



C O P - R C O R P

Communities of Practice for Rural Communities Opioid Response Program

COP-RCORP Consortium Meeting

November 19, 2019

9:15am-3:00pm

Welcome and Introductions

- Ashtabula
- Fairfield
- Sandusky
- Seneca
- Washington
- Ohio University
- PIRE

Map of Service Area Served by the Consortium



Consortium Discussion

Transition to RCORP-
Implementation



What was your proudest
moment of your RCORP-
Planning experience?
Why?

What did you learn during RCORP-Planning that was new to you OR that will support you during implementation?

RCORP-I: MOUs for Implementation

- Where are you in completing the COP-RCORP MOU Review Form?
- What sections of your MOU need to be updated to support RCORP-I?
- What progress have you made in revising the MOUs?
- What questions or concerns do you have?
- What challenges have you encountered?
- What solutions and support do you need?



HRSA's COP-RCORP Initiative Review of Local Memorandums of Understanding from the Planning Phase

With the start of the COP-RCORP-Implementation grant, we need to review the local MOU agreements that you created under the Planning grant to determine what needs to be amended or changed. For example, during the planning phase, none of the local COP-RCORP consortia had funding agreements.

Below are steps to guide you through the review of your local MOU for the Implementation Phase.

Name	Consortium:
Date:	County:

Step 1. Find your local consortium MOU(s) from the COP-RCORP-Planning phase. They are available on the project website.

Step 2. Consider the following:

1. Review your MOU(s) regarding the partners who signed during the Planning phase.

NOTE: You may add or remove consortium members, if needed.

Yes, we will add local consortium members

No, we do not have any new consortium members to add at this time

List who else you plan to add for implementation:

2. Review the MOU(s) language in the context of your plans for the Implementation phase.

a. Will local consortium members now receive funding during Implementation?

Yes, local consortium members will receive funding during implementation

No, local consortium members will not receive funding during implementation

List who will receive funding here:

b. What other sections have language that might need to be amended (e.g., decision-making, governance, etc.)?

List the sections that need to be updated here:

3. Are there any other changes to your local MOU(s) that you think need to be made?

List the changes here:

Step 3. Decide if you plan to amend your local MOU or sign new one(s) for the Implementation phase.

Amending the existing local MOU(s)

Issuing a new MOU(s)

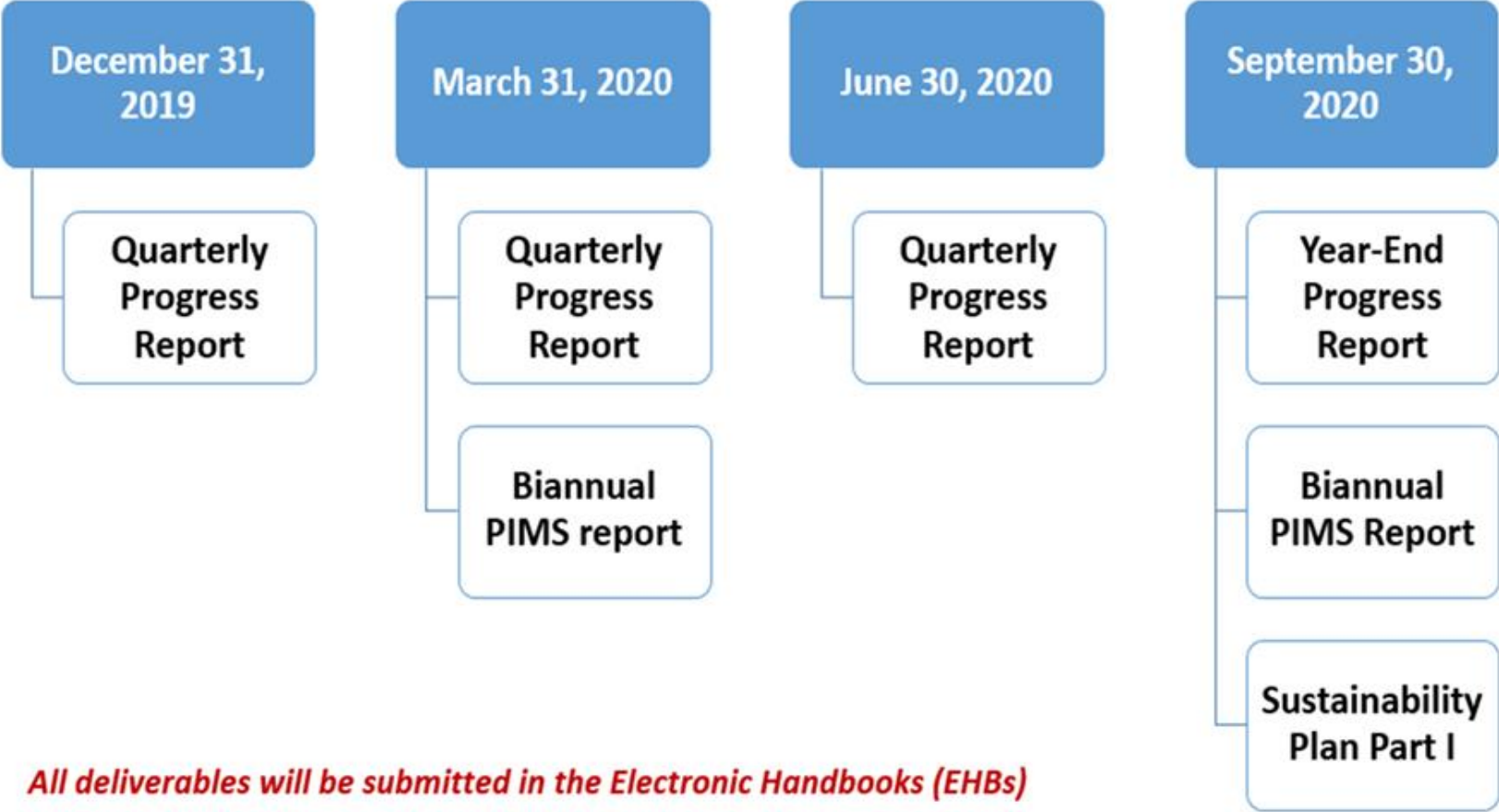
Step 5. Send this completed review of your local MOU(s) to your TTAE provider by **need date**.

Year 1 Roadmap and Deliverables



RCORP-Implementation Deliverables Schedule

YEAR 1: September 1, 2019-August 31, 2020



All deliverables will be submitted in the Electronic Handbooks (EHBs)

RCORP-I Quarterly Progress Report

- Due to HRSA by 12/30/2019
- Content
 1. Updated workplan (organized by CA, including activities completed, changes as project has developed)
 2. Updates to other federal, state, and local SUD/ODD funding received (for the funded organization)
 3. SUD/ODD and related challenges
 4. Information requests
 5. Successes and challenges due
 6. Updated staffing plan
- Because we also have a FFR due 12/31/19, we need to submit the progress report by 12/20/19.
- We will need your section and input to us by 12/13/19.



"You call it clutter. I call it free-range paperwork."



"In triplicate, please"

Progress Report: What We Need From Local Consortia by 12/13/19

1. Input from you related to any questions we have on the updated project workplan we are co-creating today.
2. Updates to other SUD/ODD funding.
3. Top 3 successes and challenges
4. Your response to the short SUD/ODD survey

RCORP-P Final/Closeout Report

- Due to HRSA by 1/29/2020
- More information to come after RCORP-I Quarterly Progress Report (i.e., we will wait until January!)
- Please be responsive to any email requests to help complete this report

RCORP-I Performance Measures





Discussion: RCORP-I Performance Measures

- Operational definitions and how to report the measures will be released on 12/11/19.
- We have lots of questions! We are working to share our concerns and questions with our HRSA project officer.
- First measure upload is due to HRSA on 3/31/20
- Questions?
- Concerns?



Creating Our RCORP-I Workplan



- **From RCORP-P, we have:**
 - 5 Strategic Plans
 - 5 Strategy Proposal Forms
- **From RCORP-I, we have:**
 - 6 prevention core activities
 - 6 treatment core activities
 - 3 recovery core activities
- **Workforce Planning**
- **Sustainability Planning**

Prevention Core Activity (CA) #1

Develop, implement, and assess intervention models that leverage opioid overdose reversal and increased naloxone availability as a bridge to treatment and ensure that rural communities have sufficient access to naloxone.

Implementing Prevention CA #1

- Who has this in their RCORP-P Plan(s)?
- If this is not on a plan, who can implement in this area?
- How should we implement this CA?
 - Can this CA be addressed independently?
 - Should all COP-RCORP consortia members work together?
 - Are there opportunities for small workgroups to work on this?
- How can we create a strategy action template for this CA?
- What support and technical assistance is needed?
 - Who should provide this?

Prevention Core Activity (CA) #2

Provide and assess the impact of culturally and linguistically appropriate education to improve family members', caregivers', and the public's understanding of evidence-based treatments and prevention strategies for SUD/ODD and to eliminate stigma associated with the disease.

Implementing Prevention CA #2

- Who has this in their RCORP-P Plan(s)?
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Prevention Core Activity (CA) #3

Provide training and other professional development opportunities to increase the number of providers, including physicians, behavioral health providers, advanced practice nurses, pharmacists, and other health and social service professionals, who are able to identify and treat SUD/OD.

Implementing Prevention CA #3

- Who has this in their RCORP-P Plan(s)?
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Prevention Core Activity (CA) #4

Increase the number of providers who regularly use a Prescription Drug Monitoring Program (including prescribers and pharmacists).

Implementing Prevention CA #4

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Prevention Core Activity (CA) #5

Identify and screen individuals who are at risk of SUD/ODD and make available prevention, harm reduction, early intervention services, referral to treatment and other supportive services to minimize the potential for the development of SUD/ODD.

Implementing Prevention CA #5

- Who has this in their RCORP-P Plan(s)?
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Prevention Core Activity (CA) #6

Track, screen, prevent, and refer to treatment patients with SUD/ODD who have infectious complications, including HIV, viral hepatitis, and endocarditis, particularly among people with infectious disease (PWID).

Implementing Prevention CA #6

- Who has this in their RCORP-P Plan(s)?
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Treatment Core Activity (CA) #1

Increase the number of providers, including physicians, nurse practitioners, clinical nurse specialists, certified nurse-midwives, certified registered nurse anesthetists, and physician assistants who are trained, certified, and willing to provide MAT, including by providing opportunities for existing rural providers to obtain DATA 2000 Drug Enforcement Agency waivers.

Implementing Treatment CA #1

- Who has this in their RCORP-P Plan(s)?
- If this is not on a plan, who can implement in this area?
- How should we implement this CA?
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Treatment Core Activity (CA) #2

Increase the number of support staff with the training and education to provide activities and services to complement MAT.

Implementing Treatment CA #2

- Who has this in their RCORP-P Plan(s)?
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Treatment Core Activity (CA) #3

Recruit and retain rural SUD/ODU providers by providing workforce development opportunities and recruitment incentives through mechanisms such as, but not limited to, the National Health Service Corps (NHSC).

Implementing Treatment CA #3

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Treatment Core Activity (CA) #4

Reduce barriers to treatment, including by supporting integrated treatment and recovery, including integration with behavioral health, dentistry, and social services, and, as appropriate, providing support to pregnant women, children, and at-risk populations using approaches to minimize stigma and other barriers to care.

Implementing Treatment CA #4

- Who has this in their RCORP-P Plan(s)?
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Treatment Core Activity (CA) #5

Train providers, administrative staff, and other relevant stakeholders to maximize reimbursement for treatment encounters through proper coding and billing across insurance types to ensure financial sustainability of services.

Implementing Treatment CA #5

- Who has this in their RCORP-P Plan(s)?
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Treatment Core Activity (CA) #6

Strengthen collaboration with law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/ODU.

Implementing Treatment CA #6

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- If this is not on a plan, who can implement in this area?
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Recovery Core Activity (CA) #1

Enable individuals, families, and caregivers to find, access, and navigate evidence-based and/or best practices for affordable treatment and recovery support services for SUD/ODU, including home and community-based services and social supports such as transportation, housing, child care, legal aid, employment assistance and case management.

Implementing Recovery CA #1

- Who has this in their RCORP-P Plan(s)?
- If this is not on a plan, who can implement in this area?
- How should we implement this CA?
 - Can this CA be addressed independently?
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 - Are there opportunities for small workgroups to work on this?
- How can we create a strategy action template for this CA?
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Recovery Core Activity (CA) #2

Develop recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.

Implementing Recovery CA #2

- Who has this in their RCORP-P Plan(s)?
- If this is not on a plan, who can implement in this area?
- How should we implement this CA?
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Recovery Core Activity (CA) #3

Enhance discharge coordination for people leaving inpatient treatment facilities and/or the criminal justice system who require linkages to home and community-based services and social supports. These services and organizations may include case management, housing, employment, food assistance, transportation, medical and behavioral health services, faith-based organizations, and sober/transitional living facilities.

Implementing Recovery CA #3

- Who has this in their RCORP-P Plan(s)?
- If this is not on a plan, who can implement in this area?
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Agenda for 11/26/19 Virtual Meeting

- Reflection on today's meeting
- COP-RCORP sustainability plan
- Local consortia sustainability plans
- Workforce development
- Opportunity for questions and discussion
- What else would you like us to cover during that meeting?

Suggested Deadline Reminders:

- December 13: Other SUD/ODD Funding Reporting Requirement due to Matt/Holly
- December 13: Local workplans/workplan updates due
- December 20: TTAE team submit first quarterly reports to HRSA
- Be thinking about rescheduling our 12/24/19 COP-RCORP consortium meeting and respond to the Doodle poll when it comes out.

Meeting Close Out

