

## Tennessee Rural Community Opioid Response Program (TN-RCORP)

September 1, 2022 – August 30, 2023 Annual Report

(HRSA Grant # 1 GA1RH45979-01-00)

### Overview

Through a grant from the Health Resources Service Agency (HRSA), the Tennessee Rural Community Opioid Response (TN-RCORP) Consortium launched September 1, 2022, with the goal of expanding prevention, treatment, and recovery activities in rural communities across the state. Led by the Rural Health Association of Tennessee (RHA), the consortium has begun to broker existing resources from state agencies such as the Tennessee Department of Mental Health and Substance Abuse Services, SAMSHA, and others to new partners and providers in rural Tennessee. By increasing the number of partners focused on prevention, treatment, and recovery, the consortium expects to play a critical role in assisting mental and behavioral leaders in the large goal of reducing Opioid Use Disorder (OUD) and Substance Use Disorder (SUD) by 5% over the next three years.

Through the first year of the RCORP Implementation IV grant, the TN-RCORP Consortium has expanded their capacity to connect with new rural partners including local prevention coalitions, school health professionals, Emergency Management Service (EMS) personnel, and others. In September 2022, RHA developed a new monthly communication for individuals and organizations who made a pledge to supporting the goal of reducing Tennessee's OUD/SUD rates by 5% between 2021 and 2025. To date, 196 partners have signed the pledge and are now receiving monthly communications with research-based prevention, treatment, and recovery resources that can be shared and implemented in local communities.

In addition to increasing access to resources, the TN-RCORP consortium has been leading in efforts to provide professional development opportunities to new audiences. Collectively the consortium has hosted **22 hours of training at 10 events, training approximately 733 health providers, paraprofessionals, school health, and community leaders** (see Training Event list).

### TN-RCORP Consortium Members

- Jackson Area Council on Alcoholism and Drug Dependency (JACO)
- Perry County Medical Center
- Power of Putnam Prevention Coalition
- Partners for Healing
- Rural Health Association of Tennessee
- Tennessee Association of Alcohol, Drugs, and Other Addiction Services (TAADAS)
- Weakley County Prevention Coalition
- Volunteer Behavioral Health
- Tennessee Dept. of Mental Health and Substance Abuse Services (TDMHSAS)

## Year 1 Foundational Goals and Achievements

<b>Overall Goal</b>	Build a self-sustaining network of organizations and professionals committed to a common goal of decreasing SUD by 5% in rural Tennessee.
<b>Foundational Goal</b>	Increase the number of consortium partners to 200 statewide organizations/providers through data sharing and training.

The four “Foundational” goals required of R-CORP Implementation IV grantees and the TN-RCORP progress toward meeting those goals include:

- **Track and collect aggregate data and other information from consortium members to fulfill HRSA reporting requirements and use this data to support continuous improvement of services and activities.**
  - Highlight RCORP work, best practices, goals, and opportunities to contribute were shared at Tennessee Charitable Care Network (TCCN’s) Annual Conference, Rural Health Association of Tennessee’s (RHA) Annual Meeting November 15, 2022, reaching 383 people. Share monthly updates with HRSA Project Officer, TN-RCORP Consortium, and Annual Meetings.
- **Develop processes for achieving financial and programmatic sustainability beyond the period of performance, including (but not limited to) training providers, administrative staff, and other relevant stakeholders to optimize reimbursement for clinical encounters through proper coding and billing across insurance types.**
  - Developing new Learning Management Modules for members and the public to access, including:
    - Prescription Drug Take-Back Toolkit
    - National Health Service Corp
    - Administering Naloxone Training
    - Behavioral Health Integration for RHCs
    - Data Waiver 2000 Training
    - Tennessee’s Behavioral Health Safety Net
  - Published 12 newsletters specifically for OUD/SUD audience of 268 and additional RCORP relevant resources in the Rural Health Digest sent to 2000+ rural health bi-monthly. Resources include:
    - SAMHSA resources
    - Mental Health Resources
    - RCORP-TA resources
    - SUD/ODU conferences and events
    - National Recovery Month
    - Harm Reduction Services
    - Drug Take Back Day Resources
    - Evidence-based treatment resources
    - Rural Health Disparity Information
    - HRSA articles and resources

- **Address the SUD-related needs of populations that have historically suffered from poorer health outcomes or health disparities, as compared to the rest of the target rural population.**
  - RHA developed a disparities impact statement to further examine the disparities of pregnant women in the Upper Cumberland area, particularly women of color.
  - 10 of the 22 Trainings hosted by TN-RCORP Consortium partners included education on stigma and cultural competence when delivering prevention, treatment, and recovery efforts. These trainings provided education to approximately 655 professionals, 80% of whom represent rural Tennessee communities (see Training Events list).
- **Leverage partnerships at the local/community, state, and regional levels, including with rural counties and municipalities, health plans, law enforcement, community recovery organizations, faith-based organizations, and others to secure buy-in for the proposed project and ensure that it complements (versus duplicates) existing SUD/ODU resources.**
  - Regional Champions – Power of Putnam and Partners for Healing have signed on as “Regional Champions” committing to share resources and trainings locally.
  - RHA served on Governor Lee’s Rural Health Taskforce, chairing the Social Drivers of Health Subcommittee, advocating for funding for County Health Councils and Prevention Coalitions to address mental and behavioral health challenges locally.
  - Through Year 1 of the grant RHA has increased their SUD/ODU specific newsletter from 72 Basic (free) members/subscribers to 268, a 27% increase.

## Year 1 Prevention Goals and Achievements

<b>Overall Goal</b>	By September 1, 2025, decrease SUD in Tennessee’s rural counties by 5%.
<b>Prevention Goal</b>	Increase the adoption or expansion of at least two prevention core activities in 75% of the service area (55 Counties).

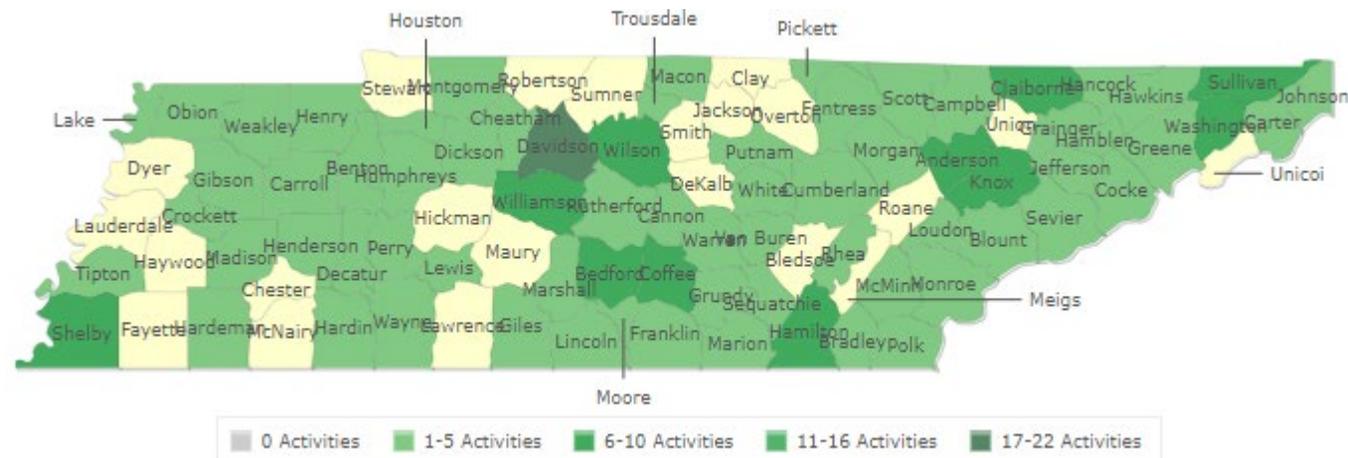
The five “Prevention” goals required of HRSA R-CORP Implementation IV grantees, and the TN-RCORP progress toward meeting those goals include:

- **Support culturally and linguistically appropriate substance use prevention activities and evidence-based programs, delivered in diverse environments (e.g., schools, community centers) and to diverse participants.**
  - The TN-RCORP Consortium delivered trainings to new partners including school health professionals, EMS, community-based organizations, and Rural Health Clinics. 10 of the 22 learning events hosted by RCORP partners included information on cultural and linguistic appropriateness, however the below 5 trainings put more emphasis:
    - ***Policy in Action: How do We Stop the Maternal Health Crisis?*** – Session on Maternal Health that included the disparities between black women in Memphis, Tennessee, and rural women in the “Upper Cumberland” region. Black women in Memphis and women in Upper Cumberland have nearly the same maternal health outcomes, though for different reasons. Substance Use Disorder is a commonly cited contributing factor for the rural women in Upper Cumberland.
    - ***Engaging Faith Based Communities in Substance Use Prevention & Treatment*** – Presented in West Tennessee by a representative from the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) the training included importance of engaging with faith-based partners in West Tennessee and how faith communities can become “Certified Recovery Places of Worship.”
    - ***MAT/MOUD and Stigma*** This training presented by Dr. Erica Schlesinger-Hurst, Assistant Chief Pharmacist and State Opioid Treatment Authority Designee with the Tennessee Department of Mental Health and Substance Abuse Service, provided information on the chemical brain response of people with addiction and the challenges people with addiction face when trying to stop.
    - ***Stigma Training – West TN Addiction Network*** – This session was part of Weakley County Prevention Coalition Prevention Recharged Conference, Presented by West TN Addiction Network.
    - ***Re-examining the Language That we use for Addiction.*** - This session was part of Power of Putnam’s Prevention and Recovery Symposium of Event, Presented by Dr Mark Loftis.

- **Increase access to naloxone within the target rural service area and provide training on overdose prevention and naloxone administration for community members likely to respond to an overdose.**
  - ***Overdose Prevention Training*** – Johnson City, Kahla Cobb, Regional Overdose Prevention Specialist with Tennessee Department of Mental Health and Substance Abuse Services presented on overdose trends in Tennessee, science of addiction, stigma, and harm reduction, how to recognize the signs and symptoms of opioid and stimulant overdose and how to respond to a drug overdose with naloxone.
  - ***Naloxone Training*** – RHA online webinar – In partnership with RHA, Marrison Valentine, Sevier County Regional Overdose Prevention Specialist, presented on the impacts of the overdose epidemic, the impact of substance misuse on the brain, harm reduction principles and recognizing and responding to an overdose and how to administer.
  - ***Administering Naloxone – On-Demand Training*** – RHA developed an interactive on-demand training on how to administer Naloxone. The training includes information about Opioid Use Disorder, how to identify common risk factors, and how to respond in an overdose emergency. To date three “apprentices” have completed the training with several schools prepared to teach in fall 2023.
- **Train community members and other stakeholders on safe storage and disposal of prescription drugs with potential for misuse.**
  - ***Engaging Pharmacies in Drug Take-back Events*** – Tyler Melton, PharmD from University of Tennessee’s College of Pharmacy presented on the Drug Take-Back Toolkit for Pharmacists and communities who would like to engage with them. Over the course of the year RHA and UT College of Pharmacy further developed the toolkit to include additional videos and resources. It is now on RHA’s LMS system and is approved for 1.75 contact hours (0.175 CE) by the Accreditation Council for Pharmacy Education (ACPE) from University of Tennessee College of Pharmacy.
  - ***Safe Storage Education for Parents of School Children*** – Through partnerships with Volunteer Behavioral Health, the RCORP Regional Champions, and at TN-RCORP Consortium events, more than 5,000 resources on safe storage have been shared with schools to give to parents and caregivers at school meetings and programs.
  - ***Dispose Rx (home disposal kits)*** – 3,700 standard Dispose Rx packets have been distributed to 37 partners in 20 counties
  - ***Engaging Communities in Drug Take Back Day*** – During Drug Take-Back Month (April 2023), RHA hosted a webinar in partnership with Power of Putnam Prevention Coalition and a representative from Wal-Mart to provide

- education on permanent drug take back locations and how to host a successful event. RHA developed flyers and other marketing materials for community members and coalitions to utilize for their drug take back event.
- **Identify and screen individuals at risk for SUD/OD and co-occurring disorders/infectious complications (including HIV, viral hepatitis, mental illness, etc.), and provide, or make referrals to, prevention, harm reduction, early intervention, treatment, and other support services.**
    - Tennessee’s Behavioral Health Safety Net – TDMHSAS presented to the newly formed Tennessee Rural Health Clinic Network to share how to refer patients to Behavioral Health Safety Net Providers.
  - Train and strengthen collaboration with and between law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/OD.
    - RHA made some progress on this goal and connecting with new partners, however, did not fully engage in this activity in Year 1.

### Year 1 Prevention Goals and Achievements



HRSA considers 55 of Tennessee’s 95 Counties to be “Fully Rural” ([HRSA Rural Eligibility Analyzer](#)). Through preliminary data collected, the TN-RCORP Consortium has reached 43 “Fully Rural” counties (78%) in year 1 through distribution of Safe Storage resources, Dispose Rx, and training and professional development events. In Years 2 and 3 of the grant, the TN-RCORP Consortium

hopes to reach the additional 12 “fully rural” counties and develop deeper relationships and programs with the counties connected with to date.

**Training Events** (*P= Provider; S=School; MB = Mental & Behavioral Health; C = Community/other*)

Date of Training	Training Title	Location	Total Attendance	# Rural Participants	Prevention & Cultural	Treatment & Recovery	P/S/MB/C
11/16/22	Ending the Epidemic: Prevention Education in K12	Pigeon Forge, TN ( <i>rural</i> )	87	87	P		S=87
11/16/22	Bringing Mental Health & Substance Abuse Services to Middle Tennessee	Pigeon Forge, TN ( <i>rural</i> )	87	87		X	S=87
11/16/22	Implementing Medication Assisted Treatment in the Jefferson County Detention Center	Pigeon Forge, TN ( <i>rural</i> )	82	82		X	MB=16 P=40 C=26
11/17/22	Policy in Action: How do We Stop the Maternal Health Crisis?	Pigeon Forge, TN ( <i>rural</i> )	328	328	P & C		S=87 P=92 MB=16 C=135
11/17/22	Development of a Rural Recovery Ecosystem Index	Pigeon Forge, TN ( <i>rural</i> )	70	70		X	MB=16 P=40 C=16
11/17/22	Drug Take Back Program	Pigeon Forge, TN ( <i>rural</i> )	328	328	P		S=87 P=92 MB=16 C=135
11/17/22	Project Rural Recovery - What We've Learned about Implementing and Operating Mobile Integrated Care in Rural Tennessee	Pigeon Forge, TN ( <i>rural</i> )	70	70		X	MB=16 P=40 C=16
3/23/23	Engaging Faith Based Communities in Substance Use Prev & T	Jackson, TN	41	17	P & C	X	P=17 C=24

4/4/22	Engaging Communities in Drug Take Back Day – RHA	Online	31	8	P	X	P=2 Para=5 C=24
4/6/23	Overdose Prevention Training	Johnson City, TN	47	6	P & C		P=29 C=18
5/16/23	Signs of Suicide – RHA	Online	37	16	P & C	X	P=5 C=31
6/27/23	Naloxone Training – RHA with ROPS	Online	32	9	P & C		
8/22/23	MAT/MOUD and Stigma - RHA	Online	36	11	P & C	X	P=17 C=18
6/15/23	Behavioral Health Integration - VBC Readiness - RHA	Murfreesboro, TN	47	39		X	P=35 C=4
6/15/23	Tennessee’s Behavioral Health Safety Net – TDMHSAS - RHA	Murfreesboro, TN	47	39		X	P=35 C=4
6/26/23	QPR Training – Weakly County Prevention	Martin, TN <i>(rural)</i>	30	30	P & C		P=6 C=24
6/26/23	Stigma Training – West TN Addiction Network – Weakly Co.	Martin, TN <i>(rural)</i>	30	30	P & C	X	P=6 C=24
6/27/23	Prevention Strategies – Weakley County	Martin, TN <i>(rural)</i>	30	30	P & C		P=2 Para=4 C=24
8/11/23	Evolution of Prevention	Cookeville, TN <i>(rural)</i>	108	108	P		
8/11/23	TN Alliance for Drug Endangered Children Programs	Cookeville, TN <i>(rural)</i>	108	108	P		
8/11/23	Substance Misuse & Aces	Cookeville, TN <i>(rural)</i>	108	108	P	X	
8.11.23	Re-examining the Language That we use for Addiction	Cookeville, TN <i>(rural)</i>	108	108	P & C	X	

		<b>TOTAL:</b>	<b>733 (unduplicated)</b>	<b>568 (unduplicated)</b>	<b>P=16 C=10</b>	<b>T/R=13</b>	
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### Year 1 Treatment and Recovery Goals and Achievements

<b>Overall Goal</b>	By September 1, 2025, increase the number of prevention, treatment, and recovery workforce professionals in Tennessee’s rural counties by 5-10%.
<b>Treatment Goal</b>	Increase the number of providers able to screen, treat, and support recovery in 75% of the service area.

The five “Treatment and Recovery” goals required of HRSA R-CORP Implementation IV grantees, and the TN-RCORP progress toward meeting those goals include:

- Recruit, train, mentor, and retain interdisciplinary teams of clinical and social service providers, to support an integrated approach to SUD/ODU treatment, including evidence-based behavioral therapy, U.S Food and Drug Administration-approved pharmacotherapy, and any other necessary supportive services. This activity must include providing support to providers who are seeking DATA 2000 waivers.
  - The DATA 2000 Waiver training requirements were waived and the activities under this required goal are being adjusted.
- Create community linkages and referral systems for a seamless entry into MAT/SUD treatment from primary care, emergency departments, law enforcement/first responders, community-based organizations, social service organizations, etc.
  - RHA hosted a community webinar on MAT/MOUD & Stigma with Dr. Erica Schlesinger with Tennessee Department of Mental Health. Will develop a further connection with ONE TN and Dr. Erica Schlesinger on MAT and explore these relationships to meet MAT deliverables.
- Ensure linkages to and coordination with home and community-based social services (such as case management, housing, employment, food assistance, transportation, etc.) to support individuals in recovery, including those discharged from inpatient treatment facilities and/or the criminal justice system.
  - 22 Charitable Care Network Members received education on using Community Health Workers to refer uninsured to community-based services.
- Expand the peer workforce to provide support in various settings, including hospitals, emergency departments, law enforcement departments, jails, SUD/ODU treatment programs, and in the community.
  - 62 employers received training on recruiting and mentoring apprentices.

- Support the development of recovery support services such as recovery community organizations, recovery homes, mutual aid groups, and other recovery resources and infrastructure to expand the availability of and access to recovery support services.
  - RHA has tailored the “Be There” Recovery Campaign and published in the Learning Management System along with the Naloxone training and Drug Take-Back Trainings. The TN-RCORP Consortium will add to this module in Year 2 featuring more recovery information and services.

## Summary

The Tennessee Rural Community Opioid Response Program (TN-RCORP) has made measurable progress in Year 1, particularly as it relates to establishing more partners throughout the state and distributing prevention education and resources. There have been several planned activities that have been moved to Year 2 because of some unexpected challenges, including:

### Challenges:

- ***Identifying MAT providers*** – The TN-RCORP Consortium originally thought they would find more Rural Health Clinics who offer MAT services, however, have discovered that there are not many rural providers offering these services. This has made it difficult to identify champions to provide best practices and has also caused delays in billing and coding trainings.
- ***DATA 2000 Waiver Changes*** – One of the TN-RCORP Consortium Goals was to increase the number of providers taking the DATA 2000 waiver, however new federal legislation has waived the specific training requirements. RHA is working with partners to determine how to identify and support providers wishing to offer these services.
- ***Staff Changes*** – RHA had several staff changes in Year 1, which presented a challenge in maintaining connections, tracking grant deliverables, and meeting some previously scheduled activities. The Project Director has remained the same throughout the program and now has 2 dedicated staff, with another expected to join the team in October.

### Year 2-3 Opportunities:

Opportunities in Year 2 include:

- ***Strengthening relationships with EMS and Law Enforcement*** – RHA has made some new contacts with rural EMS and law enforcement, however not in time to support education events with these groups. The TN-RCORP consortium hopes to engage these groups in the Spring 2024 events.
- ***Drug Take-Back Box Placements*** – Internal staffing changes caused delays in purchasing the drug take-back boxes. These boxes have been ordered, delivered to Tennessee and are ready for placement. RHA has also learned that the Dispose Rx resources are extremely popular among rural clinics. The TN-Consortium hopes to purchase more of these, as well as lock boxes, and fentanyl test strips to distribute to more partners.
- ***Deepening Pharmacists Relationships*** – With the newly approved CEUs for drug take-back and through relationships with Rural Health Clinics, there is an opportunity to further engage with rural pharmacists as partners in OUD/SUD prevention.