Grantee DIRECTORY

Rural Health Network Development Planning Program

2020

U.S. Department of Health & Human Services

HRSA

Federal Office of Rural Health Policy

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Rural Health Network Development Planning Program

Background of the Rural Health Network Development Planning Program

The purpose of the Rural Health Network Development Planning Program (Network Planning Program) is to assist in the development of an integrated health care network for networks that do not have a history of formal collaboration. Health care networks can be an effective strategy to help smaller rural health care providers and health care service organizations better align resources and strategies, achieve economies of scale and efficiency, and address challenges more effectively as a group than as single providers. This program brings together key parts of a rural health care delivery system, particularly to establish and improve local capacity and coordination of care.

The Network Planning program promotes the planning and development of health care networks to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system. The program supports one year of planning with the primary goal of helping networks create a foundation for their infrastructure and focus member efforts to address important regional or local community health needs.

2020 Rural Health Network Development Planning Grantees – Programmatic Focus Areas

According to the Centers for Disease Control and Prevention, people who live in rural areas are more likely than urban residents to die prematurely from all of the five leading causes of death: heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke. These rural health disparities have many causes that include limited access to health services, fewer health care workers, less access to healthy foods and fewer opportunities to be physically active. In addition, rural residents tend to be older, with lower incomes and less education. Collaboration is a key factor in addressing these disparities in rural health care planning, delivery, and outcomes.

With funding provided by the Fiscal Year (FY) 20 Network Planning Program, twenty- six (26) grantees in twenty-two (22) states are addressing these challenges by bringing together a broad range of partners to form rural health networks. Recognizing the importance of leveraging their combined resources, 65 percent of these grantees are placing a primary (8 grantees) or secondary (9 grantees) focus on strengthening their network organization/infrastructure development with the intent of formalizing their collaboration by defining their leadership and decision-making structures and establishing policies and procedures.

Creating efficiencies in the delivery of health care is an important focus for these rural health networks, with twelve (12) grantees expending some of their resources on this issue. Six (6) are exploring the feasibility of increasing efficiencies using telehealth. Thirteen (13) more are examining methods for coordinating patient care, and another five (5) are seeking to manage the care of patients with chronic diseases such as diabetes, chronic obstructive pulmonary disease, and congestive heart failure. Two (2) include health education as a means of promoting healthy behaviors. Three (3) grantees view the establishment of school-based health services as a means of increasing efficiencies in the delivery of care.

Six (6) grantees are hoping to overcome the shortage of health care providers in rural communities by focusing on workforce development. Five (5) others are seeking creative solutions for maximizing reimbursement of services.

Understanding the complexity of health and the need to promote healthy behaviors, eleven (11) of the (FY) 20 grantees are taking a broad approach by looking at population health and taking the social determinants of health into consideration in their planning efforts. (FY) 20 Network Planning grantees also are drawing on their combined expertise and resources to address a variety of health care issues that include:

- Behavioral Health (8)
- Child Health (3)
- Emergency Medical Services (3)
- Mental Illness/Mental Health (2)
- Oral Health (1)
- Pharmacy Services (1)
- Substance Abuse/Addition (2)
- Women's Health (2)

Contents of the 2020 Rural Health Network Development Planning Grantee Directory

In addition to the programmatic focus areas of the Network Planning grantees, this Directory provides a description of their programs and network structures, as written and submitted by the individual grantees. The geographic areas served by the network, a listing of network partners, and the primary contact person for the network are also provided.

2020 Rural Health Network Development Planning Grantees

Focus Areas

State	Grantee	Network Name	Primary Focus Area	Other Focus Areas
ID	Benewah Medical Center	Idaho Integrated Clinical Pharmacy Rural Network (II-CPRN)	Pharmacy	• Integrated Health Services • Network Organization/ Infrastructure Development • Telehealth • Workforce Development
IL	Katherine Shaw Bethea Hospital	School-Based Health Center Network	School Based Health Services	• Behavioral Health • Child Health • Integrated Health Services • Population Health/ Social Determinants of Health • Telehealth
IN	Indiana Rural Health Association	Rural Indiana Suicide Evaluation and Education	Mental Illness/Mental Health Services	• Behavioral Health • Care Coordination • Health Information Technology • Network Organization/ Infrastructure Development
KS	Rawlins County Health Center Foundation	Rural Maternal Health Network	Network Organization/ Infrastructure Development	• Women's Health

State	Grantee	Network Name	Primary Focus Area	Other Focus Areas
KY	Northeast Kentucky Regional Health Information Organization		Increase Health System Efficiencies	• Care Coordination • Health Information Technology • Network Organization/ Infrastructure Development • Reimbursement of Health Services
ME	Medical Care Development, Inc.	Maine Consult Network	Increase Health System Efficiencies	• Care Coordination • Integrated Health Services • Reimbursement for Health Services • Telehealth
MD	Eastern Shore Area Health Education Center	Maryland Rural Health Planning Consortium	Network Organizational/ Infrastructure Development	• Population Health/ Social Determinants of Health
MA	Baystate Franklin Medical Center	Franklin County and North Quabbin Rural Health Network	Care Coordination	• Behavioral Health • Chronic Disease Management • Population Health/ Social Determinants of Health • Telehealth
MI	District Health Department #10	North-Central Community Health Innovation Region Network	Network Organizational/ Infrastructure Development	• Increase Health System Efficiencies • Integrated Health Services • Population Health/ Social Determinants of Health
MI	Northern Michigan University	Northern Michigan Center for Rural Health	Chronic Disease Management	• Emergency Medical Services • Network Organizational/ Infrastructure Development

State	Grantee	Network Name	Primary Focus Area	Other Focus Areas
MI	Northwest Michigan Community Health Agency	Emmet County Youth Wellness Network	Child Health	• Behavioral Health • Health Education • School Based Health Services
MN	St. Joseph's Medical Center	Central Minnesota Network	Substance Abuse/Addiction	• Care Coordination • Behavioral Health • Care Coordination • Emergency Medical Services • Network Organizational/ Infrastructure Development •
MO	Freeman Neosho Hospital	Southwest Missouri School Health Network	Care Coordination	• Behavioral Health • Network Organizational/ Infrastructure Development • School Based Health Services • Telehealth
MT	Central Montana Medical Center	Rural Healthcare Emergency Transportation Program	Emergency Medical Services	• Care Coordination
MT	Montana State University	Montana Regional Initiatives in Dental Education Network	Oral Health	• Workforce Development
NH	Bi-State Primary Care Association	Food and Health Planning Network	Population Health/ Social Determinants of Health	• Care Coordination • Chronic Disease Management • Increase Health System Efficiencies • Reimbursement for Health Services

State	Grantee	Network Name	Primary Focus Area	Other Focus Areas
NM	Miner's Colfax Medical Center	Western United States Miner's Disease Mortality Hotspots Network	Network Organizational/ Infrastructure Development	• Chronic Disease Management • Health Education • Increase Health System Efficiencies • Workforce Development
ND	Coal Country Community Health Center	Energy Capital Health Network	Network Organizational/ Infrastructure Development	• Increase Health System Efficiencies • Population Health/ Social Determinants of Health
OK	Rural Health Network of Oklahoma	Rural Oklahoma Collaborative for Health Information Technology	Health Information Technology	• Care Coordination • Increase Health System Efficiencies • Telehealth • Workforce Development
OK	Rural Health Project, Inc.	HOME (Health Outreach to the Marshallese in Enid) Network	Population Health/ Social Determinants of Health	• Care Coordination • Health Information Technology • Increase Health System Efficiencies • Network Organization/ Infrastructure Development
OR	Greater Oregon Behavioral Health, Inc.	Substance Use Disorder Network	Substance Abuse/Addiction	• Behavioral Health • Network Organizational/ Infrastructure Development • Workforce Development

State	Grantee	Network Name	Primary Focus Area	Other Focus Areas
SD	Rosebud Sioux Tribe Health Administration	Rosebud Connected Care Initiative	Network Organizational/ Infrastructure Development	• Care Coordination • Health Information Technology • Integrated Health Services • Population Health/ Social Determinants of Health
VT	Copley Professional Services Group	Lamoille Area Health Network	Population Health/ Social Determinants of Health	• Child Health • Women's Health
VA	Virginia Rural Health Association	The Pride of Rural Virginia	Population Health/ Social Determinants of Health	• Network Organizational/ Infrastructure Development
WA	San Juan County Public Hospital District #1	San Juan County Community-Based Long-Term Care Network	Network Organizational/ Infrastructure Development	• Care Coordination • Chronic Disease Management • Reimbursement for Health Services • Workforce Development
WI	Marshfield Clinic Health System	Western Wisconsin Rural Behavioral Health Network	Network Organizational/ Infrastructure Development	• Behavioral Health • Care Coordination • Mental Illness/Mental Health Services • Population Health/ Social Determinants of Health

IDAHO

Benewah Medical Center dba Marimn Health

Idaho Integrated Clinical Pharmacy Rural Network (II-CPRN)

P10RH37473

Primary Focus Area: Pharmacy Services

Other Focus Areas: Integrated Health Services
Network Organization/Infrastructure Development
Telehealth
Workforce Development

Special Populations: Children/Adolescents
Tribal

Network Description

Benewah Medical Center, dba Marimn Health, is a rural FQHC and IHS designated center in rural Idaho that is partnering with four other regional organizations to create the Idaho Integrated Clinical Pharmacy Rural Network (II-CPRN) to serve Benewah County and, ultimately, as a model for other communities. The network was created by MOU in 2019 and partners include Marimn Health, Heritage Health, Shoshone Medical Center, Cornerstone Whole Healthcare Organization (non-profit org. supporting the healthcare community) and Pinnacle Integrated Medicine (for-profit healthcare network providing contracting services to rural healthcare providers).

The purpose of the network is to collaboratively develop ideas and free up the flow of knowledge among organizations working to improve the clinical integration of pharmacy. Shoshone Medical Center and Heritage Health have already done a great job of working to integrate the pharmacist into the clinical care team, with pharmacists either being full time working with the care teams or, at minimum, 2-3 days weekly. Pinnacle Integrated Medicine is a physician owned and clinically integrated network that fully supports the inclusion of clinical pharmacists. Cornerstone Whole Health Organization is a key partner and has/will provide invaluable knowledge and help. Their staff is well versed in creating rural health networks and will provide the support needed to help build and maintain this network.

Program Description

The goal of the program is to facilitate discussion and explore different ways in which rural health care can be transformed for the better through clinical pharmacy stewardship and clinical pharmacy integrations. The network will develop and pilot a screening tool for medication adherence to support identification of the target population, develop and pilot a health workforce training curriculum with bootcamp, create an EMR patient registry, develop pharmacy protocols based on workforce tiers and develop the workflow processes for all, as needed. Partners will develop pharmacy stewardship target outcomes, a stewardship manual for the network and sites for implementation and replication. Additionally, the network will research current state and models for utilization of tele-health and tele-pharmacy services.

The big hope is for this project to help transform the way clinical pharmacy services are delivered, not only in our clinic, but in the region and state. An ancillary goal is to garner recognition by payors for our services. Through the

implementation of a regional consortium, we hope the ideas explored in this period will be spread and utilized as standard practice. We hope to identify areas of need, develop core competencies, training for pharmacy and medical providers, and improve communication among the members of the consortium to facilitate free flow of ideas.

Region Covered by Network Services

County, State	County, State
Benewah County, ID	Kootenai County, ID
Lincoln County, ID	

Network Partners

Organization	City, State	Organization Type
Marimn Health	Plummer, ID	Tribal Health Clinic
Heritage Health	Coeur d' Alene, ID	Rural Health Center
Pinnacle Integrated Medicine	Boise, ID	Physicians' Clinic
Shoshone Family Medical Center	Shoshone, ID	Rural Health Center
Cornerstone Whole Health Organization	Payette, ID	Non-Profit

Grantee Contact Information

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Organization	Marimn Health
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ILLINOIS

Katherine Shaw Bethea Hospital
School-Based Health Center Network
P10RH37482

Primary Focus Area: School Based Health Services

Other Focus Areas:
Behavioral Health
Child Health
Integrated Health Services
Population Health/Social Determinants of Health
Telehealth

Special Populations: Children/Adolescents

Network Description

Project Well Student is comprised of 17 organizations across the following industries: medical (3), behavioral (2), public health (3), education (5), transportation (1), and non-profit social services (3). The organizations are located across three counties in Northwest Illinois, which are Lee, Ogle and Whiteside. Agencies do have operations in surrounding counties as well. This group is familiar with working with each other as they are part of a larger consortium known as Project OPEN which is currently being funded by HRSA's Rural Communities Opioid Response Program. Project OPEN was formalized in September 2018. It successfully completed the RCORP Planning grant and was subsequently awarded the RCORP Implementation grant.

Program Description

Project Well Student seeks to help families break the cycle of intergenerational trauma and unhealthy behaviors. This project will address the social determinants of health that are have negative impacts on the development of children. The focus of the project is to establish a plan to build School-Based Health Centers in key locations across multiple school districts within the project service area of Lee, Ogle, and Whiteside counties of Illinois. Key steps towards accomplishing this goal include:

1. Developing mission, vision, values, and by-laws
2. Completing a Community Health Needs Assessment
3. Developing a strategic plan, business model, and marketing plan
4. Developing a sustainability plan

Network partners will use the Center for Disease Control's "Whole School, Whole Community, Whole Child" Model to make improvements in schools with the School Based Health Centers as a hub for health/wellness activities. The model focuses on ten areas to create a holistic healthy school environment, which include: include:

- Physical Education and Physical Activity
- Nutrition Environment and Services
- Health Education
- Social and Emotional Environment
- Physical Environment
- Health Services
- Counseling, Psychological and Social Services

- Employee Wellness
- Community Involvement
- Family Involvement.

The overall goal is to expand access to, coordinate, and improve the quality of healthcare services in our tri-county area.

Region Covered by Network Services

County, State	County, State
Lee County, IL	Whiteside County, IL
Ogle County, IL	

Network Partners

Organization	City, State	Organization Type
Katherine Shaw Bethea Hospital	Dixon, IL	Hospital
CGH Medical Center	Sterling, IL	Hospital
Rochelle Community Hospital	Rochelle, IL	Hospital
Sinnissippi Centers, Inc	Dixon, IL	Behavioral Health
Lutheran Social Services of Illinois	Sterling, IL	Behavioral Health
Regional Office of Education #47	Sterling, IL	School System
Lee County Health Department	Dixon, IL	Public Health
Ogle County Health Department	Oregon, IL	Public Health
Whiteside County Health Department	Rock Falls, IL	Public Health
Dixon Public School District #170	Dixon, IL	School System
Sterling Public School District #5	Sterling, IL	School System
Oregon Community Unit School District #220	Oregon, IL	School System
Rochelle Community Consolidated School District #231	Rochelle, IL	School System
YWCA	Sterling, IL	Non-Profit
United Way of Lee County	Dixon, IL	Non-Profit
United Way of Whiteside County	Sterling, IL	Non-Profit
Lee-Ogle Transportation Service	Dixon, IL	Transportation

Grantee Contact Information

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Title	Project Director
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INDIANA

Indiana Rural Health Association
Rural Indiana Suicide Evaluation and Education

P10RH37481

Primary Focus Area: Mental Illness/Mental Health Services

Other Focus Areas: Behavioral Health
Care Coordination
Health Information Technology
Network Organization/Infrastructure Development

Network Description

The Indiana Rural Health Association is a very mature, longstanding, formal rural health network with a history of multiple successful FORHP and other HRSA grants to build rural health capacity and to create a variety of rural health networks to better meet the needs of rural communities and health organizations. For this grant, four small, independent rural hospitals, 3 Critical Access Hospitals (CAH) and one rural hospital, are committed to creating a new formal network by MOU to better assess, plan for and address suicide prevention. The Rural Indiana Suicide Evaluation and Education (RISE2) network was just created in July, 2020 as a collaborative network with four hospitals in rural Indiana: Gibson General Hospital (Gibson County), Greene County General Hospital (Greene County), Rush Memorial Hospital (Rush County), and Marion General Hospital (Grant County).
These partners were selected due to their needs. Greene County is designated as a health professional shortage area (HPSA). In addition, all four (4) rural counties' target areas during the grant period are designated as HPSA and/or medically underserved areas.

Program Description

RISE^2 seeks to improve the health outcomes in these four rural communities by especially focusing on suicide. Suicide is a problem in Indiana and many rural areas can benefit from increased networks and resources. According to a June 2019 data brief from the Indiana State Department of Health, 2,106 Hoosiers died of suicide during 2016-2017 with a corresponding rate of 15.9 per 100,000.[1]

RISE^2 is developing an integrated healthcare network with partnering hospitals to improve health outcomes in four Indiana counties by focusing on suicide awareness, prevention, and treatment. RISE^2 is identifying community needs and developing strategies that respond to challenges of suicide awareness, prevention, and treatment. RISE^2 is increasing awareness of treatment for patients suffering from suicidal thoughts/attempts in rural Indiana. This is to be accomplished with mutual accountability, improved access to data, and sharing of evidence-based models.

[1] Indiana State Department of Health. "2016-2017 Suicides and Unintentional Drug Overdose Deaths"

Region Covered by Network Services:

County, State	County, State
Greene County, IN	Grant County, IN
Gibson County, IN	Rush County, IN

Network Partners

Organization	City, State	Organization Type
Greene County General Hospital	Linton, IN	Critical Access Hospital (CAH)
Gibson General Hospital	Princeton, IN	Critical Access Hospital (CAH)
Marion General Hospital	Marion, IN	Hospital
Rush Memorial Hospital	Rushville, IN	Critical Access Hospital (CAH)

Grantee Contact Information

Name	Allison Orwig
Title	Senior Director
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Organization Type	State Rural Health Association
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Website	www.indianaruralhealth.org

KANSAS

Rawlins County Health Center Foundation
Rural Maternal Health Network
P10RH37489

Primary Focus Area: Network Organization/Infrastructure Development

Other Focus Areas: Women's Health

Network Description

The Rural Maternal Health Network is in the beginning stages of formation. This network intends to evaluate maternal health and obstetric care in Northwest Kansas through a needs assessment or focus groups, and by gathering providers and stakeholders across the continuum of obstetric care to work together toward alignment of efforts and resources.

Currently, the Rural Maternal Health Network members are two critical access hospitals, Rawlins County Health Center and Goodland Regional Medical Center; a referral hospital, St. Catherine Hospital; two health departments, Rawlins County and Sherman County Health Departments; and an emergency medical services (EMS) provider, Northwest Kansas Ambulance Service. It is possible that a third critical access hospital may join the network as well. During the planning year, the network hopes to include as active network members more hospitals, health departments, and community members from 12 Northwest Kansas Counties.

Program Description

The programmatic focus is on maternal and obstetric care and the improvement of quality, availability, and sustainability through a coordinated, regional approach. Most counties in Northwest Kansas do not offer obstetric care as there are not enough births to sustain clinical competencies and costs. Most prenatal and postnatal care is provided at hospitals with delivery services, which results in women having to travel for care, delaying care, or forgoing care. If a coordinated, regional approach is developed where prenatal and postnatal care can occur closer to home, more women could begin prenatal care sooner resulting in healthier babies and mothers.
In order to fill the gaps in the existing healthcare system, the Rural Maternal Health Network will bring together organizations such as hospitals and clinics, health departments, community leaders, and ministerial leaders who have an interest or community impact in maternal and obstetric care.

Region Covered by Network Services

County, State	County, State
Rawlins County, KS	Sherman County, KS
Cheyenne County, KS	Decatur County, KS
Norton County, KS	Thomas County, KS
Sheridan County, KS	Graham County, KS
Wallace County, KS	Logan County, KS
Gove County, KS	Trego County, KS

Network Partners

Organization	City, State	Organization Type
Rawlins County Health Center	Atwood, KS	Hospital
Goodland Regional Medical Center	Goodland, KS	Hospital
Rawlins County Public Health Department	Atwood, KS	Public Health
Sherman County Public Health Department	Goodland, KS	Public Health
St. Catherine Hospital	Garden City, KS	Hospital
Rawlins County Health Center Foundation	Atwood, KS	Philanthropy/Foundation
Northwest Kansas Ambulance Service	Goodland, KS	Emergency Medical Services (EMS)

Grantee Contact Information

Name	Suzanna Koel
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Website	https://www.rchc.us/foundation/

KENTUCKY

Northeast Kentucky Regional Health Information Organization

P10RH37487

Primary Focus Area: Increase Health System Efficiencies

Other Focus Areas: Care Coordination
Health Information Technology
Network Organization/Infrastructure Development
Reimbursement for Health Services

Network Description

The Kentucky Rural Quality Improvement Initiative is focused on the development of an integrated health care network with NeKYRHIO and two rural health clinics. These organizations have worked together informally, and this planning project will facilitate the formalization of our network. Our work together will examine the changing healthcare environment, improve the rural health clinics' capacity to address quality improvement efforts, and allow the clinics to engage in the value-based incentive programs of the Medicaid MCOs more fully. This new formalized network will support our efforts to address health outcomes for rural patients in the primary care setting around quality of care measures, health information technology infrastructure, and meaningful use attestation for rural providers. This project will work to develop a replicable model based at NeKYRHIO for training and technical assistance focused on helping rural health clinics more fully participate in value-based care programs with Medicaid Managed Care Organizations in Kentucky.

Program Description

The Kentucky Rural Quality Improvement Initiative planning program will address the challenges rural providers face in their communities such as limited resources, lack of strong quality improvement initiatives, EMR training, and barriers to change, as well as the Legislative Aims. The legislative aims include: 1) Achievement of Efficiencies; 2) Expand access to, coordinate, and improve the quality of essential health care services; 3) Strengthen the rural health care system. With this Network we will complete the following activities in order to strengthen our infrastructure: 1) Hold monthly meetings; 2) develop an MOU between members; 3) develop a strategic plan based on a shared mission, vision, values, goals and objectives; and 4) develop a sustainability plan for maintaining project activities beyond the planning period.

By the end of the project period, we expect: 1) a formalized network; 2) a Strategic Plan to provide guidance for moving forward; 3) a model training and technical assistance program for quality improvement that can be replicated with rural health clinics in other communities; 4) members that are participating in this pilot project to have QI processes in place including written processes, QI data dashboards, and to have improved on patient outcomes; 5) members to be able to work the care gaps provided by the Medicaid MCOs; 6) members to be able to increase incentive payments over last year's income based on these QI improvements.

Region Covered by Network Services

County, State	County, State
Bath County, KY	Knott County, KY
Menifee County, KY	Montgomery County, KY
Morgan County, KY	Powell County, KY

Network Partners

Organization	City, State	Organization Type
Knott County Family Healthcare	Hindman, KY	Rural Health Center
Community Family Clinic, PLLC	Owingsville, KY	Rural Health Center
Community Family Clinic, PLLC	Frenchburg, KY	Rural Health Center
Community Family Clinic, PLLC	Stanton, KY	Rural Health Center
Community Family Clinic, PLLC	Mt. Sterling, KY	Rural Health Center

Grantee Contact Information

Name	Julie Stephens
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MAINE

Medical Care Development, Inc.
Maine Consult Network

P10RH37483

Primary Focus Area: Increase Health System Efficiencies

Other Focus Areas:
Care Coordination
Integral Health Services
Reimbursement for Health Services
Telehealth

Special Populations:
Children/Adolescents
Elderly
Women
Tribal

Network Description

The Maine eConsult Network (MEeCN) was formed in 2020 with a goal to establish a statewide collaboration to develop and sustain electronic consultation (eConsults) programs to help address barriers to health care access in Maine. MEeCN's lead organizer is Medical Care Development, Inc. (www.MCD.org) - a global public health organization and national Public Health Institute headquartered in Maine that envisions a world in which all people have access to high quality solutions to improve and maintain their health and well-being. MCD's programs include the HRSA-funded Northeast Telehealth Resource Center (www.NETRC.org). NETRC provides technical assistance, education, and other support services for telehealth program development in New England, New York, and New Jersey. MEeCN key partners include the Maine Rural Health Collaborative (MRHC) and Penobscot Community Health Care (PCHC).

With a shared goal to improve health care access for the most rural and medically underserved areas of Maine through the eConsult model, MEeCN key partners represent some of northern Maine's most essential health care provider organizations. MRHC is a collaborative that includes three critical access hospitals and two safety net hospitals who cover the expansive geography of northern Maine, separated by as much as 200 miles. MRHC is intimately familiar with the struggles rural patients face in seeking needed clinical services. PCHC is the largest Federally Qualified Health Center in Maine and the second largest in New England, serving over 65,000 patients with comprehensive medical, dental, mental health, pharmacy, and other services. As Maine's earliest eConsult adopter, PCHC brings multi-year experience utilizing the model, including workflow and operations expertise.

Program Description

The Maine eConsult Network (MEeCN) aims to establish statewide adoption of Electronic consultations, or eConsults, while promoting sustainability by leveraging the state's favorable policy landscape for eConsult reimbursement. These provider-to-provider communication programs typically use store and forward (asynchronous) secure messaging technology to enable primary care providers to share patient information with a specialist who can give input/advice. eConsults have been shown to extend the scope of practice of primary care providers, decrease low value/unnecessary/inappropriate specialty appointments, increase efficiency to establish diagnosis and treatment, create cost savings, increase care coordination, and more.

MEeCN has identified eConsults as a transformative tool that can increase access to health services in northern Maine and across the state. Following a comprehensive assessment to better understand and inventory statewide resources, needs, and opportunities for eConsults, MEeCN aims to develop and implement a strategic plan for an eConsult network in collaboration with the MEeCN partners and other stakeholders. MEeCN also intends to leverage a variety of additional resources to inform and guide best practices for eConsult network development and implementation, including subject matter experts from the National Consortium of Telehealth Resource Centers and other existing eConsult providers.

Region Covered by Network Services

County, State	County, State
Aroostook County, ME	Penobscot County, ME
Hancock County, ME	Washington County, ME
Kennebec County, ME	

Network Partners

Organization	City, State	Organization Type
Medical Care Development, Inc.	Augusta, ME	Non-Profit
Maine Rural Health Collaborative	East Boothbay, ME	Collaborative
Penobscot Community Health Care	Bangor, ME	Federally Qualified Health Center (FQHC)

Grantee Contact Information

Name	Andrew Solomon
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Organization Type	Non-Profit (Public Health Institute)
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MASSACHUSETTS

Baystate Franklin Medical Center

Franklin County and North Quabbin Rural Health Network

P10RH37472

Primary Focus Area: Care Coordination

Other Focus Areas: Behavioral Health
Chronic Disease Management
Population Health/Social Determinants of Health
Telehealth

Network Description

The Franklin County and North Quabbin Rural Health Network is based on the collective assets of our rural region, comprised of agencies and programs providing medical, behavioral health, social, and public health services. Through the work of formalizing the consortium for our HRSA RCORP-funded opioid response Bridge Team, it became obvious that care coordination and reliable information-sharing between agencies and programs form the greatest gap we must overcome in order to provide reliable, high value, high quality services that impact health in our rural communities.

For the Rural Health Network Planning grant, Baystate Franklin Medical Center is partnering with the Franklin Regional Council of Governments (FRCOG) which convenes the Community Health Improvement Plan (CHIP) Committee and operates a rural cooperative public health service. FRCOG oversees our planning efforts and serves as the beginning foundation for the Rural Health Network. Our other close partner is Community Action of Pioneer Valley, which operates Look4Help, an online community resource directory that serves as the resource hub for our network. Community Action also operates the Franklin County Resource Network (FRCN), which regularly convenes program directors and front-line service providers across multiple community-based organizations. Formalizing the Rural Health Network will create shared vision and shared decision making between partners representing all sectors that serve to impact health in the region community hospital, behavioral health, primary care, community resources, social services, higher education, emergency response, public health, and local government.

Program Description

The Franklin County and North Quabbin Rural Health Network planning project is focused on determining the state of care coordination and information-sharing between service organizations, their programs, and the people we serve, ideally assessing the use of technology to connect us. We intend to analyze data and survey leadership, community members, and front-line workers in healthcare and human services agencies about what they value most and what matters to them in well-coordinated services that impact health, as well as how telehealth is working well and not so well in response to the COVID-19 pandemic. Our ultimate goal is the creation of a no-wrong-door model of care coordination and reliable information-sharing in our rural communities.

The work of the Rural Health Network Planning period is to determine the current experience of care coordination by front-line staff and the people they serve and the level of understanding of person-centeredness, rural team-based care, and population health by the leadership of service agencies. We understand that community health flourishes in a support system well-positioned to augment primary care teams and value-based payment with better care coordination and reliable information-sharing. Our rural health network is working to make our community healthier by addressing in a coordinated way the priority areas identified in our 2019-2022 Community

Health Needs Assessment: access to primary care, type II diabetes, anxiety and depression, and age of first substance use.

Region Covered by Network Services

County, State
Franklin County, MA

Network Partners

Organization	City, State	Organization Type
Baystate Franklin Medical Center	Greenfield, MA	Hospital
Franklin Regional Council of Governments	Greenfield, MA	Government
Community Action Pioneer Valley	Greenfield, MA	Social Services Agency

Grantee Contact Information

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MARYLAND

Eastern Shore Area Health Education Center
Maryland Rural Health Planning Consortium

P10RH40102

Primary Focus Area: Network Organization/Infrastructure Development

Other Focus Area: Population Health/Social Determinants of Health

Network Description

The Maryland Rural Health Planning Consortium was formed in 2020 to first perform a SWOT analysis of the Maryland Rural Health Plan (MRHP), and then use the findings to develop a Strategic Plan to implement the recommendations in the targeted counties of interest in Maryland: Caroline, Dorchester, and Talbot. The MRHP was published in 2018 as a collaborative effort to provide a comprehensive examination of the rural health care needs in Maryland. The MRHP provides policy, systems-based, and individual recommendations to address gaps and barriers in health care through the analysis of existing county health plans, community and state level health assessments and feedback from citizens and health care professionals in each of Maryland's rural counties. The Consortium brings decades of rural health program implementation and health delivery experience to be able to accomplish the goal of determining how the MRHP's recommendations can be used to assist providers in better serving their communities given the state's unique Total Cost of Care Model influencing rural health, and population health at large.

The composition of partner organizations for this Consortium was chosen based on their expertise, involvement, and investment in the health care system and health quality of the Eastern Shore of Maryland. The lead applicant, Eastern Shore Area Health Education Center (ESAHEC) is located in Dorchester County, Maryland and serves the nine counties comprising Maryland's Eastern Shore by improving access to health services, providing continuing education and training to practicing health care professionals and students, and increasing the supply of health care professionals serving vulnerable populations. The Maryland Rural Health Association (MRHA) is a member organization comprised of local health departments, hospitals, health professionals, area health education centers and more that serves as a primary advocate for quality rural health care in Maryland. Choptank Community Health System is a private, non-profit community health center providing primary health care services in Caroline, Dorchester, Talbot and surrounding counties. Finally, Shore Regional Health provides access to quality health care under the umbrella of the University of Maryland research hospital in a smaller community hospital setting on the Eastern Shore. Given this Consortium's integral part in Maryland's Eastern Shore rural health ecosystem, we hope to make meaningful impact in these eastern shore counties by examining potential recommendations for improving health service delivery under the Total Cost of Care Model. Since the launch of the program, the Consortium has added two new partners: the Maryland Hospital Association and University of Maryland Horowitz Center for Health Literacy.

Program Description

The goal of the Consortium is to analyze the MRHP for the development of a Strategic Plan to inform the implementation of recommendations in the areas of the social determinants of health, access to care, care coordination, chronic disease prevention and management, and outreach and education in Caroline, Dorchester and Talbot Counties. The MRHP provides a comprehensive and in-depth breakdown of health behaviors and health services in rural Maryland counties, giving the Consortium an optimal data set from which to analyze and implement potential programs and services.

The Consortium will first conduct a SWOT analysis of the MRHP's policy, systems-based and individual recommendations. This analysis will be used to create a Strategic Plan to implement the recommendations that will achieve efficiencies, expand access to, coordinate, and improve the quality of essential health services and strengthen the rural health care system. Further, the Consortium will conduct these activities and analyze their impact under the Total Cost of Care Model in Maryland. The Consortium will utilize the Healthy Places NC program as an evidence-based model for successful identification of key social determinants of health in the targeted areas, community asset building, encouragement of cross-sector partnerships, investment in the leadership of rural residents and the growth of local and regional capacity.

Region Covered by Network Services

County, State	County, State
Caroline County, MD	Dorchester County, MD
Talbot County, MD	

Network Partners

Organization	City, State	Organization Type
Eastern Shore Area Health Education Center	Cambridge, MD	Area Health Education Center
Maryland Rural Health Association	Centreville, MD	Non-Profit
Choptank Community Health System	Denton, MD	Federally Qualified Health Center (FQHC)
University of Maryland Shore Regional Health	Easton, MD	Hospital
University of Maryland Horowitz Center for Health Literacy	College Park, MD	College/University
Maryland Hospital Association	Elkridge, MD	Other

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MICHIGAN

Innovation Region Network

P10RH37478

Primary Focus Area: Network Organizational/Infrastructure Development

Other Focus Areas: Increase Health System Efficiencies
Integrated Health Services
Population Health/Social Determinants of Health

Network Description

The Northern Michigan Public Health Alliance (NMPHA), a partnership of seven local health departments, including District Health Department #10 (DHD#10) and Central Michigan District Health Department (CMDHD), serves as the backbone organization of the North Central Community Health Innovation Region (NCCHIR) Planning Network. The Alliance was formed in 2014 to share resources and work collaboratively to solve health-related problems for the betterment of each individual agency and 31 counties across Northern Michigan as a whole. The Northern Michigan CHIR (NMCHIR), was formed in 2017 and includes four counties within the DHD #10 jurisdiction. In May 2019, the NMPHA formed an Expansion Planning Committee to explore creating additional CHIRs within its 31-county region to: 1) improve health outcomes and health equity; 2) advocate for resources and sustainability, 3) be informed by local needs and resident voice, maintain fidelity to the NMCHIR Model; and 4) base their work on cross-sector collaboration. The Expansion Planning Committee determined that developing three sub-regions of the NMCHIR was the appropriate approach – generally northwest (current CHIR region) northeast, and north-central. In July 2019, the Expansion Planning Committee finalized the county make up of each sub-region and formally designated 10 counties in North Central Michigan as the North-Central sub-region and confirmed that the Northern Michigan Public Health Alliance will continue as the backbone to support expansion efforts. These health agency leaders have earned reputations across the State for innovative approaches to building collaborative capacity and improving population health. The Health Department Health Officers serve in a leadership capacity in statewide organizations, including the Executive Committee of the Michigan Association for Local Public Health. As members of the governing body for the Northern Michigan Public Health Alliance, they are recognized nationally for pioneering cross jurisdictional sharing arrangements.

The North-Central CHIR Planning Network is currently made up of DHD#10 and CMDHD – the two local health departments with jurisdictions in this region--and two Community Mental Health agencies, a federally recognized tribe, and two hospital systems. The RHN includes Community Mental Health agencies because Mental Health and Substance Abuse were identified as the top priorities in our RHN expansion region. The hospitals are necessary network members to link public health, mental health and substance use and integrate with the healthcare systems. Their desired working relationship centers on cross-sector engagement to improve population health, including shared ownership and accountability for outcomes, engaging community partners, aligning initiatives, reducing duplication of services, and securing more resources for the region.

Program Description

The purpose of the North-Central Community Health Innovation Planning Network is to plan expansion of the NMCHIR model into the targeted region's 10 counties where need is high. The programmatic focus of this project is to mobilize community advocates and partners to make lasting system and policy changes that improve living conditions at the community level. The North Central CHIR Expansion Development Network is mobilizing cross-

sector partners and residents to address social determinants of health concurrently at the individual level (through an integrated clinical community linkage network) and at the population level (through stakeholder engagement in community health assessment and community health improvement planning).

Our approach to implementing these identified initiatives utilizes several evidence-based practices which are relevant for the RHN. First, the Collective Impact Model is used to engage cross-sector partners to achieve complex social change. It features a dedicated backbone organization to support a common agenda, shared measurement, mutually reinforcing activities, and constant communication. Second, "Community Connections" the NMCHIR's clinical community linkages model, melds components from three programs: Universal screening for social determinants of health from the Accountable Health Community, Pathways from the Pathways Community Hub, and Business Associate Agreements to work on behalf of physician practices from the Children's Health Access Program. Mobilizing for Action through Planning and Partnerships, the gold standard, is used for community health assessment and the ABLe Change Framework is used for community health improvement and systems change planning.

Region Covered by Network Services

County, State	County, State
Lake County, MI	Gladwin County, MI
Mason County, MI	Isabella County, MI
Mecosta County, MI	Osceola County, MI
Oceana County, MI	Clare County, MI
Newaygo County, MI	Arenac County, MI

Network Partners:

Organization	City, State	Organization Type
District Health Department #10	Cadillac, MI	Public Health
Central Michigan District Health Department	Mount Pleasant, MI	Public Health
Spectrum Health System	Grand Rapids, MI	Hospital
Mid- Michigan Health System	Clare, MI	Hospital
West Michigan Community Mental Health	Ludington, MI	Behavioral Health
Community Mental Health for Central Michigan	Mount Pleasant, MI	Behavioral Health
Little River Band of Ottawa Indians	Manistee, MI	Tribal Nation

Grantee Contact Information

Name	Donna Norkoli
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MICHIGAN

Northern Michigan University
Northern Michigan Center for Rural Health
P10RH37488

Primary Focus Area: Chronic Disease Management

Other Focus Areas: Emergency Medical Services
Network Organization/Infrastructure Development

Special Populations: Children/Adolescents
Elderly
Tribal
Women

Network Description

The network was formed in November 2019 to develop a systematic, comprehensive, and collaborative means of extending the reach of the Michigan Center for Rural Health while at the same time better meeting the particular needs of the Upper Peninsula. The network currently has two major foci: a) recruitment and retention of EMS personnel and b) diabetes prevention, education, and treatment. To date, the network has accomplished bringing together a team of people committed to working together in a coordinated effort to strengthening the UP's health care system as a whole. A series of face-to-face meetings occurred prior to COVID-19; those meetings are now accomplished using virtual technology.

The network consists of the following six partners: Northern Michigan University (an academic institution), Upper Great Lakes Family Health Center (a federally qualified health center), Bay Mills Indian Community and Lac Vieux Desert Band of Lake Superior Chippewa Indians (two federally recognized Native American tribes), the Upper Peninsula Diabetes Outreach Network (a non-profit network) and the Michigan Center for Rural Health. These six organizations represent a comprehensive spread of organizations across the entire UP and lower Michigan. Each has significantly contributed to program development and community education. They represent several years of combined experience of actively engaging and supporting healthcare initiatives throughout the rural regions of lower and Upper Michigan and agree that increasing collaboration and coordination will be key in moving forward.

Program Description

The purpose of this planning project is to develop the Northern Michigan Center for Rural Health (NMCRH), creating it as a collaborating center of the Michigan Center for Rural health using the World Health Organization (WHO) framework for collaborating centers. The result is an integrated health care network that better serves the residents of Michigan's Upper Peninsula (UP). The goal of the Center is to improve health outcomes for residents of the UP by achieving efficiencies for improving access to quality care; expanding access to healthcare; coordinating care and improving the quality of essential health care services; and strengthening Michigan's rural health care system as a whole. The NMCRH as a collaborating center of the Michigan Center for Rural Health, will include separately owned regional and local healthcare providers across the UP. These partners will collectively develop strategies to improve health services delivery systems in all of our communities with an initial focus on diabetes and emergency medical services.

The focus areas identified by the Northern Michigan Center for Rural Health align directly with the 2018 health needs assessment of the Upper Peninsula population completed by the Western Upper Peninsula Health Department. Key themes that emerged as foci for the region include prevention (chronic diseases such as diabetes and heart disease are the leading causes of death in the UP) and access to health (retention of providers such as emergency medical services).

Region Covered by Network Services

County, State	County, State
Baraga, MI	Chippewa, MI
Gogebic, MI	Houghton, MI
Marquette, MI	

Network Partners

Organization	City, State	Organization Type
Northern Michigan University	Marquette, MI	College/University
Upper Great Lakes Family Health Center	Houghton, MI	Federally Qualified Health Center (FQHC)
Bay Mills Indian Community	Bay Mills, MI	Tribal Nation
Lac Vieux Desert	Watersmeet, MI	Tribal Nation
Upper Peninsula Diabetes Outreach Network	Marquette, MI	Non-Profit
Michigan Center for Rural Health	Lansing, MI	Rural Health Center

Grantee Contact Information

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MICHIGAN

Northwest Michigan Community Health Agency
Emmet County Youth Wellness Network
P10RH37486

Primary Focus Area: Child Health

Other Focus Areas: Behavioral Health
Health Education
School Based Health Services

Special Populations: Children/Adolescents

Network Description

The Emmet County Youth Wellness Network (ECYWN) is an integrated health network aimed at addressing the health and wellness needs of children and adolescents in rural Northern Michigan. This informal workgroup has been working collaboratively since June of 2017, during this time they completed an initial school health needs assessment which led to successful grant writing and development for school nurses and school mental health providers to increase access to care.

The ECYWN includes partners from multiple sectors including local public health, local health system, three school districts, and a Federally Qualified Health Center system. Focused on children and adolescents with existing options for school-based services, these partners represent various areas of health and education.

Program Description

This planning program will formalize and build upon an informal workgroup that has been working collaboratively since June of 2017. The planning program will allow the network to formalize by assessing the current structure and membership, coordinate and align partner systems, and create mechanisms to facilitate sustainability. Program goals include completing strategic planning to identify opportunities to achieve efficiencies, determine uniform strategic directions, and identify areas where collaboration can be maximized to improve the overall rural healthcare system.

The Network will use the Technology of Participation methodology to facilitate strategic planning. In addition, the Whole School, Whole Community, Whole Child model has been adopted by the schools in the Network. It will also be utilized by the Network. We will incorporate the model into strategic planning to better align our agencies to achieve best possible outcomes for the youth.

Region Covered by Network Services

County, State
Emmet County, MI

Network Partners

Organization	City, State	Organization Type
Harbor Springs Public Schools	Harbor Springs, MI	School System
Public Schools of Petoskey	Petoskey, MI	School System
Alanson Public Schools	Alanson, MI	School System
McLaren Northern Michigan	Petoskey, MI	Hospital
Alcona Health Center	Harbor Springs, MI	Federally Qualified Health Center (FQHC)

Grantee Contact Information

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MINNESOTA

ST. JOSEPH'S MEDICAL CENTER
Central Minnesota Network

P10RH40106

Project Focus Areas: Substance Abuse/Addiction

Other Focus Areas: Behavioral Health
Care Coordination
Emergency Medical Services
Network Organization/Infrastructure Development

Special Populations: Elderly
Tribal
Women

Network Description

The Network for the Central Minnesota Substance Use Prevention, Intervention, and Long-Term Recovery Planning Project began September 2020. This network was formed to reduce substance use disorders, with a focus on opioid use disorders; build sustainable relationships and support within the community; and gather resources and work together for all affected by substance use disorders.

In addition to Essentia Health, four partners represent the Central MN Substance Use Prevention, Intervention, and Long-Term Recovery Planning Project Network: Crosby Ironton School District (School System); Northern Pines Mental Health (Behavioral Health); Crow Wing County Sheriff's department (Law Enforcement); and Crow Wing County Social Services (Social Services Agency). The three-county area served by this Network is Cass, MN, Crow Wing, MN and Morrison, MN. These partners are appropriate for planning because of their willingness and interest in collaboration between organizations, their direct involvement in the community, and their capacity to develop strategies to fill gaps in services. Three of these partners were already members of BLADE (Brainerd Lakes Area Drug Education), a community organization that works to prevent use and misuse of opioids and other substances. The fourth, the school, is eager to develop programs to support youth and their families. The organizations play a key role in prevention, treatment, and recovery in the area and are eager to work together to increase their impact. The Network partners meet monthly and are recruiting additional community partners.

Program Description

The Central MN Substance Use Prevention, Intervention, and Long-Term Recovery Planning Project's focus area is to increase access to evidence-based prevention, treatment and recovery programming for opioid and other substance abuse disorders (OUD, SUD). This focus was identified through a local needs assessment; recent community concern about opioid and other drug use that led to the development of BLADE, the community group to prevent drug use through education; the rate of Essentia Health patients with OUD diagnoses and those with Chronic Opioid Analgesic Therapy (COAT) agreements which places patients at higher risk for OUD; student self-identified risk for self-harm and mental health issues; higher rates of poverty; high rates of binge drinking in MN; high rates of admission to treatment facilities for drug use from Cass County; and rapidly increasing rates of law enforcement cases and persons in jail since 2013 related to drug use. Network members will focus on ways to

enhance community and partner relationships to promote engagement and participation in the network to address the focus area. Evidence-based strategies will support integration of behavioral health in primary care, focusing on OUD and other SUDs, with medication for opioid use disorder treatment provided by physicians, nurse practitioners, and physician assistants; care facilitation; and referral to treatment for SUD and recovery programming. These strategies will be engineered by the newly created community network.

The Baxter clinic has added a Registered Nurse care navigator to their team to focus on treatment for OUDs and has worked with the Emergency Department (ED) staff at the hospital in Brainerd to begin initial treatment in the ED, with referral to the primary care clinic for follow-up and ongoing treatment.

Planning grant activities during the planning grant include:
1. Individual meetings to identify a) each partner organization's needs and b) the role the organization wishes to play in the network.
2) The role partner organizations wish to play in increasing access to OUD/SUD treatment and recovery programming.
3) Monthly network meetings.
4) Training regarding teaming within the clinic and between organizations.
5) Completion of a network organizational and community assessment.
6) Creation of a strategic plan to be implemented at the conclusion of the planning project, and development of a sustainability plan for the network.

Region Covered by Network Services

County, State	County, State
Cass County, MN	Morrison County, MN
Crow Wing County, MN	

Network Partners

Organization	City, State	Organization Type
Essentia Health	Baxter, MN	Rural Health Center
Crosby Ironton School District	Crosby, MN	School System
Northern Pines Mental Health	Brainerd, MN	Behavioral Health
Crow Wing County Sheriff's department	Brainerd, MN	Law Enforcement
Crow Wing County Social Services	Brainerd, MN	Social Services Agency

Grantee Contact Information

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MISSOURI

Freeman Neosho Hospital
Southwest Missouri School Health Network

P10RH37479

Primary Focus Area: Care Coordination

Other Focus Areas:
Behavioral Health
Network Organizational/Infrastructure Development
School Based Health Services
Telehealth

Special Populations:
Children/Adolescents
Marshall Islanders
Migrant

Network Description

Freeman Neosho Hospital is partnering with Ozark Center and the McDonald County R-1 School District to form the Southwest Missouri School Health Network. The goal of the Southwest Missouri School Health Network is to focus on care coordination to improve access to medical and behavioral health through school-based services.

Program Description

McDonald County, Missouri is a large geographical area that has been designated as a Health Professional Shortage Area and Medically Underserved Area. In addition, more than 20% of the county's population has been living in poverty for the last 30 years. Due to these designations, many students do not receive needed medical and behavioral healthcare services.

For the Network to reach its goal of care coordination and improved access to healthcare services, two assessments will be completed. A technology assessment will focus on information technology systems, data collection, and outcome reporting, and include assessment of telemedicine capacity. A business assessment will estimate program efficiency, start up and operational expenses, staffing, and reimbursement potential. In addition, a sustainability plan will be completed to align the Network with the Missouri Department of Education's Coordinated School Health Coalition.

Region Covered by Network Services

County, State
McDonald County, MO

Network Partners

Organization	City, State	Organization Type
Freeman Neosho Hospital	Neosho, MO	Critical Access Hospital (CAH)
Ozark Center	Joplin, MO	Behavioral Health
McDonald County R-1 School District	Anderson, MO	School System

Grantee Contact Information

Name	Renee Denton, RN
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MONTANA

Central Montana Medical Center (CMMC)
Rural Healthcare Emergency Transport (RHET) Program

P10RH37475

Primary Focus Area: Emergency Medical Services

Other Focus Areas: Care Coordination

Special Populations: Children/Adolescents
Elderly
Tribal
Women

Network Description

In 2020, three critical access hospitals came together with the same concerns regarding the difficulty of transferring stable patients out of their facilities, a need for more emergency medical technicians and resources dedicated to transferring patients to different facilities based on medical needs. These partners in Lewistown, Harlowton, and Malta were chosen based on their rural geographic location, their status as a critical access hospital, and their desire to develop a pilot program that had dedicated trained staff and resources to efficiently transport patients in a timely manner across rural MT to larger hospitals with higher levels of care.

Program Description

These organizations have developed a partnership to address the difficulty of delivering emergency medical services- ground transports across the vastness of rural MT to definitive care. The majority of the communities served in these areas are served by volunteer emergency medical services and limited resources (e.g., ambulances, staff, time). The challenge these rural hospitals face is transporting patients to a facility with a higher level of care, without access to a staffed ambulance with trained personnel. The lack of the ambulance leaves the hospital to request air transport, an expensive resource that may or may not be covered by insurance. The flight transport of the stable patient also ties up a critical resource that may be needed elsewhere for an unstable patient. The intent of this program is to develop an inter-facility ground transport system, stemming from the partner facilities, to transport patients appropriately and efficiently to definitive care. Thereby reducing the need for costly air transports and freeing up access to critical care resources.

Region Covered by Network Services

County, State	County, State
Phillips County, MT	Fergus County, MT
Garfield County, MT	Petroleum County, MT
Fergus County, MT	Wheatland County, MT
Judith Basin County, MT	

Network Partners

Organization	City, State	Organization Type
Phillips County Hospital	Malta, MT	Hospital
Central Montana Medical Center	Lewistown, MT	Hospital
Wheatland Memorial Hospital	Harlowtown, MT	Hospital

Grantee Contact Information

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MONTANA

Montana State University

Montana Office of Rural Health & Area Health Education Center

Montana Regional Initiatives in Dental Education Network (MT RIDE)

P10RH37485

Primary Focus Area: Oral Health

Other Focus Areas: Workforce Development

Special Populations: Tribal

Network Description

The Montana Office of Rural Health/Area Health Education Center (MORH/AHEC) is partnering with University of Washington School of Dentistry (UWSOD), Rocky Mountain Tribal Epidemiology Center (RMTEC), MT WWAMI Medical School, MSU Division of Health Sciences (MSU-DHS), the Montana Department of Public Health and Human Services (DPHHS), Crow Service Unit of IHS, Confederated Salish and Kootenai Tribes Tribal Health, and rural/Tribal/underserved communities to establish the Montana Regional Initiatives in Dental Education (MT RIDE) Network. The goal is a formal and sustainable network to support member efforts in addressing the critical shortage of a dental health workforce to provide comprehensive oral health care to rural, underserved, and Tribal communities throughout Montana. Within the one-year network development project, the Montana Regional Initiatives in Dental Education (RIDE) is focused on strengthening and formalizing its fledging partnership and creating a formal network structure with a strategic plan, sustainability plan, and evaluation of activities and progress.

Program Description

The Network is working together to address the severe shortage of adequately trained oral health professionals in rural and underserved communities and to aid in the improvement of health outcomes for residents. We are working to establish a public health oriented, dental education program that trains Montana dental students in Montana with rural/underserved and Tribal clinical rotations within one year by building on the WWAMI model - a cooperative program with the University of Washington School of Medicine and the states of Washington, Wyoming, Alaska, Montana, and Idaho. In addition, we are expanding access by creating a coordinated plan for training, recruiting, and supporting the oral health workforce and strategic planning among network partners and community sites to develop a shared, integrated plan to expand and develop the oral health workforce in rural and underserved communities.

We are strengthening the rural healthcare system by supporting oral health students and professionals to participate in Interprofessional Education programs; building expertise in best practices for rural, underserved, and Tribal populations; and measuring oral health outcomes. Interprofessional collaboration is planned among the MSU College of Nursing, dental hygiene and dental assisting programs, and the MT WWAMI Medical School to provide expanded oral health services in those communities.

Region Covered by Network Services

County, State
All 56 Counties, Montana (Statewide Program)

Network Partners

Organization	City, State	Organization Type
Rocky Mountain Tribal Leaders Council, Epidemiology Center	Billings, MT	Other
University of Washington School of Dentistry	Seattle, WA	College/University
Montana WWAMI Medical Education Program	Bozeman, MT	College/University
Montana State University Division of Health Sciences (DHS)	Bozeman, MT	College/University
Montana Department of Public Health and Human Services	Helena, MT	Public Health
Crow Agency Indian Health Service	Crow Agency, MT	Other
Confederated Salish and Kootenai Tribes Tribal Health	Polson, MT	Other

Grantee Contact Information

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NEW HAMPSHIRE

Bi-State Primary Care Association
Food and Health Planning Network

P10RH37474

Primary Focus Area: Population Health/Social Determinants of Health

Other Focus Areas:
Care Coordination
Chronic Disease Management
Increase Health System Efficiencies
Reimbursement for Health Services

Special Populations:
Children/Adolescents
Elderly
Women

Network Description

Health care providers and organizations working on food access have collaborated informally throughout Vermont for generations. Many health care practices and health care-focused organizations participate in regional groups and community collaborations looking at issues of food access, sometimes as a standalone concern and sometimes as a part of broader social determinants of health. Our hospitals participate in a wide network for healthy food and health care, usually led by their food service directors. There are other local, regional, and statewide networks focusing on improving health outcomes, but they do not include rural Federally Qualified Health Centers (FQHCs). The gap that we saw was for a statewide network that targets primary and preventive care and that specifically addresses the intersection of food access and improved health outcomes for individuals. We believe that such a network can make significant advances in integrating food as part of our state's approach to better health outcomes and containing the total cost of health care. This planning grant allows us to explore whether the current gap is best covered by a formal Rural Health Network, and if so, how such a Network would best operate.

Our membership reflects both health care providers and organizations focused on food access. Partnering organizations have statewide reach and their own networks of local members doing food access and health work on the ground in Vermont's rural communities. Joining the FQHCs of the Bi-State Primary Care Association are the Vermont Foodbank, Hunger Free Vermont, and the Northeast Organic Farming Association. Our starting focus on the health care side is FQHCs, but our planning process will also consider a broader range of primary care provider types.

Program Description

Our overall focus area is on achieving better health outcomes through improving food access for rural Vermonters. As noted in the Network Description, there are already elements of this work happening across Vermont. The particular areas of focus for us over the next year are: effective patient outreach and connection to food resources, enhancing the health impact of food access programs already in place at FQHCs, charting a path toward statewide Medically Tailored Meals programs, and planning for data collection, including systems for measuring program impact both on individuals' health outcomes and on health care costs.

We chose these areas by reviewing high impact programs in other states, as well as other states' policy planning around "food as medicine," and then comparing those other regions' conclusions around best practices to the work already underway in Vermont. These areas represent what we consider, currently, to be our greatest opportunities for improvement. We will review those conclusions throughout the year and make adjustments either in our current activities or in our plans for future activities based on that review.

Region Covered by Network Services

County, State	County, State
Addison, VT	Bennington, VT
Caledonia County, VT	Essex County, VT
Lamoille County, VT	Orange County, VT
Orleans County, VT	Rutland County, VT
Washington County, VT	Windham County, VT
Windsor County, VT	

Network Partners

Organization	City, State	Organization Type
Bi-State Primary Care Association	Montpelier, VT	Non-Profit
Vermont Foodbank	Barre, VT	Food Bank
Hunger Free Vermont	South Burlington, VT	Non-Profit
Northeast Organic Farming Association	Richmond, VT	Non-Profit

Grantee Contact Information

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NEW MEXICO

Miners' Colfax Medical Center (MCMC)
Western United States Miners' Disease Mortality Hotspots Network

P10RH37484

Primary Focus Area: Network Organization/Infrastructure Development

Other Focus Areas: Chronic Disease Management
Health Education
Increase Health System Efficiencies
Workforce Development

Special Populations: Miners

Network Description

The Network's unique integrated 'vertical' structure involves novel community-university partnerships among: 1) Miners Colfax Medical Center (MCMC), a Critical Access Hospital; 2) University of New Mexico (UNM) ECHO Institute, academic partner; 3) Northwest Community Action Program (NOWCAP), a community organization serving miners in several primary target states; and 4) Critical Nurse Staffing, a grassroots home health company serving miners in the target states. Based on the mistaken presumption that pneumoconiosis is a historic lung disease, the rural expertise to combat it was decimated over the last several decades. Our partners work to address the emerging challenge of pneumoconiosis in the mining population to meet the need for skilled multidisciplinary teams of professionals. The target population for this Network includes professionals caring for coal and uranium miners in the Western target states which include New Mexico, Utah, Wyoming, and Montana.

Program Description

The focus area of the Network is to address the critical gap of inadequate rural capacity to combat the emerging epidemic of pneumoconiosis or dust-related lung diseases by tele mentoring multidisciplinary rural teams of professionals who care for miners. We are doing this by strengthening our novel existing telementoring intervention in the local/regional healthcare environment. The telementoring is based on the innovative and successful evidence-based Project ECHO (Extension for Community Health Outcomes) model that was developed along the lines of adult learning best practices and principals, and leverages scares resources to ensure the right knowledge is in the right place at the right time. The existing Miners' Wellness TeleECHO program is a New Mexico-based Project ECHO program that was established in July 2016. Project ECHO uses an all-teach-all-learn hub and spoke educational platform that leverages technology for moving knowledge, not patients. The Miners' Wellness TeleECHO was jointly launched by MCMC and the University of New Mexico (UNM) ECHO Institute as the "hub site" to improve the quality of care delivered to miners. Local and regional rural "spoke sites" are brought together for bimonthly clinic sessions that last 75 minutes and consist of a didactic and case-based discussion. Our evaluation of the Miners' Wellness TeleECHO program indicates that we are rated 'very good' to 'excellent' by the clinic attendees (Data from 1/11/17 – 2/14/18) and was identified as a 2019 innovation in fellowship education by the American Thoracic Society.
The Network chose this program area based off of the key challenges identified by the professionals caring for miners, which include (i) lack of rural providers; (ii) perceived professional isolation among rural providers; and (iii)

complexity of miners' compensation systems. By expanding, augmenting, and evaluating the existing TeleECHO program, our Network uses the "community of practice" approach to help create, sustain, and monitor multidisciplinary teams of rural-based professional taking care of miners in the Western target states to help address the emerging challenge of pneumoconiosis in miners.

Region Covered by Network Services

State	State
NM	MT
WY	UT

Network Partners

Organization	City, State	Organization Type
Miners Colfax Medical Center (MCMC)	Raton, NM	Rural Health Center
University of New Mexico (UNM) ECHO Institute	Albuquerque, NM	College/University
Northwest Community Action Program (NWCAP)	Sheridan, WY	Community Development Organization
Critical Nurse Staffing LLC. (CNS)	Grand Junction, CO	Home Health

Grantee Contact Information

Name	Rebecca Garcia
Title	Program Manager
Organization	University of New Mexico, ECHO Institute
Organization Type	University
Organization Address	1650 University Blvd NE
City, State Zip	Albuquerque, NM 87102
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E-mail	RBMcCain@salud.unm.edu
Website	www.Echo.unm.edu

NORTH DAKOTA

Coal Country Community Health Center
Energy Capital Health Network

P10RH37478

Primary Focus Area: Network Organization/Infrastructure Development

Other Focus Areas: Increase Health System Efficiencies
Population Health/Social Determinants of Health

Network Description

The Energy Capital Health Network is comprised of four members: Coal Country Community Health Center (CCCHC), Sakakawea Medical Center (SMC), Knife River Care Center (KRCC) and Custer Health. CCCHC is a Federally Qualified Health Center; SMC is a Critical Access Hospital; KRCC is a Skilled Nursing Facility; Custer Health is the district public health unit. Inclusion of these members in the network ensures full coverage of all aspects of health care in the communities served. The network was formalized in November 2019 through a Memorandum of Understanding.

The organizations, though diverse, have worked together collaboratively over the past 10 years to achieve efficiencies in the health care service delivery, expand access to care, improve the quality of care and strengthen the rural health delivery system in west central North Dakota. Some of the accomplishments achieved so far by this network are a community wide health needs assessment, integrated governance, shared staffing, a childcare cooperative, a wellness center, and an active population health committee with staff from all four organizations.

Program Description

The primary focus of network planning grant activities is the formalization of the network with an aligned mission, strategic vision, governance structure and sustainable business plan. The network is concurrently developing a long-range strategic health plan for the region to serve as a roadmap for health care transformation. The findings from the community wide needs assessment serve to inform the prioritization of network collaborative solutions and expansion of resources to meet the identified population needs. The collaborative solutions and expanded resources identified are intended to increase efficiencies in health care delivery and improve population health outcomes. The network has chosen this program area to expand, consolidate and solidify its impact and focus on the communities served.

Region Covered by Network Services:

County, State	County, State
Mercer County, ND	Dunn County, ND
Oliver County, ND	McKenzie County, ND (southern portion)

Network Partners

Organization	City, State	Organization Type
Coal Country Community Health Center	Beulah, ND	Federally Qualified Health Center (FQHC)
Sakakawea Medical Center	Hazen, ND	Critical Access Hospital (CAH)
Knife River Care Center	Beulah, ND	Skilled Nursing Facility
Custer Health	Mandan, ND	Public Health

Grantee Contact Information

Name	Darrold Bertsch
Title	CEO
Organization	Coal Country Community Health Center
Organization Type	Federally Qualified Health Center
Organization Address	1312 Highway 49 N
City, State Zip	Beulah, ND 58523
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E-mail	dbertsch@smcnd.org
Website	www.coalcountryhealth.com

OKLAHOMA

Rural Health Network of Oklahoma

Rural Oklahoma Collaborative for Health Information Technology

P10RH37490

Primary Focus Area: Health Information Technology

Other Focus Areas: Care Coordination
Increase Health System Efficiencies
Telehealth
Workforce Development

Network Description

The Rural Health Network of Oklahoma's (RNHOK) mission is better access, better health care together, which describes the impetus behind our work to join forces with other organizations with the same focus in Oklahoma. RHNOK was formally established in 2008 through a HRSA Rural Health Network Development Grant awarded to Little Dixie Community Action Agency, Inc. (LDCAA). RHNOK received non-profit status in 2012 and moved out from under the umbrella of the parent organization, LDCAA, in 2017. RHNOK is a vertical integrated rural health network with members that include primary care physicians, rural hospitals, a QIO, state university, home health's, behavioral health, community organizations, and Native American tribes. RHNOK provides technical assistance, HIT services, group purchasing of hardware and software, bandwidth consortium, advocacy with local, state, and federal agencies for our membership. The focus of the ROC-HIT initiative of this grant is to bring together another tier of members to help deliver services to assist the rural health providers to be successful.

The three RHNOK organizations coming together to form ROC-HIT are 1) RHNOK; 2) Oklahoma Foundation for Medical Quality (OFMQ), a healthcare consulting services company and formerly served as the QIO in OK; and, 3) OK State University Center for Systems Innovation (OSU CHSI). These partners are collaborating with existing and new members to implement this planning project. ROC-HIT partners are working together to support the needs of rural hospitals and health clinics. Experience, relationships, and trust among rural healthcare providers allow us to engage providers and design a network specific to the needs of rural healthcare organizations. RHNOK is applying our experience and longevity as a rural health network to engage stakeholders and direct network planning activities to create a sustainable program. OFMQ is providing program support through technical assistance and expertise in Health Information Technology (HIT), quality reporting programs, risk management and security of health information. OSU CHSI is lending additional support through practice facilitation and evaluation of workflow processes to identify barriers and create innovative solutions. RHNOK and OFMQ IT staff are also available to address technical needs of rural hospitals to evaluate IT infrastructure and workforce capacity. We have identified counties for targeted recruitment of rural hospitals (with 50 or fewer beds) or critical access hospitals and associated rural health clinics that are independently owned or do not have the support of larger corporate entities.

Program Description

The goal of the ROC-HIT is to coordinate Information Technology (IT) and Health IT (HIT) services for rural hospitals and rural health clinics across Oklahoma. In this Network Planning program, RHNOK, OFMQ, and OSU CHSI are collaborating to evaluate the needs of rural health systems and create a network to provide support to rural communities statewide. IT assessments focused on infrastructure, administrative processes, security, and

workforce needs are important early activities of ROC-HIT to inform needs, gaps, and priorities. Additionally, it is critical that we evaluate HIT activities relating to participation in value-based care programs, quality reporting, public health reporting, and health information exchange activities to enhance care coordination and utilization of data to drive change. We want to ensure that rural healthcare providers have increased access to education and resources for workforce development in addition to cost efficient opportunities for IT infrastructure and technical support.

The intent of RHNOK is to have a stable source of technical assistance and services that work together to provide support for Oklahoma's rural health system. At the end of the grant, we want to see a network that has services to sustain the member organizations of ROC-HIT.

Region Covered by Network Services

County, State	County, State
Atoka County, OK	Harper County, OK
Beaver County, OK	Jackson County, OK
Beckham County, OK	Kiowa County, OK
Blaine County, OK	LeFlore County, OK
Caddo County, OK	Lincoln County, OK
Choctaw County, OK	Major County, OK
Coal County, OK	McCurtain County, OK
Custer County, OK	Osage County, OK
Dewey County, OK	Pittsburgh County, OK
Grady County, OK	Pushmataha County, OK
Greer County, OK	Roger Mills County, OK
Harmon County, OK	

Network Partners

Organization	City, State	Organization Type
Rural Health Network of Oklahoma (RHN-OK)	Hugo, OK	Non-Profit
Oklahoma Foundation for Medical Quality (OFMQ)	Oklahoma City, OK	Non-Profit
Oklahoma State University – Center for Health Systems Innovation (OSU CHSI)	Tulsa, OK	College/University

Grantee Contact Information

Name	Stacie Pace
Title	Director
Organization	Rural Health Network of Oklahoma
Organization Type	Non-Profit
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E-mail	stacie@rhnofoklahoma.org
Website	http://rhnok.org/

OKLAHOMA

Rural Health Projects, Inc./NwAHEC
HOME (Health Outreach to the Marshallese in Enid) Network
P10RH37491

Primary Focus Area: Population Health/Social Determinants of Health

Other Focus Areas: Care Coordination
Health Information Technology
Increase Health System Efficiencies
Network Organization/Infrastructure Development

Special Populations: Marshall Islanders

Network Description

The Health Outreach to the Marshallese in Enid (HOME) Network was developed specifically to address the health barriers for the Marshallese population in Enid, OK. The Network partners, St. Mary's Regional Medical Center, Great Salt Plains Health Center, Rural Health Projects, Inc./NwAHEC, and the Enid Community Clinic, have worked together many times before. While not a formal partner as yet (due to the coalition's delay in meeting because of COVID-19 concerns), the Micronesian Coalition will become the newest member to the group.

These partners are focused on reducing barriers and improving health outcomes for the Marshallese in the community. Each organization is already serving the Marshallese population: St. Mary's Regional Medical Center is one of two hospitals in the community and employs approximately half of the primary care providers in the community; Great Salt Plains Health Center is the regional Federally Qualified Health Center (FQHC) and sees a large number of Marshallese patients; the Enid Community Clinic is the only free clinic and has a long history of being a trusted source of health care for the Marshallese; Rural Health Projects, Inc./NwAHEC has been providing services, including evidence-based chronic disease self-management education and Community Health Worker services, to the population since 2014. Finally, the Micronesian Coalition, established only a few years ago, is focused on helping the Micronesian population in Enid through advocacy, education, health care, education, and social services. Finally, AccessMeHealth will create and implement a Community Health Information Exchange, which will be used by the HOME Network employees to guide patients to the most appropriate form of care or resource.

Program Description

The HOME Network begins a new network to provide culturally competent health care and patient navigation services to the targeted population of at least 2,800 Marshallese. These individuals have limited access to health care, a lack of health care knowledge, cultural barriers, and other social determinates of health barriers, including transportation. The Marshall Islands have long been used as a nuclear test site by the United States, resulting in 67 nuclear tests and leaving the Marshallese with devastating health issues from the radiation as well as a poor diet, since 95 percent of the food on the Marshall Islands is imported—most of which is shelf-stable canned or dried goods. The Marshallese have some of the highest diabetes rates in the world, and the average life expectancy for the Marshallese is 64 years compared to the U.S.'s life expectancy of 77 years.

The HOME Network will provide patient navigation and resource referral services delivered by a native Marshall Islander. The HOME Network will also provide education about the Marshallese to primary care providers and ultimately create a network of culturally competent primary care clinicians who serve the population. One of two Marshallese physicians in the world, who is currently practicing in Springdale, AR, will assist in guiding these efforts. The focus area for the HOME Network is reducing Emergency Room visits by the Marshallese population for routine health care that can better be addressed through primary care services and prevention. This one-year planning project focuses on the education of primary care clinicians and creating a Community Health Information Exchange (CHIE) to navigate patients to the most appropriate form of care.

Region Covered by Network Services

County, State
Garfield County, Oklahoma

Network Partner

Organization	City, State	Organization Type
Rural Health Projects, Inc./NwAHEC	Enid, OK	Non-Profit
St. Mary's Regional Medical Center	Enid, Ok	Hospital
Great Salt Plains Health Center	Enid, OK	Federally Qualified Health Center (FQHC)
Enid Community Clinic (Free Clinic)	Enid, OK	Other
Micronesian Coalition	Enid, OK	Other
AccessMeHealth	East Stroudsburg, PA	Consultant

Grantee Contact Information

Name	Allison Seigars
Title	Executive Director
Organization	Rural Health Projects, Inc./NwAHEC
Organization Type	Community-based non-profit
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City, State Zip	Enid, OK 73701
Telephone #	(580) 213-3177
E-mail	agseigars@nwosu.edu
Website	www.rhp-nwahec.org

OREGON

Greater Oregon Behavioral Health Inc.

Substance Use Disorder Network (SUD-NET)

P10RH37480

Primary Focus Area: Substance Abuse/Addiction

Other Focus Areas: Behavioral Health
Network Organization/Infrastructure Development
Workforce Development

Network Description

SUD-NET formed in 2020 in response to an inadequate health workforce, insufficient collaboration between community partners, and inadequate payment model for substance use disorder (SUD) services in Eastern Oregon. The partners in the consortium are from our four largest rural counties in Eastern Oregon: Baker, Malheur, Umatilla, and Union, and represent various levels of substance use services including outpatient, residential, and withdrawal management (detox). These partners were chosen for their extensive knowledge and skills in and around substance use disorders and their desire to improve the service array in Eastern Oregon.

As a new network, some of our accomplishments include the forming of the consortium, developing and signing MOUs with each partner, and a regional training of twenty-five new Certified Recovery Mentors that occurred in July/2020.

Program Description

The focus of the SUD-NET project is to identify gaps in the access to care and develop a plan to increase access to substance use services. A particular area of focus is on increasing seamless access to outpatient, recovery-oriented care following a residential or detoxification/withdrawal management episode. The SUD-NET project enhances the presence of certified recovery mentors into the substance use disorders workforce. Enhancing the care continuum by building and strengthening the ties between SUD programs, individuals receiving services, and coordination with other community resources is achieved through opening the lines of communication and integration of services. This integrative approach to services in the Eastern Oregon communities enhances an individual's ability to acquire the services necessary to be successful in recovery efforts.

Next steps include evaluating current conditions, identifying gaps in services, consideration of alternative payment methodologies, and developing a plan for an integration process.

Region Covered by Network Services

County, State	County, State
Malheur, OR	Baker, OR
Umatilla, OR	Union, OR

Network Partners

Organization	City, State	Organization Type
Lifeways	Ontario, OR	Behavioral Health
New Directions Northwest	Baker City, OR	Behavioral Health
Center for Human Development	La Grande, OR	Behavioral Health
Umatilla Alcohol & Drug Program	Pendleton, OR	Behavioral Health
Eastern Oregon Recovery Center	Pendleton, OR	Other
Powerhouse	Hermiston, OR	Other

Grantee Contact Information

Name	Michelle Brandsma
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Website	www.gobhi.org

SOUTH DAKOTA

Rosebud Sioux Tribe Health Administration
Rosebud Connected Care Initiative

P1ORH40104

Project Focus Areas: Network Organization/Infrastructure Development

Other Focus Areas: Care Coordination
Health Information Technology
Integrated Health Services
Population Health/Social Determinants of Health

Special Populations: Tribal

Network Description

The Rosebud Connected Care Initiative is a framework for an interorganizational collaborative coordinated through the Rosebud Sioux Tribe Health Administration which will act as the backbone organization for the network. The network will initially consist of the major health delivery sites on the Rosebud Indian Reservation: the Indian Health Service Rosebud Service Unit; Horizon Community Health Center's Mission, SD and White River, SD locations; and the Rosebud Sioux Tribe Health Administration. The service area of these three delivery sites heavily overlap and, together, serve the entirety of the Rosebud Indian Reservation. Once established, the network will pursue expansion to include other healthcare delivery sites as partners (e.g., Cherry County Critical Access Hospital, Winner Regional Critical Access Hospital, Avera Health System, Sanford Health System).

The primary endpoint to the network planning grant will be a formally incorporated network organization with membership from each network partner as well as from the community itself.

Program Description

The network will have a common agenda built around shared values and will form up to five interorganizational working groups each addressing one of the five key focus areas: (1) population health informatics and analytics; (2) care coordination between healthcare delivery sites; (3) value-based healthcare; (4) stakeholder and community engagement; and (5) tribal research capacity development. Network leadership will have developed a comprehensive strategy for integrating service delivery and ensuring mutually reinforcing activities between each focus area.

Planning and strategy development of the network will be composed of stakeholder analysis, community engagement, and participatory model building. First, a series of stakeholder analyses will be conducted to identify key strengths, weakness, and capacities of network members as well as identify potential members for future integration into the network. Second, community engagement will occur through a series of surveys, interviews, focus groups, community events, and social media analysis. Finally, a series of participatory model building workshops will take place to set a common agenda, clearly define leadership roles, and ensure mutually reinforcing activities between stakeholders

Region Covered by Network Services

County, State	County, State
Todd, SD	Gregory, SD
Tripp, SD	Mellette, SD

Network Partners

Organization	City, State	Organization Type
Rosebud Sioux Tribe Health Administration	Rosebud, SD	Tribal Health Clinic
Indian Health Service, Rosebud Service Unit	Rosebud, SD	Government
Horizon Health Care, Mission Clinic	Mission, SD	Federally Qualified Health Center (FQHC)

Grantee Contact Information

Name	Primary - Skyla Fast Horse Secondary – Jackson Furlong
Title	Skyla Fast Horse - RST Health Director Jackson Furlong - Population Health Consultant
Organization	RST Health Administration
Organization Type	Tribal Health Center
Organization Address	227 BIA 9, Soldier Creek Road
City, State Zip	Rosebud, SD, 57570
Telephone #	Skyla Fast Horse - (605)-319-0333 Jackson Furlong – (314)-809-7288
E-mail	SkylaFastHorse@rst-nsn.gov Jackson.Furlong1@gmail.com
Website	www.RosebudSiouxTribe-nsn.gov

VERMONT

Copley Professional Services Group
Lamoille Area Health Network
P10RH37477

Primary Focus Area: Population Health/Social Determinants of Health

Other Focus Areas: Child Health
Women's Health

Special Populations: Children/Adolescents
Women

Network Description

The Lamoille Area Health Network (LAHN) is a newly formed network created to provide an integrated, patient-centered, team-based system of care. Many of the partnering organizations have worked together over the years on various efforts, and now we are aligning our efforts to create a more focused approach to health care delivery. Together, the partners have the expertise to address the most vexing service integration challenges that reach across the health care and human/social services systems in our rural area of north central Vermont.

The 9 partners in the network represent health care providers and human services providers, who are intent on improving the health of residents by addressing the social determinates of health. Four partners provide medical services: Copley Hospital, a critical access hospital; Lamoille Home Health and Hospice; Community Health Services of Lamoille Valley, a Federally Qualified Health Center (FQHC); and Vermont Department of Health. The human services partners include Lamoille Family Center, a family resource center offering a wide range of parent education and family support services; Capstone Community Action, an anti-poverty agency with Head Start, Early Head Start and housing programs); Lamoille Restorative Center, a community justice center; North Central Vermont Recovery Center, provider of recovery coaching and support programs; and Clarina Howard Nichols Center, provider of domestic and sexual violence services.

Program Description

Initially, the program is focusing on the highest-risk Medicaid-eligible pregnant women and young children under age 6 and their parents/guardians. The partners plan to develop system-wide care coordination and information-sharing to remove the barriers to care for patients with complex medical and social needs.

Although there is a range of federally supported programs generally available for this targeted population, access to and coordination across them is challenging for both patients and providers. Each program operates distinctly, has its own eligibility criteria and enrollment processes, and does not have a process for sharing information with other programs. LAHN partners recognize the importance of communication among the clinical providers and human/social service providers in order to address effectively issues related to the social determinants of health. We intend build the necessary linkages among our organizations in order to coordinate and improve the quality of services essential for optimal maternal and child health.

Region Covered by Network Services

County, State	County, State
Lamoille County, VT	Caledonia County, VT
Orleans County, VT	Washington County, VT

Network Partners

Organization	City, State	Organization Type
Community Health Services of Lamoille Valley	Morrisville, VT	Federally Qualified Health Center (FQHC)
Copley Hospital	Morrisville, VT	Critical Access Hospital (CAH)
Lamoille Home Health and Hospice	Morrisville, VT	Home Health
VT Department of Health	Morrisville, VT	Government
Lamoille Family Center	Morrisville, VT	Non-Profit
Capstone Community Action	Morrisville, VT	Non-Profit
Lamoille Restorative Center	Hyde Park, VT	Non-Profit
Clarina Howard Nichols Center	Morrisville, VT	Non-Profit
North Central Vermont Recovery Center	Morrisville, VT	Non-Profit

Grantee Contact Information

Name	Stuart May
Title	CEO
Organization	Copley Professional Services Group – DBA Community Health Services of Lamoille Valley
Organization Type	Federally Qualified Health Center
Organization Address	609 Washington Highway, PO Box 749
City, State Zip	Morrisville, VT 05661
Telephone #	(802) 888-0901
E-mail	smay@chslv.org
Website	https://Chslv.org

VIRGINIA

Virginia Rural Health Association
The Pride of Rural Virginia

P10RH40107-01-02

Project Focus Areas: Population Health/Social Determinants of Health
Network Organization/ Infrastructure Development

Special Populations: LGBTQ+

Network Description

Network members self-identified following a call for participation conducted by the Virginia Rural Health Association (VRHA) in 2019. A variety of entities contacted VRHA to express their interest in the project and were sorted into three categories: 1) rural healthcare providers, 2) rural-adjacent healthcare providers, 3) affiliates who wished to have a supporting role for the project. A total of 21 organizations and individuals contacted VRHA. Of those, seven self-selected for inclusion as a network member with an additional eight entities choosing a supporting role. One representative from each of those fifteen organizations comprise the Steering Committee. The network members and affiliates include four persons from the LGBTQ+ community.

Because The Pride of Rural Virginia is in the formative stage, the Steering Committee, VRHA staff, and the consultants contracted for specific duties have the only identified roles at this time.

Program Description

The Virginia Rural Health Association is working to create a statewide network for the purpose of addressing rural health priorities for the LGBTQ+ community. The activities selected for this project align with those recommended by the Movement Advancement Project for increasing access to services by reducing the cultural barriers to receiving those services and will include:

- Safe Zone Workshops – training for clinicians and staff to address bias and improve patient-partner interactions.
- Organizational policy scans – administrative review of policies and solution brainstorming to create equitable and inclusive spaces.
- Community symposiums – interactive community conversations hosted in partnership with local partners and activists.
- Continuing Medical Education Forums – education for rural clinicians on best practices in healthcare for LGBTQ+ patients.
- Needs assessment – identification of priorities for future rural health LGBTQ+ activities.
- Sustainability plan – identification of resources that will support future network activities.

Region Covered by Network Services

County, State	County, State
Pulaski, VA	Shenandoah, VA
Lexington, VA	Danville, VA
Page, VA	Pittsylvania, VA

Network Partners

Organization	City, State	Organization Type
Carilion Rockbridge Community Hospital	Lexington, VA	Critical Access Hospital (CAH)
Pulaski County Health Department - New River Health District	Pulaski, VA	Public Health
Valley Health - Page Memorial Hospital	Luray, VA	Critical Access Hospital (CAH)
Valley Health - Shenandoah Memorial Hospital	Woodstock, VA	Critical Access Hospital (CAH)
Community Health Center of the New River Valley	Christiansburg, VA	Federally Qualified Health Center (FQHC)
Eastern Mennonite University	Harrisonburg, VA	College/University

Grantee Contact Information

Name	Beth O'Connor, M. Ed.
Title	Executive Director
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Organization Type	State Rural Health Association
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Website	www.vrha.org

WASHINGTON

San Juan County Public Hospital District #1
San Juan County Community-Based Long-Term Care Network Enter
P10RH40105

Primary Focus Area: Network Organization/Infrastructure Development

Other Focus Areas: Care Coordination
Chronic Disease Management
Reimbursement for Health Services
Workforce Development

Special Populations: Elderly

Network Description

San Juan County of Washington state is unique in that it is made up of an archipelago of over 150 islands. It is considered rural and remote and it is well known as a naturally occurring retirement community. Access to healthcare has always been a problem for the citizens of San Juan County. The history of the Network began in 2008 when the Washington State Auditors challenged the San Juan County Public Hospital District #1 to find a sustainable model of health care. A unique public private partnership was formed to meet the challenge. The Inter Island Health Care Foundation and the San Juan Island Community Foundation raised funding for a capital campaign to build the first new Critical Access Hospital in Washington State in 20 years. After six years of planning and 10 million dollars in philanthropy, early community network partners then sought a hospital system to partner with to build and operate the new county hospital. PeaceHealth was invited to the community and an agreement to provide San Juan County Public Hospital Tax subsidy to support the operations of the new hospital was made. PeaceHealth Peace Island Medical Center was built on time and on budget in 2012. The "Network" has remained the same for the past 13 years:

- San Juan County Public Hospital District #1 Including SJI EMS
- Inter-Island Health Care Foundation/San Juan Island Community Foundation
- PeaceHealth Peace Island Medical Center
- San Juan County Health and Community Services (SJC Health Department)
- The Village at the Harbor, Assisted Living
- Association of Washington State Public Hospital Districts

Peace Island Medical Center conducted its first Community Health Needs Assessment (CHNA) in 2013. From that list of prioritized needs, a community network of work groups and committees was formed to address those needs. The first task was to learn the resources of each health and community service organization and to coordinate those resources. This "Network" of health and social service agencies has worked together on the prioritized needs since 2013. Addressing the needs of the vulnerable, frail and elderly was identified as a priority need in 2013. That CHNA work group continues today with all the same engaged network partners. The focus on care coordination and workforce development became more pronounced in 2017 when the only skilled nursing home in San Juan County closed. Lack of skilled nursing resources prohibits hospital safe discharge planning within the county. Residents of the SNF had to be re-located which caused distress and displacement for many families. There is a severe lack of home-based caregivers to care for those who wish to return to their homes. The only assisted living residence is stretched to capacity and caring for patients who are more appropriate for a skilled nursing facility. In 2018 a long-term care alternative task force began researching options. The Inter Island Health Care foundation raised $50,000

to fund a 2019 feasibility study and survey of residents once again over 70 years old to determine needs. Our network then became aware of other rural public hospital districts in the State of Washington who had also lost SNF services and had received a HRSA planning grant. Our team decided to also write for a planning grant for San Juan county in November of 2019. In addition, just before COVID 19 restrictions were enacted, the Association of Washington Public Hospital Districts provided funding to write a HRSA grant to improve Care Coordination and address workforce development needs that would enable the frail and elderly to receive home based services. That HRSA Care Coordination grant was submitted in March 2020.

Program Description

The goal of the Network planning grant is to develop, test, and implement an evidence-based community-based long-term care model that will meet the immediate and future needs of the frail elderly in our rural island communities.

The programmatic focus of the Network planning grant activities centers around formally establishing the Network's organizational structure. Geographical challenges of each ferry served island in San Juan County has historically been a barrier to the goal of formally establishing a network. This planning grant will offer a unique and timely opportunity to plan for a collaborative effort to create the San Juan County Community-Based Long-Term Care Network. This grant will be used to define county governance and organizational options for service and program development. Timely because COVID 19 has accelerated virtual platforms to facilitate meetings. Coming together as a Network has always been a barrier due to the time it takes riding ferries for face-to-face meetings. Each island in the county has been isolated, so bringing together a county network to identify and prioritize county wide service gaps and unmet needs will address redundancies and duplication of resources. The programmatic focus will be on identifying and prioritizing health care delivery models that are both innovative and evidence based. Models that can prove sustainable and replicable in other rural communities that face the same workforce shortages for home-based care.

The implementation approach of the Network is to research and test innovative and evidence-based service and program models of care. For example, since there is no longer a skilled nursing facility to provide long term care options, San Juan County could explore the construction of a Green House Project on each island. There are community partners who are interested in doing this kind of construction and development. Rather than the stigma of the old nursing home model, the Green House is a hybrid adult family home model that decentralizes and flattens administrative structures, is less costly to build and still allows for accepting Medicare and Medicaid reimbursements. The goal of seniors in San Juan County and just about everywhere else in our nation is to age in place, remain in their own homes and live healthy lives for as long as they can. To address the well-being of residents at home we propose using an evidence-based intervention known as the Program to Encourage Active and Rewarding Lives for Seniors, (PEARLS). PEARLS has been proven effective and delivered in community settings since 2000. PEARLS was created in partnership between University of Washington and Aging and Disability Services. PEARLS is shown to be effective in reducing depression and improving the quality of life for older adults. To remain at home many will require in home-based services and caregivers. San Juan County has a severe workforce shortage of these home-based service caregivers. Another goal of this grant is to provide a structure for ongoing training programs for home-based community health workers and certified nursing assistants. Currently there is no vocational training available in San Juan County to develop this much needed workforce. New Network partners will include the San Juan County Economic Development Council and the San Juan County School Districts to address recruitment for workforce development planning. The San Juan County Community-Based Long-Term Care Network is ready and eager to begin the planning process!

Region Covered by Network Services

County, State	County, State
San Juan County, WA	

Network Partners

Organization	City, State	Organization Type
San Juan County Public Hospital District#1	Friday Harbor, WA	Government
San Juan County Public Hospital District#2	Lopez, WA	Government
Peace Health Peace Island Medical Center	Friday Harbor, WA	Critical Access Hospital (CAH)
Inter-Island Health Care Foundation	Friday Harbor, WA	Philanthropy/Foundation
SJC Health and Community Services	Friday Harbor, WA	Public Health
SJC Family Resource Centers	Friday Harbor, Eastsound, Lopez, WA	Non-Profit
The Village at the Harbor/ Assisted Living	Friday Harbor, WA	Other
Health Facilities Planning	Seattle, WA	Consultant
San Juan Island Community Foundation	Friday Harbor, WA	Philanthropy/Foundation

Grantee Contact Information

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Region Covered by Network Services

County, State	County, State
San Juan County, WA	

Network Partners

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Grantee Contact Information

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Wisconsin

Marshfield Clinic Health System

Western Wisconsin Rural Behavioral Health Network

P10RH40103

Project Focus Areas: Network Organization/ Infrastructure Development

Other Focus Areas: Behavioral Health
Care Coordination
Mental Illness/Mental Health Services
Population Health/Social Determinants of Health

Special Populations: Migrant

Network Description

The Western Wisconsin Rural Behavioral Health Network is in development to better serve the mental and physical health needs of rural residents and address the growing concern of farm-related stress, mental illness, and suicide. Rural health clinics and hospitals, county and state health departments, as well as occupation- and underserved population-focused organizations in a four-county region of Wisconsin are coming together to pool resources, exchange information, and implement services to address the behavioral health concerns of farmers, agricultural workers, and their families.

Program Description

Network members have a shared mission to support the health and well-being of their populations and are committed to improving mental health and reducing the stigma associated with mental illness by executing the following legislative aims: 1) achieving efficiencies in care, 2) expanding access to, coordinating, and improving the quality of behavioral health care services, and 3) strengthening the rural health care system as a whole.

Network partners will focus on establishing ongoing dialogue with stakeholder groups to identify needs and key individuals to serve as community health workers. They will employ the role of Project Champions to serve as ambassadors to community groups, esp. as relates to farmers, migrant farm workers, their families and those in Plain communities. With partner engagement, network formalization and established community involvement, the network will benchmark CHW programs and craft a tailored CHW program for the four counties to support: 1) enhancement and expansion of access to behavioral health information and services to increase community behavioral health literacy and stigma reduction and 2) coordination of behavioral health services. In addition, the network will formulate an action plan for the provision of network services and establishment of partnerships to improve the rural health care system.

Region Covered by Network Services

County, State	County, State
Rusk County, Wisconsin	Clark County, Wisconsin
Taylor County, Wisconsin	Chippewa County, Wisconsin

Network Partners

Organization	City, State	Organization Type
Marshfield Clinic Health System	Marshfield, Wisconsin	Non-Profit
National Farm Medicine Center	Marshfield, Wisconsin	Non-Profit
Occupational Health for the Migrant Clinician Network	Austin, Texas (Headquarters)	Collaborative
Clark County Health Department	Neillsville, Wisconsin	Public Health
Chippewa County Health Department	Chippewa Falls, Wisconsin	Public Health
Rusk County Department of Health and Human Services	Ladysmith, Wisconsin	Government
Rusk County Rural Health Network	Neillsville, Wisconsin Rusk County, Wisconsin	Collaborative
Rusk County Youth Council	Ladysmith, Wisconsin	Collaborative
University of Wisconsin- Extension	Madison, Wisconsin	College/University
Western Wisconsin Public Health Readiness Consortium	Chippewa/Rusk County, Wisconsin	Collaborative
Local Emergency Planning Committee	Neillsville, Wisconsin Rusk/Clark County, Wisconsin	Collaborative
Professional Dairy Producers of Wisconsin	Juneau, Wisconsin	Collaborative
Prenatal Coordination/Healthy Beginnings	Rusk/Clark County, Wisconsin	Area Health Education Center
My Baby and Me Alcohol Cessation/Reduction Program	Rusk/Clark County, Wisconsin	Area Health Education Center
Reproductive Health Program	Ladysmith, Wisconsin Rusk/Clark County, Wisconsin	Collaborative

Grantee Contact Information

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