



Grantee Sourcebook

Rural Health Opioid Program

2017–2020

Published March 2022



HRSA
Health Resources & Services Administration

Table of Contents

Background and Purpose

3

Program Impact

4 - 5

Grantee by State

6

Individual Grantee Profiles

7

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 (2017-2020) to 10 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 ten 2017-2020 RHOP grantees by highlighting their grant projects' achievements during the life of their grant. In this sourcebook, the following information will be included:

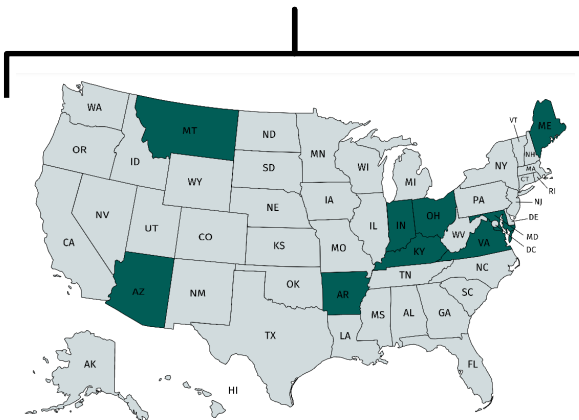
- Grantee Information and Contact
- Program Perspective
 - Mission
 - Objectives
 - Community Description
- Program Highlights
 - Project Outcomes
 - Promising Practices & Learning Opportunities
- Program Continuity and Sustainability

The information published within the Grantee Sourcebook was gathered 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.

Program Impact

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 FY17 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 FY17 RHOP cohort implemented Opioid Use Disorder (OUD) screenings, treatment referrals, community education and outreach, Narcan trainings, and more in 9 different states serving over

113 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: 1,018



Year 2 Target Population: 1,248



Year 3 Target Population: 2,097

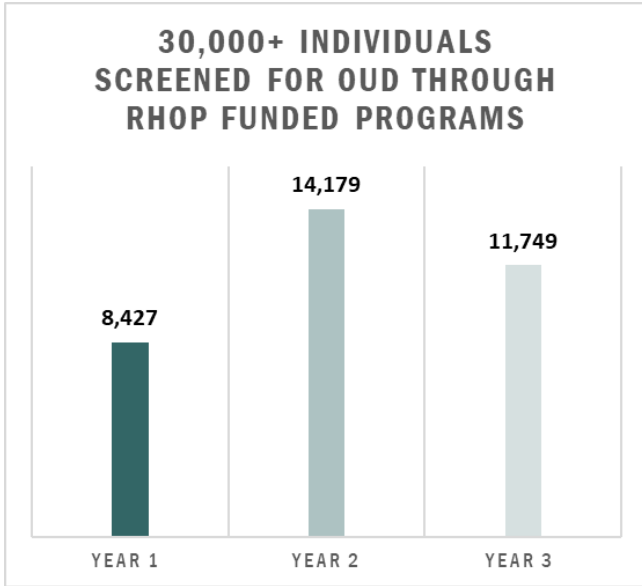


● = 100 individuals

¹ Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths —United States, 2010–2015. MMWR Morb Mortal Wkly Rep 2016;65:1445–1452. <http://dx.doi.org/10.15585/mmwr.mm655051e1>

² Keyes, K. M., PhD, et al. (2014). Understanding the Rural–Urban Differences in Nonmedical. American Journal of Public Health, 104(2), E52-E59. http://www.medscape.com/viewarticle/819985_2

Program Impact

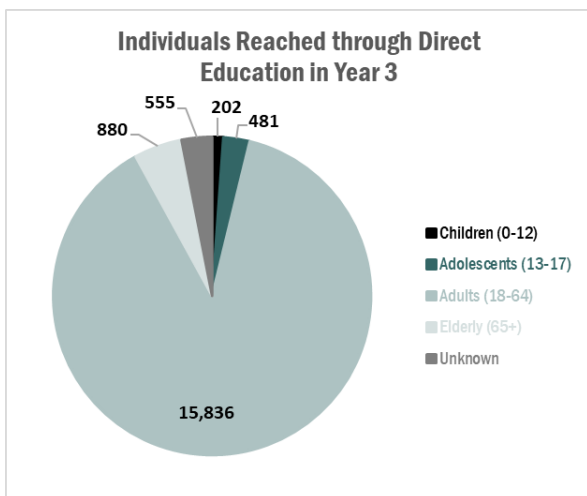
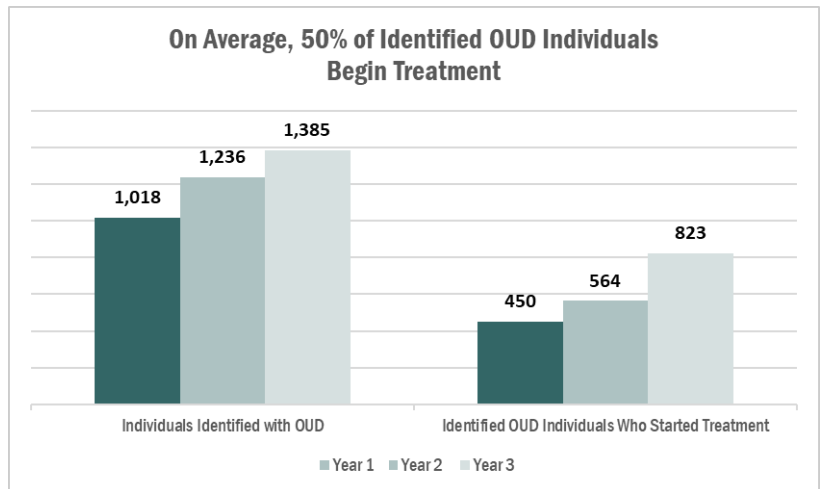


“.....The need for screening in primary care is a **national priority**, but few validated screening tools are available for this setting... The InROC implemented the use of the screening tools for depression and anxiety along with SUD screenings in all the five rural and critical access hospitals, as well as clinic sites to identify appropriate mental health diagnosis and treatment options.”

- Indiana Rural Health Association

“ Consortium members participated in meetings to ensure that **quality substance treatment services are available**, accessible, and meet the needs of people throughout Hancock and Washington counties. The Consortium prepared and supported individuals with opioid use disorder (OUD) to enter treatment through preventing overdose deaths by means of harm reduction strategies and by linking them to treatment at multiple access points. ”

- Healthy Acadia



“ The educational component of the program has provided community education on substance use disorder **directly** to 6,005 individuals and has provided 7,045,079 impressions through social media and billboards. Videos were created that address the topics of addiction, the RHOP program, 911 Good Samaritan Law, Casey’s Law, and Narcan. ”

-Kentucky Cabinet for Health & Family Services

Grantees by State

Arkansas

Arkansas Rural Health Partnership 7

Arizona

Canyonlands Community Health Care 8

Indiana

Indiana Rural Health Association 9

Kentucky

Kentucky Cabinet for Health and Family Services 10

Maryland

County of Worcester 11

Maine

Healthy Acadia 12

Montana

Bighorn Valley Health Center 13

Ohio

Barnesville Hospital Association 14

City of Portsmouth 15

Virginia

Virginia Rural Health Association 16



Arkansas

Arkansas Rural Health Partnership | H1URH31440

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Program Perspective

Mission: The mission of the Arkansas Rural Health Partnership Behavioral Health Taskforce consortium is to create and implement sustainable community solutions to reduce opioid overdose morbidity and mortality throughout rural south Arkansas by increasing access to behavioral health services and programs

Objectives

- Establish a broad consortium
- Develop infrastructure to support and sustain efforts
- Identify individuals at risk of opioid overdose and guide them to recovery through outreach and education efforts
- Educate community members on opioid use disorder (OUD)
- Provide new telehealth case management services for individuals at risk of or diagnosed with OUD
- Provide new behavioral health counseling and peer support activities to support individuals in recovery

Community Description

- Service Area: Arkansas, Ashley, Bradley, Chicot, Dallas, Desha, Drew, and Jefferson counties of Arkansas
- Target Population: Individuals (age 12+) at-risk of or diagnosed with opioid use disorder
- Poverty rates in the service area range from 18.4% - 37% compared to the national average of 16.3%

Program Highlights

Project Outcomes

- The number of Medication Assisted Treatment (MAT) waived providers increased from one provider to twelve providers throughout the service area
- Over an eight month period, the project was able to increase OUD counseling services in local clinics via telemedicine with multidisciplinary staff meetings held monthly to review treatment plans and progress of each client

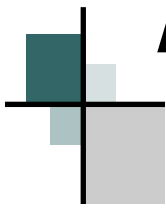
Promising Practices & Learning Opportunities

- The consortium created community awareness and healthcare workforce videos highlighting their physician champion's story. These videos are continuously shared throughout the community and throughout the country at different conferences
- The consortium collaborated with identified hospitals to increase behavioral and mental health services by adding in-patient and out-patient services for patients with drug addiction

Program Continuity

Methods of Sustainability

- In-Kind Contributions
- Grant Opportunities
 - Bureau of Justice Rural Responses to the Opioid Epidemic
 - Rural Communities Opioid Response Program (RCORP) Implementation
- Reimbursement from Third-Party Payer Systems



Arizona

Canyonlands Community Healthcare | H1URH31438

827 Vista Avenue, Page, Arizona 86040

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Program Perspective

Mission: The mission of the Arizona Rural Women's Health Network (AzWHN) is to build network partners' capacity to cultivate and promote innovative policies, practices and services that improve the health of women in Arizona

Objectives

- Strengthen the capacity of the Arizona Rural Women's Health Network (AzRWHN) to improve health information and services for women and their families
- Increase knowledge and utilization of the screening, brief intervention and referral to treatment (SBIRT) model through education and implementation support to rural Arizona providers
- Positively impact rural women's physical and behavioral health through collaboration, advocacy and policy change

Community Description

- Service Area: Apache, Navajo, Mohave, Gila, Graham, Greenlee, Cochise, Santa Cruz, and Yuma counties of Arizona
- Target Population: Women living throughout Arizona and in rural communities
- All or parts of all 15 counties in Arizona are designated as Medically Underserved Areas/Populations and Health Professional Shortage Areas

Program Highlights

Project Outcomes

- Throughout the project period, the network increased membership by 9 members
- In 2020, the network was able to implement SBIRT screenings in 7 clinics
- The network also distributed Narcan, Detera bags, lock boxes and OUD while Pregnant posts to providers and the community

Promising Practices & Learning Opportunities

- The network conducts quarterly meetings and monthly calls for the full network; the network also conducts monthly meetings with Canyonlands and Mariposa Community Health Center staff on project progress and needs
- The network provided technical assistance, information and training to providers and community members via social media as well as in person
- AzRWHN staff and members planned the 3rd Annual Rural Women's Health Symposium. Speakers included information on Adverse Childhood Experiences (ACEs), behavioral health services, health equity, OUD, OUD and maternal and child health

Program Continuity

Methods of Sustainability

- Member Dues
- Fee-for-Service
- Product Sales
- Grant Opportunities
- Donations

Indiana

Indiana Rural Health Association | H1URH31443

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Program Perspective

Mission: The mission of Indiana Rural Opioid Consortium is to be a sustainable Consortium that promotes and increases offerings of behavioral health services for individuals with opioid use and overdose disorder in Indiana, through comprehensive assessment (screening), OUD-specific care coordination, increased education and resources (clinicians and communities), dedicated treatment-Opioid Treatment Facilities (OTFs and telehealth) and lasting recovery

Objectives

- Identify individuals at risk for overdose and engage them in recovery through education and treatment
- Educate community members and stakeholders on Opioid-Use-Disorder (OUD), treatment options, methods for preparing for treatment, how to refer, and how to best support individuals in recovery
- Connect individuals with OUD to care coordination services at the healthcare system and within the social services community
- Establish new and enhanced existing behavioral counseling and peer support activities

Community Description

- Service Area: Cass, Fayette, Lawrence, Wayne and Harrison counties of Indiana
- Target Population: Community members living throughout the five county service area
- All counties served are designated as Health Professional Shortage Areas

Program Highlights

Project Outcomes

- Over the course of the project, 767 individuals were screened for OUD at hospital partner locations
- Of the individuals screened, 197 were diagnosed with OUD and 179 individuals were referred to treatment for Medication Assisted Treatment (MAT)
- 194 adolescents (13-17), 1,386 adults (18-64), and 294 elderly adults (65+) received direct community and educational outreach. There were 1,134 adults (18+) who received indirect education
- 33 providers including physicians, physician assistants, nurse practitioners and advanced practice nurses received MAT training

Promising Practices & Learning Opportunities

- While unable to adapt a universal screening tool amongst partners and hospitals, the consortium worked with each partner to identify screening tools already built into the hospital's electronic medical records (EMR) and deployed those screening tools as a result in moving forward
- The stigma associated with MAT results in providers not willing to become MAT waivered; however, the consortium created a six-course module providing basic information about the pathology, neuroscience of OUD, and the intricacies of how OUD is like a chronic disease that requires medication—this module helped create provider buy-in for MAT
- The consortium was able to establish care coordination protocols to facilitate transitions across various clinical settings and established patient support and engagement by providing linkage to community resources

Program Continuity

Methods of Sustainability

- Grant Opportunities
 - Rural Communities Opioid Response Program (RCORP) Planning
 - Rural Communities Opioid Response Program (RCORP) Implementation



Kentucky

Kentucky Cabinet for Health & Family Services | H1URH31441
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Program Perspective

Mission: The mission of the Lake Cumberland Opioid Use Disorder Prevention and Treatment consortium is to improve health outcomes and reduce morbidity and mortality related to Opioid-Use Disorder in targeted rural counties throughout Kentucky

Objectives

- Reduce the number of opioid related overdoses in the target area by 15% from 527 overdoses to 448 overdoses
- Reduce the number of overdose deaths by 10% from 102 deaths to 92 deaths

Community Description

- Service Area: Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, and Wayne counties of Kentucky
- Target Population: Community members living throughout the ten county service area
- 26% of the population lives in poverty compared to the 18.5% in Kentucky

Program Highlights

Project Outcomes

- The project's educational component has provided direct community education on substance use disorder to over 6,000 individuals and has provided over 7,000,000 impressions through social media and billboards
- In collaboration with partners, the consortium was able to host a seminar focused on addiction caused by the excess of prescription opioids. The seminar was attended by over 100 individuals including doctors, nurses, law enforcement, mental health professionals, and pharmacists
- 417 clients have been able to overcome areas of their addiction through the consortiums assistance in housing, transportation, mental health counseling, and health insurance reinstatement

Promising Practices & Learning Opportunities

- The consortium has two primary sources for collecting data and demonstrating impact to their stakeholders. The first being post-education surveys. These were completed by attendees, and included information such as demographics, measures of adverse childhood experiences, a history of substance use, a history of incarceration, and enrollment in case coordination
- The second source of data came from case notes recorded by case managers. Clinical case notes were maintained in a data base along with two assessments
 - The first assessment included measures of progress/functioning regarding mental health, substance use, vocational development, issues with the criminal justice system, and the client's support system
 - The second assessment was a three-item report by the client regarding their satisfaction with the service provided
- Much of the data the consortium has been able to collect has been presented at conferences. The data has also been published in the Kentucky Mental Health Counseling Association newsletter

Program Continuity

Methods of Sustainability

- Grant Opportunities
 - Jail Education Program
 - Rural Overdose Prevention Assistance



Maryland

County of Worcester | H1URH31439

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Program Perspective

Mission: The mission of the High-Risk Addictions Response Treatment Support (HARTS) consortium, in partnership with the Alcohol and Other Drug (AOD) Council, is to improve the lives of individuals, their families, and the overall community by providing the highest level of quality care, access, and resources to those afflicted by opioid related use disorders in Worcester County, Maryland

Objectives

- Develop and support a coalition of individuals, groups, and agencies from all sectors (health, treatment, recovery, law enforcement, self help, judiciary, schools, churches, emergency management, businesses, etc.)
- Create a mobile High-Risk Addictions Response, Treatment and Support (HARTS) team
- Create a community awareness and reduction of stigma campaign
- Provide enhanced support for individuals and their families in recovery

Community Description

- Service Area: Worcester county of Maryland
- Target Population: Individuals who are at risk of overdose, communicable disease, other medical complications, incarcerations, frequent emergency room usage, and/or hospitalization
- Worcester County is a health professional shortage area (HPSA) and medically underserved area (MUA) with only one substance abuse treatment provider and one medication assisted treatment (MAT) facility in the county

Program Highlights

Project Outcomes

- Through the HARTS Project, the health department developed a more integrated holistic paradigm of treatment—treating not only client’s substance use issues, but also attending to their behavioral health needs or other social service needs such as basic needs and life skills
- The consortium maintained an Emergency Department Care Coordination Program that successfully linked 243 individuals to Peer Support Services, provided service to 239 individuals with Opioid Use Disorder, and linked 178 OUD individuals to services within 48 hours
- The consortium launched anti-stigma and public awareness activities that yielded over 1 million impressions on Pandora music streaming ads, 20,000 impressions through Facebook and Instagram ads, and approximately over 51,000 views through television and radio ads

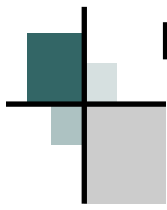
Promising Practices & Learning Opportunities

- The most significant barrier the consortium has faced is access to treatment and engagement as it directly relates to readiness of change, which in SUD can occur in an instant or dissipate in that same instance. To address this barrier, the consortium continues to train their teams in engagement and Motivational Interviewing to increase engagement and buy in from OUD individuals
- As COVID-19 impacted Jail Re-entry and Recovery, staff members were able to coordinate with jail staff to set up virtual visits to maintain service

Program Continuity

Methods of Sustainability

- Grant Opportunities
- Fee-for-Service Programs
- Reimbursement from Third-Party Payer Systems



Maine

Healthy Acadia | H1URH31442

140 State Street, Ellsworth, Maine 04605

Elsbeth M. Flemings | elsie@healthyacadia.org | 207-669-2073

Program Perspective

Mission: The mission of the Downeast Opioid Recovery Project is to reduce morbidity and mortality related to opioid use in Washington and Hancock counties, and to support treatment and recovery for all community members

Objectives

- Prepare and support individuals with OUD to enter treatment through preventing overdose deaths, linking them with treatment at multiple access points, and enhancing rural detoxification options
- Implement care coordination and systems change practices through strong provider collaboration (including among health care and behavioral healthcare providers) to organize and enhance patient care activities in order to improve outcomes for people struggling with OUD
- Support individuals to be successful in their recovery through developing a regional recovery coach peer support system, by addressing barriers to long-term recovery, and by enhancing alternate pain management activities

Community Description

- Service Area: Hancock and Washington county of Maine
- Target Population: Residents of both Hancock and Washington county
- Both Hancock and Washington counties have high rates of unemployment, which are nearly twice the state and national rates. These rates have doubled since the COVID-19 pandemic from 6.7% to 12.1% and 7.7% to 11.2%, respectively

Program Highlights

Project Outcomes

- Over the course of the project, 4,986 community members received direct education about treatment and resources including trainings in suicide prevention, domestic violence, Recovery Coach Academy trainings, and community Naloxone trainings.
- 108,055 community members received indirect education through mass media communications, social media, and monthly e-newsletters
- The number of healthcare providers in the service area who obtained their MAT waivers increased from 22 providers in year one to 43 providers in year three
- The number of individuals with OUD in jail settings and healthcare settings linked to effective OUD treatment with Recovery Coaches increased from 85 in year one, to 110 in year two, and to 153 in year three

Promising Practices & Learning Opportunities

- The consortium implemented a robust peer Recovery Coach system that includes policy, procedure, recruitment, training, continued engagement, and ongoing evaluation, incorporating a full circle of community support for those seeking recovery; and over the past three years have trained 354 coaches in the community
- The consortium continues to assess availability, gaps, and opportunities for barrier removal to long-term recovery; this includes having built a Recovery Residence, and also having a Transportation Committee that braids together funding resources to enhance access to treatment centers and pharmacies

Program Continuity

Methods of Sustainability

- Consortium Partner Absorption
- Private Philanthropy
- State Funding
- Substance Abuse and Mental Health Services Administration (SAMHSA) Funding

Montana

Bighorn Valley Health Center | H1URH31437

410 Center Street, Hardin, Montana 59034

Megkian Doyle | megkian.doyle@bighornvalley.org | 406-209-0109

Program Perspective

Mission: The mission of the Bighorn Valley Health Center consortium is to actively collaborate to promote healing through an integrated care approach, recognizing the inseparable connections between physical, mental, and social indicators of health. The consortium seeks to maximize their community's unique strengths and opportunities in their work, while addressing areas of need

Objectives

- Create a community-wide infrastructure for effective action
- Increase access to a system of integrated healthcare that offers evidence-based OUD treatment (Medication Assisted Treatment, or MAT) along with medical, behavioral health and oral healthcare
- Increase OUD prevention efforts focused on youth and early childhood
- Increase adherence to opioid prescribing guidelines among providers, especially those providing prescriptions associated with an increased risk or overdose and death
- Increase data sharing across relevant agencies and organizations to monitor and facilitate responses, including rapid responses to “outbreaks” of overdoses and other opioid-related events
- Increase community understanding of the scale of opioid use disorder, the nature of the disorder and the most effective and evidence-based responses to promote treatment uptake and decrease stigma

Community Description

- Service Area: Big Horn County of Montana
- Target Population: Residents of Big Horn County
- More than half (54%) of Big Horn County residents live below the 200% Federal Poverty Level (FPL)

Program Highlights

Project Outcomes

- The consortium trained and certified 106 community members to carry and administer Narcan
- The consortium increased the number of DATA waived providers from 1 to 8 providers
- The consortium provided MAT treatment to 110 unique individuals throughout the RHOP grant
- Through workforce development, the consortium was able to help 23 community members become Peer Support Specialists and assist Crow Recovery in adding Peer Support Specialists as a billable service

Promising Practices & Learning Opportunities

- In a weekly podcast called *The 1 in 5*, the consortium provides community, state, and national education and information
- The consortium works to introduce concepts of restorative justice to community members. A team of 22 individuals attended the National Association of Community and Restorative Justice to begin to have discussions around culturally appropriate ways of bringing restorative justice to the community

Program Continuity

Methods of Sustainability

- Grant Opportunities
 - Montana Healthcare Foundation Funding
 - Meadowlark Initiative Funding
 - Rural Communities Opioid Response Program (RCORP) Implementation
- Fee-for-Service
- Reimbursement from Third-Party Payer Systems



Barnesville Hospital Association | H1URH31436

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Program Perspective

Mission: The mission of the Addiction Services of Eastern Ohio (ASEO) is to reduce the morbidity and mortality related to opioid overdoses in rural communities by providing a comprehensive program including health care, education, withdrawal management, behavioral counseling, and medication assisted treatment

Objectives

- Educate the community regarding opioid addiction and services available
- Offer accessible outpatient treatment programs for area residents
- Provide a range of services (health assessment, education, withdrawal management, behavioral counseling and medication assisted treatment) to meet the diverse needs of a growing client population

Community Description

- Service Area: Belmont, Guernsey, Harrison, Monroe, and Noble counties of Ohio
- Target Population: Residents living throughout the five county service area
- The service area is poorer, older, and less educated than the state and region as a whole. 70% of patients are insured either through Medicaid or Medicare

Program Highlights

Project Outcomes

- The consortium was able to develop and implement a comprehensive outreach program aimed at prevention for students and awareness for staff
- 574 individuals were able to begin treatment after receiving their initial consultation with a treatment provider
- The program distributed 126 Naloxone kits to residents
- 108 individuals achieved “program recovery” through the consortiums program efforts
- Prior to implementation of this grant, there were limited treatment centers within 30 miles. The consortium was able to introduce an outpatient treatment option, which included free transportation to eliminate further barriers to treatment

Promising Practices & Learning Opportunities

- The consortium continuously sought input and feedback through surveys given to clients, physicians, community members, or any individual participating in their program activities. These surveys helped to streamline the program’s operations to best suit the needs of the community
- Transportation was originally one of the barriers for individuals seeking counseling and treatment services, however, the consortium was able to partner with a local church for transportation services for free of charge
- The consortium was able to provide assistance to underinsured individuals seeking treatment by helping them apply for Medicaid through the Ohio Department of Health and Human Services
- The consortium met monthly to discuss the direction of the program and to find solutions to any programmatic issues

Program Continuity

Methods of Sustainability

- Consortium Partner Collaboration
- In-Kind Contributions



Ohio

City of Portsmouth | H1URH31444

605 Washington Street, Portsmouth, Ohio 45662

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Program Perspective

Mission: The mission of the Scioto County Collaborative Opioid Consortium is to comprehensively address Substance/Opioid use disorders within their community and prevent overdose deaths

Objectives

- Develop a broad-based community consortium
- Prepare individuals with Opioid-Use-Disorder (OUD) to start treatment
- Implement care coordination practices to organize patient care
- Support individuals in recovery from OUD

Community Description

- Service Area: Scioto county of Ohio
- Target Population: All individuals suffering from OUD within the service area
- Scioto County is Ohio's original epicenter for the opioid epidemic. Scioto County has an accidental fatal overdose rate 1.6 times higher than the state average, with 2016 having the highest year on record

Program Highlights

Project Outcomes

- The consortium was able to improve their treatment capacity by training 33 new providers in the prescription of Medication Assisted Treatment (MAT)
- The consortium also had 13 local nurse practitioners become DATA 2000 waived through the DEA DATA 2000 training
- The consortium was able to establish a client navigation system through Recovery Gateway for individuals with OUD/SUD, and expand into criminal justice settings
- The consortium also had an increase in Peer Recovery Support services

Promising Practices & Learning Opportunities

- Throughout the grant period, the consortium was able to expand its membership to over 150 members, all representing various agencies that cover the full range of community sectors
- The consortium included a Steering Committee and six active workgroups to ensure a strong public health background and experience in addressing community level public health disparities
- The consortium partnered with multiple state universities through its participation in numerous research studies that provided expertise and supportive resources, allowing the consortium to develop a science-driven understanding of the opioid and drug crisis and an outside evaluation of its efforts to address the problem
- To address the barriers and stigma surrounding MAT, the consortium provided education outreach to local officials and the public about the use of medications as an evidence-based treatment that can improve population outcomes

Program Continuity

Methods of Sustainability

- Consortium Partner Collaboration and Agencies
- Reimbursement from Third-Party Payer Systems
- Health Department Funding
- Grant Opportunities
 - Rural Communities Opioid Response Program (RCORP) Planning
 - NIH Helping the End Addition Long-term (HEAL) Initiative



Virginia

Virginia Rural Health Association | H1URH31445
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Program Perspective

Mission: The mission of the Virginia Rural Health Association consortium is to improve the health of rural Virginians through education, advocacy, and fostering cooperative partnerships

Objectives

- Develop the “High-Risk Patient Education Program” (HRPEP), a curriculum and training protocol for one-on-one interaction with high-risk patients in a clinical setting
- Implement HRPEP at 75% of the Virginia communities designated as “rural”
- Implement processes which would assure project sustainability after federal funding has been expended
- Conduct a thorough evaluation of the project and disseminate results

Community Description

- Service Area: Accomack, Alleghany, Bath, Buchanan, Danville City, Dickenson, Emporia City, Essex, Franklin City, Galax City, Halifax, Lancaster, Lexington City, Martinsville City, Mecklenburg, Norton City, Page, Patrick, Prince Edward, Pulaski, Russell, Shenandoah, Smyth, Tazewell, Warren, Wise, and Wythe counties of Virginia
- Target Population: Rural Virginians living in the 29 identified counties and independent cities of Virginia
- The prescription opioid overdose rate in Virginia’s rural communities was as high as 46.3/100,000 population in 2015, compared to the statewide rate of 4.7

Program Highlights

Project Outcomes

- The consortium provided over 2,000 education materials, lockable prescription medication bags, and prescription disposal resources to the general public, emphasizing safe storage and disposal of prescription substances and removing easy access to controlled substances from the community
- The consortium developed and implemented the Opioid Education Program, a virtual intervention designed specifically for rural healthcare providers that assists with screening, education, and treatment resources for Opioid Use Disorders

Promising Practices & Learning Opportunities

- The consortium faced challenges in integrating and documenting patient access to recovery and treatment programs due to the limited number of treatment options in certain communities in the service area, the reluctance of providers to consider providing treatment in-house, and patient privacy considerations that prevent the program from tracking their progress directly
- Other challenges the consortium faced include connectivity issues that hinder data collection used for program oversight and evaluation as well as the reluctance from staff at sites to utilize the program consistently in their workflow processes

Program Continuity

Methods of Sustainability

- Grants
 - Rural Health Network Development
- Reimbursement from Third-Party Payer Systems
- Membership Dues