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Background and Purpose

The Rural Health Opioid Program (RHOP) is authorized by Section 330A (e) of the Public Health Service Act (42 U.S.C. 245c(e)), as amended.

The purpose of the Rural Health Opioid Program is to reduce the morbidity and mortality related to opioid overdoses in rural communities through the development of broad community consortiums to prepare individuals with opioid-use disorder (OUD) to start treatment, implement care coordination practices to organize patient care activities, and support individuals in recovery by establishing new or enhancing existing behavioral counseling, peer support, and alternative pain management activities.

The RHOP Grant Program provided federal funding up to $250,000 annually across a three (3) year project period (2018-2021) to 26 rural grantees. This program brought together health care providers (i.e. local health departments, hospitals, primary care practices, and substance abuse treatment providers) and entities such as social service and faith-based organizations, law enforcement, and other community-based groups to respond multifaceted to the opioid epidemic in their rural communities. Each consortium included at least three (3) health care providers who signed a Memorandum of Agreement or a similar formalized collaborative agreement to focus on addressing the epidemic.

The Rural Health Opioid Program Grantee Sourcebook tells the story of the 26 2018-2021 RHOP grantees by highlighting their grant projects’ achievements during the life of their grant. In this sourcebook, the following information will be included:

- Grantee Information and Contact
- Program Perspective
  - Mission
  - Objectives
  - Community Description
- Program Highlights
  - Project Outcomes
  - Promising Practices & Learning Opportunities
- Program Continuity and Sustainability

The information published within the Grantee Sourcebook comes directly from each grantee’s submission of their Sourcebook Deliverable. Additional information included in this Grantee Sourcebook was supplemented through RHOP grant applications, RHOP project final reports, RHOP Years 1—3 Performance Information Management Systems (PIMS) Reports, and through Non-Competing Continuation (NCC) Reports. Through analysis of grantee final reports and summarized PIMS reports, some common themes emerged regarding program impact and will be reflected in key findings throughout this sourcebook.
Fatal drug overdoses involving the illicit use of opioids including prescription painkillers and heroin have become an increasingly alarming public health issue.\(^1\) Rural communities are facing higher rates of deaths in opioid overdose when compared to urban populations.\(^2\) A lack of locally available emergency naloxone devices and treatment options as well as high response times of emergency medical services due to isolation are principal factors leading to a higher mortality rate in rural areas. Furthermore, individuals in rural communities with OUD are more likely to have socio-demographic vulnerabilities than opioid users in urban areas that may affect their ability to seek treatment and maintain recovery. These vulnerabilities include being under 20 years of age, having fair or poor health, not graduating high school, earning an income of less than $20,000, and being uninsured.

With the development of broad community-based consortiums, the FY18 RHOP cohort has been able to accomplish a variety of objectives over the past three years in response to the growing opioid epidemic in their own rural communities. Here are a few highlights...

The FY18 RHOP cohort implemented Opioid Use Disorder (OUD) screenings, treatment referrals, community education and outreach, Narcan trainings, and more across 16 states serving over 95 rural counties.

As consortiums continued to create relationships and leverage existing relationships as well as other community resources, RHOP funded programs were able to grow and reach more individuals identified as having OUD and/or those who receive direct services.

Year 1 Target Population: 4,922

Year 2 Target Population: 8,599*

Year 3 Target Population: 12,248**

\*Per the Performance Information Management Systems (PIMS) Reports, the Year 2 RHOP Target Population is 135,951. However, one grantee’s data was excluded as it’s reporting is considered an outlier and skews overall reporting.

\**Per the Performance Information Management Systems (PIMS) Reports, the Year 3 RHOP Target Population is 140,792. However, one grantee’s data was excluded as it’s reporting is considered an outlier and skews overall reporting.

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Program Impact

The fundamental focus of this program is screening patients and ensuring those patients are having their needs met and addressed... Our care coordinators can answer any questions that the patients may have in their most acute state of need...

-Smyth County Community Hospital

The grant project has established a new foundation for enhanced care coordination that will be sustained beyond the project, which will increase the retention rate for individuals in treatment no matter where an individual chooses to attend treatment in the service area.

-Firelands Regional Health System

Awareness within all 8 counties has definitely increased with a better understanding of substance use disorder and harm reduction. The culture within our region is changing; providers are prescribing more cautiously, individuals are getting more education at their pharmacies, private citizens are requesting Narcan, lives are being saved.

-City-County Health District
## Grantees by State

### California
- County of Nevada
- Mountain Valleys Health Centers

### Colorado
- San Luis Valley Area Health Education Center

### Kentucky
- Kentucky Rural Health Information Technology Network
- Unlawful Narcotics Investigations, Treatment, and Education

### Maine
- Cary Medical Center
- MaineGeneral Medical Center

### Missouri
- Meramec Regional Planning Commission
- Preferred Family Healthcare

### New Hampshire
- North Country Health Consortium

### New York
- S²ay Rural Health Network

### North Carolina
- Firsthealth Of The Carolinas

### North Dakota
- City County Health District

### Ohio
- Community Action Commission of Fayette County
- Coshocton County Drug and Alcohol Council
- County of Adams
- County of Erie
- Firelands Regional Health System

### Oklahoma
- Stigler Health & Wellness Center

### Oregon
- Mid-Valley Healthcare
- Northeast Oregon Network

### Pennsylvania
- Fulton County Partnership
- Penn Highlands Healthcare

### Virginia
- Smyth County Community Hospital

### Washington
- Critical Access Hospital Network

### West Virginia
- Community Connections
Program Perspective

Mission: The mission of the Nevada County Collaborative is to reduce morbidity and mortality related to opiate usage and overdoses in the community through outreach, treatment and other critical services to opiate dependent individuals, particularly high risk individuals

Objectives
- Hire and train personal services coordinator via contract with Community Recovery Resources (CORR)
- Develop process and procedure to identify opioid using individuals in target population
- Provide outreach and engagement to individuals identified in target population
- Link individuals with OUD to appropriate level of care; mitigate access barriers (transportation/system navigation)
- Coordinate transitions of care for individuals in target population; mitigate barriers

Community Description
- Service Area: Nevada County of California
- Target Population: All residents in the county impacted by opioid use and opioid overdose

Program Highlights

Project Outcomes
- Two substance use disorder care coordinators hired and trained
- SUD care coordination provided to over 300 individuals
- Linkage to SUD treatment provided to over 300 individuals
- Housing deposit financial support provided to over 10 participants to secure permanent housing
- Developed and implemented an Overdose Prevention Education Program
- Established a Recovery Residence Scholarship for unhoused individuals

Promising Practices & Learning Opportunities
- Established a “Re-Entry” subcommittee whereby there is a process in place such that individuals with OUDs slated to be released from the custody of jail are assigned a case manager/service coordinator, if they don’t already have one assigned, and individuals are connected to the treatment of their choice, provided transportation and appointments, and other coordination activities related to insurance coverage, medication, housing, and so forth in accordance with the individual’s stated goals
- Individuals with OUD’s are offered Naloxone free of charge as well as education on how to use Naloxone. They are also provided fentanyl test strips free of charge as appropriate and education on how to use as a harm reduction strategy. Other harm reduction education is provided as well
- Outreach and engagement to vulnerable populations activities were implemented in collaboration with the Homeless Outreach and Medical Engagement Team, law enforcement staff, jail staff, Hospitality House staff, Crisis Stabilization Unit staff, hospital staff, and SUD treatment provider staff. Outreach to homeless camps were provided as well

Program Continuity

Methods of Sustainability
- Grant Opportunities
- Reimbursement from Third-Party Payer Systems
- In-Kind Contributions

*County of Nevada is an active no-cost extension grantee. The information reflected here will be updated with their Final Closeout Report submission following their newest project period end date.
Program Perspective

**Mission:** The mission of Mountain Valleys Health Centers is to provide access to total health care services for all people, with an emphasis on preventive care and education, and with self-care and health maintenance being the end result.

**Objectives**

- Reduce regional morbidity and mortality related to opioid overdoses in the Collaborative’s service area by bringing together the member health care providers and local health departments, social service agencies, law enforcement and other community-based groups to respond to the opioid epidemic.
- Develop a regional approach to prepare individuals with OUD to start treatment, implement care coordination practices to organize patient care activities and support individuals in recovery through enhancement of behavioral counseling and peer support activities.
- Expand delivery of integrated behavioral health and opioid-related health care services in the Collaborative’s service area that includes parts of Shasta, Modoc, Lassen, and Siskiyou Counties through collaboratively reviewing opportunities and seeking providers.
- Educate patients, staff, and community members on substance use disorder (SUD) and OUD.
- Implement regional care coordination practices to develop a system that effectively identifies individuals at risk of overdose and guides them toward recovery by providing outreach and education on locally available treatment options and support services and support the utilization of alternative therapies when appropriate.

**Community Description**

- **Service Area:** Lassen County, Shasta County, Siskiyou County, Modoc counties of California.
- **Target Population:** Residents of the four service area counties experiencing OUD or currently being prescribed opioid medications for chronic pain.

Program Highlights

**Project Outcomes**

- Five X-waivered primary providers were added to the service area.
- 28 patients were served with Medication-Assisted Treatment (MAT) services.
- 23 patients were in the regional care coordination program for OUD patients.
- 251 outreach presentations were made at schools and community locations.
- 33 providers received training on available MAT and OUD treatment services.
- One LCSW was added in the service area.

**Promising Practices & Learning Opportunities**

- A pain management policy was developed and shared with consortium members to regulate opioid prescribing and guide patients to alternative methods of managing pain.
- Alternative therapies such as tai chi, behavioral health counseling, and referrals to chiropractic care and physical therapy were added to OUD treatment options.
- Trainings provided for existing providers increased knowledge and awareness of OUD in the area and contributed to a more coordinated approach to addressing it.

Program Continuity

**Methods of Sustainability**

- Consortium Partner Absorption.
- Local Partnerships.
Program Perspective

Mission: The mission of the San Luis Valley Area Health Education Center (SLV AHEC) is to provide multidisciplinary education services to students, faculty, local practitioners, and the general public, ultimately improving healthcare delivery in medically underserved areas.

Objectives

- Strengthen linkages and build partnerships with organizations and community members through consortium building, and utilizing those consortiums to establish programming that will address unmet needs.
- Expand the San Luis Valley Area Health Education Center’s harm reduction program through the distribution of naloxone and education on its use, as well as through other channels.
- Create and sustain a Case Advocacy program, through which clients and their families will be matched to appropriate services and be provided with long-term support.
- Case Advocates will strive to meet the needs of individuals who are in all stages of recovery, as well as the needs of their family support systems. The project will also help create and evaluate peer support programming for individuals who are in a maintenance stage of recovery.

Community Description

- Target Population: Community members living in the San Luis Valley region, especially underserved populations and individuals with Opioid Use Disorder and their families.

Program Highlights

Project Outcomes

- Over two years, there has been significant expansion of naloxone distribution and education efforts in the region with 1,017 naloxone kits distributed at two harm reduction sites.
- 361 overdose reversals were reported at the harm reduction sites in the last two years.
- There are now three harm reduction sites in rural and frontier counties in the region, which in one year have served 839 individuals who use injection drugs, providing access to services such as on-site healthcare providers, naloxone education and overdose reversal kits, sterile syringes (purchased with other funding sources), warm hand-offs to counselors and treatment providers, HIV and HCV testing, onsite vaccinations, and a wide variety of other supplies and supports.
- The SLV AHEC Case Advocate program has been successful at providing long-term, 1-to-1 support to people in any stage of recovery. Over one year, the program has been able to provide services to 48 individuals and has expanded with the addition of a third Case Advocate.

Promising Practices & Learning Opportunities

- The COVID pandemic was an unforeseeable challenge that has proven to provide a multitude of learning opportunities as well as some promising practices:
  - Despite the necessity of consortium partners to shift their focus on to the pandemic response, participation in the consortiums increased due to recognition of the importance of addressing the need for local services and treatment for those with Opioid Use Disorder. As a result, treatment options increased in the region (e.g. MAT services; expanded harm reduction sites; etc.).
  - While a resource list that could be regularly updated and distributed was not fully realized to the scope or scale originally planned, a pocket-sized list was developed.

Program Continuity

Methods of Sustainability

- Grant Opportunities
  - Colorado Department of Public Health and Environment's Overdose to Action
  - HRSA’s Rural Communities Overdose Response Program (RCORP)
  - Colorado Department of Public Health and Environment's Colorado HIV and AIDS Prevention Grant Program (CHAPP)

*San Luis Valley Area Health Education Center is an active no-cost extension grantee. The information reflected here will be updated with their Final Closeout Report submission following their newest project period end date.
Program Perspective

**Mission:** The mission of the KHRIT DBA Horizon Health is to change lives and build stronger communities by restoring health through medically assisted treatment services and individualized person centered plans; Restore well being through a whole person approach; Restore hope by removing stigma and inspiring others through shared experiences; restore opportunities through resources referral and close relationships with partner organizations; engage the community through educational opportunities about substance abuse dependence; provide supportive services within the community to address the needs of rural patient populations that are underserved

**Objectives**
- Prevent opioid overdose and reduce opioid overdose deaths
- Increase the capacity of health care providers and organizations to meet the substance abuse needs of the target population

**Community Description**
- **Service Area:** Knox, Laurel, and Whitley counties of Kentucky
- **Target Population:** OUD Dependence Individuals

Program Highlights

**Project Outcomes**
- During the course of the grant period, 423 individuals participated in the Horizon Health Treatment program for Opioid addictions
- The consortium was able to prevent Opioid Overdose deaths of patients and refer those to care providers; remove barriers such as Childcare, Transportation and Housing; expand in-house recovery services to include Targeted Case Management resulting in supportive needs such as education, employment, clothing, food and shelter
- The consortium maintains a comprehensive inclusive team to aid in increasing the capacity of providers that are needed to support recovery in the rural Kentucky area
- The consortium continues to conduct public education symposiums for the general public and medical providers in the service area

**Promising Practices & Learning Opportunities**
- Horizon Health is partnering with Survey Monkey to utilize this format to conduct community needs surveys that will be tailored to the following: General Public, Medical Providers, Business Owners
  - The surveys will include addressing stigma as well as hidden bias(s) that exist among medical providers in southeastern Kentucky
- Symposia will include a survey prior to the learning and a survey following to gauge change in thinking regarding substance abuse specifically opioids and other abused illicit drugs
- The information obtained from the surveys will be shared with consortium partners and providers to greater expand the anti-stigma campaign

Program Continuity

**Methods of Sustainability**
- Fee-for-Service
- SBA Business Loan Programs
- Grant Opportunities
Program Perspective

**Mission:** The mission of Operation UNITE is to create strategic partnerships, provide leadership, promote education, coordinate treatment, and support law enforcement.

**Objectives**
- Conduct outreach to increase awareness in the target population of available OUD treatment options and support services
- Refer individuals with OUD to treatment providers
- Offer vouchers for long-term treatment to those without insurance
- Provide enabling services (transportation) to referred individuals to increase access to care
- Provide outpatient services to referred individuals to help them continue receiving services following their treatment, including connecting them to resources needed to be successful in their sobriety, and providing assistance and enhancements to recovery and support groups
- Educate treatment providers on OUD treatment options

**Community Description**
- **Service Area:** Breathitt, Knott, Lee, Leslie, Letcher, Owsley and Wolfe counties of Kentucky
- **Target Population:** The UNITE RHOP had an overall goal of preventing overdoses and promoting treatment of OUD

Program Highlights

**Project Outcomes**
- 415 at-risk individuals were identified
- 178 90-day residential treatment vouchers were provided
- 134 transportation services were provided
- 800 providers and other health professionals attended provider education summits provided by the program
- Consortium members were active with 100% participating in work groups and nearly all participating in planning education events
- 4,817 community members received outreach education
- 69 recovery groups were initiated

**Promising Practices & Learning Opportunities**
- An effective consortium is essential to program success. The consortium was made up of members from the treatment community, medical community (clinics, hospital, emergency medical services), community anti-drug coalitions of America, community action group transportation services, law enforcement, community mental health center, social services and community health departments. Meetings were monthly prior to COVID 19 after which, meetings moved to a bimonthly basis. Consortium members participated in work groups and helped to plan and organize community events and the provider education summits
- Transportation services were also a vital component of this program. Prior to the RHOP program, public transportation services were not open providing transportation to treatment facilities for those that struggled with OUD or any type of SUD. Through education provided through the consortium, the RHOP program was able to break that barrier; those services agreed to provide transportation services for that population for the first time

Program Continuity

**Methods of Sustainability**
- Operation UNITE Community Coalition Funding
- Grant Opportunities through the Kentucky Alcohol and Other Drugs Coalitions
- Kentucky’s Opioid Response Effort Funding
Program Perspective

**Mission:** The mission of the Rural Recovery Network (RRN) is to serve individuals seeking substance use disorder treatment and recovery by providing responsive, compassionate, accessible care through the collaboration of acute care medical providers, substance use disorder treatment providers, law enforcement agencies and community based resources.

**Objectives**
- Expand access and availability of evidence-based Medication Assisted Treatment (MAT)
- Decrease the number of opioid-related deaths in the project service area
- Expand recovery and support services in the project service area
- Expand outreach activities to reduce the stigma, shame and cultural barriers around SUD

**Community Description**
- **Service Area:** Aroostook, Hancock, Penobscot counties of Maine
- **Target Population:** Community members living throughout the project service area

Program Highlights

**Project Outcomes**
- Implementation of MAT induction in the Emergency Departments with a warm hand off to outpatient treatment completed at 3 partner hospitals
- 97 medical professionals from emergency departments of partner hospitals received training on MAT forms and protocols created by the RRN
- Over the course of the project, 33 individuals screened for OUD at hospital partner locations; of the individuals screened, 28 individuals agreed to participate in the RRN and received MAT induction in the emergency department with a warm hand-off to outpatient treatment. 78.6% success rate; 30 or more days of continued engagement in outpatient MAT treatment
- 51 law enforcement & 32 EMS professionals completed training on stigma relating to OUD to help decrease barriers for individuals seeking treatment
- 97 medical professionals from emergency departments of partner hospitals received training on MAT forms and protocols created by the RRN

**Promising Practices & Learning Opportunities**
- 6-part training series created for law enforcement and emergency medical services (EMS) targeting the brain science of addiction and the history of stigma & biases. This helped to decrease stigma and break down barriers for individuals seeking treatment
- Partner hospitals experienced negative impacts from COVID-19 which made in-person trainings and meetings impossible. Due to this, RRN switched trainings to a virtual platform. Through a virtual platform, there was an increase in reach in individuals with more flexibility
- Care coordination protocols were established to facilitate transitions of patients between clinical settings. RRN provided patient support, engagement, and linkage to community resources

Program Continuity

**Methods of Sustainability**
- Established Protocols and Standard Operating Procedures
- Reimbursement from Third-Party Payer Systems

*Cary Medical Center is an active no-cost extension grantee. The information reflected here will be updated with their Final Closeout Report submission following their newest project period end date.*
Program Perspective

**Mission:** The mission of MaineGeneral Medical Center is to reduce overdose deaths from substance use disorders by increasing access to naloxone, strengthening and expanding partnerships, increasing treatment capacity, and implementing systems related to screening and referral to substance use disorder services in the Central Public Health District.

**Objectives**
- Complete a comprehensive assessment of OUD stigma and its impact on treatment access.
- Complete an assessment of OUD service, and implement a system to maintain current and accurate information in a centralized call center “HUB” directory of regional treatment options and supports for OUD.
- Increase the number of law enforcement, health care professional, and social service providers that are screening and referring individuals and families to OUD services and treatment via the HUB.
- Increase the number of individuals with SUD accessing MAT from each community partner sector (via law enforcement, social service providers, and/or peer recovery programs).
- Improve OUD care coordination among health care professionals to meet the needs of new patients and those on long-term MAT who wish to transition to different levels of care by using the HUB.
- Increase the number of OUD treatment options, including the number of providers delivering MAT and a broad variety of clinical settings, across the Central Public Health District.
- Increase the number of health care professional, including a broad variety of clinical settings that routinely screen for overdose risk and prescribe naloxone.
- Increase community awareness and knowledge of OUD, recovery, and support groups/networks for families and individuals through education, outreach, and promotion via the HUB.

**Community Description**
- **Service Area:** Kennebec and Somerset counties of Maine.
- **Target Population:** Community members living in Kennebec or Somerset County. People in active substance use. Professionals/medical staff providing health care services or substance use treatment services.

Program Highlights

**Project Outcomes**
- Conducted 766 stigma surveys and 10 focus groups (213 people in recovery/active use, 210 community members, 242 frontline staff, 101 healthcare practitioners, and ~60 focus group participants).
- Trained 3 Primary care practices and 16 inpatient units to distribute Narcan kits (15 prescribers & 116 paraprofessionals).
- 45 providers trained in Screening Brief Intervention and Referral to Treatment (SBIRT) model.
- 2,918 people diagnosed with Opioid Use Disorder.
- 645 people in treatment 6-12 months and 607 people in treatment a year or more.

**Promising Practices & Learning Opportunities**
- The Stigma assessments provided guidance to the consortium. While the consortium was limited in their ability to host anti-stigma community panel discussions in person. The consortium did develop anti-stigma messages and a training that is planned to become part of MaineGeneral’s annual employee trainings.
- The consortium developed and shared SBIRT materials with healthcare and community organizations. The materials include workflows, screening tools, a training plan, and referral resources.

Program Continuity

**Methods of Sustainability**
- Grant Opportunities
  - Rural Communities Opioid Response Implementation Grant
- Established Protocols and Standard Operating Procedures.
Program Perspective

**Mission**: The mission of the Meramec Region Rural Opioid Program is to bolster the substance abuse safety net of rural central Missouri by:
- Coordinating prevention activities to provide a more consistent message throughout all aspects of the community (health care, education, law enforcement, etc.)
- Adapting and operationalizing an evidence-informed care coordination model to mitigate substance abuse barriers and connect patients with a social network of resources that complement addiction rehabilitation and
- Establishing a regional consortium with identified partners to achieve long-term collective impact

**Objectives**
- Develop and implement the Meramec Region Rural Opioid Program Consortium to achieve collective impact and conduct ongoing evaluation and assessment of the central Missouri substance abuse safety net
- Coordinate prevention activities to provide a more consistent message throughout all aspects of the community (health care, education, law enforcement, etc.)
- Adapt and operationalize an evidence-informed care coordination model to mitigate substance abuse barriers and connect patients with a social network of resources that complement addiction rehabilitation

**Community Description**
- **Service Area**: Crawford, Dent, Maries, and Phelps counties of Missouri
- **Target Population**: Community members living throughout the four-county service area

**Program Highlights**

**Project Outcomes**
- Over the course of the project, 3,990 students, ages 6 to 18, participated in the “Too Good for Drugs” curriculum taught by Prevention Consultants of Missouri
- 379 individuals participated in the “Rehabilitation Through Innovation” program throughout local jails and the recovery community in the four-county service area
- Approximately 38 individuals from across the region attended an all-day workshop focused on SUD/OUD, treatment, and recovery in the workplace
- Approximately 160 individuals completed the Seeking Safety Curriculum; a program designed to provide healthy responses to past traumas and experiences

**Promising Practices & Learning Opportunities**
- While unable to provide prevention education programs in all schools to all ages, the consortium was able to create virtual lessons to be taught during COVID-19 restrictions, so education was not halted
- The consortium was able to help establish a relationship between the Missouri Chamber of Commerce and the “Recovery Friendly Workplace Initiative” based out of Ohio

**Program Continuity**

**Methods of Sustainability**
- Grant Opportunities
  - Department of Justice – Opioid Affected Youth Initiative
  - Rural Communities Opioid Response Program Implementation

*Meramec Regional Planning Commission is an active no-cost extension grantee. The information reflected here will be updated with their Final Closeout Report submission following their newest project period end date.*
Program Perspective

**Mission:** The mission of the Preferred Family Healthcare’s Rural Health Opioid Program (RHOP) Consortium is to ensure provision of high-quality Opioid Use Disorder prevention and treatment services to residents of northeast Missouri and northwest Illinois. Through cross-collaboration across multiple service sectors, the RHOP consortium addresses the local opioid crisis and improves the treatment services for individuals in Hannibal, MO, Quincy, IL, and the surrounding areas.

**Objectives**
- During the project period, a broad-based, sustainable Northeast Missouri Rural Health Opioid Consortium (Consortium) will increase access to screening, assessment, and treatment for 500 individuals with OUD.
- Provide evidence-based treatment and care coordination services to 200 individuals with OUD during the project period.
- Support 100 individuals in recovery through evidence-based counseling and peer support activities during the project period.

**Community Description**
- **Service Area:** Adair, Grundy, Marion, and Ralls counties of Missouri and Adams counties in Illinois (treatment services through Clarity were also available in Pike County, IL, Montgomery County, MO, and Pike County, MO).
- **Target Population:** The target population includes the general community, relative to increasing knowledge regarding the opioid issue; individuals at-risk of becoming opioid users and identified during routine SBIRT screenings; and individuals already addicted and in need of MAT or other therapies to overcome addiction and sustain recovery. In addition to the individuals receiving direct services, families and caregivers are also targeted for support services through network partner organizations.

Program Highlights

**Project Outcomes**
- During the course of this grant period, 3,497 individuals were screened for OUD, with 536 identified as having OUD.
- During the course of this grant period, 162 individuals received direct education about the opioid epidemic in an effort to reduce stigma within the community, and 3,541 individuals received indirect education.
- During the course of this grant period, the number of fatal opioid overdoses in the service area was zero, as best determined by the available data.

**Promising Practices & Learning Opportunities**
- Partnerships with police departments to provide training on OUD related issues (including the administration of Narcan), as well as in-community outreach activities, such as ride-alongs where officers and treatment staff collaboratively respond to situations where substance use is a factor and are able to more effectively address community needs.
- Increasing understanding of how other community organizations function to avoid duplication of services, illuminate where gaps in services exist, and better coordinate requests for funding.

Program Continuity

**Methods of Sustainability**
- Partner Collaboration and Integration
- Reimbursement from Third-Party Payer Systems
Program Perspective

**Mission:** The mission of the North Country Health Consortium is to lead innovative collaboration to improve the health status of the region

**Objectives**
- Train and develop a Community Health Worker/Recovery Coach Workforce and Network to increase recovery supports for warm handoff model when individuals with SUD present in Emergency Departments
- Incorporate Community Health Worker/Recovery Coach processes for integration into emergency department and hospital discharge planning to ensure access to appropriate treatment and recovery options
- Develop outreach and educational resources for distribution in a variety of settings
- Explore innovative models to engage law enforcement in coordinating efforts to address the SUD/OUD problem and direct individuals to treatment programs
- Implement two pilot programs working with law enforcement to incorporate a case manager into their police departments to ensure access to appropriate treatment and supportive recovery options
- Integrate Recovery Coach Academy curriculum into Community Health Worker (CHW) training
- Collaborate with hospitals, Federally Qualified Health Centers (FQHCs), treatment programs and recovery centers to incorporate CHWs into treatment/recovery teams
- Cross-train Peer Recovery Coaches to also work as CHWs

**Community Description**
- **Service Area:** Coos County and Northern Grafton County of New Hampshire
- **Target Population:** Residents age 18 and over

Program Highlights

**Project Outcomes**
- 178 program referrals with 124 successfully engaged as clients
- The Recovery-Oriented Policing Model Pilot (ROPM) was successful with two departments wanting to learn to engage differently with people with OUD/SUD
- 74 individuals trained as Recovery Coaches the Recovery Coach Academy and 107 individuals trained through the Integrated Delivery Network

**Promising Practices & Learning Opportunities**
- The community engagement and stigma reduction yielded some lasting impacts such as the police departments educating their first responder peers; the number of Recovery Friendly Workplaces increased from four to ten; local motel owners assisting individuals with accommodations; and regional housing programs providing food gift cards for clients
- Provides TA to organizations seeking to provide recovery support services including: tailored technical assistance to the needs of the organization or community, collaborative partnerships with both likely and unlikely partners, and staff expertise in recovery support program development and management

Program Continuity

**Methods of Sustainability**
- Reimbursement from Third-Party Payer Systems
- Fee-for-Service

*North Country Health Consortium is an active no-cost extension grantee. The information reflected here will be updated with their Final Closeout Report submission following their newest project period end date.*
Program Perspective

**Mission:** The mission of the S²ay RHOP consortium is to reduce and prevent opioid overdose deaths in the Finger Lakes and Southern Tier regions of New York State. S²ay created and established the Regional Opioid Task Force, whose mission is that member counties will coordinate systems and address gaps in prevention, treatment, and recovery to end the opioid epidemic and be free from opioid misuse.

**Objectives**
- Assemble a Regional Task Force to End Opioid Overdose and train members on the chosen evidence-based strategies to improve mortality and morbidity related to opioid overdoses.
- Target and build on existing efforts in the community to expand care to individuals suffering from SUD, including support services such as housing, transportation, day care and making warm hand-offs.
- Arrange enhanced support between detox and treatment, between treatment and long-term recovery and after emergency department or ambulance utilization.
- Coordinate efforts to focus on linking those with SUD with primary care and prevention and wellness activities.
- Provide general community education to make those with SUD problems and their loved ones/families knowledgeable regarding the problem and resources to address the problem.

**Community Description**
- **Service Area:** Steuben, Schuyler, Ontario, Wayne, Yates, Livingston, Seneca, Genesee, Orleans, Wyoming, and Allegany counties of New York.
- **Target Population:** Residents of the service area.

Program Highlights

**Project Outcomes**
- Implementation and utilization of HIDTA (High Intensity Drug Trafficking Area) OD MAPPING application, which helps to determine trends, and community need.
- Distribution of over 20,000 Dispose RX kits throughout the region, along with multimedia unified messaging around safe disposal, and a web series around prescription safety and proper disposal.
- Over 400 direct contacts completed by the ED navigator housed in Geneva General, each contact being offered referral to treatment, as appropriate, and community resources.
- Over 1,000 Narcan kits distributed throughout the region with over 300 Narcan trainings completed by key partners and CRPA’s.
- A robust media campaign which included 24 billboards, social media and website posts, postcards, collaboration in a national blog post with DisposeRX, unified messaging across the region to include key partners, public health, treatment facilities, and coalitions.

**Promising Practices & Learning Opportunities**
- S²ay’s grant objectives helped to develop regional infrastructure, increase access to care as well as education, reduce stigma, and increase access to timely data. This grant has helped organizations build better surveying tools that are reliable, valid, and can assist with ascertaining true needs to help build a longitudinal outlook.
- Relationship building has been the cornerstone of this grant, as our community partners needed support with having their voices heard in an environment that promoted innovation, creativity, and connection to evidence-based practices. All of these efforts will continue to promote the long-term goal of increasing recovery capital within this region.

Program Continuity

**Methods of Sustainability**
- Grant Opportunities
- Partner Collaboration
Program Perspective

**Mission:** The mission of the Sandhills Opioid Response Consortium is to work as a united community to bring awareness, hope, freedom and recovery to those struggling with opioid addiction and dependence

**Objectives**

- Increase individuals referred to and enrolled in intensive inpatient and outpatient treatment programs available in Hoke, Lee and Montgomery counties
- Develop and implement a comprehensive Narcan and opioid awareness campaign to educate and increase awareness among Hoke, Montgomery and Lee county providers, partners and residents
- Increase access to medication assisted treatment and care coordination by increasing the number of MAT providers by ten additional primary care providers
- Support individuals in recovery by establishing three (county-level) peer-to-peer opioid use disorder mentor/support programs
- Increase the capacity of the Consortium and develop a strong sustainability plan to ensure access to treatment and recovery resources for individuals with opioid use disorder beyond the end of the grant funds

**Community Description**

- **Service Area:** Hoke, Lee and Montgomery counties of North Carolina
- **Target Population:** Individuals struggling with and/or seeking resources for Opioid Use Disorder/Substance Use Disorder

Program Highlights

**Project Outcomes**

- The Sandhills Opioid Response Consortium currently consists of over 45 partners serving the three-county region
- A formal opioid use and substance use disorder website was established to promote local resources and link individuals seeking resources (www.firsthealth.org/recoveryresources)
- A regional peer support specialist program was developed with over 15 peer support specialists certified and engaged in linking individuals to treatment and recovery resources
- One primary care provider is seeking to expand MAT in a rural health clinic in Montgomery County
- Over 200 individuals have been linked to services and over 500 harm reduction kits have been distributed to first responders and individuals at-risk of an overdose

**Promising Practices & Learning Opportunities**

- COVID-19 presented many challenges; however, as a result a Facebook live daily support session was implemented during the stay-at-home orders
- Peer support specialists are embedded in partner organizations/agencies in addition to implementing a referral hotline for providers, first responders and self-referrals
- There is a need to be flexible when establishing a peer support program and understand that peers are also working on their own recovery. The consortium revised the criteria to ensure individuals were two or more years in active recovery to ensure the success of the peer
- A peer support program is the base for helping to link individuals to treatment and recovery; peers are essential to the success of this work

Program Continuity

**Methods of Sustainability**

- Rural Communities Opioid Response Program Implementation
- Partner Collaboration and Integration

*FirstHealth of the Carolinas is an active no-cost extension grantee. The information reflected here will be updated with their Final Closeout Report submission following their newest project period end date.*
Program Perspective

Mission: The mission of the City County Health District is to reduce the impact of substance use and mental illness in the South East Central Public Health region and throughout North Dakota

Objectives
- Develop and deploy a robust, eight-county Regional Opioid Prevention, Education and Support (ROPES) Consortium dedicated to preventing and treating opioid overdose and abuse
- Expand the regional delivery of evidence-based, life-saving support and peer-based recovery services and programming to individuals with opioid use disorder (OUD), specifically including developing and providing support services to assist those reentering our communities after completing OUD/substance use disorder (SUD) treatment or after serving jail time
- Provide multi-faceted education throughout our region that will decrease the stigma surrounding addiction and mental-illness diagnoses, and related treatments
- Determine the feasibility of developing a regional Federally Funded Community Health Center that will increase local access to mental healthcare and addiction services; and reduce the incidence of hospital ER visits, EMS calls and deaths related to opioid overdose
- Complete a comprehensive program evaluation and sustainability plan for the 8-county ROPES project

Community Description

- Service Area: Barnes, Dickey, Foster, Stutsman, LaMoure, Logan, McIntosh, and Wells counties of North Dakota
- Target Population: All residents in the county

Program Highlights

Project Outcomes
- CCHD implemented a syringe services program with approximately 20 clients who regularly visit the RN for clean supplies, education, HIV and Hep C testing and support
- Recovery Housing has the ability to house 4 individuals returning to the community after substance abuse use treatment or incarceration related to substance use
- Five new prescription drug take back locations established

Promising Practices & Learning Opportunities
- Developed an electronic tracking system for the AEDs in Barnes County and Narcan is available at the AED sites
- The consortium has worked to provide Mental Health First Aid in the 8 county region, creating a better understanding of mental illness and substance use and has given numerous individuals additional skills/tools to use when encountering personal or professional situations
- Policy change in Stutsman County with an agreement with the Jamestown police department to notify public health of Narcan use (overdoses, saves, etc.)

Program Continuity

Methods of Sustainability
- In-Kind Contributions
- Grant Opportunities

*City County Health District is an active no-cost extension grantee. The information reflected here will be updated with their Final Closeout Report submission following their newest project period end date.
Program Perspective

**Mission:** The mission of the Community Action Commission of Fayette County is to combat causes of poverty, expand community services, and implement projects necessary to provide services and further community improvements. Its mission is also to consider the problems concerning youth, adults and senior citizens and deal with the prevention and solving of those problems.

**Objectives**
- Decrease morbidity and mortality related to opioid use disorder by connecting individuals at risk of overdose to treatment
- Increase the availability of peer support resources in the community
- Increase care coordination and collaboration between healthcare providers
- Decrease stigma associated with OUD through community and health care provider education

**Community Description**
- **Service Area:** Fayette County of Ohio
- **Target Population:** Individuals with opioid use disorder living in Fayette County, Ohio

Program Highlights

**Project Outcomes**
- 77% reduction in overdose death
- 79% reduction in overdoses
- 76% of program participants obtain treatment

**Promising Practices & Learning Opportunities**
- Community trainings on the prevention, treatment, and recovery of opioid disorder
- Developed training for justice/corrections/law enforcement on evidence-based practices for the prevention, treatment, and recovery of substance use disorders with a focus on opioid use disorder
- Increased participation in Drug Take Back Days and identified year-round collection sites
- EMS, law enforcement, friends, and family supported the expansion of naloxone (Narcan) availability in the community by becoming a Project Dawn site. There are now two collection sites in the county
- A community needs assessment revealed gaps throughout the community, CAC was then able to hire a driver for the purposes of transporting individuals to treatment same-day. Additionally, Fayette Recovery opened 8 units of recovery housing for women

Program Continuity

**Methods of Sustainability**
- Medicaid Billing
- Grant Writing
- In-Kind Contributions
- Reimbursement from Third-Party Payer Systems

*Community Action Commission of Fayette County is an active no-cost extension grantee. The information reflected here will be updated with their Final Closeout Report submission following their newest project period end date.*
Program Perspective

**Mission**: The mission of the Coshocton County Drug Free Coalition is to offer treatment and prevention services in a caring and compassionate setting, making a way to a brighter future

**Objectives**
- Prevent future overdoses by meeting overdose patients with a Primary Healthcare Provider (CNP) who is assigned to invest time with the patient, discussing the primary health needs, as well as the addiction and the need for treatment
- Reduce treatment barriers caused by having young children in the home who require supervision and care while parent(s) are receiving treatment, recovery support or attending peer recovery appointments or activities
- Remove the barrier of financial responsibility that often deters clients from attending in-patient treatment, should treatment levels of care mandate inpatient treatment
- Remove the barrier of lack of transportation, allowing attending at treatment appointments, 12-step meetings and/or certified peer recovery appointments/activities
- To prevent relapse and give the client a mentor whom they can engage with on a personal level, encouraging the client to stay focused on their recovery efforts and abstain from use

**Community Description**
- **Service Area**: Coshocton County of Ohio
- **Target Population**: All residents in the county impacted by addiction

Program Highlights

**Project Outcomes**
- Over 1,900 individuals were screened and assessed for opioid use disorder in the three year grant period
- From the 1,900 individuals screened, 1,300 individuals were identified as having OUD and about 50% of those individuals began treatment after receiving an initial consultation with a treatment provider
- 3,100 individuals were reached through direct education and 49,800 were reached through indirect education throughout the course of the three year grant

**Promising Practices & Learning Opportunities**
- Hiring a full-time Nurse Practitioner has significantly helped the community and surrounding areas. They are able to meet more client needs and provide immediate access to medical care, STI and other lab testing orders, MAT services, and other general medical needs
- Transportation, Child care and Recovery Support services were almost non-existent in the service area. A van was leased to address transportation barriers and as a result, there was an increase in attendance numbers in groups and individual counseling sessions
- Certified Peer Recovery Support Specialist have made a difference for patients and local courts have observed that the patients engaged with peer support on a regular basis do better at being in compliance with the court, probation, and also are more successful in graduating Recovery Court and Family Drug Court

Program Continuity

**Methods of Sustainability**
- Reimbursement from Third-Party Payer Systems
- Grant Opportunities
- Fees-for-Service
- In-Kind Contributions
Program Perspective

**Mission:** The mission of the Facing Opiates Together Project is to utilize a community collaborative approach to improve the lives of individuals living with the devastating effects of opioid use disorder by educating the community to reduce stigma, while using evidence-based modalities in a manner that recognizes the strengths and barriers of Appalachian culture.

**Objectives**
- Increase the number of individuals connected to treatment through the process of identification and referral, while decreasing the number of opioid related encounters with the criminal justice system.
- Identify, educate, and refer individuals in the community with OUD through outreach activities on locally available treatment options.
- Increase local access to Vivitrol for Medication Assisted Treatment of persons with opioid use disorder with concurrent Assessment/Treatment activities to reduce opioid use disorder.
- Implement care coordination services for those with OUD to organize patient care activities.
- Expand opportunities through which community members can participate in helping others recover from the effects of OUD through life coaches, peer support activities, and life skills training.
- Increase the number of individuals with OUD who participate in peer support activities or behavioral counseling activities.
- Reduce negative stigma and increase understanding of OUD in the community through educational trainings, conferences, and PSA’s.
- Equip the community with the tools needed to identify, prepare, and refer individuals with OUD to treatment through educational trainings, meetings, and materials.
- Reduce the number of children in Adams County with a deficiency of life skills contributing to the next generation of OUD and promoting community engagement beginning November 2019 by providing life skills training annually through school districts, afterschool programming, and community initiatives.
- Increase the collaboration of community organizations with a commonality of goals supporting a process that allows for the easy transition to recovery for those with OUD.

**Community Description**
- **Service Area:** Adams County of Ohio.
- **Target Population:** Community members living within the Adams.

**Program Highlights**

**Project Outcomes**
- 275 individuals were connected to and became engaged in peer support services over three years.
- A total of 4,736 community members received indirect education over three years.
- A total of 697 individuals were treated and in recovery for 3 months or longer during the project period.

**Promising Practices & Learning Opportunities**
- Universal Screening processes were developed and took place in the criminal justice setting, school setting and across consortium partner settings.
- Care coordination procedures were developed and implemented in the criminal justice setting, school setting and across consortium partner settings. These protocols are streamlined and identical in nature, allowing for continuity of care across settings.
- Professional Development on-demand training for community partners was developed to allow for access to training and education on SUD treatment and prevention efforts across settings and target populations.

**Program Continuity**

**Methods of Sustainability**
- Grant Opportunities
  - Rural Communities Opioid Response Program—Psychostimulant
  - Drug Free Communities Grant
Program Perspective

Mission: The mission of the Erie County Health Department Circle of Care Program is to reduce morbidity and mortality associated with OUD/SUD by offering a local facility for intensive inpatient treatment, an essential component of long-term treatment and recovery services currently missing in the local area.

Objectives
- Establish a new in-patient/residential substance use care facility for women in the region
- Establish nearby satellite offices for facility management operations staff and treatment care providers
- Assure comprehensive treatment is available for clients
- Assure an array of additional community recovery support services is available
- Provide care coordination and referrals, as appropriate
- Conduct community outreach activities that inform and educate the professional and the general community regarding the issues surrounding substance use and available recovery treatment and support
- Maintain active participation of members of the Consortium as the objectives of this project are implemented

Community Description
- Service Area: Erie, Huron, and Ottawa Counties of Ohio
- Target Population: Individuals with OUD/SUD in the tri-county service area

Program Highlights

Project Outcomes
- 11% reduction in unintentional overdose deaths in the tri-county service area and a 24% reduction in unintentional overdose deaths in Erie County
- 2,963 patients treated at Erie County 3.7 Withdrawal Management facility
- 546 individuals referred to inpatient treatment services
- 718 referred to outpatient treatment services
- 183 individuals referred to recovery housing services

Promising Practices & Learning Opportunities
- Integration of services across multiple levels of care with multiple treatment and service providers including inpatient withdrawal management, intensive outpatient treatment, recovery housing, medication assisted treatment, mental health counseling, primary care, and dental on the main campus in Sandusky, Ohio
- Utilization of peer support to assist in case management and care coordination across settings
- The Erie County Health Department hosted a Regional Recovery Forum attended by SUD treatment providers, recovery service providers, healthcare providers, local and state government officials, and representatives from the office of U.S. Representative Marcy Kaptur. The current state of the opioid crisis in our region, as well as available resources, and recent outcome data were presented and discussed at length. An agreement in principle was reached to share data between organizations and a cloud based repository was set up for this purpose

Program Continuity

Methods of Sustainability
- Reimbursement from Third-Party Payer Systems
- Fee-for-Service
- Grant Opportunities
Program Perspective

**Mission:** The mission of the Firelands Regional Health System/The Erie County Rural Health Opioid Program Community Consortium is to work to ensure that all individuals, regardless of their ability to pay for treatment, will have access to care throughout the service area in attempts to reduce the unintentional opioid death rate in Erie County, Ohio.

**Objectives**
- Coordinate the community response to the opioid crisis through Erie County Rural Health Opioid Program Community Consortium activities and provide community education and outreach on opioid use disorder.
- Sustain SBIRT services in the hospital beyond current grant funding and expand services and include screening at each contact with an individual rather than a single lifetime screen and screening to youth age 12 and over to identify individuals with opioid use disorder and engage them in treatment.
- Enhance SBIRT services through the addition of peer support within the hospital to engage individuals in treatment.
- Support individuals in treatment through care coordination services regardless of where care is received to organize patient care activities.
- Enhance behavioral health services throughout the service area by providing Motivational Interviewing and Motivational Enhancement Therapy training and coaching to behavioral health professionals across Erie County.

**Community Description**
- **Service Area:** Erie County of Ohio
- **Target Population:** All individuals identified as having Opioid Use Disorder (OUD) who are residence of and/or who receive direct services in Erie County, Ohio.

Program Highlights

**Project Outcomes**
- 11,379 individuals were screened for Opioid Use Disorder (OUD).
- 811 individuals, who after being screened for OUD, were identified as having OUD.
- 288 individuals that were identified as having OUD, who, after receiving an initial consultation with a treatment provider, started the treatment process.
- 76 individuals remained in treatment/recovery for 6 months or longer without interruption.

**Promising Practices & Learning Opportunities**
- Motivational Interviewing and Motivational Enhancement Therapy training and coaching is provided to behavioral health professionals across Erie County to enhance behavioral health services.
- The Peer Recovery Support Program will provide assistance, education, and support to persons and/or family of an individual who has unintentionally overdosed and requires acute medical care at FRMC Emergency Department. The service is a 24/7 on call program.

Program Continuity

**Methods of Sustainability**
- Consortium Partner Absorption.
- Reimbursement from Third-Party Payer Systems.
- State and Federal Funding.
Program Perspective

**Mission:** The mission of Stigler Health and Wellness Center, Inc. is to provide quality healthcare for all our area patients.

**Objectives**
- Individuals with OUD will participate in the process of using a team-based algorithm to determine the level of substance abuse service needed (residential or outpatient/primary care base), and whether services need to be congruent with primary medical/mental health services.
- Bring information about opioid abuse directly to community members, opening the door to those who may need assistance and finding a way to reach those needing information on resources.
- Develop and utilize programs and pathways for starting and/or continuing behavioral health counseling throughout the wide geographic region.
- Build and maintain ties between the community’s healthcare providers and other organizations providing social support services that can enhance and support individuals in their recovery efforts.

**Community Description**
- **Service Area:** Haskell, Latimer, Leflore, McIntosh, Muskogee, Pittsburg, and Sequoyah counties of Oklahoma.
- **Target Population:** Adults and adolescents in the 7-county service area who are at risk for or have been diagnosed with OUD, with a special focus on those below 200% of poverty level.

Program Highlights

**Project Outcomes**
- As a result of universal screening for adolescent and adult patients, 56,129 patients have been screened for SUD/OUD over the project period.
- 652 patients were diagnosed with OUD; 107 (16%) entered treatment.
- 100% of patients who were diagnosed with OUD agreed to participate in the process of determining the level of substance use treatment needed (residential/outpatient and with or without medical and/or mental health services).
- 3,230 community members, including law enforcement, laypeople, and school children received some type of direct/indirect SUD/OUD education (including in-person and web-based OUD education/Naloxone trainings and school-based SUD/OUD prevention and education programs).
- While not using RHOP funds, over the term of the RHOP project, SHWC grew the number of MAT-certified providers from 4 to 9, and MAT services (in-person and via telehealth) are now available in all 8 clinic sites.

**Promising Practices & Learning Opportunities**
- Putting policies for universal substance use screening into effect early in the RHOP project period helped the consortium identify people with or at-risk for OUD that might otherwise have gone unnoticed.
- Not allowing preconceived notions about who might be interested in OUD education to determine scheduled training/education events allowed SHWC to reach many more people than expected. The original thought was that 15-25 people might show up for training sessions; in reality, many sessions drew more than 100 participants (in one case, 300 people attended a scheduled event).

Program Continuity

**Methods of Sustainability**
- **Grant Opportunities**
  - Rural Communities Opioid Response Program—Implementation
  - United Way Funds
- Reimbursement from Third-Party Payer Systems
- Fee-for-Service
Program Perspective

**Mission:** The mission of Mid-Valley Healthcare is to provide leadership to enhance the health of communities through development and support for collaborative regional partnerships in Benton, Lincoln and Linn counties.

**Objectives**
- Coast to the Cascades Community Wellness Network (CCCWN) Consortium members work together to expand delivery of opioid related health care services in east Linn County.
- Establish STARS Outreach to deliver a comprehensive program that features best practices for opioid treatment programs, including medication assisted treatment services, behavioral.
- Conduct OUD education and outreach activities in east Linn County that includes widespread distribution of Naloxone rescue kits.
- Extend the reach of STARS Outreach into outlying rural areas by utilizing the services of a trained Peer Support Specialist.

**Community Description**
- **Service Area:** Linn County of Oregon.
- **Target Population:** Adults with Opioid Use Disorder most at risk of opioid overdose.

Program Highlights

**Project Outcomes**
- Increased number of individuals screened/assessed for OUD.
- Increased number of individuals with OUD receiving treatment and recovery support.
- Increased Narcan distribution within the community.
- Increased number of X-waivered physicians.
- Increased community capacity to recognize OUD.

**Promising Practices & Learning Opportunities**
- MAT Hub-and-Spoke Model offers the treatment intensity and staff expertise that patients require at the onset of recovery and at other vulnerable points in recovery; this model offers all elements of MAT, including assessment, ASAM assessment, and individual and group counseling.
- Peer Support Specialists (PSS) are the voice of recovery and lived experience in situations where providers are struggling to see the recovery side of SUD. They model recovery and resilience, bringing hope into the room for providers as well as patients.
- An outdoor SHARPS container is available at the Community Health Center of Benton and Linn Counties, located in Sweet Home Oregon. The size of the container has been increased due to high-volume use.

Program Continuity

**Methods of Sustainability**
- Reimbursement from Third-Party Payer Systems.
- Membership Dues.
- Grant Opportunities.
- In-Kind Contributions.

*Mid-Valley Healthcare is an active no-cost extension grantee. The information reflected here will be updated with their Final Closeout Report submission following their newest project period end date.*
Program Perspective

**Mission:** The mission of the Northeast Oregon Network is to create a healthier Eastern Oregon by reducing barriers for both residents and the regional systems that support their health.

**Objectives**
- Expand the current Pathways Network consortium to include partners who can reach all community members at risk of opioid use.
- Increase number of community members who are able to recognize risk factors for and actual use of opioids, and who understand how to refer and support.
- Reduce the misuse of opioids in at risk populations in Wallowa, Union, Baker, Umatilla and Malheur counties in Eastern Oregon.
- Ensure ongoing sustainability and operations of the Hub Opioid Program post grant funding.

**Community Description**
- **Service Area:** Union, Baker, Wallowa, Malheur, and Umatilla counties of Oregon.
- **Target Population:** Low income at-risk individuals living in the five-county, rural/frontier NEON region.

Program Highlights

**Project Outcomes**
- The Hub program portion that is funded by this grant has served over 250 clients, completing over 750 resource linkages successfully.
- Overall, the Hub has served 1,700 clients with over 4,000 resource linkages including transportation, medical care, utilities assistance, housing, and food access, and other types of financial assistance.
- The program is operating at 6 sites with 10-15 active CHWs.
- 191 individuals have participated in the training courses tailored for CHWs, home visitors, and other partners.

**Promising Practices & Learning Opportunities**
- Provides trainings for social service agencies, branches of state government, public health departments, and health care, and behavioral health providers.
  - Trainings include: *Addiction: Helping People Make Change; Moving Toward Health Equity for LGBTQ+ Community Members; Supervising Home Visitors; Enhancing Your Home Visiting Skills; Intermediate Motivational Interviewing; Tobacco Cessation for THWs; Compassion Fatigue.*
  - These trainings are also provided online. The transition to online trainings has reached more CHWs and community members, who otherwise could not attend the trainings due to travel costs.

Program Continuity

**Methods of Sustainability**
- Revenue from the Training and Coaching Program
- Consulting Fees
- Grant funding
- In-Kind Donations

*Northeast Oregon Network is an active no-cost extension grantee. The information reflected here will be updated with their Final Closeout Report submission following their newest project period end date.*
Program Perspective

**Mission:** The mission of the Fulton County Family Partnership is to promote education, treatment, and recovery of drug and alcohol misuse to build a safe Fulton County Community

**Objectives**
- Reducing stigma in Fulton County to zero by increasing community awareness about OUD, overdose, treatment and recovery resources
- Expanding and sustaining capacity for prevention, treatment and recovery initiatives
- Educating individuals, families and the work force about OUD and overdose, particularly those at high risk (e.g. those leaving rehabilitation and incarceration) and those in contact with high risk individuals

**Community Description**
- **Service Area:** Fulton County of Pennsylvania
- **Target Population:** All residents 18 and older

Program Highlights

**Project Outcomes**
- All individuals seeking care at Fulton County Medical Center’s Emergency Department are now screened using the SBIRT system
- Over the course of the grant, 313 individuals were screened for OUD. Of those individuals, 93 were identified as having OUD and 85 identified individuals began treatment after receiving their initial consultation with a treatment provider
- This grant was able to reach 945 individuals through indirect education and 355 individuals through direct education about the opioid epidemic in an effort to reduce stigma within the community
- A series of three op-ed pieces were published by the Fulton County News in January 2021 as an educational series based upon the findings of the data from the county survey in October 2020

**Promising Practices & Learning Opportunities**
- There was increased stigma regarding naloxone administration, however, after providing some training, EMS personnel now carry naloxone
- A website was created for community members to seek out OUD/SUD resources and is continuously promoted through local print media, flyers, handouts, and advertisements
- Hiring a Certified Recovery Specialist is an asset. The opportunity to bring on an individual with lived experiences and community knowledge has been a resource to those in recovery, the coalition of partners, professional development opportunities and outreach programming
- A community event during the winter of 2021 was held at Whitetail Ski Resort. This allowed FCFP to continue addressing the stigma reduction mentioned in Goal 1 of the grant. This event was followed up with a bowling event as well as a community movie night

Program Continuity

**Methods of Sustainability**
- Grant Opportunities
- Contributions
- Reimbursement from Third-Party Payer Systems
Program Perspective

**Mission:** The mission of the PHH Rural Health Opioid Program (RHOP) is to enhance opioid and substance abuse services and referrals to community-based agencies, to reduce overdose deaths. This is accomplished through training activities, services, referrals, and collaboration that strengthens the health care system

**Objectives**
- Increase network training & related activities to increase availability of opioid and substance abuse services, MAT, referrals to treatment and use of life saving medicine
- Increase identification of individuals at-risk of opioid (OUD) /substance use disorders (SUDs)
- Increase referrals to services & treatment and therefore increase those who start treatment with OUD/SUD disorders
- Implement care coordination practices to organize patient care activities and support individuals in recovery via collaborative partners
- Educate community members on opioid use disorders (OUDs) through education on treatment, referral to services and support services

**Community Description**
- **Service Area:** Clearfield, Jefferson, Elk, Cameron, and Forest counties of Pennsylvania
- **Target Population:** Individuals in the target population with opioid and/or substance use issues requiring substance use and/or behavioral health related services

Program Highlights

**Project Outcomes**
- The project reduced mortality through a broadened outreach, training and intervention program collaborating with community first responders, Penn Highlands hospital network and our region’s SCAs: Clearfield Jefferson Drug & Alcohol Coalition (CJDAC) and Alcohol and Drug Abuse Services (ADAS)
- The project successfully screened nearly 10,000 individuals over the 3-year period with approximately 4,500 identified with opioid use and substance use disorder and 80% of those identified were referred to treatment or received services in the collaborative network
- A project referral system was developed that included opioid and substance abuse emergency services, referrals to behavioral health, ongoing care management with recovery support services, and referrals to community services

**Promising Practices & Learning Opportunities**
- The collaborative developed an intake and referral toolkit in the ER after screening for opioid and substance use. The tool provided a method of tracking patients from acute care to community level care services and collaborating agencies
- Provided on-site Level-of-Care assessments and warm handoffs directly to drug and alcohol treatment services, with tracking of individuals in treatment/therapy
- Embedded Case Manager in Emergency Department which provided warm handoff, and referrals to care coordination teams

Program Continuity

**Methods of Sustainability**
- Reimbursement from Third-Party Payer Systems
- Consortium Partner Collaboration
Program Perspective

Mission: The mission of the Smyth County Rural Health Opioid Program is to reduce morbidity and mortality related to opioid overdoses in our rural community by conducting outreach to identify individuals at-risk of overdose, help guide them to recovery, and then provide the needed services to help them with recovery.

Objectives
- Educate people with OUD on services available in the community
- Educate people on OUD, on available services in the community, and help reduce stigma
- Create additional peer support groups in Smyth County for people with OUD to access and utilize
- Upgrade capacity for Substance abuse Counseling
- Create Care Coordination services for people with OUD in Smyth County
- Implement proposed RHOP grant and measure results
- Create a “Second Chance” program
- Foster effective communication within the consortium and share success and lessons learned

Community Description
- Service Area: Smyth County of Virginia
- Target Population: Those suffering from OUD and the community as a whole

Program Highlights

Project Outcomes
- 25,767 out of 32,703 Smyth County Community Hospital Emergency Room patients were screened for OUD by one of the Care Coordinators
- Approximately 13,700 community members received OUD education directly and approximately 900 received OUD education indirectly
- Approximately 500 patients have received Substance Abuse Disorder treatment though the Mt. Rogers Substance Abuse Counselor, which was hired though the RHOP grant

Promising Practices & Learning Opportunities
- Through the grant program and the consortium members, the Comprehensive Harm Reduction Program was created and gained it’s first participant in January 2019. It has now grown to approximately 280 active participants.
- The consortium group recognized the need for mental health patients in crisis who regularly visit the emergency department for treatment. From that need, the Mt. Rogers Community Service Board was able to establish a 24/7 Crisis Center in Marion, Virginia
- The consortium is rolling out the Second Chance Program, which would allow people in the community, who may fail a drug test, the chance to continue working instead of getting fired on the spot. The purpose is for employers to avoid simply firing someone for a positive drug screen, and giving them the opportunity to attend a rigorous course of counseling, outpatient substance abuse classes and other programs to help rehabilitate them, all at the same time of keeping their employment so they can still support their families, pay their bills, and keep their homes.

Program Continuity

Methods of Sustainability
- Consortium Partner Absorption and Collaboration
- Grant Opportunities

*Smyth County Community Hospital is an active no-cost extension grantee. The information reflected here will be updated with their Final Closeout Report submission following their newest project period end date.
Program Perspective

**Mission:** The mission of the Northwest Rural Health Network is to share resources and collectively support rural health systems to develop integrated models of care

**Objectives**
- To develop OUD response plans in ten rural counties that provide a framework for future community-based action
- To educate community members in ten rural counties on opioid use disorder, treatment options and methods for preparing and referring individuals with OUD to treatment.
- To implement care coordination practices in six high-risk rural counties leading to more organized and comprehensive patient care activities
- To identify individuals at-risk of overdose in six high-risk rural counties and connect them via Pathways to local education and treatment options and support services
- To increase capacity to support individuals in recovery in high-risk rural counties by utilizing telehealth to expand access to behavioral counseling and peer support activities

**Community Description**
- **Service Area:** Ferry, Pend Oreille, Whitman, Lincoln, Asotin, Garfield, Columbia, Adams, and Grant counties of Washington
- **Target Population:** All residents in the counties

Program Highlights

**Project Outcomes**
- Conducted comprehensive needs assessments across eight counties in rural eastern Washington state
- Developed detailed reports for use by county health coalitions in preparing opioid response strategies including identifying specific local needs and resources as well as recommendations on education programs for providers and community members and strategies for prevention and recovery.
- Information gained through the RHOP helped lead to development of CROP-TR (Center for Rural Opioid Prevention, Treatment and Recovery) training programs including a webinar series on “Connecting Prevention to Treatment and Recovery for Opioid Use Disorder” which had 198 participants

**Promising Practices & Learning Opportunities**
- Influenced the development of rural-focused programs at the new Washington State University College of Medicine, particularly the development of the Promoting Research Initiatives in Substance Use and Mental Health (PRISM) program and CROP-TR
- Resulting from the pandemic, policy and reimbursement changes as well as increased consumer and provider acceptance of telehealth led to significant increases in availability and use. This new landscape for telehealth can be leveraged by future telehealth initiatives in our region

Program Continuity

**Methods of Sustainability**
- Fee-for-Service
- Grant Opportunities
Program Perspective

**Mission:** The mission of Community Connections, Inc., is committed to growing a healthier, stronger community for youth and their families through collaboration and implementation of unique, innovative approaches; and dedicated to growing caring, motivated, integrated, and substance-free citizens of our community

**Objectives**

- Evaluate the existing community coalitions’ membership in Mercer, McDowell, and Wyoming Counties to ensure diverse representation from the local prevention coalition, local EMS, law enforcement or the fire department, a prescriber, social worker, community members (faith-based, businesses), and the medical community
- Connect providers to – or facilitate trainings – to educate community members and providers about OUD, treatment for OUD, and methods for preparing individuals with OUD for treatment, referring individuals with OUD to treatment, and supporting individuals with OUD while in recovery
- Identify ‘Quick Response Team’ members – individuals and organizations – and schedule trainings throughout the county (Mercer, McDowell, Wyoming) to introduce team members, educate the community about this resource, and solicit additional speaking opportunities
  - Develop and execute a plan to pair either a social worker or community member (church congregant, retiree, veteran) with law enforcement or first responders who will provide referrals and resource information to individuals identified as at-risk for OUD. Outline the responsibilities, team members, expectations, and data collection method(s)
  - Identify existing brochures or materials that can replicated for distribution, as well as any that would be useful in the individual counties
  - Work with HRSA to identify performance metrics, communicate metrics and expectations to community-level coalitions, establish reporting guidelines and timeline, and offer ongoing support, training, and linkages to the other communities and resources
  - Prepare information to be distributed to individuals identified as at-risk for OUD
  - Coordinate and facilitate community outreach events, including fairs and festivals, door-to-door, local businesses, etc.

Community Description

- **Service Area:** Mercer, McDowell, and Wyoming counties in West Virginia
- **Target Population:** Residents living in the service area

Program Highlights

**Project Outcomes**

- Reached 20,269 through indirect education over three years
- Reached 638 individuals through direct education over three years
- Distributed 4,023 Narcan Kits over three years
- Facilitated Provider Training to 821 individuals throughout the service area

**Promising Practices & Learning Opportunities**

- Cultural competency is key in rural communities. It is important to extensively research, learn and listen to the needs of the community
- With in-person delivery limitations throughout the project period, creative solutions allowed the project to continue

Program Continuity

**Methods of Sustainability**

- State and Federal Funding
- Grant Opportunities

*Community Connections is an active no-cost extension grantees. The information reflected here will be updated with their Final Closeout Report submission following their newest project period end date.*