

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

Grant: GA1RH45981 **Start Date:** 03/01/2023 **End Date:** 08/31/2023 **Report Date:** 09/30/2023

Organization: SAMARITAN NORTH LINCOLN HOSPITAL

Submitted Date: 09/27/2023

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 and is valid until 04/30/2025. Public reporting burden for this collection of information is estimated to average 1.24 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 14N136B, 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) | 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 | 1 |
| Primary care practices and providers | |
| 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: Samaritan Health Services, Samaritan Medical Group | 2 |
| Other medical agencies and organizations Type 2 - Specify: Coordinated Care Organization | 1 |
| Other medical agencies and organizations Type 3 - Specify: Dental | 1 |

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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 | 7 |
| 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) | 2 |
| 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: Housing Program with wraparound services | 1 |
| Other social service and non-medical agencies and organizations Type 2 - Specify: Transitional Housing | 1 |
| Other social service and non-medical agencies and organizations Type 3 - Specify: Community Member | 1 |

| Service Area | |
|--------------|--|
| | |

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| | |
|---------------------------------------------------------------------------|---------------|
| Please select the option that best describes your project's service area: | Single County |
|---------------------------------------------------------------------------|---------------|

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.

| |
|---------------------------|
| States/Territories |
| States/Territories |
| 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 | 50,813 |

| 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 | 11 |

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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 | 31 |
| Prevention services (not including naloxone) | 20 |
| Screening and/or assessment services | 22 |
| Medication-Assisted Treatment (with or without psychosocial therapy) | 12 |
| SUD/ODU treatment other than MAT | 11 |
| Infectious disease testing (i.e., HIV or HCV) | 6 |
| Mental health treatment | 22 |
| Recovery support services | 19 |
| Other - specify: Outdoor mental health services, wound care, education center, domestic violence | 6 |

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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 | 18 |
| Naloxone access | 18 |
| Syringe services | 14 |
| Fentanyl test strips | 13 |
| Safe smoking kits | 0 |
| Sex worker services | 11 |
| 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 | |

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Service Area and Consortium Form Comments

Comment: The Coast to Cascades Community Wellness Network (CCCWN) is the consortium overseeing the work of the HIWAY grant. They are made up of organizations from various sectors in the community and provide direction and oversight for the project. Consortium members listed are those that are a part of the HIWAY grant consortium and CCCWN consortium. In total, there are 31 partner organizations with 24 of them being CCCWN members.

Comment: Sex worker services identified include condom and lube distribution, no other services are being provided for this category.

| | |
|------------------------------------------------------|---|
| Is Service Area and Consortium Form Complete? | Y |
|------------------------------------------------------|---|

Service Area and Consortium Form File Attachment

| File Name | File Type | File Size | Upload Date |
|-----------|-----------|-----------|-------------|
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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 | 813 |
| Not Hispanic or Latino | 11,501 |
| Unknown | 480 |
| Total | 12,794 |

| Race | Number |
|-------------------------------------------------------------------------------|---------------|
| Please report the number of people served, by race, during the past 6-months. | |
| American Indian or Alaska Native | 482 |
| Asian | 119 |
| Black or African American | 93 |
| Native Hawaiian or Other Pacific Islander | 60 |
| White | 11,335 |
| More than one race | 20 |
| Unknown | 685 |
| Total | 12,794 |

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| Age Group | Number |
|------------------------------------------------------------------------------------|---------------|
| Please report the number of people served, by age group, during the past 6-months. | |
| 0 - 12 | 395 |
| 13 - 17 | 475 |
| 18 - 24 | 650 |
| 25 - 34 | 1,072 |
| 35 - 44 | 1,314 |
| 45 - 54 | 1,431 |
| 55 - 64 | 1,971 |
| 65 and over | 5,062 |
| Unknown | 424 |
| Total | 12,794 |

| Insurance Status | Number |
|-------------------------------------------------------------------------------------------|---------------|
| Please report the number of people served, by insurance status, during the past 6-months. | |
| Self-pay | 567 |
| None/Uninsured | 18 |
| Dual Eligible (covered by both Medicaid and Medicare) | 246 |
| Medicaid/CHIP only | 3,520 |
| Medicare only | 5,099 |
| Medicare plus supplemental | 15 |
| TriCARE | 0 |
| Other third party (e.g., privately insured) | 3,255 |
| Unknown | 74 |
| Total | 12,794 |

| Demographics Form Comments |
|----------------------------|
| |

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| | |
|--------------------------------|---|
| Is Demographics Form Complete? | Y |
|--------------------------------|---|

| Demographics Form File Attachment | | | |
|-----------------------------------|-----------|-----------|-------------|
| File Name | File Type | File Size | Upload Date |
| | | | |

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Prevalence

Prevalence

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

| Non-Fatal Opioid Overdoses | Number |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 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) |

| Fatal Opioid Overdoses | Number |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 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) |

| NAS/NOW - related birth in project's service area | Number |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 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) |
|--|--------------------------|

| |
|---------------------------------|
| Prevalence Form Comments |
| |

| | |
|-------------------------------------|---|
| Is Prevalence Form Complete? | Y |
|-------------------------------------|---|

| Prevalence Form File Attachment | | | |
|----------------------------------------|------------------|------------------|--------------------|
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Direct Services

Direct Services

| Service establishment and expansion | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 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) | Newly developed with RCORP-Implementation funding in the last six months |
| Screening and/or assessment service | Newly developed not using RCORP-Implementation funds |
| MAT (with or without psychosocial therapy) | Expanded in the last six months with RCORP-Implementation funds |
| SUD/ODU treatment other than MAT | Expanded in the last six months with RCORP-Implementation funds |
| Mental health treatment | Expanded in the last six months with RCORP-Implementation funds |
| Infectious disease testing (i.e., HIV or HCV) | Expanded in the last six months with RCORP-Implementation funds |
| Recovery support services (any) | Newly developed not using RCORP-Implementation funds |
| Harm reduction services (any) | Newly developed not using RCORP-Implementation funds |
| Other – please specify Childcare for women receiving recovery support services, housing services | Expanded in the last six months with RCORP-Implementation funds |

| 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 | 11,485 |
| Please indicate any issues with reporting these data: (select one) | Data have limitations (specify below) |

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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 | 741 |
| Please indicate any issues with reporting these data: (select one) | Data have limitations (specify below) |
| Number of patients who screened positive for alcohol overuse/misuse (or at risk of this) | 538 |
| Number of patients who screened positive for opioid overuse/misuse (or at risk of this) | 269 |
| Number of patients who screened positive for methamphetamine overuse/misuse (or at risk of this) | 0 |
| 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 | 923 |
| Please indicate any issues with reporting these data: (select one) | Data have limitations (specify below) |
| Number of patients diagnosed with alcohol use disorder | 503 |
| Number of patients diagnosed with opioid use disorder (OUD) | 169 |
| Number of patients diagnosed with methamphetamine use disorder | 109 |
| Number of patients diagnosed with other substance use disorders (SUD) <i>If other, please specify other SUD diagnoses</i> | 227 |

| Other SUD Diagnoses | |
|----------------------------|--------|
| SUD Diagnoses | Number |
| Cannabis | 127 |
| Hallucinogens, Inhalent... | 100 |

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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> | 161 |
| 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> | 60 |
| 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> | 54 |
| 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> | 2 |

| 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 | 0 |
| Employment services | |
| Prenatal/postpartum care services | |
| Recovery housing | |
| Transportation to treatment | |
| Other Type 1 - Specify: | |
| 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 | 0 |
| Number of patients who received MAT ONLY in the past 6-months | 57 |

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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 | 0 |

| 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 | 318 |
| Please indicate any issues with reporting these data: (select one) | Data have limitations (specify below) |

Direct Services Form Comments

Issues with Data: One partner organization is unable to differentiate between screening positive for opioid overuse/misuse and methamphetamine overuse/misuse. 269 individuals reported for opioid overuse/misuse could potentially include data for methamphetamine overuse/misuse.

Issues with Data - Referral Services are not able to be tracked in the hospital data system yet.

Issues with Data: Data can only be collected for individuals who receive MAT ONLY in the past 6-months, not for MAT and psychosocial therapy.

Issues with Data: There is a possibility that up to 98 individuals could be duplicates for the number of individuals receiving recovery support services.

Issues with Data: Positive screening data is lower in count than diagnosis data. This is due to how the data is being recorded in the hospital/health system database - sometimes a positive screen does not get coded for, but a diagnosis does.

| | |
|------------------------------------------|---|
| Is Direct Services Form Complete? | Y |
|------------------------------------------|---|

| Direct Services Form File Attachment | | | |
|--------------------------------------|-----------|-----------|-------------|
| File Name | File Type | File Size | Upload Date |
| | | | |

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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 | 63 |
| Total number of unduplicated providers (i.e., individuals) newly hired with RCORP-Implementation grant funds in the last six months | 4 |

| 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 | 5 |

| 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 | 5 |

| 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 | 61 |
| Number of Medical Providers | 5 |

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| | |
|---------------------------------------------|----|
| Number of Non-Medical Counseling Staff | 13 |
| Number of Peer Recovery Support Specialists | 13 |
| Other - specify 1: Support Staff | 7 |
| Other - specify 2: Childcare Providers | 4 |

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 |
|--------------------------------------|----------|------------------------|-------------------|
| Mental health first aid | 0 | 0 | 0 |
| Naloxone training | 0 | 0 | 0 |
| Opioid prescribing guidelines | 0 | 0 | 0 |
| Stigma reduction | 0 | 0 | 0 |
| Other Type 1 | | | |
| Other Type 2 | | | |
| Other Type 3 | | | |
| Other Type 4 | | | |

| |
|--------------------------------|
| Workforce Form Comments |
| |

| | |
|------------------------------------|---|
| Is Workforce Form Complete? | Y |
|------------------------------------|---|

| Workforce Form File Attachment | | | |
|---------------------------------------|-----------|-----------|-------------|
| File Name | File Type | File Size | Upload Date |
| | | | |

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

Grant: GA1RH45981 **Start Date:** 03/01/2023 **End Date:** 08/31/2023 **Report Date:** 09/30/2023

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