

COP-RCORP Progress Report
HRSA Request for Information - March 2022

Reporting Period: 9/1/2021 – 2/28/2022

To help inform future program planning and technical assistance, please answer the following questions to the best of your ability. Your responses should reflect the experience and perspective of your consortium. If you use local data to respond (not required), please cite the data source.

Please read the question prompts and the OU/PIRE notes (in purple) prior to completing the form.

Consortium Info

1. Please list your county. [Please respond here.](#)

SUD/Drug Concerns

2. Among the drug types listed, **please rank in order the drug types that currently pose the greatest concern to the health and well-being of your service area.** Use numbers 1 through 8, where the number 1 indicates the drug type posing the biggest concern.

[COP-RCORP TA Team Note:](#)

- Please rank order how much concern your service area has for the drug types with 1 = biggest concern.
- All drug types should have a rank.

Drug Type	Rank (1-8)	Comments (NOT REQUIRED)
Alcohol		
Benzodiazepines		
Cocaine (all forms)		
Fentanyl and Fentanyl Analogs (i.e., synthetic opioids)		
Heroin		
Marijuana		
Methamphetamine		
Prescription Opioids		

If you have a drug of concern not included on this list, please specify and provide additional details.

Other drug of concern in your service area (NOT REQUIRED)

3. Among the drug types listed, **please rank in order the drug types that your service area has the least capacity to treat**. Use numbers 1 through 8, where the number 1 indicates the drug type your service area has the least capacity to treat.

COP-RCORP TA Team Note:

- Please rank order the capacity your service area has to treat the drug types with 1 = least capacity to treat.
- All drug types should have a rank.

Drug Type	Rank (1-8)	Comments (NOT REQUIRED)
Alcohol		
Benzodiazepines		
Cocaine (all forms)		
Fentanyl and Fentanyl Analogs (i.e., synthetic opioids)		
Heroin		
Marijuana		
Methamphetamine		
Prescription Opioids		

If you have a capacity of concern not included on this list, please specify and provide additional details.

Other SUD treatment capacity of concern in your service area (NOT REQUIRED)

SUD-Related Health Concerns

4. Among the problem areas listed below, **please rank in order the problem areas that currently pose the greatest concern to the health and well-being of your service area**. Use numbers 1 through 6, where the number 1 identifies the problem area posing the biggest concern.

COP-RCORP TA Team Note:

- Please rank order how much concern your service area has for the problem areas with 1 = biggest concern.
- All problem areas should have a rank.

Problem Area	Rank (1-6)	Comments (NOT REQUIRED)
Drug-related Bacterial Infections (e.g., infectious endocarditis)		
Drug-related HIV Infection		
Drug-related Viral Hepatitis (A, B, C)		
Fatal and Non-Fatal Overdoses (all drugs)		
Neonatal Abstinence Syndrome		
Opioid Poisonings Among Children Aged 1-4 Years		

5. Among the problem areas listed below, **please rank in order the problem areas that your service area has the least capacity to address**. Use numbers 1 through 6, where the number 1 indicates the problem area your service area has the least capacity to address.

COP-RCORP TA Team Note:

- Next, please rank order the capacity your service area has to treat the problem areas with 1 = least capacity to address.
- All problem areas should have a rank.

Problem Area	Rank (1-6)	Comments (NOT REQUIRED)
Drug-related Bacterial Infections (e.g., infectious endocarditis)		
Drug-related HIV Infection		
Drug-related Viral Hepatitis (A, B, C)		
Fatal and Non-Fatal Overdoses (all drugs)		
Neonatal Abstinence Syndrome		
Opioid Poisonings Among Children Aged 1-4 Years		

If you have a SUD-related health concern not included on this list, please specify and provide additional details.

Other SUD-related health concern in your service area (NOT REQUIRED)

Successes

6. Please select the top three areas where you feel you've had **successes during the current reporting period**.

Note: If you have multiple unique successes in a single area, then mark that area and describe each success separately in the relevant textbox below.

COP-RCORP TA Team Note: Please select up to three areas where your consortium has experienced your biggest successes by placing an X in the row that corresponds to the area you'd like to indicate.

Select up to 3	Area
	Access to treatment services
	Billing/coding
	Care coordination
	Competing priorities (within community or consortium/partnership)
	Consortium growth and/or engagement
	COVID-19 pandemic
	Data & reporting
	Engaging populations directly impacted by SUD/ODU
	Funding availability
	Harm reduction
	Medication-assisted Treatment (MAT)
	Overdose prevention and naloxone distribution
	Prevention
	Prison/jail populations
	Recovery
	Service capacity
	Stigma
	Telehealth/telemedicine
	Tribal populations
	Workforce – hiring/recruitment
	Workforce – DATA waivers
	Workforce – retention
	Working with other service systems
	Other (write-in):

7. For each of the areas selected above, please **describe the success(es)** you had related to that area. For example, if you selected billing/coding, please describe the success(es) you had related to billing and coding.

COP-RCORP TA Team Note: Please enter the three areas selected above and describe the success(es) you had related to that area. *(Continued on next page.)*

Area	Successes Description

Area	Successes Description

Challenges

8. Please select the top three areas where you feel you've had **challenges during the current reporting period**.
Note: If you have multiple unique challenges in a single area, then check that box and describe each challenge separately in the relevant textbox below.

COP-RCORP TA Team Note: Please select up to three areas where your consortium has experienced your greatest challenges by placing an X in the row that corresponds to the area you'd like to indicate.

Select up to 3	Area
	Access to treatment services
	Billing/coding
	Care coordination
	Competing priorities (within community or consortium/partnership)
	Consortium growth and/or engagement
	COVID-19 pandemic
	Data & reporting
	Engaging populations directly impacted by SUD/ODU
	Funding availability
	Harm reduction
	Medication-assisted Treatment (MAT)
	Overdose prevention and naloxone distribution
	Prevention
	Prison/jail populations
	Recovery
	Service capacity
	Stigma
	Telehealth/telemedicine
	Tribal populations
	Workforce – hiring/recruitment
	Workforce – DATA waivers
	Workforce – retention
	Working with other service systems
	Other (write-in):

9. For each of the areas selected above, please **describe the challenge(s)** you had related to that area. For example, if you selected billing/coding, please describe the challenge(s) you had related to billing and coding.

COP-RCORP TA Team Note: Please enter the three areas selected above and describe the challenge(s) you had related to that area.

Area	Challenges Description

Anticipated Challenges / TA Needs

10. Please select up to three areas where you are **anticipating having challenges and/or needing targeted technical assistance (TA) in the future.**

COP-RCORP TA Team Note: Please select up to three areas where you anticipate having challenges or technical assistance needs by placing an X in the row that corresponds to the area you'd like to indicate. ***(Continued on next page.)***

Select up to 3	Area
	None at this time
	Access to treatment services
	Billing/coding
	Care coordination
	Competing priorities (within community or consortium/partnership)
	Consortium growth and/or engagement
	COVID-19 pandemic
	Data & reporting
	Engaging populations directly impacted by SUD/OD
	Funding availability
	Harm reduction
	Medication-assisted Treatment (MAT)
	Overdose prevention and naloxone distribution
	Prevention
	Prison/jail populations
	Recovery
	Service capacity
	Stigma
	Telehealth/telemedicine
	Tribal populations
	Workforce – hiring/recruitment

	Workforce – DATA waivers
	Workforce – retention
	Working with other service systems
	Other (write-in):

11. For each of the areas selected, please **describe below the anticipated challenge(s) or TA need(s) you have related to that area**. For example, if you selected billing/coding, please describe the anticipated challenge(s) or TA need(s) you have related to billing and coding.

COP-RCORP TA Team Note: Please enter the three areas selected above and describe the anticipated challenge(s) or TA Need(s) you had related to that area.

Area	Anticipated Challenges or TA Needs Description

Medication-Assisted Treatment Options

For reference: Subcutaneous = Under the skin into the subcutaneous tissue

12. What **MAT medications (drug name and form)** are currently being prescribed/distributed by **your agency or COP-RCORP subcontract organization(s)** in your HRSA-designated rural service area? *Select all that apply.*

COP-RCORP TA Team Note: Place an X in the row that corresponds to the areas you would like to indicate.

Select all that apply	Medication
	Buprenorphine (e.g., Subutex)
	Buprenorphine, extended-release subcutaneous injection (e.g., Sublocade)
	Buprenorphine with Naloxone (e.g., Suboxone film, Cassipa, Bunavail, Zubsolv)
	Methadone (e.g., Dolophine, Methadose)
	Naltrexone, oral tablets (e.g., ReVia, Depade)
	Naltrexone, extended-release injection (e.g., Vivitrol)
	Other (write-in):
	None of the above

Medication-Assisted Treatment Utilization

13. **Of the patients served by your agency or COP-RCORP subcontract organization(s), approximately** what percentage receive the following? *If any of these medications are not provided by your organization or any of your members/partners, please enter "0" next to that option.*

COP-RCORP TA Team Note: For each medication, please enter the approximate percentage of patients receiving that medication.

Medication	Percentage of Patients Receiving Medication
Buprenorphine (e.g., Subutex)	
Buprenorphine, extended-release subcutaneous injection (e.g., Sublocade)	
Buprenorphine with Naloxone (e.g., Suboxone film, Cassipa, Bunavail, Zubsolv)	
Methadone (e.g., Dolophine, Methadose)	
Naltrexone, oral tablets (e.g., ReVia, Depade)	
Naltrexone, extended-release injection (e.g., Vivitrol)	
Other (write-in):	

Peer Recovery Workers

14. Does your RCORP initiative currently include peer recovery workers (e.g., as consortium members, in workforce plan, or recipients of workforce development services)?

COP-RCORP TA Team Note: Please highlight in yellow YES or NO.

YES NO (*If no, skip to Question 20.*)

15. **If yes, do these peer recovery workers have the opportunity to connect with other peer recovery workers for continued professional development?**

COP-RCORP TA Team Note: Please highlight in yellow YES, NO, or NOT SURE.

YES NO (*If no, skip to Question 17.*) NOT SURE (*If not sure, skip to Question 17.*)

16. If **yes**, which of the following **methods** are being used **to connect peer recovery workers with each other for continued professional development**? *Please select all that apply.*

COP-RCORP TA Team Note: Please select each method used to connect peer recovery workers with each other by placing an X in the row that corresponds to the area you'd like to indicate. You may select all that apply.

Select all that apply	Method
	ECHO platform
	Other virtual networks
	In-person networks
	Other (please specify):

17. If your initiative does include peer recovery workers, do you find SUD treatment team members (physicians, nurses, PAs, etc.) **need more education to understand how to optimally benefit from peer recovery workers**?

COP-RCORP TA Team Note: Please highlight in yellow YES, NO, NOT SURE, or NOT APPLICABLE.

YES NO NOT SURE NOT APPLICABLE – Treatment team members are not working with peers

18. If your initiative does include peer recovery workers, **what challenges (if any) do peer recovery workers experience**?

COP-RCORP TA Team Note: Please identify the challenge(s) and briefly describe below, if any.

Challenge	Description

19. If your initiative does include peer recovery workers, **did your consortium expand the peer workforce and/or programming** in any of the following settings? *Select all that apply.*

COP-RCORP TA Team Note: Please select each setting where your consortium expanded the peer workforce and/or programming by placing an X in the row that corresponds to the area you'd like to indicate.

Select all that apply	Settings
	Emergency Services Units (e.g., law enforcement, paramedic units)
	Harm Reduction Venues
	Hospital Emergency Departments
	Jails/Prisons
	Post-overdose Response Teams (a.k.a. QRTs, PORTs)
	Primary Care (e.g., FQHCs, RHCs)
	Recovery Community Organizations
	SUD/OD Treatment Programs
	Other (please specify):
	None of the above

Grant Activities

20. Please indicate whether the following activities have taken place during the last six months in your rural service area.

COP-RCORP TA Team Note: In each row, please place an X in the column that corresponds to whether and how the activity took place.

Activity	Yes – as a result of full or partial RCORP funding	Yes – but NOT as a result of RCORP funding	No – not at this time
Creating/continuing consortium subcommittees or working groups			
Hosting town halls, focus groups (or other community education/outreach)			
Overdose reversal reporting			
Provider usage of Prescription Drug Monitoring Program (PDMP) data			
Telehealth, including services, training, and capacity-building			
Training on prescribing guidelines			
Mental health first aid			
Stigma reduction activities			

Telehealth

21. Is your consortium **currently utilizing telehealth/telemedicine** as part of your RCORP project?

COP-RCORP TA Team Note: Please highlight in yellow YES or NO.

YES NO (*If no, skip to Question 25.*)

22. **If yes**, please provide a 2-3 sentence overview of how your consortium is **leveraging telehealth/telemedicine to implement your RCORP project:**

COP-RCORP TA Team Note: Please provide your description below.

Description of how local consortium is leveraging telehealth/telemedicine to support your RCORP project

23. If yes, select the types of services your consortium is currently using telehealth/telemedicine for. Select all that apply.

COP-RCORP TA Team Note: Please select each relevant type of service by placing an X in the row that corresponds to the area you would like to indicate. You may select all that apply.

Select all that apply	Type of Service
	Case management
	Group therapy
	Individual counseling
	Intake and assessments
	Prescribing MAT
	Recovery services, including meetings with peer support workers
	Other (write-in):

24. If yes, select the telehealth platform types your consortium is currently using. Select all that apply.

NOTE: For additional information on various types of telehealth please see the telehealth resource center factsheet here: <https://nosorh.org/wp-content/uploads/2016/11/NOSORH-Telehealth-Big-Picture-Fact-Sheet-FINAL.pdf>

COP-RCORP TA Team Note: Please select each relevant telehealth platform type by placing an X in the row that corresponds to the platform type you would like to indicate. You may select all that apply.

Select all that apply	Telehealth Platform Type
	Audio-only telehealth
	Mobile/app-based health services (e.g., My Strength, text messages, text alerts)
	Store-and-forward communication (e.g., Health Lens, online patient portal)
	Video conferencing (e.g., Zoom, Doxy.me)
	Other (write-in):

25. Select the **challenges your consortium** has experienced in **trying to implement telehealth**. *Select all that apply.*

COP-RCORP TA Team Note: Please select each relevant challenge in implementing telehealth by placing an X in the row that corresponds to the area you would like to indicate. You may select all that apply.

Select all that apply	Challenges for Consortium
	Billing and reimbursement challenges
	Concerns about the sustainability of reimbursement
	Discomfort with technology
	Expensive equipment
	Internet/cell phone minute costs for staff
	Lack of cellular connections
	Lack of reliable broadband access
	Privacy concerns/HIPAA compliance concerns
	Staff discomfort with telehealth services (e.g., too impersonal)
	Other (write-in):
	None of the above

26. Select the **challenges patients/clients** served by your consortium have **experienced with telehealth**. *Select all that apply.*

COP-RCORP TA Team Note: Please select each relevant patient/client challenge by placing an X in the row that corresponds to the area you would like to indicate. You may select all that apply.

Select all that apply	Challenges for Patients/Clients
	Discomfort with technology
	Discomfort with telehealth services (e.g., too impersonal)
	Expensive equipment needed to access telehealth
	Internet/cell phone minute costs
	Lack of internet or cellular connections
	Privacy concerns
	Other (write-in):
	None of the above

27. Regardless of whether your consortium utilizes telehealth, what **technical assistance needs** does your consortium have around **telehealth/telemedicine**?

COP-RCORP TA Team Note: Please describe the TA needs below. If you have no TA needs, please respond N/A.

Technical assistance needs related to telehealth/telemedicine

Subcommittees/Working Groups

28. Have you developed consortium subcommittees or working groups to address specific issues, fulfill core activities, etc.?

COP-RCORP TA Team Note: Please highlight in yellow YES or NO.

YES NO (*If no, skip to Question 31.*)

29. **If yes, how many subcommittees or working groups** does your consortium have?

COP-RCORP TA Team Note: Please type the number of subcommittees that your consortium has in the box below.

Number of subcommittees

30. Please list your consortium subcommittees/working groups.

COP-RCORP TA Team Note: Please provide the name of each subcommittee/working group that your consortium has in the box below and SKIP to Question 32.

Subcommittees/Working Groups

31. **If no**, do you plan on developing any subcommittees or working groups **within the next year**?

COP-RCORP TA Team Note: Please highlight in yellow YES, NO, or NOT SURE.

YES NO NOT SURE

Fentanyl Test Strips

NOTE: Fentanyl Test Strips (FTS) are used to identify the presence of fentanyl in injectable drugs, powders, and pills.

32. Does your consortium distribute fentanyl test strips (FTS) in your service area?

COP-RCORP TA Team Note: Please place an X in the row that corresponds to whether and how the activity took place.

Select one	Status
	Yes - as a result of full or partial RCORP funding
	Yes - but not as a result of RCORP funding
	No - Not at this time (<i>If no, skip to Question 34</i>)

33. If **yes**, please **rate the extent** to which the following **benefits have resulted from FTS distribution**. *If one of these options does not apply to your consortium, please select "not at all" next to that option rather than leave the question blank.*

COP-RCORP TA Team Note: In each row, please place an X in the column that corresponds to the level of benefits resulting from FTS distribution in your service area.

	Not at all	To some extent	To a moderate extent	To a large extent
Prevention of fatal overdoses				
Increased engagement in harm reduction services				
Increased engagement in treatment services				
Increased engagement in other services (e.g., wrap-around)				
Secondary distribution of FTS to disenfranchised individuals with SUD/OD				

34. Please **rate the extent** to which the following **prevent your consortium from distributing fentanyl test strips**. *If one of these options does not apply to your organization, please select "not at all" next to that option rather than leave the question blank.*

COP-RCORP TA Team Note: In each row, please place an X in the column that corresponds to the extent each is preventing your consortium from distributing FTS.

	Not at all	To some extent	To a moderate extent	To a large extent
State or local laws prohibiting use of FTS as a harm reduction method (e.g., criminalization of possession)				
Limited number of harm reduction services where FTS could be distributed				
Limited number of providers (e.g., treatment, medical, EMS) willing to distribute FTS				
Limited supply of FTS				
Assumption most drugs will test positive for fentanyl so FTS aren't needed				
Concerns that a positive FTS result will not change behavior				
Concerns over accuracy of FTS results resulting in distributor liability				
Concerns of FTS misuse by fentanyl seekers				
Stigma concerning harm reduction services				

Do you have any **additional comments** about **barriers to FTS distribution** in your service area?

COP-RCORP TA Team Note: Please enter your comments in the box below. If you have no additional comments, please respond none.

Additional comments about barriers to FTS distribution

35. Do you or anyone in your consortium/partnership **use FTS as part of urinalysis/drug screens?**

COP-RCORP TA Team Note: Please highlight in yellow YES or NO.

YES NO *(If no, skip to Question 37.)*

36. If **yes**, what **benefits** do you see from using them as part of drug testing?

COP-RCORP TA Team Note: Please provide your response below.

Description of benefits from using FTS as part of drug testing

37. What would be **needed** to **facilitate larger-scale distribution of FTS** in your rural service area?

COP-RCORP TA Team Note: Please provide your response below.

Needs to facilitate a larger-scale distribution of FTS

Rural Health Clinics

38. Is there a Rural Health Clinic (RHC) contributing to the work on this grant? *Please answer “yes” if there is a RHC as the lead applicant, consortium member/partner, contracted provider, community collaborator, etc.*

COP-RCORP TA Team Note: Please highlight in yellow YES or NO.

YES NO (*If no, skip to Question 41.*)

39. If **yes**, has/have the RHC(s) increased or expanded MAT service delivery since your award date?

COP-RCORP TA Team Note: Please highlight in yellow YES or NO.

YES NO

40. If working with an RHC, please indicate any **challenges/barriers the RHC(s) have had in expanding MAT services** in the HRSA designated service area. *Select all that apply.*

COP-RCORP TA Team Note: Please select each relevant challenge/barrier by placing an X in the row that corresponds to the area you would like to indicate. You may select all that apply.

Select all that apply	Challenges/Barriers
	Confusion of federal RHC regulations
	Uncertainty of proper billing for behavioral health services
	Workforce shortages
	Lack of interest or perceived need among leadership at the RHC(s)
	Lack of perceived relevance among RHC leadership (e.g., “That’s not our job”)
	Other (please specify):
	Not applicable

Sustainability

41. Please indicate the type(s) of **sources of funding** that you plan to use to **sustain the consortium** and/or its activities using the following categories. *Please check all that apply.*

Please select each relevant funding source by placing an X in the row that corresponds to the area you would like to indicate. You may select all that apply.

Select all that apply	Sustainability Funding Source
	Federal grant – non-HRSA
	Insurance – Medicaid/CHIP
	State grants
	None of the above

COP-RCORP TA Team Add-on

42. How many Naloxone kits has your consortium distributed during the last six months? You may report the number for each month (Option A) or total number by quarter (Option B).

Option A.

Month	Number of Naloxone Kits Distributed
September 2021	
October 2021	
November 2021	
December 2021	
January 2022	
February 2022	

Option B.

Quarter	Number of Naloxone Kits Distributed
Year 3 Q1 (September 1, 2021 – November 30, 2021)	
Year 3 Q2 (December 1, 2021 – February 28, 2022)	