

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

Grant: GA1RH33539 Start Date: 09/01/2021 End Date: 02/28/2022 Report Date: 05/31/2022

Organization: SAMARITAN NORTH LINCOLN HOSPITAL

Submitted Date: 05/30/2022

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## 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)	3
Hospitals - Small Rural (49 beds or less, non-CAH)	
Hospitals - Other (e.g. Sole Community, Rural Referral Center, etc.)	2
Emergency medical services entities	
Federally Qualified Health Centers (FQHCs)	1
FQHC Look-alikes	
Local or state health departments	3
Mental and behavioral health organizations, practices, and providers	
Primary care practices and providers	1
Rural Health Clinics	
Ryan White HIV/AIDS clinics	
Substance abuse treatment providers - Methadone clinics	
Substance abuse treatment providers - Opioid treatment programs (OTPs)	
Substance abuse treatment providers - Other	
Other medical agencies and organizations Type 1 - Specify: Health Services	2
Other medical agencies and organizations Type 2 - Specify: IHN-CCO Medicaid	1
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	3
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	2
Single State Agencies (SSAs)	
State Offices of Rural Health (SORHs)	1
Tribes/Tribal organizations	1
Other social service and non-medical agencies and organizations Type 1 - Specify: Community Member	1
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	

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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

<b>Service Area Population</b>	<b>Number</b>
Please report the number of people that live in the project's service area.	
Total population in the project's service area	52,176

<b>Consortium Meetings</b>	<b>Number</b>
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	9

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Service delivery sites offering prevention, treatment, and/or recovery services	Number
Please report the total number of service delivery sites within the consortium offering at least one prevention, treatment, or recovery service within the past six months. Additionally, for each of the following services, report the total number of service delivery sites within the consortium that offered that service within the past six months. If no service delivery sites offered a particular service, please input 0.	
Total number of unduplicated service delivery sites offering at least one prevention, treatment, and/or recovery service	8
Prevention services (not including naloxone)	7
Screening and/or assessment services	4
Medication-Assisted Treatment (with or without psychosocial therapy)	2
SUD/ODU treatment other than MAT	4
Infectious disease testing (i.e., HIV or HCV)	4
Mental health treatment	1
Recovery support services	4
Other - specify:	

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Service delivery sites offering specific harm reduction services	Number
Report the total number of service delivery sites within the consortium offering at least one harm reduction service within the past six months. For each of the following harm reduction services, report the total number of service delivery sites within the consortium that offered that service within the past six months. If no service delivery sites offered a particular service, please input 0.	
Total number of unduplicated service delivery sites offering at least one harm reduction service	4
Naloxone access	4
Syringe services	2
Fentanyl test strips	2
Safe smoking kits	1
Sex worker services	0
Other - specify:	

Consortium sustainability - Only report sustainability measures in the last reporting period of your grant	
Will the consortium as a unit and/or at least one key consortium activity be sustained after the RCORP grant ends?	

If you selected yes in previous sub-section, what will sustain? (check all that apply)	
Consortium as a unit	
At least one key consortium activity	

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If you selected "At least one key consortium activity" in the previous sub-section how will the activity or activities be sustained? (check all that apply)	
Absorption of services or other means of in-kind support	
RCORP grant funding	
HRSA grant funding (not including RCORP grants)	
Other grant funding (not including HRSA and RCORP grant funding)	
Fees	
Applying for an 11-15 waiver	
Changing Medicaid formularies	
Increasing insurance reimbursement (both costs covered and new insurance payors)	
Becoming a line item in a state or local budget	
Creating certification/licensing programs to facilitate workforce payments (e.g., peer recovery specialists)	
Other - specify	

Service Area and Consortium Form Comments	

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

OMB Number: 0906-0044  
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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	715
Not Hispanic or Latino	8,165
Unknown	766
<b>Total</b>	<b>9,646</b>

Race	Number
Please report the number of people served, by race, during the past 6-months.	
American Indian or Alaska Native	295
Asian	116
Black or African American	127
Native Hawaiian or Other Pacific Islander	58
White	8,171
More than one race	154
Unknown	725
<b>Total</b>	<b>9,646</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	22
13 - 17	278
18 - 24	489
25 - 34	863
35 - 44	1,034
45 - 54	1,021
55 - 64	1,351
65 and over	3,213
Unknown	1,375
<b>Total</b>	<b>9,646</b>

Insurance Status	Number
Please report the number of people served, by insurance status, during the past 6-months.	
Self-pay	467
None/Uninsured	347
Dual Eligible (covered by both Medicaid and Medicare)	84
Medicaid/CHIP only	3,125
Medicare only	3,461
Medicare plus supplemental	0
TriCARE	41
Other third party (e.g., privately insured)	2,119
Unknown	2
<b>Total</b>	<b>9,646</b>

Demographics Form Comments
None/Uninsured - No work or income limiting Oregon Health Plan

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Is Demographics Form Complete?	Y
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Demographics Form File Attachment			
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## Prevalence

### Prevalence

NOTE: This section is optional. If you do not wish to report data, please select "Data are unavailable."

<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	
Please indicate any issues with reporting these data: (select one)	Data are unavailable (leave item above blank)

<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	
Please indicate any issues with reporting these data: (select one)	Data are unavailable (leave item above blank)

<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	
Please indicate any issues with reporting these data: (select one)	Data are unavailable

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	(leave item above blank)
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<b>Prevalence Form Comments</b>

<b>Is Prevalence Form Complete?</b>	Y
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## Direct Services

### Direct Services

<b>Service establishment and expansion</b>	
For each of the following services, select whether it was established, expanded, remained the same, or did not exist within the last six months.	
Prevention service (any except naloxone)	Expanded in the last six months not using RCORP-Implementation funds
Screening and/or assessment service	Expanded in the last six months not using RCORP-Implementation funds
MAT (with or without psychosocial therapy)	Expanded in the last six months not using RCORP-Implementation funds
SUD/ODU treatment other than MAT	Expanded in the last six months not using RCORP-Implementation funds
Mental health treatment	Expanded in the last six months not using RCORP-Implementation funds
Infectious disease testing (i.e., HIV or HCV)	Expanded in the last six months not using RCORP-Implementation funds
Recovery support services (any)	Expanded in the last six months not using RCORP-Implementation funds
Harm reduction services (any)	Expanded in the last six months not using RCORP-Implementation funds
Other – please specify	

<b>Individuals Screened for SUD</b>	<b>Number</b>
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	8,112
Please indicate any issues with reporting these data: (select one)	None - data are reported as requested

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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	397
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)	213
Number of patients who screened positive for opioid overuse/misuse (or at risk of this)	192
Number of patients who screened positive for methamphetamine overuse/misuse (or at risk of this)	33
Number of patients who screened positive for other substance overuse/misuse (or at risk of this)	0

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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	325
Please indicate any issues with reporting these data: (select one)	Data have limitations (specify below)
Number of patients diagnosed with alcohol use disorder	0
Number of patients diagnosed with opioid use disorder (OUD)	119
Number of patients diagnosed with methamphetamine use disorder	116
Number of patients diagnosed with other substance use disorders (SUD) <i>If other, please specify other SUD diagnoses</i>	0

<b>Other SUD Diagnoses</b>	
<b>SUD Diagnoses</b>	

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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>	4
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>	43
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>	47
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: unable to collect data	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	17
Number of patients who received MAT ONLY in the past 6-months	109



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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	14

Individuals who received recovery support services	Number
Please report the total number of individuals who received recovery support services in the past six 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 who received recovery support services	0
Please indicate any issues with reporting these data: (select one)	Data have limitations (specify below)

Direct Services Form Comments
<p>Patients Diagnosed with SUD Comment - SHS - Partner Organizations unable to differentiate between positive opioid overuse/misuse and methamphetamine overuse/misuse. 119 patients dx with opioid use disorder could potentially include data for methamphetamine overuse/misuse.</p> <p>Individuals who Received Recovery Support Services Comment - Partners were unable to provide data related to referrals to support services. Partners are very actively providing these services in Lincoln County. However, at this time, we are unable to collect this data.</p>

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

### Workforce

Total number of providers	Number
Please report the total number of unduplicated providers within the consortium who provided SUD/ODU treatment services, mental/behavioral health services, and/or recovery support services in the target rural service area within the last six months. Of these providers, please also report how many were newly hired with grant funds (i.e., their salary was paid in full or in part with RCORP grant funds) within the last six months.	
Total number of unduplicated providers (i.e., individuals) providing services	35
Total number of unduplicated providers (i.e., individuals) newly hired with RCORP-Implementation grant funds in the last six months	0

Number of healthcare providers who have DATA waiver	Number
Please report the total number of providers (i.e., individuals) within the consortium who have a Drug Addiction Treatment Act 2000 (DATA) waiver to prescribe buprenorphine-containing products for medication-assisted treatment (MAT) within the target rural service area.	
Total number of providers (i.e. individuals) who have a Drug Addiction Treatment Act 2000 (DATA) Waiver	11

Total number of providers who have provided medications used to treat OUD	Number
Please report the total number of providers (i.e., individuals) within the consortium who have prescribed medications used to treat OUD during the past six months.	
Total number of providers (i.e. individuals) who have prescribed medications used to treat OUD	3

Number of providers who provided SUD/ODU treatment services, including MAT	Number
Please report the total number of providers (i.e., individuals) within the consortium who have provided SUD/ODU treatment services, including MAT, during the past six months in the target rural service area. Of those providers, please specify how many were medical providers, non-medical counseling staff, peer recovery support specialists, or other (specify).	
Total Number of Providers	13
Number of Medical Providers	5

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Number of Non-Medical Counseling Staff	4
Number of Peer Recovery Support Specialists	2
Other - specify 1: Nurse Practitioner	2
Other - specify 2:	

### 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).

	Provider	Paraprofessional Staff	Community Members
<b>Mental health first aid</b>			
<b>Naloxone training</b>	0	48	48
<b>Opioid prescribing guidelines</b>	44	0	0
<b>Stigma reduction</b>	34	34	0
<b>Other Type 1 - Specify: CTSI Harm Reduction Conference</b>	10	230	30
<b>Other Type 2 - Specify: LCHHS All Staff Primary Care, Opioids 101 on 10/11/2021</b>	18	0	0
<b>Other Type 3</b>			
<b>Other Type 4</b>			

**Workforce Form Comments**  
 Number of participants who received SUD education or training comment - CTSI Staff Certified Nurse provides Naloxone training during onboarding and every two years upon hire. Education and Training: Mental health first aid, Naloxone, and Opioid prescribing guidelines unable to provide exact numbers due to COVID restrictions.

**Is Workforce Form Complete?** Y

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