemental	0
TriCARE	0
Other third party (e.g., privately insured)	2,972
Unknown	1,450
<b>Total</b>	<b>12,225</b>

Demographics Form Comments

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Is Demographics Form Complete?	Y
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## Prevalence

### Prevalence

<b>Non-Fatal Opioid Overdoses</b>	<b>Number</b>
Please report the total number of non-fatal overdoses from opioid poisoning in your project's service area in the past 6-months. If data are unavailable, out of date, or have other limitations please indicate these issues below and explain in the comments. If data are unavailable, leave the item blank (do not enter zero).	
Number of non-fatal opioid overdoses in the project's service area	84
Please indicate any issues with reporting these data: (select one)	None - data are reported as requested

<b>Fatal Opioid Overdoses</b>	<b>Number</b>
Please report the total number of fatal overdoses from opioid poisoning in your project's service area in the past 6-months. If data are unavailable, out of date, or have other limitations please indicate these issues below and explain in the comments. If data are unavailable, leave the item blank (do not enter zero).	
Number of fatal opioid overdoses in the project's service area	2
Please indicate any issues with reporting these data: (select one)	None - data are reported as requested

<b>NAS/NOW - related birth in project's service area</b>	<b>Number</b>
Please report the total number of infants born with Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal (NOW) Syndrome-related symptoms in the project service area in the past 6-months. If data are unavailable, out of date, or have other limitations please indicate these issues below and explain in the comments. If data are unavailable, leave the item blank (do not enter zero).	
Number of NAS/NOW - related births in the project's service area	7
Please indicate any issues with reporting these data: (select one)	None - data are reported as requested

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Prevalence Form Comments

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## Direct Services

### Direct Services

Individuals Screened for SUD	Number
Please report the total number of individuals who have been screened for substance use disorder (SUD) in the past 6-months. If data are incomplete or have other limitations, please enter the data you have, indicate the data have limitations, and explain those limitations in the comments box below.	
Number of individuals screened for SUD	12,225
Please indicate any issues with reporting these data: (select one)	None - data are reported as requested

Patients with Positive Screen	Number
Please report the total number of patients who screened positive for alcohol or substance overuse/misuse, or at risk for overuse/misuse in the past 6-months. If known, please specify the number of patients who screened positive for specific SUD. While patients could screen positive for multiple SUDs, each sub category should not exceed the total. If data are incomplete or have other limitations, please enter the data you have, indicate the data have limitations, and explain those limitations in the comments box below.	
Total number of patients who screened positive for alcohol or substance use	1,297
Please indicate any issues with reporting these data: (select one)	None - data are reported as requested
Number of patients who screened positive for alcohol overuse/misuse (or at risk of this)	687
Number of patients who screened positive for opioid overuse/misuse (or at risk of this)	501
Number of patients who screened positive for methamphetamine overuse/misuse (or at risk of this)	118
Number of patients who screened positive for other substance overuse/misuse (or at risk of this)	89

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Patients Diagnosed with SUD	Number
Please provide the total number of patients diagnosed with substance use disorder in the past 6 -months. If known, please specify the number of patients who were diagnosed for specific SUD. While patients could be diagnosed with multiple SUDs, each sub category should not exceed the total. If data are incomplete or have other limitations, please enter the data you have, indicate the data have limitations, and explain those limitations in the comments box below.	
Total number of patients diagnosed with alcohol or substance use disorder	886
Please indicate any issues with reporting these data: (select one)	None - data are reported as requested
Number of patients diagnosed with alcohol use disorder	431
Number of patients diagnosed with opioid use disorder (OUD)	271
Number of patients diagnosed with methamphetamine use disorder	118
Number of patients diagnosed with other substance use disorders (SUD) <i>If other, please specify other SUD diagnoses</i>	89

Other SUD Diagnoses	
SUD Diagnoses	Number
Cannabis	89

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Additional Screening and Diagnosis	Number
Patients with a diagnosis of SUD who were also screened for depression <i>Please report the total number of patients diagnosed with substance use disorder who were also screened for clinical depression using an age appropriate standardized tool such as the Patient Health Questionnaire 9 (PHQ-9) during the past 6-months.</i>	43
Patients with a diagnosis of SUD who were tested for HIV/AIDS <i>Please report the total number of patients with a diagnosis of substance use disorder who were also tested for HIV/AIDS during the past 6-months.</i>	28
Patients with a diagnosis of SUD who were tested for HCV <i>Please report the total number of patients with a diagnosis of substance use disorder who were also tested for Hepatitis C Virus (HCV) during the past 6-months.</i>	11
Patients with a diagnosis of SUD who were referred to treatment <i>Please report the total number of patients with a diagnosis of substance use disorder (SUD) who were referred for SUD treatment during the past 6-months.</i>	0

Patients with a diagnosis of SUD who were referred to support services	Number
Please report the total number of patients with a diagnosis of SUD who were referred to support services within the past 6-months, by type of service.	
Childcare	
Employment services	
Prenatal/postpartum care services	
Recovery housing	
Transportation to treatment	
Other Type 1 - Specify: n/a	0
Other Type 2 - Specify:	
Other Type 3 - Specify:	

Patients who received MAT	Number
Please report the total number of patients who have received medication assisted treatment (MAT) only or MAT with psychosocial therapy within the past 6-months.	
Number of patients who received MAT AND psychosocial therapy in the past 6-months	79
Number of patients who received MAT ONLY in the past 6-months	20

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Patients who received MAT for 3 months or more	Number
Please report the total number of patients who have received MAT (including both medication AND psychosocial therapy) for a period of 3 months or more without interruption in the past 6 months.	
Number of patients who have received MAT for 3 months or more without interruption	8

Direct Services Form Comments
<ul style="list-style-type: none"> <li>- Some of our reporting partner agencies cannot distinguish between positive screens for opioids and for methamphetamine (that is why the count for opioids is much larger than the counts for meth).</li> <li>- Currently not able to collect information on support services</li> </ul>

<b>Is Direct Services Form Complete?</b>	Y
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Direct Services Form File Attachment			
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## Workforce

### Workforce

#### Number of healthcare providers who have DATA waiver

Please report the total number of healthcare providers within the service area who have a Data Treatment Act 2000 (DATA) waiver to prescribe buprenorphine-containing products for medication assisted treatment (MAT). Additionally, please report the total number of health care providers within your consortium who have a DATA Waiver.

	Service Area	Within Consortium
Certified nurse-midwives		
Certified registered nurse anesthetists		
Clinical nurse specialists		
Nurse practitioners	4	4
Physicians (MD/DOs, including internal medicine, family medicine, pediatrics, and other specialties)	2	2
Physician assistants	4	4
Psychiatrists (i.e. physician in the specialty of psychiatry)		

#### Number of providers who have provided MAT

Please report the total number and full-time equivalent (FTE) of providers within the service area who have prescribed medications that are used to treat OUD in the past 6-months, by provider type. Please provide FTE in whole number (00) or decimal (00.00) format.

	FTE	Number
Certified nurse-midwives		
Certified registered nurse anesthetists		
Clinical nurse specialists		
Nurse practitioners	4	4
Physicians (MD/DOs, including internal medicine, primary care, family medicine, pediatrics, and other specialties)	1	1
Physician assistants	4	4
Psychiatrists (i.e. physician in the specialty of psychiatry)		

#### Number of eligible providers without a DATA waiver

Please report the total number and full-time equivalent (FTE) of providers within your consortium who are eligible for

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the Data Treatment Act 2000 (DATA) waiver but have not yet completed the necessary training to receive a waiver. Please specify by provider type and provide FTE in whole number (00) or decimal (00.00) format. NOTE: This is the full list of provider types eligible to receive the DATA waiver at this time. If policy changes, we may use this response option to gather additional information on providers who become eligible.

	FTE	Number
<b>Certified nurse-midwives</b>	1	1
<b>Certified registered nurse anesthetists</b>	8	8
<b>Clinical nurse specialists</b>		
<b>Nurse practitioners</b>	8.80	12
<b>Physicians (MD/DOs, including internal medicine, primary care, family medicine, pediatrics, and other specialties)</b>	43.90	56
<b>Physician assistants</b>	10.35	13
<b>Psychiatrists (i.e. physician in the specialty of psychiatry)</b>		

**Number of providers currently providing SUD/ODU treatment services**

Please report the total number and full time equivalent (FTE) of providers within your consortium currently implementing SUD/ODU services, including MAT, in support of the RCORP project either directly or through contract (s). Please specify by provider type. Please provide FTE in whole number (00) or decimal (00.00) format.



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	FTE	Number
Certified nurse-midwives	1	1
Certified registered nurse anesthetists	8	8
Clinical nurse specialists		
Clinical psychologists	2	2
Counseling psychologists		
Licensed clinical social workers	2	2
Licensed professional counselors	29	29
Marriage and family therapists		
Nurse practitioners	11.80	15
Peer support specialists	11	11
Pharmacists	7.75	9
Physicians (MD/DOs, including internal medicine, family medicine, pediatrics, and other specialties)	45.90	58
Physician assistants	11.35	14
Psychiatric nurse specialists		
Psychiatrists (i.e. physician in the specialty of psychiatry)		
Registered nurses	191.43	252
SUD counselors		
Other Type 1 - Specify: Harm Reduction Worker	1	1
Other Type 2 - Specify: Community Health Worker	3	3
Other Type 3		

### Number of participants who received SUD education or training

Please report the total number of providers, paraprofessional staff, and community members (non-providers) who participated in direct substance use disorder education or training activities within the past 6-months as a result of RCORP funding. For each topic area, please provide the number of participants in each category: Providers, paraprofessional staff (e.g. peer support staff, care managers, care navigators, other recovery support staff) and community members (neither providers nor paraprofessional staff).

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	Provider	Paraprofessional Staff	Community Members
Mental health first aid			
Naloxone training			
Opioid prescribing guidelines			
Stigma reduction			
Other Type 1 - Specify: none	0	0	0
Other Type 2			
Other Type 3			
Other Type 4			

### Workforce Form Comments

- These are the number of providers in our service area who do not have DATA waivers and who work for organizations that are members of our consortium.

- Numbers reported include all employees in these categories. Not specific to SUD/ODU services due to not having that data available.

-FTE reported for all employees in these categories. Not specific to SUD/ODU services due to not having that data available.

**Is Workforce Form Complete?** Y

### Workforce Form File Attachment

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