

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

Grant: GA1RH42912 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

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	
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	1
Other medical agencies and organizations Type 2 - Specify: IHN-CCO Medicaid, Samaritan Health Plans	2
Other medical agencies and organizations Type 3 - Specify: Dental - Capitol 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	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.

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	46,915

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	18
Prevention services (not including naloxone)	17
Screening and/or assessment services	15
Medication-Assisted Treatment (with or without psychosocial therapy)	5
SUD/ODU treatment other than MAT	4
Infectious disease testing (i.e., HIV or HCV)	9
Mental health treatment	10
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	7
Naloxone access	7
Syringe services	0
Fentanyl test strips	0
Safe smoking kits	0
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

Comment: The Coast to Cascades Community Wellness Network (CCCWN) is the consortium overseeing the work of the RC-SWAY grant. They are made up of organizations from various sectors in the community and provide direction and oversight for the project. Not all consortium members listed are responsible for activities outlined in the RC-SWAY grant work plan and there are members who provide data for the PIMS report who are not CCCWN members.

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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

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	389
Not Hispanic or Latino	10,825
Unknown	260
Total	11,474

Race	Number
Please report the number of people served, by race, during the past 6-months.	
American Indian or Alaska Native	142
Asian	76
Black or African American	57
Native Hawaiian or Other Pacific Islander	32
White	10,878
More than one race	24
Unknown	265
Total	11,474

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Age Group	Number
Please report the number of people served, by age group, during the past 6-months.	
0 - 12	40
13 - 17	285
18 - 24	908
25 - 34	1,471
35 - 44	1,479
45 - 54	1,531
55 - 64	1,884
65 and over	3,849
Unknown	27
Total	11,474

Insurance Status	Number
Please report the number of people served, by insurance status, during the past 6-months.	
Self-pay	471
None/Uninsured	18
Dual Eligible (covered by both Medicaid and Medicare)	0
Medicaid/CHIP only	3,498
Medicare only	4,169
Medicare plus supplemental	0
TriCARE	3
Other third party (e.g., privately insured)	3,277
Unknown	38
Total	11,474

Demographics Form Comments

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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)
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Prevalence Form Comments

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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)	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)	Remains unchanged
SUD/ODU treatment other than MAT	Remains unchanged
Mental health treatment	Remains unchanged
Infectious disease testing (i.e., HIV or HCV)	Expanded in the last six months not using RCORP-Implementation funds
Recovery support services (any)	Newly developed with RCORP-Implementation funding in the last six months
Harm reduction services (any)	Expanded in the last six months with RCORP-Implementation funds
Other – please specify	

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	10,347
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	250
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)	177
Number of patients who screened positive for opioid overuse/misuse (or at risk of this)	84
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	1,746
Please indicate any issues with reporting these data: (select one)	Data have limitations (specify below)
Number of patients diagnosed with alcohol use disorder	650
Number of patients diagnosed with opioid use disorder (OUD)	621
Number of patients diagnosed with methamphetamine use disorder	376
Number of patients diagnosed with other substance use disorders (SUD) <i>If other, please specify other SUD diagnoses</i>	344

Other SUD Diagnoses	
SUD Diagnoses	Number
Hallucinogens, etc.	212

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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>	9
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>	122
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>	138
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>	41

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	3
Employment services	1
Prenatal/postpartum care services	3
Recovery housing	27
Transportation to treatment	45
Other Type 1 - Specify: CARDV = 2 + Mental Health Treatment =21	23
Other Type 2 - Specify: Community Recovery	21
Other Type 3 - Specify: Self-Help groups	141

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	304

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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	200
Please indicate any issues with reporting these data: (select one)	Data have limitations (specify below)

Direct Services Form Comments
<p>Issues with Data: One partner organization is unable to differentiate between screening positive for opioid overuse/misuse and methamphetamine overuse/misuse. The 84 that were reported for opioid overuse/misuse could potentially include data for methamphetamine overuse/misuse.</p> <p>Issues with Data: One of our partner organizations was only able to provide diagnosis data because they do not have access to the patient's screening data.</p> <p>Issues with Data: One of our partners shared that their diagnosis data is larger than their screening data. This may be due to screenings not being recorded in the patient record.</p> <p>Issues with Data: One partner organization reporting referrals to support services was unable to determine if those individuals were officially diagnosed with a SUD.</p> <p>Issues with Data: One partner organization in unable to determine which patients have received MAT ONLY and which have received MAT & psychosocial combined, so all data is listed under MAT ONLY, however, the organization stated that they encourage all patients to take part in psychosocial therapy and most of the patients do.</p> <p>Issues with Data: There may be patients who are duplicated under "Individuals who Received Recovery Support Services" due to various partners potentially reporting data on the same patient.</p> <p>SUD Diagnosis Comment - Other Total includes Hallucinogens, Inhalants, Sedatives, Cocaine and other. We do not have further breakdown.</p>

Is Direct Services Form Complete?	Y
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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	34
Total number of unduplicated providers (i.e., individuals) newly hired with RCORP-Implementation grant funds in the last six months	3

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	8

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	7

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	29
Number of Medical Providers	7

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Number of Non-Medical Counseling Staff	9
Number of Peer Recovery Support Specialists	12
Other - specify 1: Maternity Care Coordinator	1
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
Mental health first aid			
Naloxone training			
Opioid prescribing guidelines			
Stigma reduction			
Other Type 1 - Specify: LifeSkills Training at Elementary and Middle Schools	0	0	245
Other Type 2			
Other Type 3			
Other Type 4			

Workforce Form Comments

Is Workforce Form Complete? Y

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