

R. H. Care Services Outreach (RHCSO)

Grant: D04RH40286 Start Date: 05/01/2022 End Date: 04/30/2023 Report Date: 05/31/2023

Organization: SAMARITAN PACIFIC HEALTH SERVICES, INC.

Submitted Date: 05/31/2023

Public Burden Statement: This collection seeks to compile data that may be useful in the continued improvement of the Black Lung Clinics Program. HRSA may also provide collected data to Congress in order to satisfy requirements imposed by the Government Performance and Results Act of 1993 (Pub. L. 103-62). 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 information collection is 0915-0292 and it is valid until 10/31/2024. This information collection is required to obtain, or retain, benefits under section 417C of the Public Health Service Act (42 U.S.C. 285a-9). Public reporting burden for this collection of information is estimated to average 12 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 or paperwork@hrsa.gov.

Demographics

Access To Care

The measures under this section collect information about the aggregate count of the number of people served, types of services provided, and the number of counties served during the budget period as a result of your funded grant project. Please report responses using a numeric figure. If the total number is zero (0), please put zero in the appropriate section. There should not be a N/A (not applicable) response since all measures are applicable to all grantees.

Number of Counties

The following measure collects information about the number of counties served by your funded grant project during the budget period. This should be consistent with the figures reported in your grant application and should reflect your project's service area. If the total number is zero (0), please put zero in the appropriate section. There should not be a N/A (not applicable) response since this measure is applicable to all grantees.

Number of Counties	First Year	Second Year	Third Year	Fourth Year
Number of counties served in project	1	1		

Number of People

The following measures collect information about the aggregate count of the number of people served through your funded grant project during the budget period. Please report responses using a numeric figure. If the total number is zero (0), please put zero in the appropriate section. Do not leave any sections blank. There should not be a N/A (not applicable) response since all measures are applicable to all grantees.

Number of People	First Year	Second Year	Third Year	Fourth Year
Number of people in the target population This is the number of people in your target population, but not the number of people who actually received your direct services. This should be consistent with the figures reported in your grant application.	50862	50862		
Number of unique individuals who received direct services during this budget period	243	698		

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Please report the number of unique (i.e. unduplicated count) patients/clients that received direct services from your organization during this budget period.				
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Type of new and/or expanded services provided through this grant funding during this budget period	
This table collects information about the types of grant-funded services provided during the budget period. Please select from the following list all that apply. If no services were provided during the budget period, please select "none" and include a justification in the form comment box explaining why there were no grant-funded services were provided during the budget period.	
Cardiovascular disease prevention	
Cardiovascular disease treatment and management	
Case Management	
Dental/oral health education	✓
Dental/oral health treatment	✓
Diabetes prevention	
Diabetes treatment and management	
Emergency medical services	
Health Education	
Maternal and Child Health	
Mental/behavioral health treatment and/or education	
Nutrition	

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Type of new and/or expanded services provided through this grant funding during this budget period	
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Obesity prevention	
Obesity treatment and management	
All other chronic disease prevention	
All other chronic disease treatment and management	
All other health promotion/disease prevention	
Primary Care	
Substance abuse treatment and/or education	
Telehealth / Telemedicine	
Transportation	
Workforce recruitment and/or retention	
Health literacy education and/or services	
Culturally competent care/services	

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<p>Type of new and/or expanded services provided through this grant funding during this budget period</p> <p>This table collects information about the types of grant-funded services provided during the budget period. Please select from the following list all that apply. If no services were provided during the budget period, please select “none” and include a justification in the form comment box explaining why there were no grant-funded services were provided during the budget period.</p>	
All other new and/or expanded services - Specify:	
None	

Community Health Education and Counseling

If your funded grant project provided community health education and/or counseling related activities or services to individuals within your funded grant project’s target population/service area during the budget period, please provided responses to the following measures. If the total number is zero (0), please put zero in the appropriate section. Do not leave any sections blank. If this measure is not applicable to your funded grant project, please respond N/A (not applicable).

Community Health Education and Counseling	First Year	Second Year	Third Year	Fourth Year
<p>Number of health education and counseling activities held</p> <p>Please report on the total number of activities held that aimed to improve knowledge, attitudes, self-efficacy and individual capacity to change.</p>	0	1		
<p>Number of health education and counseling participants</p> <p>Please report on the total number of people who participated in health education and counseling activities.</p>	0	50		

Social Determinants of Health Activities

If your funded grant project provided social determinants of health (SDoH) related activities or services to individuals within your funded grant project’s target population/service area during the budget period, please provided responses to the following measures. If the total number is zero (0), please put zero in the appropriate section. If this measure is not applicable to your funded grant project, please respond N/A (not applicable).

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Social Determinants of Health Activities	First Year	Second Year	Third Year	Fourth Year
<p>Number of social determinants of health (SDoH) activities provided</p> <p>If your grant project provided SDoH related activities and/or services that aimed to improve the social, economic, education, physical infrastructure and/or the quality of or access to healthcare, please report the total number of these activities and/or services provided and specify the types of reported SDoH activities and/or services provided.</p>	0	7		
<p>Number of participants screened and referred to social determinants of health related services and/or support</p> <p>Please report the total number of people screened for social determinants of health using an appropriate standardized tool and if a screen was positive, received appropriate follow-up.</p>	0	7		
<p>Number of participants with reported improvements to their social determinants if health as a result of services and/or support provided by social determinants of health related grant funded activities</p> <p>Please report the total number of people with self-reported improvements to social, economic, education, physical infrastructure and/or the quality of or access to healthcare improved as a result of grant funded services and/or support received.</p>	0	7		

Demographics

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This table collects information about an aggregate count of the people served by race, ethnicity, age and insurance status. The total for each of the following questions should equal the total of the number of unique individuals who received only direct services reported in the previous section. Please do not leave any sections blank. 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 a number for a particular category is unknown, please put DK (don't know) in the appropriate section and include a justification in the form comment box explaining why the value was unknown (e.g., if the total number for Hispanic or Latino is unknown, enter DK in that section and provide a justification in the form comment box explaining why the value was unknown.)

Hispanic or Latino Ethnicity

Hispanic/Latino: Report the number of persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, broken down by their racial identification and including those Hispanics/Latinos born in the United States. Do not count persons from Portugal, Brazil, or Haiti whose ethnicity is not tied to the Spanish language.

Non-Hispanic/Latino: Report the number of all other people except those for whom there are neither racial nor Hispanic/Latino ethnicity data. If a person has chosen a race (described below) but has not made a selection for the Hispanic /non-Hispanic question, the patient is presumed to be non-Hispanic/Latino.

Unknown: Report on only individuals who did not provide information regarding their race or ethnicity.

Race

All people must be classified in one of the racial categories (including a category for persons who are "Unknown"). This includes individuals who also consider themselves to be Hispanic or Latino. People who self-report race, but do not separately indicate if they are Hispanic or Latino, are presumed to be non-Hispanic/Latino and are to be reported on the appropriate race line.

People sometimes categorized as "Asian/Other Pacific Islander" in other systems are divided into three separate categories:

Asian: Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Indonesia, Thailand, or Vietnam

Native Hawaiian: Persons having origins in any of the original peoples of Hawaii

Other Pacific Islander: Persons having origins in any of the original peoples of Guam, Samoa, Tonga, Palau, Truk, Yap, Saipan, Kosrae, Ebeye, Pohnpei or other Pacific Islands in Micronesia, Melanesia, or Polynesia

American Indian/Alaska Native (Line 4): Persons who trace their origins to any of the original peoples of North and South America (including Central America) and who maintain Tribal affiliation or community attachment.

More than one race: Use this line only if your system captures multiple races (but not a race and an ethnicity) and the person has chosen two or more races. "More than one race" must not be used as a default for Hispanics/Latinos who do not check a separate race.

Number of people served by ethnicity

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Number of people served by ethnicity	First Year	Second Year	Third Year	Fourth Year
Hispanic or Latino	5	40		
Not Hispanic or Latino	234	646		
Unknown	4	12		
Total (equal to the total of the number of unique individuals who received direct services):	243	698		

Number of people served by race

Number of people served by race	First Year	Second Year	Third Year	Fourth Year
American Indian or Alaska Native	3	16		
Asian	4	2		
Black or African American	2	3		
Native Hawaiian or Other Pacific Islander	1	1		
White	230	655		
More than one race	0	0		
Unknown	3	21		
Total (equal to the total of the number of unique individuals who received direct services):	243	698		

Number of people served by age group

Number of people served by age group	First Year	Second Year	Third Year	Fourth Year
Children (0 - 12)	0	3		
Adolescents (13 - 17)	1	3		
Adults (18 - 64)	79	248		
Elderly (65 and over)	163	444		
Unknown	0	0		
Total (equal to the total of the number of unique individuals who received direct services):	243	698		

Number of people by insurance status

Number of people by insurance status	First Year	Second Year	Third Year	Fourth Year
Self-pay	0	11		
Uninsured	2	0		

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Dual Eligible (covered by both Medicaid and Medicare)	39	97		
Medicaid/CHIP only	52	155		
Medicare plus supplemental	44	134		
Medicare only	69	199		
Other third party	37	102		
Unknown	0	0		
Total	243	698		

Demographics Form Comments	

Is Demographics Form Complete?	Y
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Demographics Form File Attachment			
File Name	File Type	File Size	Upload Date

OMB Number: 0906-0009
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Environment and Technology

Network

This table collects information about an aggregate count of the types and number of consortium/network members. Consortium/network members are defined as members who have signed a Memorandum of Understanding or Memorandum of Agreement for this grant project. There should not be a N/A (not applicable) response since the measures are applicable to all grantees.

Please report information about a collaboration among the consortium/network members. Refer to the activities listed in the project work plan for this budget period.

Non-Profit Organization	Number
This table collects information about an aggregate count of the types and number of consortium/network members. Consortium/network members are defined as members who have signed a Memorandum of Understanding.	
Area Health Education Center	
Behavioral/Mental Health Organization	
Community College	
Community Health Center/Federally Qualified Health Center (FQHC)	1
Critical Access Hospital	3
Emergency Medical Service	
Faith-based Organization	
Free Clinic	
Health Department	3
Hospice	
Hospital, not critical access	2
Migrant Health Center	
Private Practice	1
Pharmacy	
Professional Association	
Philanthropic Organization	
Rural Health Clinic (includes independent and hospital-owned)	

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School District	1
Social Services Organization	4
University	1
LGBTQ+ Organization	
Other - Specify type: State Govt., Health Services, Confederated Tribes of Siletz Indians, IHN-CCO Medicaid, Community Member, Law Enforcement	7
Total for non-profit organization	23

For-Profit Organization	Number
Behavioral/Mental Health Organization	
Critical Access Hospital	
Emergency Medical Service	
Hospice	
Hospital, not critical access	
Private Practice	
Pharmacy	
Professional Association	
Philanthropic Organization	
Rural Health Clinic (includes independent and hospital-owned)	
Social Services Organization	
LGBTQ+ Organization	
Other - Specify type:	
Total	0

Type(s) of Member Organizations in the Consortium/Network	Number
Total Number of member organization in the consortium/network	23
Total number of NEW member organizations that joined the consortium/network and signed the MOU/A during this budget period.	0

Sustainability

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This table collects information/data about the grant's programmatic sustainability. There should not be a N/A (not applicable) response since the measures are applicable to all grantees.

Funding/Revenue	Number
Annual program revenue <i>Please report the amount of annual program revenue made through the services offered through the program. Program revenue is defined as payments received for the services provided by the program that the grant supports. These services should be the same services outlined in your grant application work plan. Please do not include donations. If the total amount of annual revenue made is zero (0), please put zero in the appropriate section.</i>	0
Additional funding secured in this budget period to assist in sustaining the project <i>Please report the total amount of additional funding secured during the reporting period to assist in sustaining your funded grant project after funding ends.</i>	0

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Source of Sustainability	
Select the type(s) of sources of funding for sustainability. Please check all that apply.	
Program revenue	
In-kind Contributions (In-Kind contributions are defined as donations of anything other than money, including goods or services/time.)	✓
Membership Fees/Dues	
Fundraising/Monetary donations	
Contractual Services	
Other grants	
Fees charged to individuals for services	
Reimbursement from third-party payers (e.g. private insurance, Medicare, Medicaid)	
Product sales	
Government (non-grant)	
Other - specify type:	
None	

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Which of the following activities have you engaged in to enhance your sustained impact? Which of the following activities have you engaged in to enhance your sustained impact? Check all that apply.	
Local, State and Federal Policy changes	
Media Campaigns	✓
Community Engagement Activities	✓
Other - specify type: Conference presentation at CAH Conference in 9/2022	✓
None	

What is your ratio for Economic Impact vs. HRSA Program Funding?	
Response to this measure is Optional for years 1-3 and Required for year 4. If you are opting out of this measure for years 1-3, please enter N/A for Not Applicable.	
Please provide the ratio for Economic Impact vs. HRSA Program Funding	N/A

Continuation of Network/Consortium	
Response to this measure is Optional for years 1-3 and Required for year 4. If you are opting out of this measure for years 1-3, please select N/A or Not Applicable.	
Will the Network/Consortium sustain after the grant period is over?	N/A
Will any of the program's activities be sustained after the project period is over? If yes, please select how the program activities will be sustained.	
Absorption of services or other means of in-kind support	N
Reimbursement by third party payers	N
Grant funding	N
Fees	N
Other - Specify type	N
Not applicable	N
Will any of the activities of the Network/Consortium sustain after the grant period is over?	N/A

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Environment and Technology Form Comments

Is Environment and Technology Form Complete?	Y
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Environment and Technology Form File Attachment			
File Name	File Type	File Size	Upload Date

OMB Number: 0906-0009
Expiration Date: 10/31/2024

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Measures

Clinical Measures

Clinical Measures

Please complete the following measures for your funded grant project's current grant period, to date, using the instructions provided to you by FORHP. If you are an HRHI track grantee reporting on this section, please only complete responses to measures not already completed on your HRHI focus area(s) specific forms. Responses to measures should reflect services provided during the current grant period provided to the unique individuals who received direct services funded by this grant. The denominator for all measures should correlated with the population of unique persons (i.e., an unduplicated count of persons) identified to have received direct services during the reporting period for your grant, as applicable. If your grant did support direct outpatient care services, but you do not know the information for that particular clinical measure, then select/enter DK (do not know). If your grant did not support direct outpatient care services related to that particular clinical measure, then select/enter N/A (not applicable).

Clinical Measures	First Year	Second Year	Third Year	Fourth Year
Diabetes Short Term Complications Admissions Rate (NQF #0272) The rate of admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older.				
Diabetes Short Term Complications Admissions Rate - Numerator Numerator: Discharges for patients 18 years and older, with a principal ICD-9-CM diagnosis code for diabetes short term complications (ketoacidosis, hyperosmolarity, or coma).	N/A	N/A		
Diabetes Short Term Complications Admissions Rate - Denominator Denominator: The number of people ages 18 years and older in the target service area.	0	0		
Diabetes Short Term Complications Admissions Rate - Percentage	N/A	N/A		
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan (NQF #0418) Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented.				

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Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan - Numerator Numerator: Patients screened for clinical depression using an age appropriate standardized tool AND follow-up plan is documented.	N/A	N/A		
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan - Denominator Denominator: All patients aged 12 years and older.	0	0		
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan - Percentage	N/A	N/A		
Controlling High Blood Pressure (NQF #0018) Percentage of adult patients, 18-85 years of age, who had a diagnosis of hypertension whose blood pressure was adequately controlled during the measurement year.				
Controlling High Blood Pressure - Numerator Numerator: The number of patients in the denominator whose most recent BP is adequately controlled during the budget period. For a patient's BP to be controlled, both the systolic and diastolic BP must be <140/90 (adequate control). To determine if a patient's BP is adequately controlled, the representative BP must be identified.	N/A	N/A		
Controlling High Blood Pressure - Denominator Denominator: Patients 18-85 years of age by the end of the budget period who had at least one outpatient encounter with a diagnosis of hypertension (HTN) during the budget period.	0	0		
Controlling High Blood Pressure - Percentage	N/A	N/A		
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (NQF #0059) The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.				

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Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) - Numerator Numerator: Patients whose HbA1c level is >9.0% during the budget period.	N/A	N/A		
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) - Denominator Denominator: Patients 18-75 years of age by the end of the budget period who had a diagnosis of diabetes (type 1 or type 2) during the budget period.	0	0		
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) - Percentage	N/A	N/A		
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (NQF #0028) Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation-counseling intervention if identified as a tobacco user.				
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention - Numerator Numerator: Patients who were screened for tobacco use* at least once during the two-year measurement period AND who received tobacco cessation counseling intervention** if identified as a tobacco user? *Includes use of any type of tobacco ** Cessation counseling intervention includes brief counseling (3 minutes or less), and/or pharmacotherapy.	N/A	N/A		
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention - Denominator Denominator: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period.	0	0		
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention - Percentage	N/A	N/A		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (NQF #0024)				

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Percentage of patients 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the budget period:- Body mass index (BMI) percentile documentation - Counseling for nutrition - Counseling for physical activity				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Numerator Numerator: Total patients aged 3 through 17 who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the measurement period: patients who had height, weight, and BMI percentile documentation patients who had counseling for nutrition patients who had counseling for physical activity	N/A	N/A		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Denominator Denominator: Patients 3-17 years of age with at least one outpatient visit with a primary care physician (PCP) or OB-GYN.	0	0		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Percentage	N/A	N/A		
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (NQF #0421) The rate of admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older.				
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up - Numerator Numerator: Patients with a documented BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, follow-up is documented during the encounter or during the previous six months of the encounter with the BMI outside of normal parameters.	N/A	N/A		
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up - Denominator Denominator: All patients aged 18 years and older.	0	0		

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Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up - Percentage	N/A	N/A		
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Measures Form Comments

Is Measures Form Complete?	Y
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Measures Form File Attachment			
File Name	File Type	File Size	Upload Date

OMB Number: 0906-0009
Expiration Date: 10/31/2024

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Project Specific Domains

Care Coordination

This section is only applicable to projects receiving Outreach funding for care coordination activities funded by this grant. If applicable, this section INCLUDES grantees receiving grant funding under all program tracks. If your grant supported any care coordination activities, select the mechanisms/activities that were implemented during this budget year. Care coordination is defined as care that is coordinated across all elements of the broader healthcare system. If your grant did not support any care coordination activities, then select/enter N/A (not applicable).

Which of the following care coordination mechanisms/activities have you implemented during this budget year?

Which of the following care coordination mechanisms/activities have you implemented during this budget year? Select all that apply.

Which of the following care coordination mechanisms/activities have you implemented during this budget year?	First Year	Second Year	Third Year	Fourth Year
Facilitate transitions across settings	N	N		
Linkage to community resources	N	N		
Referral management, tracking and follow-up (includes primary, dental, mental, and other specialty services)	N	N		
Patient support and engagement	N	N		
Case Management	N	N		
Create care plans	N	N		
Health Literacy/Cultural Competency	N	N		
Multidisciplinary Care Team(s)	N	N		
Medication management	N	N		
Other - N/A	N	N		
Not Applicable	Y	Y		

Health Prevention and Screening

R. H. Care Services Outreach (RHCSO)

Grant: D04RH40286 **Start Date:** 05/01/2022 **End Date:** 04/30/2023 **Report Date:** 05/31/2023

Organization: SAMARITAN PACIFIC HEALTH SERVICES, INC.

Submitted Date: 05/31/2023

This section is only applicable to projects receiving Outreach funding for community health prevention and screening activities. If applicable, this section INCLUDES grantees receiving grant funding under ALL program tracks. This table collects information about the number and types of grant funded preventative services and activities, and their respective outputs, implemented during the budget period. This includes activities such as health screening tests, counseling, immunizations and/or medications used to prevent disease, detect health problems early, or provide people with the information they need to make good decisions about their health. While preventive services are traditionally delivered in clinical settings, some can be delivered within community settings such as, but not limited to, work sites, schools, residential treatment centers, or homes. If your funded grant project supported community health prevention activities, but you do not know the information, then select/enter DK (do not know). If your funded grant project did not support community health prevention activities, please enter N/A (not applicable).

Community Health Prevention and Screening

Community Health Prevention and Screening	First Year	Second Year	Third Year	Fourth Year
Total number of health screenings held in clinical and non-clinical settings	N/A	N/A		
Total number of participants who received preventive health screenings or activities and were referred to a health care provider for follow-up care	N/A	N/A		

Mental Health

This section is only applicable to projects receiving Outreach funding for mental health activities. If applicable, this section INCLUDES grantees receiving grant funding under ALL program tracks. This table collects information about an aggregate number of people receiving mental and/or behavioral health services among the unique individuals who received direct services. This number should not exceed the number of unique individuals receiving direct services. If your funded grant project supported mental/behavioral health activities, but you do not know the information, then select/enter DK (do not know). If your funded grant project did not support any mental/behavioral health activities, please enter N/A (not applicable).

Mental and/or Behavioral Health Services

Mental and/or Behavioral Health Services	First Year	Second Year	Third Year	Fourth Year
Number of people receiving mental and/or behavioral health services (among the unique individuals receiving direct services)	N/A	N/A		

Has your project integrated primary care and mental/behavioral health services?

If your project included activities that integrated primary care and mental/behavioral health services during the reporting period, please select from the list below all that apply. If your project did not include activities that integrated primary care and mental/behavioral health services during the reporting period, please select the option "not applicable."

Has your project integrated primary care and mental/behavioral health services?	First Year	Second Year	Third Year	Fourth Year
Care team expertise – develop a unified care plan				

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that builds a team with necessary members and function to care for a given patient	N	N		
Clinical workflow – clinical protocols and workflows are clearly documented for integration of care	N	N		
Patient identification – establish systematic methods to identify individuals for integrated care	N	N		
Clinical outcomes – monitor patient’s clinical outcomes to assess impact of integration of care	N	N		
Other - N/A	N	N		
No integrated services	N	N		
Not applicable	Y	Y		

Oral Health

This section is only applicable to projects receiving Outreach funding for oral health activities. If applicable, this section INCLUDES grantees receiving grant funding under ALL program tracks.

Dental/Oral Health Services

Use this table to report the aggregate number(s) of persons receiving oral health services among those unique individuals (e.g., an unduplicated count of persons) who received direct services. Aggregate number(s) should not exceed the number of unique individuals who received direct services. If your funded grant project supported grant funded dental/oral health activities, but you do not know the information requested, please select/enter DK (do not know). If your funded grant project did not support any dental/oral activities, please select the "not applicable" option.

Dental/Oral Health Services	First Year	Second Year	Third Year	Fourth Year
Number of people receiving dental/oral health services (among the unique individuals receiving direct services)	243	698		
Not applicable	N	N		

Type(s) and quantity of dental/oral health services provided

Please report the number of persons who received oral health services during the reporting period for each oral health service category listed. If you do not know the information requested, please enter DK (do not know). Please enter N/A for "not applicable" for any services your grant project did not fund.

Type(s) and quantity of dental/oral health services provided	First Year	Second Year	Third Year	Fourth Year
Screenings / Exams	208	639		
Sealants	0	0		
Varnish	56	165		

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Oral Prophylaxis	2	4		
Restorative	3	0		
Extractions	0	0		
Health Education	101	423		
Other - Oral care, denture cleaning, dental block, SDF	0	144		
Not applicable	N	N		

Workforce/Recruitment & Retention

This section is only applicable to projects receiving Outreach funding for student/resident workforce recruitment and retention. If applicable, this section INCLUDES grantees receiving grant funding under ALL program tracks.

This table collects information/data about student/resident workforce recruitment and/or retention activities during this budget period. Please refer to the detailed definitions and guidelines to provide responses for the following measures. Please report a numeric figure; if the total number is zero, please put zero (0) in the appropriate section. If your funded grant project supported workforce recruitment and/or retention activities, but you do not know the information, then select/enter DK (do not know). If your funded grant project did not support any student/resident workforce recruitment and/or retention activities, please select the "not applicable" option.

For the purposes of this data collection, "trainees" are persons who are working towards a professional degree. Trainees (students and residents) are considered "New" if:

They have never engaged in a training/rotation within a rural community as a part of their certificate/degree/residency program and/or

They do not self-identify as "having lived"/ "living"/ "claiming residence" within a rural area. Trainees (students and residents) are considered "Existing" if:

They have had prior exposure to rural areas by either engaging in a training/rotation within a rural area as a part of their certificate/degree/residency program prior to the respective budget year and/or

They self-identify as "having lived"/ "living"/ "claiming residence" within a rural area.

Number of New Trainees Recruited to Work on the Program – Students

Please report the number of trainees by type that completed trainings/rotations during the current budget period; this figure should not exceed the total number of all trainees recruited by type. Please also report the number of trainees by type that plan to practice in a rural area after completing their trainings/rotations. Of those trainees that completed their trainings/rotations, please specify the number that returned to formally practice in rural areas; for this measure, please report a numeric figure or indicate DK for "do not know". For example, if zero (0) students completed their trainings/rotations and returned to formally practice in a rural area, please put zero (0) in the appropriate section

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Number of New Trainees Recruited to Work on the Program – Students	First Year	Second Year	Third Year	Fourth Year
Number of new	N/A	N/A		
Number of existing	N/A	N/A		
Of the total number recruited, how many completed the training/rotation	N/A	N/A		
Of the total number that completed the training/rotation, how many plan to practice in a rural area	N/A	N/A		
Of the total number that completed the training/rotation, how many returned to formally practice in rural areas	N/A	N/A		
Not applicable	Y	Y		

Number of New Trainees Recruited to Work on the Program – Residents

Please report the number of trainees by type that completed trainings/rotations during the current budget period; this figure should not exceed the total number of all trainees recruited by type. Please also report the number of trainees by type that plan to practice in a rural area after completing their trainings/rotations. Of those trainees that completed their trainings/rotations, please specify the number that returned to formally practice in rural areas; for this measure, please report a numeric figure or indicate DK for "do not know". For example, if zero (0) students completed their trainings/rotations and returned to formally practice in a rural area, please put zero (0) in the appropriate section.

Number of New Trainees Recruited to Work on the Program – Residents	First Year	Second Year	Third Year	Fourth Year
Number of new	N/A	N/A		
Number of existing	N/A	N/A		
Of the total number recruited, how many completed the training/rotation	N/A	N/A		
Of the total number that completed the training/rotation, how many plan to practice in a rural area	N/A	N/A		
Of the total number that completed the training/rotation, how many returned to formally practice in rural areas	N/A	N/A		
Not applicable	Y	Y		

Trainee Primary Care Focus Area(s)	Number
Provide the number of trainees for each of the following focus areas that occurred during the current budget period. If you do not know the information requested, please enter DK (do not know). Please enter N/A for "not applicable" for any services your grant project did not fund.	
Medical	

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Mental/Behavioral Health	
Oral Health	
Not Applicable	True

Trainee Discipline Type(s):	Number
Please report the number of training/rotations provided by type during the current budget period. Please report a numeric figure. If the total number of training/rotations is zero (0), please put zero in the appropriate section. Note that psychiatrists are either allopathic (MD) or osteopathic (DO) physicians. Also, please specify the types of non-physician practitioners, nurses, and allied health professionals as appropriate. For example, physician assistants, nurse practitioners, certified nurse midwives, and certified registered nurse anesthetologists are considered non-physician practitioners. Allied health professionals include dental hygienists, diagnostic medical sonographers, dietitians, medical technologists, occupational therapists, physical therapists, pharmacists, radiographers, respiratory therapists, community health workers, and speech-language pathologists. If the targeted trainee does not fall under the listed categories, please refer to the detailed definition for Allied Health Professionals and specify the discipline(s) in the Allied Health Professionals category. If you do not know the information requested, please enter DK (do not know). Please enter N/A for "not applicable" for any services your grant project did not fund. Please check all that apply.	
Allied Health Professional - specify type(s):	
Dentist	
Non-physician practitioners - specify type(s):	
Nurse - specify type(s):	
Physician (DO)	
Physician (MD)	
Not Applicable	True

Trainings

Please report the number of training/rotations provided during the respective budget period. Please report a numeric figure. If the total number of training/rotations is zero (0), please put zero in the appropriate section. If you do not know the information requested, please enter DK (do not know). Please enter N/A for "not applicable" for any services your grant project did not fund. Do not leave any sections blank.

Trainings	First Year	Second Year	Third Year	Fourth Year
Number of New Trainings/Rotations provided	N/A	N/A		
Not applicable	Y	Y		

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Number of Training Site(s) by Type:

Please report the number of training sites by type where the training/rotations were conducted. Please report a numeric figure. If the total number of training sites is zero (0), please put zero in the appropriate section. If you do not know the information requested, please enter DK (do not know). Please enter N/A for "not applicable" for any services your grant project did not fund. Do not leave any sections blank.

Number of Training Site(s) by Type:	First Year	Second Year	Third Year	Fourth Year
Critical Access Hospital	N/A	N/A		
Other Rural Hospital	N/A	N/A		
Clinic	N/A	N/A		
Rural Health Clinic	N/A	N/A		
Community Health Clinic	N/A	N/A		
Federally Qualified Health Center	N/A	N/A		
Health Department	N/A	N/A		
Indian Health Service (IHS) or Tribal Health Sites	N/A	N/A		
Migrant Health Center (MHC)	N/A	N/A		
Other Community Based Site - N/A	N/A	N/A		
Not applicable	Y	Y		

Telehealth

This section is only applicable to projects receiving Outreach funding for telehealth services. If applicable, this section INCLUDES grantees receiving grant funding under all program tracks.

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Telecommunication Technology Type Based on the telehealth definition; select the telecommunication technology type(s) used in your project: (check all that apply)	
Mobile health	
Video conferencing (with or without video)	
Digital photography	
Store-and forward/asynchronous imaging	
Streaming media	
Wireless communication	
Telephone calls	
Remote patient monitoring through electronic devices such as wearables	
Mobile devices	
Smartphone apps	
Internet-enabled computers	
Specialty portals or platforms that enable secure electronic messaging and/or audio or video communication between providers or staff and patients not including EMR/EHR systems	

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Directly Served Individuals	Number
Based on the telehealth definition please indicate the number of individuals directly served. Note individuals who view a website or webinar should only be counted if they meet the definition of directly served. If you do not know the information requested, please enter DK (do not know). Please enter N/A for "not applicable" for any services your grant project did not fund.	
Please indicate the number of individuals directly served through 'Remote Clinical Services'	
Please indicate the number of individuals directly served through 'Remote non-Clinical Services'	

Telehealth Activities	Number
Please provide selection responses for the telehealth activities indicated above for each of the following items. If you do not know the information requested, please enter DK (do not know). Please enter N/A for "not applicable" for any services your grant project did not fund. Select all that apply.	
Increase billable services and organizational sustainability <i>If checked, Indicate the amount billed per program year</i>	
Improve access to care through mitigating travel burden for patients <i>If checked, indicate miles saved (or indicate if services were provided in-home or at new locations (schools, libraries, clinics, etc) and/or. Also, indicate percent change in no-show rates.</i>	
Increase access to care through providing a wider range of primary and/or specialty care services <i>If checked, indicate service types offered through telehealth</i>	

Project Specific Domains Form Comments

Is Project Specific Domains Form Complete?	Y
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Project Specific Domains Form File Attachment			
File Name	File Type	File Size	Upload Date

OMB Number: 0906-0009
Expiration Date: 10/31/2024