RCORP-Implementation Measures

SERVICE AREA AND CONSORTIUM

#	Measure Instructions	Measure
1	Identify the number and types of medical organizations and agencies in your consortium.	• Hospital - Critical Access Hospital (CAH) • Hospital - Small Rural (49 beds or less, non-CAH) • Hospital - Other (e.g., Sole Community, Rural Referral Center, etc.) • Emergency medical services entity • Federally Qualified Health Center (FQHC) • FQHC Look-alike • Local or state health department • Mental and behavioral health organization, practice, or provider • Primary care practice or provider • Rural Health Clinic • Ryan White HIV/AIDS clinic • Substance abuse treatment provider – Methadone clinic • Substance abuse treatment provider – Opioid treatment program (OTP) • Substance abuse treatment provider – Other • Other medical agency or organization, Type 1- Specify: • Other medical agency or organization, Type 2- Specify • Other medical agency or organization, Type 3- Specify
2	Identify the number and types of social service and non-medical organizations and agencies in the consortium	• Community-based organization • Cooperative extension system office • Criminal justice entity – Law enforcement • Criminal justice entity – Court system • Criminal justice entity - Prison • Criminal justice entity – Probation and parole • Faith-based organization • Healthy Start site • HIV and HCV prevention organization

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		• Maternal, Infant, and Early Childhood Home Visiting Program local implementation agency • Poison Control Center • Primary Care Association (PCA) • Primary Care Organization (PCO) • Recovery Community Organization(RCO) • Research / Academic Organization • School system • Single State Agency (SSA) • State Office of Rural Health (SORH) • Tribe/Tribal organization • Other social service and non-medical agency or organization, Type 1- Specify • Other social service and non-medical agency or organization, Type 2- Specify • Other social service and non-medical agency or organization, Type 3- specify
3	Select the option that best describes your project's service area	• Single County • Multiple Counties • State • Multiple States • National
4	Please report the total number of people that live in the project's rural service area.	Total population in the project's rural service area
5	Please report the total number of consortium meetings conducted in the current reporting period in which the majority (>75%) of members participated.	Total number of consortium meetings conducted in the current reporting period
6	Please report the total unduplicated number of service delivery sites **within the Consortium** in the target rural service area offering at least one prevention, treatment and/or recovery service within the current reporting period.	Total number of unduplicated service delivery sites offering at least one prevention, treatment and/or recovery service
7	For each of the following services, please report the total number of service delivery sites **within the consortium** in the target rural service area that offered that service within the current reporting period. If no service delivery sites offered the service, please input 0.	• Prevention services(not including naloxone) • Screening and/or assessment services • Medication-Assisted Treatment (with or without psychosocial) • SUD/OUD treatment other than MAT • Infectious disease testing (i.e., HIV or HCV) • Recovery support services • Mental health treatment

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		• Other - specify
8	Report the total unduplicated number of service delivery sites **within the consortium** in the target rural service area offering at least one harm reduction service within the current reporting period.	Total number of unduplicated service delivery sites offering at least one harm reduction service
9	For each of the following harm reduction services, please report the total number of service delivery sites **within the consortium** in the target rural service area that offered that service within the current reporting period. If no service delivery sites offered the service, please input 0.	• Naloxone access • Syrings services • Fentanyl test strips • Safe smoking kits • Sex worker services • Other - specify
10	For each service listed, select whether it was newly established with or without RCORP-Implementation Support funds, expanded with or without RCORP-Implementation funds, remained the same, or did not exist in the current reporting period (dropdown).	• Prevention service (any except naloxone) • Screening and/or assessment service • MAT (with or without psychosocial therapy) • SUD/OUD treatment other than MAT • Mental health treatment • Infectious disease testing (i.e., HIV or HCV) • Recovery support services (any) • Harm reduction services (any) • Other – please specify
11	**NOTE: Sustainability measures only reported in final reporting period of the grant (Sept. 2024)** Will the consortium as a unit and/or at least one key consortium activity be sustained after the RCORP grant ends?	• Yes • No
12	If you selected yes in previous sub-section, what will sustain? (check all that apply)	• Consortium as a unit • At least one key consortium activity
13	If you selected "At least one key consortium activity" in the previous sub-section how will the activity or activities be sustained? (check all that apply)	• Absorption of services or other means of in-kind support • Reimbursement by third party payers • RCORP grant funding • HRSA grant funding (not including RCORP grants) • Other grant funding (not including HRSA and RCORP grant funding) • Fees • Applying for an 11-15 waiver • Changing Medicaid formularies • Increasing insurance reimbursement (both costs covered and new insurance payers)

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		• Becoming a line item in a state or local budget • Creating certification/licensing programs to facilitate workforce payments (e.g., peer recovery specialists) • Other: please describe (text box)

DEMOGRAPHICS

These tables collect demographic information for all individuals who have received direct services for SUD/OUD use disorder, within the current reporting period in the project's rural service area. The total number of each sub-section should equal the total number of individuals who have received direct services within the current reporting period. **Each sub-section should total to the same amount**. Please do not leave any sections blank or use N/A (not applicable) since the measures are applicable to all RCORP grantees providing direct services. If the number for a particular category is zero (0), please put zero in the appropriate section (e.g., if the total number that is Hispanic or Latino is zero (0), enter zero in that section). If data are incomplete or have other limitations, please enter the data you have, indicate the data have limitations, and explain those limitations in the comments box below.

#	Measure Instructions	Measure
14	Please report the number of individuals served, by ethnicity, during the current reporting period.	• Hispanic or Latino • Not Hispanic or Latino • Unknown • Total
15	Please report the number of individuals served, by race, during the current reporting period.	• American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White • More than one race • Unknown • Total
16	Please report the number of individuals served, by age, during the current reporting period.	• 0-12 • 13-17 • 18-24 • 25-34 • 35-44 • 45-54 • 55-64 • 65 and over • Total
17	Please report the number of individuals served, by insurance status, during the current reporting period.	• Self-pay • None/Uninsured

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		• Dual Eligible (covered by both Medicaid and Medicare)
		• Medicaid/CHIP only
		• Medicare only
		• Medicare plus supplemental
		• TriCARE
		• Other third party (e.g., privately insured)
		• Unknown
		• Total

DIRECT SERVICES

#	Measure Instructions	Measure
18	Please report the total number of individuals who have been screened for substance use disorder (SUD) in the current reporting period.	Number of individuals screened for SUD
19	Please report the total number of individuals who **screened positive** for SUD, or at risk for overuse/misuse, in the current reporting period. **If known**, please specify the number of individuals who screened positive for specific substances. While individuals could screen positive for multiple substances, each subcategory should not exceed the total.	• Total number of individuals who screened positive for alcohol or substance use • Number of individuals who screened positive for alcohol overuse/misuse (or at risk for this) • Number of individuals who screened positive for opioid overuse/misuse (or at risk of this) • Number of individuals who screened positive for psychostimulant overuse/misuse (or at risk of this) • Number of individuals who screened positive for other substance overuse/misuse (or at risk of this) (specify)
20	Please report the total number of individuals **diagnosed with substance use disorder (SUD)** in the current reporting period. **If known**, please specify the number of individuals who were diagnosed for specific SUDs. While individuals could be diagnosed with multiple SUDs, each subcategory should not exceed the total.	• Total number of individuals diagnosed with an SUD • Number of individuals diagnosed with alcohol use disorder • Number of individuals diagnosed with opioid use disorder • Number of individuals diagnosed with psychostimulant use disorder • Number of individuals diagnosed with other SUD (specify)

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21	Please report the total number of patients diagnosed with SUD who were also screened for clinical depression using an age appropriate standardized tool	Patients with an SUD diagnosis who were screened for depression
22	Please report the total number of patients diagnosed with SUD who were tested for HIV/AIDS	Patients with an SUD diagnosis who were tested for HIV/AIDS
23	Please report the total number of patients diagnosed with SUD who were tested for HCV	Patients with an SUD diagnosis who were tested for HCV
24	Please report the total number of patients diagnosed with SUD who were referred to SUD treatment	Patients with an SUD diagnosis who were referred to treatment
25	Please report the total number of individuals who received recovery support services in the current reporting period.	Number of individuals who received recovery support services
26	Please report the number of patients diagnosed with SUD who were referred to support services.	Number of patients with a diagnosis of SUD who were referred to support services: • Childcare • Employment services • Prenatal/postpartum care services • Recovery housing • Transportation to treatment • Other - specify
27	Please report the total number of patients who have received MAT only or MAT with psychosocial therapy	• Number of patients who received MAT AND psychosocial therapy • Number of patients who received MAT ONLY
28	Please report the total number of patients who have received MAT (including medication AND psychosocial therapy) for a period of three months or more without interruption	Number of patients who have received MAT for three months or more without interruption

WORKFORCE

#	Measure Instructions	Measure
29	Please report the total number of unduplicated providers **within the Consortium** who provided SUD/OUD	• Total number of unduplicated providers (i.e., individuals) within the consortium who provided SUD/OUD treatment services,

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	treatment services, mental/behavioral health services, and/or recovery support services in the target rural service area in the current reporting period. Of the total number of providers, please also report how many were newly hired with grant funds (e.g., their salary was paid for in full or in part with RCORP-Implementation grant funds) during the current reporting period.	mental/behavioral health services, and/or recovery support services in the target rural service area • Total number of providers newly hired with RCORP-Implementation grant funds
30	Please report the total number of providers (i.e., individuals) **within the consortium** who have a DATA waiver to prescribe buprenorphine-containing products for medication-assisted treatment (MAT) within the target rural service area	Total number of providers (i.e., individuals) who have a DATA waiver **(note: no FTE required)**
31	Please report the total number of providers (i.e. individuals) **within the consortium** who have prescribed medications used to treat OUD during the current reporting period.	Total number of providers (i.e., individuals) who have prescribed medications used to treat OUD **(note: no FTE required)**
32	Please report the total number of providers (i.e., individuals) within the consortium who have provided SUD/OUD treatment services, including MAT, during the current reporting period in the target rural service area. Of those providers, please specify how many were medical providers, non-medical counseling staff, peer recovery support specialists, or other (specify).	• Total Number of Providers • Number of Medical Providers • Number of Non-Medical Counseling Staff • Number of Peer Recovery Support Specialists • Other – specify
33	Please report the total number of providers, paraprofessional staff, and community members (non-providers) who participated in direct substance use disorder education and training activities as a result of RCORP funding.	• Mental health first aid trainings • Naloxone trainings • Opioid prescribing guidelines trainings • Stigma reduction trainings • Other - specify

PREVALENCE---OPTIONAL SECTION (previously required)

#	Measure Instructions	Measure
34	Please report the total number of non-fatal overdoses from opioid poisoning in your project's service area.	Number of non-fatal opioid overdoses in the project's service area.

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35	Please report the total number of fatal overdoses from opioid poisoning in your project's service area.	Number of fatal opioid overdoses in the project's service area.
36	Please report the total number of infants born with Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal (NOW) Syndrome-related symptoms in the project service area.	Number of NAS/NOW-related births in the project's service area.