Grantee DIRECTORY

Rural Health Network Development Planning Program

2018

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 consortia 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.

2018 Rural Health Network Development Planning Grantees – Programmatic Focus Areas

Collaboration is a key factor in addressing the challenges and disparities in rural health care planning, delivery, access, and outcomes. Disproportional chronic disease rates, a higher incidence of mental health problems and substance abuse, hospital closures, limited broad band, and health care provider shortages are among the issues facing rural communities. With funding provided by the Network Planning Program, the twenty-four (24) FY2018 grantees in eighteen (18) states are addressing these challenges by bringing a broad range of partners together to form rural health networks. Partners are joining together to create a foundation for their infrastructure and identify opportunities for leveraging their resources to tackle high priority needs in their communities. Fourteen (14) of the twenty-four (24) networks are allocating at least some portion of their grant funding to formalizing the organizational development of their partnerships. In addition to the network infrastructure development, Network Planning grantees are making plans to draw on their combined expertise and resources to address an array of health care issues. A majority of the 2018 Network Planning grantees are addressing behavioral health/mental health issues through varying approaches.

- Eighteen (18) grantees have opioid substance abuse as either a primary (7) or secondary (11) focus of their networks. Four of these 18 grantees are also addressing other forms of substance abuse/addiction.
- Similarly, another eleven (11) grantees have either a primary (3) or secondary (8) focus on expanding mental health services in their communities, joined by two (2) with a primary focus on behavioral health.
- Three (3) of the four (4) networks working to expand their emergency management services are specifically focused on responding to mental health and substance abuse crises.
- Another three (3) have either a primary (1) or secondary (2) focus on care coordination for patients with behavioral health/mental health challenges. Two (2) grantees are examining options for expanding their behavioral health/mental health workforce.

Creating efficiencies in the delivery of health care is another important focus for these rural health networks.

- Five (5) are expending some of their resources on the integration of health services.
- Three (3) more are exploring methods for coordinating the care of patients with chronic diseases such as diabetes, chronic obstructive pulmonary disease, and congestive heart failure, with two (2) focusing specifically on the transition of care for these patients.
- Six (6) networks are looking for effective methods to stem the rising rates of childhood obesity in their communities.

- With growing barriers to the financial sustainability of rural health hospitals and clinics, one (1) Network Planning grantee is leveraging its resources to help alleviate the loss of health care services, and another is exploring options for increasing provider reimbursements.

Contents of the 2018 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.

2018 Rural Health Network Development Planning Grantees

Focus Areas

State	Grantee	Network Name	Primary Focus Area	Other Focus Areas
CA	Mountain Valleys Health Center	CA299 Health Collaborative	Integrated Health Services	Care Transitions Chronic Disease Management – Diabetes Chronic Disease Management – Other Health Information Technology Network Organization/ Infrastructure Development
CO	Converge Day Treatment Center	GRIT: Group for Rural Internship Training	Behavioral Health	Health Education Workforce Development
GA	Jeff Davis County Board of Health	The Jeff Davis Substance Abuse Coalition	Substance Abuse/ Addiction - Opioid	Behavioral Health Health Education Network Organization/ Infrastructure Development
GA	Rural Health Works	Southeast Regional Obesity Prevention Network	Obesity – Childhood	Obesity - Adult
ID	St. Luke's McCall, LTD.	Critical Incident Management Rural Outreach Network (CIMRON)	Behavioral Health	Emergency Medical Services Mental Illness/ Mental Health Services
IL	Ottawa Regional Hospital and Healthcare Center dba OSF Saint Elizabeth Medical Center	Creating a Healthier Streator Community Network	Network Organization/ Infrastructure Development	Care Coordination Hospital Closure/ Alleviating Loss of Services Mental Illness/ Mental Health Services Telehealth

State	Grantee	Network Name	Primary Focus Area	Other Focus Areas
IN	Marion General Hospital	InCREASE Community Connections	Substance Abuse/ Addiction - Opioid	Behavioral Health Mental Illness/ Mental Health Services Substance Abuse/ Addiction - Other
IA	Seasons Center for Behavioral Health	Northwest Iowa Children's Behavioral Health Network	Behavioral Health	Integrated Health Services Mental Illness/ Mental Health Services Substance Abuse/ Addiction - Opioid
KS	Kearney County Hospital	Kearney County Rural Behavioral Health Network	Mental Illness/ Mental Health Services	Substance Abuse/ Addiction – Opioid Substance Abuse/ Addiction – Other
KS	Thrive Allen County	Thrive Allen County	Substance Abuse/ Addiction - Opioid	
KY	Purchase District Health Department	Purchase Area Health Connections	Obesity - Childhood	Health Education Network Organization/ Infrastructure Development
KY	St. Claire Healthcare/NE KY AHEC	Northeast Kentucky Opioid Crisis Response Network	Substance Abuse/ Addiction - Opioid	None
LA	The Health Enrichment Network	Louisiana Rural Oral Health Network	Oral Health	Health Education Network Organization / Infrastructure Development Obesity - Childhood
ME	Healthy Community Coalition	Franklin Regional Care Coordination Network	Care Coordination	Behavioral Health Mental Illness/ Mental Health Services Obesity – Childhood Network Organization/Infrastructure Development Substance Abuse/ Addiction – Opioid

State	Grantee	Network Name	Primary Focus Area	Other Focus Areas
MI	Michigan Rural EMS Network	Michigan Rural EMS Network	Emergency Medical Services	Behavioral Health Mental Illness/ Mental Health Services Network Organization/ Infrastructure Development Substance Abuse/ Addiction – Opioid
MS	Delta Health Alliance	Delta Opioid Task Force Network	Substance Abuse/ Addiction - Opioid	Network Organization/ Infrastructure Development
MS	Delta Health Center	Washington County Rural Health Network	Integrated Health Services	Chronic Disease Management – Diabetes Chronic Disease Management – Other than Diabetes Mental Illness/Mental Health Services
MO	Missouri Bootheel Regional Consortium	Bootheel Health Alliance	Obesity - Childhood	
MO	Richland Medical Center	Ozarks Rural Health Network	Mental Illness/ Mental Health Services	Behavioral Health Network Organization/ Infrastructure Development Substance Abuse/ Addiction – Opioid Substance Abuse/ Addiction - Other
MT	Granite County Medical Center	Healthy Granite County Network	Network Organization/ Infrastructure Development	Behavioral Health Care Coordination Care Transitions Emergency Medical Services Mental Illness/ Mental Health Services Hospital Closure/ Alleviating Loss of Services
MT	Montana State University	Montana Behavioral Health Workforce Network	Workforce Development	Behavioral Health Integrated Health Services Network Organization/ Infrastructure Development Substance Abuse/ Addiction – Opioid

State	Grantee	Network Name	Primary Focus Area	Other Focus Areas
NE	Four Corners Health Department	ACCESS + Coordinated Care Network	Care Coordination	Chronic Disease Management – Diabetes Chronic Disease Management – Other Integrated Health Services Network Organization/ Infrastructure Development
NE	Northeast Nebraska Public Health Department	Northeast Nebraska Rural Health Network	Obesity - Childhood	Network Organization/ Infrastructure Development
NH	Bi-State Primary Care Association	Targeted Integrated Project	Network Organization/ Infrastructure Development	
NH	Huggins Hospital	Huggins Health Neighborhood	Network Organization/ Infrastructure Development	Behavioral Health Care Coordination Mental Illness/ Mental Health Services Substance Abuse/ Addiction - Opioid
NM	Southwest Center for Health Innovation	New Mexico Public Health Institute	Network Organization/ Infrastructure Development	Behavioral Health Workforce Development Substance Abuse/ Addiction - Opioid
NY	Westchester-Ellenville Hospital	Ellenville Area Rural Health Network	Obesity - Childhood	
NC	First Health of the Carolinas	Sandhills Opioid Response Network	Substance Abuse/ Addiction – Opioid	Integrated Health Services
NC	Granville –Vance District Health Department	Rural Clinical Opioid Treatment Network TBD	Substance Abuse/ Addiction – Opioid	Behavioral Health Care Coordination Integrated Health Services Telehealth
PA	Community Guidance Center	Building a Network of Care	Network Organization/ Infrastructure Development	Behavioral Health Mental Illness/ Mental Health Services Pharmacy Substance Abuse/ Addiction - Opioid

State	Grantee	Network Name	Primary Focus Area	Other Focus Areas
SD	Sacred Heart Health Services	Avera Sacred Heart Health Services	Network Organization/ Infrastructure Development	Care Coordination Care Transitions Integrated Health Services
SD	South Dakota State University	Great Plains – American Indian Health Occupation Network	Workforce Development	Network Organization/ Infrastructure Development
VA	St. Mary's Health Wagon	Virginia Appalachian Wellness Network	Substance Abuse/ Addiction - Opioid	Behavioral Health Care Coordination Emergency Medical Services Mental Illness/ Mental Health Services
VA	The Virginia Rural Health Association	The Virginia Rural Health Clinic Coalition	Behavioral Health	Substance Abuse/ Addiction – Opioid Substance Abuse/ Addiction – Other than Opioid
WA	Grays Harbor County Public Hospital District 1	Washington Rural Health Network	Reimbursement for Health Services	Network Organization/ Infrastructure Development
WA	Jefferson, County Of	Jefferson County WA Rural Health Network	Mental Illness/ Mental Health Services	Behavioral Health Emergency Medical Services Integrated Health Services Substance Abuse/ Addiction - Opioid

California

Mountain Valleys Health Centers
CA229 Health Collaborative

P10RH31845

Primary Project Focus Area: Integrated Health Services

Other Focus Areas:
Care Transitions
Chronic Disease Management – Diabetes
Chronic Disease Management – Other
Health Information Technology
Network Organizational/Infrastructure Development

Special Populations: None

Network Description

The CA299 Health Collaborative was started in 2010 and is now a mature, regional network of health care providers serving a rural region of 4,100 square miles in portions of Lassen, Modoc, Shasta, and Siskiyou Counties in far Northern California. Original members include: 1) Mountain Valleys Health Centers (MVHC) – Federally Qualified Health Center (FQHC) headquartered in Lassen County, with six locations in all four of the affected counties (lead applicant for this project); 2) Canby Family Practice Clinic – Rural Health Clinic (RHC) located in Modoc County; 3) Modoc Medical Center (Last Frontier Hospital District) – Critical Access Hospital (CAH) with primary care clinic located in Modoc County; and, 4) Mayers Memorial Hospital District – CAH located in Shasta County. For this Network Development Planning grant, the Collaborative has added three new members - two CAHs and one RHC, for a total of seven members. New members include: 1) Mercy Medical Center Mt. Shasta, Dignity Health – CAH with two primary care clinics located in Siskiyou County; 2) Fairchild Medical Center – CAH located in Siskiyou County; 3) Goose Lake Medical Services – RHC located in Modoc County.

The Collaborative has a strong history of collaboration among its network partners beginning when the original five-regional safety-net providers came together to begin look at what, if anything, they could all do to assist the two CAHs in finding a sustainable solution to their ongoing operational deficits to stave off what was seen by many as imminent closure. The CAHs were able to find alternate sources of income from their tax districts, and the crisis was averted for the time being. However, with the changing health care environment, including the implementation of the Affordable Care Act, decreasing reimbursement, loss of state grant funding, and increasing operational costs, the organizations continued to seek ways that they could work together to meet their challenges collectively and strengthen the region's health care system.

The Collaborative has received several grants over the years to advance its ongoing development, including CA Healthcare Foundation Strategic Restructuring Grant (2011), a FORHP Network Development Planning (2012) and a Network Development grant (2014). Over that time, the Collaborative members came together to consider the needs of the community and their organizational needs that can be better served through the Collaborative and identified what the five CEOs really wanted in the way of a collaborative effort in the region and what health care services and issues are most important to them. Subsequent planning revealed the need to expand the Collaborative to include those additional and essential health care providers whose participation would support making the Collaborative a viable entity that is able to bring about needed programs and services through collective

planning and implementation to be ready to become a rural ACO. The outcomes of the advanced planning included goals for the development of a specialty care network, the implementation of a health information exchange, and the expanded process of coordination of care to focus initially on care transition from hospital back to the primary care provider and ultimately full-scope care management.

Program Description

The CA299 Health Collaborative's Network Development Planning Program includes expanding the network to include three new member organizations that further solidify the regional effort to expand collaboration and coordination of services throughout the region. The Collaborative will focus on identifying ways to achieve better system efficiencies and improve regional and/or local rural health care services with the aim of reducing hospital admissions and re-admissions and over-utilization of emergency departments while improving the quality of care patients receive and their ultimate health outcomes. With the addition of the new members, the Collaborative will complete planning for the continued expansion of the regional health information exchange (HIE), Sac Valley Med Share, across the service area to include the three new members. The Collaborative will also be expanding their Care Coordination Program to include the new member organizations and then look to plan for the transition of the Care Coordination Program into a full-scope Care Management Program. And, lastly, the Planning Program includes the development of a strategic plan for the implementation of a rural ACO.

Regions Covered by Network Services

County/State	County/State
Modoc County, CA	Shasta County, CA
Lassen County, CA	Siskiyou County, CA

Network Partners

Organization	Location	Organization Type
Mountain Valleys Health Centers	Bieber, CA	Federally Qualified Health Center (FQHC)
Modoc Medical Center	Alturas, CA	Hospital
Canby Family Practice	Canby, CA	Rural Health Center
Mayers Memorial Hospital District	Fall River Mills, CA	Hospital
Goose Lake Medical Services	Alturas, CA	Rural Health Center
Fairchild Medical Center	Yreka, CA	Hospital
Mercy Medical Center Mt. Shasta, Dignity Health	Mt. Shasta, CA	Hospital

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Colorado, Nebraska, & Texas

Converge Day Treatment Center

GRIT: Group for Rural Internship Training

PI0RH32088

Primary Project Focus Area: Behavioral Health

Other Focus Areas: Health Education
Workforce Development

Special Populations: Children/Adolescents
Rural, Underserved

Network Description

The Group for Rural Internship Training (GRIT) is a new network formed in August 2018. The network is a collaborative of doctoral psychology internship training programs located in rural communities in Colorado, Nebraska, Kansas, and Northeast Texas. The network partners are the Converge Day Treatment Center and its associated programs in the High Plains Psychology Internship Consortium, Salina Regional Health Center (SRHC), and the University of Texas Health Sciences Center at Tyler. The partners are committed to operating high quality doctoral psychology internship programs in rural areas.

GRIT exists to facilitate resource sharing, promote innovative approaches to care coordination and training, and to support the production of a new generation of early-career healthcare providers that have the knowledge and skills necessary to be effective in new models of coordinated care. As a new network, GRIT has a planning committee that is developing specific operations for the collaborative related to coordination of training and patient care.

Program Description

The purpose of the Group for Rural Internship Training is to develop operation processes to assist doctoral psychology internship programs and associated staff in highly underserved communities meet a variety of accreditation requirements to ensure the highest standard of training and thus the highest standard of service provision.

During this planning year, the network intends to develop shared resources for didactic training, including topics tailored to help psychologist trainees excel in the new models of coordinated care encompassed in current healthcare redesign; creation of a network hub to streamline and improve the efficiencies of required data collection of initial and ongoing accreditation reporting; and facilitation of a virtual job fair to help network partners and other possible stakeholders connect with psychologist trainees to advertise postdoctoral and licensed psychologist positions to support workforce development in rural communities.

The GRIT network recognizes the importance of training doctoral psychology interns in evidence-based practice that is relevant and applicable in rural, underserved communities. As such, the network is supporting each member site in its training and evaluation of the knowledge, skills, and attitudes related to evidence-based practice of its doctoral trainees and other relevant providers. For quality assurance, the GRIT network is using the Plan – Study – Do – ACT (PSDA) process within a rapid cycle method whenever appropriate. This four-step process is being applied in the evaluation of all program objectives of the current project.

Regions Covered by Network Services

County/State	County/State
Weld, Logan, Washington, Yuma, Boulder, Morgan, Larimer Counties, CO	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, and Wood counties, TX
Saline, Smith, Jewell, Republic, Osborne, Mitchell, Cloud, Clay, Lincoln, Ottawa, Dickinson, Ellsworth, Geary, McPherson, Russell, Marion, Ellis, Trego, Phillips, Norton, Graham, Gove, Washington, Riley, Morris, Barton, and Reno counties,KS	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kamball, Morrill, Scottsbluff, Sheridan, and Sioux Counties, NE

Network Partners

Organization	Location	Organization Type
Converge Day Treatment Center	Fort Morgan, CO	Behavioral Health
Salina Regional Health Center	Salina, KS	Hospital
University of Texas Health Science Center at Tyler	Tyler, TX	Hospital
High Plains Psychology Internship Consortium	Greeley, CO	Behavioral Health

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Georgia

Jeff Davis County Board of Health

The Jeff Davis Substance Abuse Coalition

P10RH32096

Primary Project Focus Area: Substance/Addiction-Opioid

Other Focus Areas: Behavioral Health

Health Education
Network Organization/Infrastructure Development

Special Populations: Mental Health/Addictive Diseases

Network Description

The Jeff Davis Substance Abuse Coalition is a new network, formed on August 23, 2018. The primary purpose of the network is to work together to combat the opioid substance abuse crisis in Jeff Davis County. The network is composed of eleven representatives of healthcare and community organizations across Jeff Davis County. The network plans to recruit dozens of additional partners in order to increase the cross-sectional representation of the small rural community. Many current and potential partners have direct prevention and/or treatment role to address the opioid abuse issue in the county.

At the initial meeting, the partners met to learn about general opioid addiction, specifically the opioid addiction crisis and addiction to other substances in Jeff Davis County, as well as particulars of the grant. The network has a project coordinator who is meeting with individual partners in order to understand their ideas about the network's ideal mission/vision and to identify organizations for recruitment to the network.

Program Description

The programmatic focuses of The Jeff Davis Substance Abuse Coalition include identifying, leveraging and upgrading already existing health and behavioral health resources for individuals suffering from addiction, disseminating educational materials throughout the county about the dangers and prevalence of substance abuse, working with providers to reduce over-prescription of opioid medications, and equipping the Jeff Davis Health Department with resources to begin testing for the hepatitis C virus. The network chose these program areas in order to decrease morbidity and mortality due to substance abuse most efficiently.

The approach to implementing these programs is systematic rather than simultaneous. The Coalition plans to identify additional partners, identify established programs that can serve the purpose of working toward one or more of the above goals, and identify ways in which the programs can be updated in order to address the current goals. In addition, it plans to review information on programs that have the potential to be replicated in Jeff Davis County (i.e., the Lazarus Project in North Carolina) and apply strategies used by those programs to its efforts. A portion of current grant funding is allocated to support community partners in achieving identified priorities through mini-grant application and awards.

Region Covered by Network Services

County/State
Jeff Davis County, GA

Network Partners

Organization	Location	Organization Type
Jeff Davis County Health Department	Hazlehurst, GA	Public Health
Jeff Davis Family Connection Collaborative	Hazlehurst, GA	Collaborative
Jeff Davis Hospital	Hazlehurst, GA	Hospital
Jeff Davis High School	Hazlehurst, GA	School System
Jeff Davis Division of Family and Children Services	Hazlehurst, GA	Social Services Agency
Ware County Board of Health	Waycross, GA	Public Health
Share Health Southeast GA, Inc.	Waycross, GA	Non-Profit
Hazlehurst Police Department	Hazlehurst, GA	Law Enforcement
Pineland Behavioral Health and Developmental Disabilities	Statesboro, GA	Behavioral Health
Hazlehurst Housing Authority	Hazlehurst, GA	Other
Hazlehurst Chamber of Commerce	Hazlehurst, GA	Other

Grantee Contact Information

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Georgia

Rural Health Works

Southeast Regional Obesity Prevention Network

P10RH31851

Primary Project Focus Area: Obesity - Childhood

Other Focus Areas: Obesity - Adult

Special Populations: Children/Adolescents

Network Description

The Southeast Regional Obesity Prevention Network came together to develop a comprehensive plan to improve access and utilization of effective obesity prevention interventions. The Network is comprised of Rural Health Works, Meadows Regional Medical Center, Southeast Regional Primary Care Corporation, and A Health Revival. Rural Health Works, Meadows Regional Medical Center, and Southeast Regional Primary Care Corporation have worked together over the past several years on projects pertaining to enrollment assistance for those seeking health insurance coverage through the Affordable Care Act, as well as benefits counseling for those newly enrolled in health insurance plans. A Health Revival, which focuses on nutrition, exercise, and mindfulness, joins the partnership as our partnership's priorities expand to address childhood and adult obesity.

Program Description

The primary goal of the Southeast Obesity Prevention Network is to develop a comprehensive plan to improve access and utilization of effective obesity prevention strategies in four counties in rural southeast Georgia. In developing the plan, we are 1) assessing the current quality, effectiveness and utilization of obesity prevention interventions in the region and identifying existing gaps in the system; 2) developing a three-year strategic plan based on the findings of the regional needs assessment; 3) organizing parent and youth advisory boards for each county/school system to collaborate in developing obesity prevention interventions specific to each environment; and 4) based on the work of the parent and youth advisory boards, creating county/ school system specific plans to implement and promote the identified obesity prevention interventions.

Regions Covered by Network Services

County/State	County/State
Toombs County, GA	Montgomery County, GA
Treutlen County, GA	Wheeler County, GA

Network Partners

Organization	Location	Organization Type
Rural Health Works	Vidalia, GA	Non-Profit
Meadows Regional Medical Center	Vidalia, GA	Hospital
A Health Revival	Lyons, GA	Other
Southeast Regional Primary Care Corporation	Vidalia, GA	Physicians' Clinic

Grantee Contact Information

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Idaho

St. Luke's McCall, LTD.

Critical Incident Management Rural Outreach Network

P10RH32148

Primary Project Focus Area: Behavioral Health

Other Focus Areas: Emergency Medical Services
Mental Illness/Mental Health Services
Suicide Prevention

Special Populations: None

Network Description

The Critical Incident Management Rural Outreach Network (CIMRON) is a new network. Membership is comprised of thirteen community organizations from three counties. The network plans to develop a scalable and sustainable rural Critical Incident Stress Management (CISM) network, community Incident Command (IC) system, and a train-the-trainer program to support CISM teams in Adams and Valley counties to preserve local autonomy for rural communities and ensure access to the appropriate systems of care for the local service population.

The initial partners intend to become a formal coalition; participating in a strategic planning process and working together on action plans. The network plans to recruit additional community representatives who might be beneficial to the project. Establishing the right structure during the planning phase will help network members become more effective at achieving goals and help recruit other active and engaged stakeholders.

The network will meet in person each month with decision making by consensus requiring that a majority approve a given course of action, but that the minority agrees to abide by that decision. Additional input to shape the project will be collected by the project director through Skype meetings and email. The group will establish a monitoring and evaluation framework to ensure that data is gathered and reported in a similar way.

Program Description

The goal of the Critical Incident Management Rural Outreach Network is to develop and expand Critical Incident Stress Management (CISM) teams in the rural/frontier catchment areas of McCall, ID. CISM is an adaptive, short-term psychological helping-process that focuses solely on an immediate and identifiable problem. It can include pre-incident preparedness, acute crisis management, and post-crisis follow-up. Its purpose is to enable people to return to their daily routine more quickly and with less likelihood of experiencing post-traumatic stress disorder (PTSD).

The CISM program is peer-driven and the people conducting the interventions may come from all walks of life, but most are first responders (Police, Fire, emergency medical services) or work in the mental health field. All interventions are strictly confidential. The only caveat to this is if the person doing the intervention determines that the person being helped is a danger to themselves or to others. The emphasis is always on keeping people safe and returning them quickly to more normal levels of functioning.

Regions Covered by Network Services

County/State	County/State
Valley County, ID	Adams County, ID
Idaho County, ID	

Network Partners

Organization	Location	Organization Type
St. Luke's McCall, LTD.	McCall, ID	Critical Access Hospital (CAH)
McCall Fire and EMS	McCall, ID	Emergency Medical Services (EMS)
Donnelly Fire and EMS	Donnelly, ID	Emergency Medical Services (EMS)
McCall Donnelly School District	McCall, ID	School System
McCall Police Department	McCall, ID	Law Enforcement
St. Luke's Health Partners	Boise, ID	Collaborative
Riggins Fire/EMS	Riggins, ID	Emergency Medical Services (EMS)
New Meadows Fire/EMS	New Meadows, ID	Emergency Medical Services (EMS)
Central Idaho Counseling	McCall, ID	Behavioral Health
St. Luke's Health System, LTD.	Boise, ID	Hospital
Idaho Central District Health Department	McCall, ID	Public Health
Adams County Health Center	Council, ID	Federally Qualified Health Center (FQHC)
Cascade Medical Center	Cascade, ID	Rural Health Center

Grantee Contact Information

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Illinois

Ottawa Regional Hospital & Healthcare Center dba OSF Saint Elizabeth Medical Center Creating a Healthier Streator Community Network

P10RH31848

Primary Project Focus Area: Network Organization/Infrastructure Development

Other Focus Areas: Care Coordination
Hospital Closure/Conversion or Alleviating Loss of Services
Mental Illness/Mental Health Services
Telehealth

Special Populations: None

Network Description

OSF Saint Elizabeth Medical Center will collaborate with local partners, including the Streator Family YMCA, North Central Behavioral Health Systems, Streator Township High School, the City of Streator, and other agencies. Network Project objectives include: (a) review of local needs assessment and preparation of a strategic plan to guide successful network formation; (b) evaluation of ideal partners and entering into formal partner agreements; (c) research and identification of technology needs and opportunities for telehealth services and other innovative solutions to bridge existing gaps and streamline delivery; (d) identification of mechanisms and models for better access, improved communication, and coordination of resources through planning activities with network partners and other local stakeholders; and (e) development of a community awareness/education program. Sustainability will be achieved through integration of the project into the One OSF Care Continuity system and the community-based health and wellness collaborative underway in Streator.

Program Description

OSF Saint Elizabeth Medical Center (SEMC) will use grant funds to partner with other organizations to research, plan, and prepare for the implementation of an integrated rural health network to serve the rural community of Streator, Illinois and the surrounding area. This project will be carried out from the OSF Center for Health-Streator and will bring together health care and social services providers to expand local capacity and access to services. Using a community collaborative model, the Creating a Healthier Streator Community Network will support population health by providing care coordination and alleviating the loss of local services and access to care by utilizing/converting the campus of a recently closed rural hospital into a services hub, as well as exploring opportunities for the provision of innovative technologies and telehealth services, and for improving services and tackling issues surrounding mental health and childhood obesity. It also supports the Institute for Healthcare Improvement's (IHI) triple aim of achieving efficiencies, expanding access to, coordinating, and improving the quality of essential healthcare services, and strengthening the rural health care system as a whole.

Regions Covered by Network Services

County/State	County/State
LaSalle County, Illinois	Livingston County, Illinois

Network Partners

Organization	Location	Organization Type
City of Streator	Streator, IL	Government
North Central Behavioral Health Systems	Streator, IL	Behavioral Health
OSF Center for Health – Streator	Streator, IL	Rural Health Center
Streator Family YMCA	Streator, IL	Non-Profit
Streator Township High School	Streator, IL	School System

Grantee Contact Information

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E-mail	Don.C.Damron@osfhealthcare.org
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Indiana

Marion General Hospital

InCREASE Community Connections

P10RH3141

Primary Project Focus Area: Substance Abuse/Addiction - Opioid

Other Focus Areas: Behavioral Health
Mental Illness/Mental Health Services
Substance Abuse/Addiction – Other than Opioid

Special Populations: None

Network Description

This network is in the formative stage. Marion General Hospital (MGH), Grant-Blackford Mental Health (GBMH) and Bridges to Health (BTH) have connected, partnered, and designed many programs, projects and initiatives. There is a strong working relationship, and the evidence of struggling with the same issues addressed by this program made the network partners choice very logical. Thus, continued creativity and collaboration will ensure that each member receives feedback on the program, meeting the stated need at regular intervals and as needed.
Serving Grant and surrounding counties for over 115 years, MGH is the only acute care hospital in the county and is a leader in community health outreach programs and the convener of triennial community health needs assessments. GBMH has served Grant and surrounding counties for over 40 years with inpatient and outpatient mental and behavioral health. It is the largest provider of outpatient and inpatient services for substance abuse and mental health in the area. BTH has served the uninsured of Grant County with primary health care for thirteen years. The three partners have provided necessary health and curative care choosing to compliment rather than compete for clients. The main campuses of all three (3) network partners are located within a one-mile radius.

Program Description

InCREASE Community Connections has four major goals, after establishment of a cohesive network between Marion General Hospital, Grant Blackford Mental Health and Bridges to Health Clinic. 1) Community Health Needs Assessment (CHNA), 2) Community Asset Mapping, 3) Community Plunge, and 4) Strategic Plan. The CHNA will be completed using the modified BRFSS from CDC to survey adults, high school students, and middle school students reaching a total of 7 – 10% of the Grant County population. Efforts will be directed to ensure geographic, ethnic, social, and economic diversity of participants. All results will be factored into the final report and Executive Summary and made available through community and agency meetings and electronic format. The Community Asset Mapping, Community Plunge, and Strategic Plan will provide additional opportunities for community leaders to learn more of the needs and assets of the three partners as well as other community agencies to impact the substance abuse disorder crises and mental health issues.

Our community has a Substance Abuse Task Force, Drug and Family Courts, and county-wide prescription guidelines already in place, which provides a strong foundation for the strategic planning process. Our reports from the undercover narcotics teams, Family Birthing Center, Court Appointed Special Advocate, foster care statistics from foster agencies and Children's Bureau, First Light Child Advocacy Center dealing with abuse and neglect, and MGH emergency room and inpatient data have provided baseline information to assist with the strategic plan. Shortages

in providers and other resources will have stronger primary and secondary data to assist the community to increase our current resources and decrease our identified deficiencies. Both will be addressed in the strategic plan. The InCREASE Community Connections Network creation and development will provide a strong foundation for continued innovation for recruitment, development, and utilization of resources in Grant County.

Region Covered by Network Services

County/State
Grant County, IN

Network Partners

Organization	Location	Organization Type
Grant Blackford Mental Health	Marion, IN	Behavioral Health
Bridges to Health Free Clinic	Marion, IN	Non-Profit
Marion General Hospital	Marion IN	Hospital

Grantee Contact Information

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Iowa

Seasons Center for Behavioral Health

Northwest Iowa Children's Behavioral Health Network

P10RH31847

Primary Project Focus Area: Behavioral Health

Other Focus Areas: Integrated Health Services
Mental Illness/Mental Health Services
Substance Abuse/Addiction - Opioid

Special Populations: Migrant
Tribal

Network Description

The Northwest Iowa Children's Behavioral Health Network is a mature Network consisting of Network members that have extensive collaborative experience with each other. The Network has staff that are skilled and experienced and a highly functioning Network Board, as well as a Community Assessment Implementation Team. The Regional Network Board is composed of five health care entities bound by Letters of Commitment. The Community Assessment Implementation Team consists of other local community agencies and entities with interest in children's behavioral health needs. These include front line staff from each partner agency, a local school resource officer, local Mental Health Region representatives, public health, as well as staff from local CPPC/Decategorization agencies, and may also include other representatives to be determined by current members.

These Network members have enjoyed mutual membership on local boards and coalitions; co-funded projects; mutual membership on two recent pilot projects targeting children's mental health services; and co-sponsoring and participation in cross-system trainings and workshops. These members are meeting monthly with decision-making by consensus. Sarah Heinrichs, Project Director, schedules and facilitates all Board meetings and works with the Board to identify additional community partners to join the Network.

Program Description

The purpose of the Northwest Iowa Children's Behavioral Health Network project is to create a regional network in rural northwest Iowa between behavioral health, child welfare, and other child-family systems to increase knowledge, research, and evidence on brain development, ACEs (Adverse Childhood Experiences), trauma-informed care, and resiliency to support ongoing regional and state-wide efforts for creating a comprehensive children's mental health services delivery system.

Through this program in this planning year, the team facilitates a community needs assessment including an online survey, facilitates listening sessions, collaborates with existing boards, conducts community conversations, offers informational opportunities/workshops, and hosts a Regional Summit focused on early brain development, featuring national speaker, Dr. Ira Chasnoff.

Regions Covered by Network Services

County/State	County/State
Buena Vista County, IA	Clay County, IA
Dickinson County, IA	Emmet County, IA
Lyon County, IA	O'Brien County, IA
Osceola County, IA	Palo Alto County, IA
Sioux County, IA	

Network Partners

Organization	Location	Organization Type
Seasons Center for Behavioral Health	Spencer, IA Storm Lake, IA Spirit Lake, IA Rock Rapids, IA Sibley, IA Sioux Center, IA Esterville, IA Sheldon, IA Emmetsburg, IA	Behavioral Health
Boys Town	Spencer, IA	Social Services Agency
Department of Human Services-Western Service Area	Spencer, IA	Government
Juvenile Court Services – Third Judicial District	Spencer, IA	Government
Upper Des Moines Opportunity, Inc.	Spencer, IA	Community Development Organization

Grantee Contact Information

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Kansas

Kearny County Hospital

Kearny County Rural Behavioral Health Network

P10RH31840

Primary Project Focus Area: Mental Illness/Mental Health Services

Other Focus Areas: Substance Abuse/Addiction- Opioid
Substance Abuse/Addiction – Other than Opioid

Special Populations: None

Network Description

The Kearny County Rural Behavioral Health Network was formed in 2018 to address the severely unmet behavioral health needs of the county, with a focus on prevention, identification, and treatment of these needs among children and adolescents, ages birth to 18. The Network formed in response to a 2016 community health needs assessment survey, which found a high demand for behavioral health services and substance abuse treatment in the county.

The Network includes 12 partners located in Kearny County or who provide services within the region. The partners include a critical access hospital, two school districts, local law enforcement, local public health department, three organizations working with children, the regional mental health center, two substance abuse treatment centers, and a university. All partners are committed to serving the needs of children and adolescents in Kearny County, and together they bring the resources that are needed to provide appropriate services in a remote, rural part of the state.

Program Description

The Network uses a Collective Impact approach to develop a sustainable collaboration among partners that expands access to behavioral health services for children and adolescents in Kearny County, a Health Professional Shortage Area in Mental Health. Using creative approaches, the Network is building a model for integrating child-friendly, value-based primary and mental health care that can be replicated in other rural communities.

Network partners share expertise and resources across the key organizations serving children and adolescents in the county. By gathering data, conducting research, and planning together, the Network implements best practices in behavioral health and substance abuse treatment that are not otherwise available in this part of the country.

Region Covered by Network Services

County/State
Kearny County, KS

Network Partners

Organization	Location	Organization Type
Kearny County Hospital	Lakin, KS	Critical Access Hospital (CAH)
Lakin School District	Lakin, KS	School System
Deerfield School District	Deerfield, KS	School System
Western Kansas Child Advocacy Center	Scott City, KS	Non-Profit
Russell Child Development Center	Garden City, KS	Non-Profit
Kansas Children's Service League	Garden City, KS	Non-Profit
Compass Behavioral Health	Garden City, KS	Behavioral Health
Heartland RADAC (Regional Alcohol and Drug Assessment Center)	Kansas City, KS	Behavioral Health
Central Kansas Foundation	Salina, KS	Behavioral Health
KU School of Medicine – Wichita	Wichita, KS	College/University
Kearny County Public Health Department	Lakin, KS	Public Health
Kearny County Sheriff's Department	Lakin, KS	Law Enforcement

Grantee Contact Information

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Kansas

Thrive Allen County

P10RH31854

Primary Project Focus Area: Substance Abuse/Addiction - Opioid

Other Focus Areas: None

Special Populations: None

Network Description

In 2005, Allen County Health Advisory Committee was the recipient of a planning grant by the Reach Health Care Foundation to the KU Work Group. The purpose was to assess healthcare needs and available resources in Allen County. After a year of planning, Allen County Health and Advisory Committee evolved into Thrive Allen County and obtained a 501(c) 3 designation. In the past 12 years, Thrive Allen County has grown from a staff of 2 employees to 12 employees. From June 2016 through December 2017, Thrive Allen County was awarded $1.14 million in external grant funds from state agencies, foundations and federal agencies. Thrive Allen County has partnered with healthcare facilities, mental health centers, and county and city law enforcement agencies to build a coalition to address the opioid abuse. These partners are critical to the coalition's success because they know first-hand the outbreak of opioid abuse in their communities and the needs to strategize a plan to reverse the abuse.

Program Description

The proposed project area is three rural counties in Southeast Kansas: Allen, Woodson, and Wilson. Research conducted by the Centers for Disease Control (CDC) and released in 2017 identified those three counties as among the top 220 counties in the country at risk for an HIV epidemic related to opioid intravenous drug use. The focus is low to moderate income populations of Allen, Wilson, and Woodson counties and engages a Southeast Kansas Drug Abuse Prevention Coalition (SEKDAP Coalition). The Coalition will develop a shared mission statement, clarify the roles and responsibilities of network members, and clarify a decision-making structure grounded in workgroup established priorities.

Regions Covered by Network Services

County/State	County/State
Allen County, KS	Woodson County, KS
Wilson County, KS	

Network Partners

Organization	Location	Organization Type
Southeast Kansas Multi County Health Department	Iola, KS	Rural Health Center
Wilson County Health Department	Fredonia, KS	Rural Health Center
Southeast Kansas Mental Health	Yates Center, KS	Rural Health Center
Four County Mental Health	Neodesha, KS	Rural Health Center
Allen County Sheriff	Iola, KS	Law Enforcement
Allen County Regional Hospital	Iola, KS	Hospital
Allen County Emergency Medical Service	Iola, KS	Emergency Medical Services (EMS)
31st Judicial District Court, Drug Court	Iola, KS	Law Enforcement
Wilson County Community Health Improvement Project	Fredonia, KS	Rural Health Center

Grantee Contact Information

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Kentucky

Purchase District Health Department

Purchase Area Health Connections

P10RH31849

Primary Project Focus Area: Obesity - Childhood

Other Focus Areas: Health Education
Network Organization/Infrastructure Development

Special Populations: Children/Adolescents

Network Description

Purchase Area Health Connections is a mature rural health network with members that represent a traditional health-focused organization. We have expanded to include new partners from educational institutions, community-based organizations, and the parks department. The schools are essential members of our network as they will assist in gathering data on current programs and curriculum being taught in the schools. The Parks and Recreation Department works with schools and other organizations in the community to offer physical activity programs. Information gained from Parks and Recreation about the success of their programs will be useful in the development of the obesity prevention action plan. Action for Healthy Kids is a non-profit organization that works with schools across the nation to provide resources for developing stronger policies for healthier schools. Resources shared from this organization will help our network have a better understanding of programs that fit our environment.

Program Description

The Childhood Obesity Prevention Action Team (COPAT) will address the obesity concerns in the Purchase Region by surveying schools and organizations on the types of physical activity and nutrition programs utilized with children in kindergarten through 8th grade. We want to assess the effectiveness of these programs and evaluate the outcome in reducing the obesity burden among children in the schools surveyed. A random panel of parents will be surveyed on their knowledge of recommendations for physical activity and nutrition in children, barriers to these recommendations, and needs they see in the community. By collecting this information, the COPAT will develop a Childhood Obesity Action Plan that will help schools and organizations connect to successful and proven programs that can be utilized to encourage physical activity and nutrition in the children they serve.

Regions Covered by Network Services

County/State	County/State
Ballard County, KY	Carlisle County, KY
Calloway County, KY	Fulton County, KY
Graves County, KY	Hickman County, KY
Marshall County, KY	McCracken County, KY

Network Partners

Organization	Location	Organization Type
Purchase District Health Department	Paducah, KY	Public Health
Baptist Health	Paducah, KY	Hospital
Four Rivers Behavioral Health	Paducah, KY	Behavioral Health
Kentucky Care	Paducah, KY	Federally Qualified Health Center (FQHC)
Lourdes Hospital	Paducah, KY	Hospital
Murray-Calloway County Hospital	Murray, KY	Hospital
Murray State University	Murray, KY	College/University
Purchase Area Development District	Mayfield, KY	Community Development Organization
Purchase Area Health Education Center	Murray, KY	Area Health Education Center
United Way of Paducah- McCracken County	Paducah, KY	Non-Profit
Western Kentucky Community & Technical College	Paducah, KY	College/University
Paducah Head Start	Paducah, KY	School System
Murray Head Start	Murray, KY	School System
Fulton Family Connections	Fulton, KY	School System
Paducah Independent Schools	Paducah, KY	School System
Action For Healthy Kids	Chicago, IL	Non-Profit
McCracken County Early Childhood Council	Paducah, KY	Non-Profit
Paducah Parks and Recreation	Paducah, KY	Other

Grantee Contact Information

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Kentucky

St. Claire HealthCare / NE KY AHEC

NE KY Opioid Crisis Response Network

P10RH32089

Primary Project Focus Area: Substance Abuse/Addiction-Opioid

Other Focus Areas: None

Special Populations: None

Network Description

The Northeast Kentucky Opioid Crisis Response Network plans to address the opioid epidemic in Northeast Kentucky. No addict can face addiction on their own, no one organization can address the crisis alone. Through the network, St. Claire HealthCare; the Northeast Kentucky Area Health Education Center (hosted by St. Claire HealthCare); Pathways Inc., a community mental health center; Sterling Health Solutions, a federally qualified health center; and the Gateway District Health Department intends to address opioid abuse and expand access to substance abuse treatment.

Program Description

The purpose of the Northeast Kentucky Opioid Crisis Response Network is to create a regional network in rural northeast Kentucky to address the opioid abuse crisis. The network plans to formalize through a memorandum of understanding, development of a mission statement, and identification of roles and responsibilities of the members. The network plans to conduct a community health and/or provider needs assessment in order to develop regional systems of care to better meet rural patient concerns.

Projects under consideration include a bridge clinic system from the Emergency Department to Primary Care, working with providers to get more Medication Assisted Treatment waivers, and additional provider education as it relates to the opioid epidemic.

Regions Covered by Network Services

County/State	County/State
Bath County, KY	Menifee County, KY
Carter County, KY	Montgomery County / KY
Elliott County, KY	Morgan County, KY
Fleming County, KY	Rowan County, KY
Lewis County, KY	Wolfe County, KY
Magoffin County, KY	

Network Partners

Organization	Location	Organization Type
St. Claire HealthCare	Morehead, KY	Hospital
Northeast Kentucky Area Health Education Center	Morehead, KY	Area Health Education Center
Pathways Inc.	Ashland, KY	Behavioral Health
Sterling Health Solutions	Mt. Sterling, KY	Federally Qualified Health Center (FQHC)
Gateway District Health Department	Owingsville, KY	Public Health

Grantee Contact Information

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Louisiana

The Health Enrichment Network

Louisiana Rural Oral Health Network

P10RH32Other093

Primary Project Focus Area: Oral Health

Other Focus Areas: Health Education
Network Organization/Infrastructure Development
Obesity-Childhood

Special Populations: Children/Adolescents

Network Description

Louisiana Rural Oral Health Network (LaROHN) is new network comprised of a group of five community partners who are individually involved in some aspect of oral health equity for at-risk, rural Louisiana children. The project's committed partners individually offer pieces to the oral health access puzzle. The Louisiana State University Health Sciences Center – New Orleans (LSUHSC-NO), School of Dentistry (SOD) holds the key to improving the shortage of dentists in rural areas. Louisiana Department of Health and Hospitals Oral Health Division is the entrée to introducing oral health through non-traditional channels such as WIC. Louisiana State University Health Science Center School of Public Health (SPH) is new to the LA oral health investigation but offers new eyes, expertise and enthusiasm that will direct the Community Oral Health Assessment. The Health Enrichment Network brings established community relationships and fifteen years in school-based prevention. Dr. Paula Karam offers unique grassroots provider insight from one of the highest need rural parishes included in the LaROHN workplan. This funding opportunity offers these new partners an opportunity to consolidate their parts into a much stronger whole – the Louisiana Rural Oral Health Network (LaROHN).

Program Description

The purpose of the Louisiana Rural Oral Health Network (LaROHN) project is to develop a network that will drive rural oral health improvement efforts in four designated parishes. The network intends to develop a mission and vision, establish by-laws and hire a project coordinator.

Through this program in this planning year, the team will conduct a community rural oral health needs assessment using the CDC best practice Community Health Assessment and Group Evaluation (CHANGE) model. CHANGE combines scientific support for policy, systems and environmental changes with items initiated based on the practical experience of those working and living in rural communities. CHANGE provides a foundation for utilizing CDC's Recommended Framework for Program Evaluation. With the short-time frame of this project, utilization of this methodology will ensure that evaluation is not left to the end without time for completion. It is our goal to develop a website that will be housed by The Health Enrichment Network (THEN).

Based on the results of the comprehensive rural oral health needs assessment, with Edward S. Peters, DMD, SM, SM, ScD lead, the network will continue to work through the steps of the best practice CHANGE model to evaluate potential service delivery models and study policy that would be necessary for successful implementation of selected models.

Region(s) Covered by Network Services

County/State	County/State
Allen Parish, LA	Concordia Parish, LA
Avoyelles Parish, LA	Evangeline Parish, LA

Network Partners

Organization	Location	Organization Type
Louisiana State University Health Sciences Center School of Dentistry	New Orleans, LA	College/University
The Health Enrichment Network	Oakdale, LA	Non-Profit
Dr. Paula Karam	Oakdale, LA	Oral Health
Louisiana Department of Health and Hospitals Oral Health Promotion Program	Baton Rouge, LA	Government
Louisiana State University Health Science Center School of Public Health	New Orleans, LA	College/University

Grantee Contact Information

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Maine

Healthy Community Coalition
Franklin Regional Care Coordination Network

P10RH31837

Primary Project Focus Area: Care Coordination

Other Focus Areas: Behavioral Health
Mental Illness/Mental Health Services
Network Organization/Infrastructure Development
Substance Abuse/Addiction - Opioid

Special Populations: Children/Adolescents

Network Description

The Regional Care Coordination Network is a multi-sector partnership designed to improve population health outcomes for the very rural, underserved residents of Franklin County. Group members include formal partners from health care and social service agencies as well as community development and education systems. Additional partners and community members will be invited to join the group as appropriate. Guests will also be invited to share expertise and experiences when necessary.

The increasing needs and challenges underserved individuals face in this rural and poverty-stricken area prompted the establishment of this multi-sector formal Regional Care Coordination Network. Obesity, mental health, substance misuse, and access have been identified as high priority needs in this community through the last two Community Health Needs Assessments. To address these high priority needs the Franklin Regional Care Coordination Network is working collaboratively with existing organizations to develop a 3-year strategic plan for implementation of a program of Care Coordination to increase and improve access to services, programs, and policies that impact mental health, opioid abuse, and childhood obesity, and gain sufficient capacity, planning and development to take the network to the implementation phase.

Healthy Community Coalition has a long history of bringing community members and organizations together to discuss health priorities, identify assets/needs, and develop collaborative action plans for meaningful change. Healthy Community Coalition is working with other community organizations that have a long history of prior collaboration to develop and strengthen the Franklin Regional Care Coordination Network. Collaborative efforts reflect our desire to include the engagement of organizations within the network that serve families in poverty, as well as those that offer programs that might be out of reach for families due to economic or logistical barriers. The network will serve as a bridge between providers with different demographic audiences.

Program Description

The Regional Care Coordination Network in Franklin County is designed to develop strategies for improving current health care delivery systems and improve population health outcomes. Although still in the early stages of structure/procedural development, this planning group meets monthly and has already identified a variety of

innovative care delivery interventions, including health care extenders, expansion of the local community para-medicine pilot project, creation of a central resource hub, and the deployment of broadband throughout the county. The Network is developing a strategic plan to position them to move into the implementation phase. Primary focus areas for program implementation are obesity, mental health, and opioid use disorder. Existing barriers include poverty and lack of reliable transportation.

Region Covered by Network Services

County/State
Franklin County, ME

Network Partners

Organization	Location	Organization Type
Rangeley Region Health and Wellness Partnership	Rangeley, ME	Non-Profit
Community Dental	Farmington, ME	Oral Health
Farmington Foot and Ankle	Farmington, ME	Physicians' Clinic
Western Maine Community Action	Wilton, ME	Community Development Organization
Wilson Stream Family Practice and Counseling	Farmington, ME	Physicians' Clinic
Mt. Blue Regional School District	Farmington, ME	School System
HealthReach Network	Livermore Falls, Strong, Kingfield and Rangeley, ME	Federally Qualified Health Center (FQHC)

Grantee Contact Information

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Michigan

Michigan Rural EMS Network

P10RH31842

Primary Project Focus Area: Emergency Medical Services

Other Focus Areas:
Behavioral Health
Mental Illness/Mental Health Services
Network Organization/Infrastructure Development
Substance Abuse/Addiction - Opioid

Special Populations: None

Network Description

Michigan Rural EMS Network (MiREMS), a not-for-profit organization, exists to support EMS agencies and EMS professionals that provide prehospital care in rural Michigan. MiREMS began as the Huron-Sanilac EMS Network. The Network was created as a response to the many challenges that EMS professionals face when providing services in rural areas. The Michigan Rural EMS Network (MiREMS) is an expansion of the Huron-Sanilac EMS Network. The original network, formed in 2004, was partially funded by grants from the Michigan Center for Rural Health and the U.S. Department of Health and Human Services, Office of Rural Health Policy. In 2008 the network became a Michigan non-profit corporation. The success of the two-county network led to inquiries from rural EMS professionals and stakeholders from across the state. As a result, a survey was sent to all Michigan EMS agencies in the fall of 2010 to assess the need for a statewide rural EMS initiative. In May 2011, the Network was awarded a Network Development grant from the Office of Rural Health Policy to expand from the two-county initiative to a statewide Network. MiREMS has developed highly successful signature programs including an EMS Recruitment and Retention Toolkit with technical assistance; EMS Summit, an annual continuing education conference focused on rural provision of service; and Michigan Resuscitation Consortium, a statewide initiative for systematic implementation of a Michigan response to out of hospital cardiac arrest.

MiREMS is currently developing field offices to address regional challenges experienced by EMS agencies and professionals, particularly those related to mental health and substance use. Field offices house partners who address the needs of EMS professionals and the patients they serve by increasing the effectiveness of prehospital response to behavioral health-related emergency calls and bridging gaps in intervention and referral to services for EMS professionals who exhibit behavioral health symptoms. There are currently two EMS/Fire agency partners committed to development of field offices, with more planned for the future. These partners were chosen because they are strategically located in areas of high behavioral health emergency calls, as well as high overdose death rates. These partners have also demonstrated the commitment and capacity to host field offices.

Program Description

The focus of this project is behavioral health. There are two priorities within this focus area: 1) to increase effectiveness of pre-hospital response to behavioral health related emergency calls and 2) to bridge gaps in intervention and referral to services for EMS professionals who exhibit behavioral health symptoms. Discussions with rural EMS agencies and leaders across Michigan have resulted in a clear message that limited resources

available to rural emergency responders and the high degree of dependence on volunteer and part-time staffing structures creates barriers to accessing programs which address challenges to provision of care. Over the last five years, rural EMS has also been faced with a significant increase in calls for response to mental health and substance use emergencies. In June 2017, a decision was made to address the broader support needs of rural EMS and explore issues related to mental health and substance abuse (behavioral health) by establishing a Field Office Network.

To ensure that we use a foundation of evidence-based models and frameworks we use a structured needs assessment process, Mobilizing for Action through Planning and Partnerships (MAPP). MAAP is a community-driven strategic planning process for improving community health. This framework provides a structured process to apply strategic thinking to prioritize issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local health systems. During initial conversations about behavioral health, several evidence-based programs were identified. Additions to the list are being made based on the needs identified in the assessment. Potential programs for consideration include Critical Incident Stress Management, Mental Health First Aid, Stress First Aid, From Trauma to Addiction, the Lazarus Project, and Zero Suicide Initiative.

Region Covered by Network Services

County/State	County/State
Alcona County, MI	Lake County, MI
Alpena County, MI	Leelanau County, MI
Antrim County, MI	Manistee County, MI
Arenac County, MI	Mason County, MI
Benzie County, MI	Missaukee County, MI
Charlevoix County, MI	Montmorency County, MI
Cheboygan County, MI	Ogemaw County, MI
Clare County, MI	Osceola, MI
Crawford County, MI	Oscoda County, MI
Emmet County, MI	Otsego County, MI
Gladwin County, MI	Presque Isle County, MI
Grand Traverse County, MI	Roscommon County, MI
Iosco County, MI	Wexford County, MI
Kalkaska County, MI	

Network Partners

Organization	Location	Organization Type
City of Alpena Fire Department	Alpena, MI	Emergency Medical Services (EMS)
Frederic Fire Department	Frederic, MI	Emergency Medical Services (EMS)

Grantee Contact Information

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Mississippi

Delta Health Alliance

Delta Opioid Task Force Network

P10RH31833

Primary Project Focus Area: Substance Abuse/Addiction - Opioid

Other Focus Areas: Network Organization/Infrastructure Development

Special Populations: None

Network Description

The Delta Opioid Task Force Network was formed in August 2018, to support the planning and development of a new healthcare network, operating in partnership with local law enforcement and court systems and working together to address the opioid epidemic in rural Mississippi Delta communities. Nine organizations have committed to participate in monthly planning meetings, beginning in September 2018.

The Network is currently made up of representatives from law enforcement agencies, district drug court systems, and healthcare organizations, including a rural health clinic, a statewide behavioral health network, and several behavioral healthcare facilities located across the eight-county service area. Each agency brings a wealth of knowledge and expertise relating to opioid abuse, addiction, and treatment and will ensure that we are developing solutions that address the needs shared by local healthcare, law enforcement, and drug court systems. Additional partners are being sought and recruited to ensure representation from local community groups, and regional and statewide agencies that provide related community-based education and workforce training. We are also working to ensure diversity in race and gender of representatives.

Program Description

The programmatic focus of the Network is Substance Abuse/Addiction-Opioid. This program area was chosen to address the rising public health concerns surrounding the opioid epidemic and the need for better collaboration between healthcare, law enforcement, court systems and communities to develop strategies to reduce opioid abuse and addiction rates and improve systems of treatment and recovery in rural, resource-limited areas of Mississippi.

Our Network will develop and conduct a needs assessment to determine service area needs and gaps in existing opioid-related services and then develop strategies to address those needs and gaps, leading to the creation of a strategic plan that will guide future work of the Network beyond the planning grant period. The Network will consult two evidence-based models, the Recovery-Oriented Systems of Care model, and Baltimore City's Drug Treatment Court model in identifying strategies that could be adapted to the specific needs of the communities we serve.

Regions Covered by Network Services

County/State	County/State
Bolivar County, MS	Coahoma County, MS
Desoto County, MS	Leflore County, MS
Sharkey County, MS	Tate County, MS
Tunica County, MS	Washington County, MS

Network Partners

Organization	Location	Organization Type
Delta Regional Medical Center, BreakThru Medical Withdrawal Program	Greenville, MS	Hospital
Desoto Family Counseling Center	Southaven, MS	Behavioral Health
Fairland Center	Tutwiler, MS	Behavioral Health
Fourth District Drug Court	Greenville, MS	Government
Leland Medical Clinic	Leland, MS	Rural Health Center
Life Help Region IV	Greenwood, MS	Behavioral Health
Mississippi Behavioral Health Learning Network	Jackson, MS	Behavioral Health
Social Services Collaborative	Stoneville, MS	Social Services Agency
Washington County Sheriff's Department	Greenville, MS	Law Enforcement

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Mississippi

Delta Health Center

Washington County Rural Health Network

P10RH32090

Primary Project Focus Area: Integrated Health Services

Other Focus Areas: Chronic Disease Management-Diabetes
Chronic Disease Management-Other than Diabetes
Mental Illness/Mental Health Services

Special Populations Served: None

Network Description

The Washington County Rural Health Network is a new network. Its focus is to improve access to health care and increase efficiencies for the people of Washington County. The network has three partners; a federally qualified health center, a not-for-profit regional hospital, and a home health agency. These organizations have an interest in addressing access to healthcare together and seeking ways to collaborate and more efficiently serve the patients of all three partners.

The network is in an impoverished, primarily rural area, with poor health outcomes and challenges related to access to health care services. Other challenges that impact the area are provider recruitment, patient treatment compliance, and high usage of the emergency room for health care services.

Program Description

Due to the high rates of chronic disease and patient noncompliance, the Washington County Rural Health Network plans to focus on ways to decrease hospitalizations by promoting patient medical homes, and by increasing the use of home health care. The network intends to explore collaborative models for medical residency programs to develop a pipeline for recruitment of physicians. The network plans to identify opportunities for shared resources such as personnel, office space, etc. to coordinate a seamless healthcare delivery system.

To accomplish its goals, the network means to contract with a legal consultant who has a great deal of experience working with federally qualified health clinics and hospitals to increase efficiencies and improve access to healthcare.

Region Covered by Network Services

County/State
Washington County, MS

Network Partners

Organization	Location	Organization Type
Delta Health Center	Greenville, MS	Federally Qualified Health Center (FQHC)
Delta Regional Medical Center	Greenville, MS	Hospital
Mid Delta Home Health and Hospice Agency	Belzoni, MS	Home Health

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Missouri

Missouri Bootheel Regional Consortium, Inc.

Bootheel Health Alliance

P10RH31843

Primary Project Focus Area: Obesity - Childhood

Other Focus Areas: None

Special Populations: Children/Adolescents

Network Description

The Bootheel Health Alliance is comprised of the Bootheel Regional Consortium (MBRC), the lead agency, Southeast Missouri Rural Minority Health Coalition, Inc., and New Directions Outreach Ministries, Inc. MBRC is a regional authority that provides quality interventions to improve family life. MBRC implements a range of activities that build community-focused systems to improve the health and well-being of women, infants, children, and their families. With 30 years' experience, MBRC's CEO and Director of Programs is a pioneer in public health and has spearheaded the organization's efforts for the past 20 years. The Southeast Missouri Rural Minority Health Coalition, Inc. is a non-profit organization that combats health disparities in the Bootheel region. Through alliances formed among stakeholder organizations, Southeast Missouri Rural Minority Health Coalition develops strategies to decrease disparities in health outcomes between minority populations and non-minority populations. New Direction Outreach Ministries, Inc. is a non-profit organization located in Scott County, the heart of our targeted community. New Direction Ministries provides access to our target population through their outreach and nutrition programming, which includes operating a food pantry, hosting health events, and operating a summer feeding program for youth and basketball leagues. The founder and CEO, Dr. Lamonte Calvin, is serving in an advisory capacity to the network. He provides valuable in-roads deep into the faith community, and his expertise in youth and community interventions will help us achieve our goals.

Program Description

The Childhood Obesity Prevention Project is expanding an existing network to develop strategies to address Childhood Obesity in the Missouri Bootheel. Our goals are to increase the capacity of the network, conduct a needs assessment focused on childhood obesity, and develop a strategic plan for the implementation of services that reduce disparities in health outcomes. By leveraging each network member's resources, strengths, and strategic position in the community, the Bootheel Health Alliance is positioned to provide services that address risk factors from a holistic approach and incorporate the family as a unit. Our planning activities include developing formal Memoranda of Understanding (MOU) among the partners, creating a shared mission statement, establishing a governance board, writing network bylaws, and defining the network partners' roles and responsibilities. The strategic plan will establish the network's priority areas, goals and objectives, and strategies for network members to integrate their functions and share administrative resources.

Regions Covered by Network Services

County/State	County/State
Dunklin County, MO	Pemiscot County, MO
New Madrid County, MO	Mississippi County, MO
Scott County, MO	

Network Partners

Organization	Location	Organization Type
Missouri Bootheel Regional Consortium, Inc (MBRC)	Sikeston, MO	Non-Profit
Southeast Missouri Rural Minority Health Coalition, Inc	Sikeston, MO	Non-Profit
New Direction Outreach Ministries	Sikeston, MO	Non-Profit

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Missouri

Richland Medical Center, Inc.

Central Ozarks Rural Health Network

P10RH31850

Primary Project Focus Area: Mental Illness/Mental Health Services

Other Focus Areas:
Behavioral Health
Network Infrastructure Development
Substance Abuse/Addiction – Opioid
Substance Abuse/Addiction – Other than Opioid

Special Populations:
Children/Adolescents
Elderly
Women

Network Description

The Central Ozarks Rural Health Network formed in Missouri is a brand-new, emerging Network composed of long-term partner organizations that want to create a more defined structure to work on cross-cutting needs in the communities within the three counties of Camden, Miller, and Pulaski, MO that affect health care access and status. The initial focus of the Network is to effectively meet the behavioral health needs of children and adolescents in these three named counties in Central Missouri. Network meetings will occur on a bi-monthly basis with more frequent meetings as necessary. Members have signed one Memorandum of Understanding, with each member designating an organization representative with decision-making authority for membership on the Network Board.

The Network includes three public health departments; one FQHC with clinics in Camdenton, Richland, and Osage Beach; and one local hospital in Osage Beach, MO with 5 primary care clinics and 2 walk-in clinics in these three counties. The inclusion of partners across the health care spectrum allows the Network to implement cross-saving approaches that impact the health of the communities served. In addition, there are 8 area school districts that benefit from services developed and provided by this Network, that are not currently *members* of the Network but just partnering *with* the Network.

Program Description

The Network focuses throughout the planning period on formalizing the Network and its participants while planning multiple activities that no one member can impact sufficiently on its own. The Network's first project focuses on substance use and abuse in the community through activities related to prevention and education. Project activities include a continuous quality improvement approach to becoming trauma-informed communities with the goal of identifying socioeconomic and other issues that impact rates of substance use initiation and abuse.

Models that will be used in Network activities include Adverse Childhood Experiences (ACEs) screenings, continuous quality improvement for community change, and behavioral health services in community settings. With the initial focus on behavioral health, as was raised through prior needs assessments, the Central Ozarks Health Network expects to expand efforts to become trauma informed from school districts to the wider community, expand

behavioral health services to additional school districts, expand the number of community health workers in the project area, and begin a community process to reduce substance use and abuse through a focus on the social determinants of health.

Regions Covered by Network Services

County/State	County/State
Camden County, MO	Miller County, MO
Pulaski County, MO	

Network Partners

Organization	Location	Organization Type
Camden County Health Department	Camdenton, MO	Public Health
Lake Regional Health System	Osage Beach, MO	Hospital
Miller County Health Center	Tuscumbia, MO	Public Health
Pulaski County Health Center	Crocker, MO	Public Health
Richland Medical Center, Inc.	Richland, MO	Federally Qualified Health Center (FQHC)

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Montana

Granite County Medical Center
Healthy Granite County Network

P10RH31835

Primary Project Focus Area: Network Organization/Infrastructure Development

Other Focus Areas:
Behavioral Health
Care Coordination
Care Transitions
Emergency Medical Services
Mental Illness/Mental Health Services

Special Populations: None

Network Description

The Healthy Granite County Network is an emerging network focused on shaping a responsive and useful health care system for residents of Granite County. Using a structured planning process, we will work together to develop an actionable blueprint for priority community projects that strengthen our health care system. The network is currently being formed in response to the overwhelming need for improved efficiencies, expanded access to, and improved quality of essential health care services which will strengthen the rural health care system as a whole. Our network consists of our county's critical access hospital, our region's tertiary hospital, our local and regional health departments, and our county's two school districts. We have also invited important community-focused members to the network meetings to give their valuable input and assure community buy-in. We are building our network this way because we live in a county full of people who are passionate about our quality of health care and want a say in this exciting process.

Program Description

The programmatic focus of our network is to bring together a collaborative group to focus on specific ways to improve the health care services in our sparsely populated frontier county. We plan on doing this through thorough review of a 2015 Granite County Needs Assessment and other relevant data sources to identify and validate gaps in services. Then we will raise community awareness and gather input about wellness issues and opportunities through outreach forums and direct dialogue. And finally, we will develop a strategic approach to enhancing community health and identify means to sustain the network.

Region Covered by Network Services

County/State
Granite County, MT

Network Partners

Organization	Location	Organization Type
Granite County Medical Center	Philipsburg, MT	Critical Access Hospital (CAH)
Drummond School District	Drummond, MT	School System
Philipsburg School District	Philipsburg, MT	School System
Granite County Health Department	Philipsburg, MT	Public Health
St. Patrick Hospital	Missoula, MT	Hospital
Brenda Peyton	Missoula, MT	Other
Dr. Dennis Cox	Philipsburg, MT	Behavioral Health
Patrick Little	Philipsburg, MT	Emergency Medical Services (EMS)
Granite County Medical Foundation	Philipsburg, MT	Non-Profit

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Montana

Montana State University

Montana Behavioral Health Workforce Network

P10RH31844

Primary Project Focus Area: Workforce Development

Other Focus Areas:
Behavioral Health
Integrated Health Services
Network Organization/Infrastructure Development
Substance Abuse/Addiction - Opioid

Special Populations: Rural/Underserved

Network Description

Community Health Needs Assessments throughout Montana consistently identify mental health and substance abuse issues to be among the top health concerns of communities. In addition, health workforce capacity assessments document significant and widespread behavioral health professional shortages throughout the state. In recognition of the importance of and the challenges to assuring adequate behavioral health workforce capacity, the Montana AHEC is leading the development of a new formal network among Montana AHEC, MT Primary Care Association, Mountain Pacific Quality Health Foundation, MT Hospital Association, Montana University System, MT Department of Health and Human Services, Peer Support Network, Rocky Mountain Tribal Epidemiology Center, Behavioral Health Alliance of Montana (BHAM), MT AHEC, Kalispell Regional Medical Center and educational partners to design and implement sustainable, aligned strategies to increase the number of adequately trained behavioral health paraprofessionals and professionals in rural and underserved communities in Montana to aid in the improvement of health outcomes for residents.

Program Description

The Montana Behavioral Health Workforce Network (MBHWN) is being created to increase the number of adequately trained behavioral health paraprofessionals and professionals in rural and underserved communities in Montana to aid in the improvement of health outcomes for residents. Within the one-year development project, MBHWN will strengthen partnerships by focusing on collaborative, strategic approaches to addressing the severe shortage of mental health, behavioral health, and substance abuse services in rural Montana through partnerships. The Network will review and align findings of Community Health Needs Assessments conducted for rural Critical Access Hospitals, Community Health Centers, public health agencies and the Tribal Communities to target strategies to address the behavioral health needs and achieve the implementation plans developed for frontier, rural, and tribal communities. The Network will create a coordinated approach to training, recruiting, and supporting the behavioral health workforce via distance education, Project ECHO, regional training, and on-going professional development. The collaborative model will utilize the expertise among the partners to create a sustainable system to support our most vulnerable communities, addressing identified needs in mental health and substance abuse.

Region Covered by Network Services

County/State
All of Montana

Network Partners

Organization	Location	Organization Type
MT Primary Care Association	Helena, MT	Federally Qualified Health Center (FQHC)
MT Hospital Association/Foundation	Helena, MT	Hospital
Mountain Pacific Quality Health Foundation	Helena MT	Non-Profit
Kalispell Regional Medical Center	Kalispell, MT	Hospital
Behavior Health Assoc. MT	Helena, MT	Behavioral Health
MT Tech/ Highlands College	Butte, MT	College/University
MT AHECs	Bozeman, MT, Missoula MT	Area Health Education Center
Flathead College CC	Kalispell, MT	College/University
Rocky Mountain Tribal Leaders Council	Billings, MT	Tribal Nation
MT Health Network	Miles City, MT	Non-Profit
Peer Support Network	Bozeman, MT	Behavioral Health
MT Dept. of Health and Human Services	Helena, MT	Government

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Nebraska

Four Corners Health Department
ACCESS+ Coordinated Care Network

P10RH31834

Primary Project Focus Area: Care Coordination

Other Focus Areas:
Chronic Disease Management – Diabetes
Chronic Disease Management – Other than Diabetes
Integrated Health Services
Network Organization/Infrastructure Development

Special Populations: High Need/High Cost Patients

Network Description

The ACCESS + Coordinated Care Network was formally established in 2016 because of a previously awarded HRSA Network Development Planning Grant. The purpose of that planning grant was to develop a collaborative model of rural care coordination, blending the resources of rural public health and primary care organizations. One of the lessons learned through that 2016 project was that the health needs of the service area residents could not be met using a one-size-fits-all model of care coordination due to service area's large geographic size (11,426 square miles) and sparse population. Therefore, the planning activities for this 2018 project will be carried out in each of the five local health department districts. More specifically, the local health department (LHD) in each of the five health districts will organize a local care coordination planning group. Each planning group will be comprised of the primary care clinics, critical access hospitals, and other community-based organizations located in the respective health districts. Accomplishments so far include the formation of a coordinated care network. Local health departments are also working with their partners on care coordination activities. They have identified high priority needs in each area based on the community health improvement plans of health departments and the community health needs assessments of local hospitals.

Four Corners Health Department (FCHD) is a local public health department in east-central Nebraska and is the applicant and lead agency with fiscal and overall oversight of the grant. FCHD is a member organization of CATCH, a cooperative enterprise of five LHDs and a multi-county community action agency, serving 21 rural counties in eastern Nebraska. Beatrice Community Hospital and Health Center is a critical access hospital located in Beatrice (Gage County). Community Medical Center is a critical access hospital located in Falls City (Richardson County). Fremont Health Medical Center is a critical access hospital located in Fremont (Dodge County). Midtown Health Center is a federally qualified health center (FQHC) located in Norfolk (Madison County). Saline Medical Specialties is a primary care clinic located in Crete (Saline County). York Medical Clinic is a primary care clinic located in York (York County), with a satellite clinic in Stromsburg (Polk County). UNMC College of Public Health will facilitate the strategic planning efforts and help identify evidence-based strategies to improve population health outcomes.

Program Description

The focus of our network planning grant is to improve care coordination for high-need high-cost patients in five multi-county local health department districts. This focus area was selected to improve individual and population health outcomes, reduce the fragmentation of care, and build a more integrated health care system for the local health department, the primary care clinic, the critical access hospital, and other community-based organizations. We will establish an overall network stakeholder coalition to guide the project, select high priority needs, and develop appropriate evidence-based strategies (e.g., the National Diabetes Prevention Program). However, the care coordination activities will be implemented within each of the five local health department districts. In order to develop appropriate health care coordination strategies, a local care coordination group will be formed that will identify the priority needs in their community and develop strategies that will best meet these needs. It will also determine the roles and responsibilities of key stakeholders, develop a process for patient referrals, identify a process for sharing patient information, determine financing options and select performance measures to monitor progress.

Regions Covered by Network Services

County/State	County/State
Burt County, NE	Cuming County, NE
Stanton County, NE	Madison County, NE
Dodge county, NE	Washington County, NE
Saunders County, NE	Butler County, NE
Polk County, NE	Seward County, NE
York County, NE	Fillmore County, NE
Saline County, NE	Thayer County, NE
Jefferson County, NE	Gage County, NE
Otoe County, NE	Johnson County, NE
Nemaha County, NE	Pawnee County, NE
Richardson County, NE	

Network Partners

Organization	Location	Organization Type
Four Corners Health Department	York, NE	Public Health
Elkhorn Logan Valley Public Health Department	Wisner, NE	Public Health
Three Rivers District Health Department	Fremont, NE	Public Health
Public Health Solutions District Health Department	Crete, NE	Public Health
Southeast District Health Department	Auburn, NE	Public Health
Community Access to Coordinated Healthcare, Inc. (CATCH, Inc.)	Lincoln, NE	Non-Profit
Beatrice Community Hospital and Health Center	Beatrice, NE	Rural Health Center
Community Medical Center	Falls City, NE	Rural Health Center
Fremont Health Medical Center	Fremont, NE	Rural Health Center
Saline Medical Specialties	Crete, NE	Physicians' Clinic

York Medical Clinic	York, NE	Physicians' Clinic
Midtown Health Center	Norfolk, NE	Federally Qualified Health Center (FQHC)
UNMC College of Public Health	Omaha, NE	College/University
Blue Valley Community Action Partnership	Fairbury, NE	Social Services Agency

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Nebraska

Northeast Nebraska Public Health Department
Northeast Nebraska Rural Health Network

P10RH31846

Primary Project Focus Area: Obesity - Childhood

Other Focus Areas: Network Organization/Infrastructure Development

Special Populations: Children/Adolescents
Tribal

Network Description

The three primary partners of the Northeast Nebraska Rural Health Network have worked together on various projects over the years. Some of the collaborative activities include emergency preparedness planning, health literacy promotion, culturally and linguistically appropriate services, and assisting with partner's assessment and planning processes. However, partners have not explored the benefits of becoming a formal network to address health issues collaboratively.

This Rural Health Network Planning process will lay the foundation to bring together the local 4-county health department and the two acute care hospitals as the core partners in building a local health network to address childhood obesity and other issues identified in the process. Additional partners that are vital to addressing the issue of childhood obesity and who have committed to the process include the schools, medical clinics, the regional community action agency, and the two Native American Tribes in the district.

Program Description

After reviewing the evidence, it makes sense to the core partners of the Northeast Nebraska Rural Health Network that collaboration and building a local healthcare network is critical to addressing childhood obesity and its subsequent negative health outcomes. The population of focus has a higher obesity rate than the U.S. Targeted counties rates range from 32% - 42% adult obesity rates, compared to the U.S. rate of 28%. Collection of child BMI through collaboration with area schools and preschools, including Head Start, will assist in identifying the point at which the problem begins to emerge and the appropriate strategies to address childhood obesity.

Partners will conduct an extensive community health needs assessment. This will assist in identifying additional areas that may also be part of the obesity problem. Evidence-based and promising practices will be researched as part of the process of building a collaborative 4-county plan. Complementary health improvement plans for partners will be the final step in the network development process. These plans will then serve as guides for all partners to work together to maximize resources and improve the health of all populations in Northeast Nebraska.

Regions Covered by Network Services

County/State	County/State
Cedar County, NE	Dixon County, NE
Thurston County, NE	Wayne County, NE

Network Partners

Organization	Location	Organization Type
Northeast Nebraska Public Health Department	Wayne, NE	Public Health
Providence Medical Center	Wayne, NE	Critical Access Hospital (CAH)
Pender Community Hospital	Pender, NE	Critical Access Hospital (CAH)
Winnebago Tribal Health Department	Winnebago, NE	Other
Pender Medical Clinic	Pender, NE	Physicians' Clinic
Wayne Family Medicine	Wayne, NE	Physicians' Clinic
Emerson-Hubbard School District	Emerson, NE	School System
Hartington-Newcastle Public Schools	Hartington, NE	School System
Pender Public Schools	Pender, NE	School System
Umo n Ho n Nation Public Schools	Macy, NE	School System
Wakefield Community School	Wakefield, NE	School System
Wayne Community Schools	Wayne, NE	School System
Northeast Nebraska Community Action Agency	Pender, NE	Non-Profit

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New Hampshire

Bi-State Primary Care Association

Targeted Integrated Project

P10RH31832

Primary Project Focus Area: Network Organization/Infrastructure Development

Other Focus Areas: None

Special Populations: Medically Underserved

Network Description

The Targeted Integration Project (TIP), is a network planning collaboration of Bi-State Primary Care Association (Bi-State; founded in 1986), the VT Rural Health Alliance (VRHA; a program of Bi-State and a VT health center-controlled network, founded in 2007), the Community Health Access Network (CHAN; a NH health center-controlled network and independent non-profit, founded in 1995), and seven NH and VT Federally Qualified Health Centers. Both Bi-State/VRHA and CHAN have long histories of supporting the information technology, data/analytics, and quality improvement needs of the NH and VT FQHCs. Envisioned in early 2018, after some initial strategic planning work between VRHA and CHAN, TIP's purpose is to strengthen the network infrastructure and capacity of Bi-State and CHAN to efficiently meet these needs and future needs of the NH and VT FQHCs.

The TIP Planning Group includes representation from Bi-State and CHAN. Importantly, it also includes representation from five NH and two VT FQHCs. These FQHCs were selected to represent diverse perspectives, and they are consequently different sizes, have different payer mixes, have different IT needs, etc. Consideration was also given to include FQHCs participating in various value-based initiatives from both states, to ensure that the planning for network infrastructure/capacity includes these future needs.

Program Description

TIP's programmatic focus is network organization / infrastructure development. This focus was selected out of the hypothesis that a more collaborative (if not consolidated) relationship between Bi-State and CHAN would improve infrastructure. For example, the quality staff at each network might be able to "divide and conquer," with one quality specialist developing diabetes guidelines, and the other quality specialist working on hypertension guidelines, deepening the overall bench strength in support of the FQHCs.

The TIP Planning Group's approach is one of discovery and discussion. Deliverables include a needs assessment, a SWOT analysis, comparative analyses (including financial), a strategic plan, and a business model. The TIP Planning Group will be utilizing various evidence-based information regarding nonprofit strategic restructuring, for example CompassPoint's "The M Word: A Board Member's Guide to Mergers How, Why & Why Not to Merge Nonprofit Organizations."

Regions Covered by Network Services

County/State	County/State
Belknap County, NH	Caledonia County, VT
Carroll County, NH	Chittenden County, VT
Cheshire County, NH	Essex County, VT
Coos County, NH	Franklin County
Grafton County, NH	Grand Isle County, VT
Hillsborough County, NH	Lamoille County, VT
Merrimack County, NH	Orange County, VT
Rockingham County, NH	Orleans County, VT
Strafford County, NH	Rutland County, VT
Sullivan County, NH	Washington County, VT
Addison County, VT	Windham County, VT
Bennington County, VT	Windsor County, VT

Network Partners

Organization	Location	Organization Type
Bi-State Primary Care Association	Bow, NH	Non-Profit
Community Health Access Network	Newmarket, NH	Non-Profit
Ammonoosuc Community Health Services	Littleton, NH	Federally Qualified Health Center (FQHC)
Greater Seacoast Community Health	Somersworth, NH	Federally Qualified Health Center (FQHC)
HealthFirst Family Care Center	Franklin, NH	Federally Qualified Health Center (FQHC)
Lamprey Health Care	Newmarket, NH	Federally Qualified Health Center (FQHC)
Little Rivers Health Care	Bradford, VT	Federally Qualified Health Center (FQHC)
Manchester Community Health Center	Manchester, NH	Federally Qualified Health Center (FQHC)
Springfield Medical Care Systems	Springfield, VT	Federally Qualified Health Center (FQHC)

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New Hampshire

Huggins Hospital

Huggins Health Neighborhood

P10RH31838

Primary Project Focus Area: Network Organization/Infrastructure Development

Other Focus Areas:
Behavioral Health
Care Coordination
Mental Illness/Mental Health Services
Substance Abuse/Addiction - Opioid

Special Populations: Elderly

Network Description

Huggins Health Neighborhood was formed in 2018 to create a strategic partnership to promote optimal community health and wellness by identifying need, targeting services, and addressing our community's social determinants of health. We are building a Rural Health Network of multi-sector stakeholders to health and human services to identify and pinpoint community needs, identify unmet needs and gaps in services, and develop a collaborative plan to build capacity and improve services. We have convened our founding members, designed our infrastructure, and are preparing to launch formal development and planning activities in September 2018. One of our major accomplishments to date is securing the commitment, support, and enthusiasm of essential health and human service partners to building a strong, sustainable rural health network.

The goal of our planning grant is to build a strong and sustainable Network, which depends on including the right partners. Achieving inclusiveness and reach provides the rationale for engaging the selected partners in our Network. We have convened eight health, behavioral health, and social service partners that serve our region, including the Critical Access Hospital; the behavioral health provider; the home health, skilled nursing, public health, aging and disability service, and social services agency; and the State Office of Rural Health. Our eight partners all have years of experience working together in a variety of configurations and collaborating to improve individual health outcomes and community health. By convening these agencies, we encompass the full range of services that address the social determinants of health, and we touch every home that receives or needs health, behavioral health or human services in the Eastern Lakes Region of southern Carroll and Belknap Counties, NH. Two non-conventional partners, Tri-County Community Action and ServiceLink, our region's key social service providers, also operate referral and navigation services and can help us identify and address the needs of high-risk sub-populations. Our public health and State Rural Health agency partners bring relationships, specialized expertise, and tools to help us create strong linkages between rural service providers and leverage the strengths of each. By bringing together these partners we will have everyone at the table who can deliver, influence, and improve the health and health-related social services.

Program Description

Our Network's programmatic focus areas are (1) integrated mental/behavioral health and substance abuse services, including needs arising from the opioid epidemic, and (2) the needs of the aging rural population including those related to chronic disease and healthy aging. Our recent Carroll County and Huggins Hospital Community Health Needs Assessments demonstrated clearly that these are the health areas of greatest need and of the highest priority to our community. Survey and focus group data reveal these needs to be of the most pressing health concerns to our community, and these findings are underscored by population health data. The opioid crisis has hit NH and our community particularly hard, with our opioid death rates among the highest in the US. Parental opioid use creates trauma and effects that span generations to children and grandparents, creating a need for supports and services that did not exist a few years ago and that must be built now to promote healthy futures. The effects of this health priority intertwine with another characteristic of our population: (2) Our rapidly growing aging adult population and their need for health, social, and support services is a major defining feature of our demographic and health landscape. Carroll County has the oldest residents in a state that has the second-oldest population in the US. The health and social service needs of this growing segment of our population is a major focus of our work.

The first activities of our Planning Grant are to mature our Network infrastructure and vision and conduct a service gap analysis and strategic planning. We are using the Mobilizing for Action through Planning and Partnerships (MAPP) collaborative planning model developed by the National Association of County & City Health Officials (NACCHO) in collaboration with the CDC. This community-driven strategic planning model guides us to improve our regional rural health system through quality improvement, partnerships, data, structured planning processes, and measurement. The next activities are to establish a "no wrong door" system of social needs screening, referral, and navigation of residents to health and social services to address the social determinants of health, and a system of "hotspotting" services to geographic areas and residents of greatest need. Our social determinants model is guided by the promising practices of the CMS Accountable Health Communities demonstration model that screens, refers, and navigates residents to services to address unmet health-related social needs. The evidence-based Healthcare Hotspotting Program designed by the Camden Coalition in Camden, NJ, will help us use data strategically to allocate resources and services to where they are needed most in the community to promote optimal health outcomes.

Regions Covered by Network Services

County/State	County/State
Southern Carroll County, NH	Belknap County, NH

Network Partners

Organization	Location	Organization Type
Huggins Hospital	Wolfeboro, NH	Critical Access Hospital (CAH)
Northern Human Services	Wolfeboro, NH	Behavioral Health
Central New Hampshire VNA & Hospice	Wolfeboro, NH	Home Health
Genesis Wolfeboro Bay Center	Wolfeboro, NH	Skilled Nursing Facility
Carroll County Coalition for Public Health	Ossipee, NH	Public Health
Tri-County CAP	Tamworth, NH	Social Services Agency
ServiceLink Resource Center	Tamworth, NH	Area Agency on Aging
Office of Rural Health & Primary Care	Concord, NH	Rural Health Center

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New Mexico

Southwest Center for Health Innovation

New Mexico Public Health Institute

P10RH32091

Primary Project Focus Areas: Network Organization/Infrastructure Development

Other Focus Areas: None

Special Populations: None

Network Description

The Southwest Center for Health Innovation (SWCHI) is the New Mexico Public Health Institute (NMPHI). In 2017, the National Network of Public Health Institutes (NNPHI) designated SWCHI as the state Public Health Institute. The NMPHI advisory board members are the members of the network. NMPHI Network first convened three years ago to discuss how to challenge the systems, policies and conditions that inhibit the opportunity for individuals, families and communities to thrive. The leaders of this group work together consistently to enhance the structure and priorities of the NMPHI. The NMPHI Network is very deliberate in their process to develop a structure that allows for community voice in state decision-making and priorities. The NMPHI is a nonprofit, non-governmental organization, which is not subject to the ever-changing political influences of local or state government, or the inertia of any other large system.

The NMPHI Network includes New Mexico Department of Health, (Health Promotion division and the Office of Health Equity), New Mexico Alliance for Health Councils, Doña Ana County Health and Human Services Dept., Guadalupe County Hospital, and the University of New Mexico. The members of this network align resources to further establish NMPHI and its support by addressing challenges more efficiently and collectively than they would working alone. In this way, NMPHI is further building an acceptable statewide constituency to support public needs and programming in the state. The individuals that make up the Network are all in leadership roles at their respective organizations and, therefore, will integrate the Network activities into their organizational priorities. Each Network member has a specific expertise and organizational infrastructure that will ensure the success of the NMPHI.

Program Description

The HRSA Network Planning Grant allows the NMPHI Network to address priorities critical to rural areas and provide a collaborative environment for determining local priorities supported by statewide representation. The network plans to develop a specific collaborative process for rural communities to impact state and local public and population health priorities through identifying rural health priorities, determining and building local capacity and developing intervention strategies among community partners.

Network members focus on ways to enhance community partnerships and public health leadership development to promote involvement and participation in planning and strategic development activities. The capacity building and research work that New Mexicans are currently doing most often advances the status quo or goes unnoticed by decision makers who possess the resources that could best assist in addressing local needs. All too often, well-meaning efforts across the state are temporal, isolated and fragmented. The rural public health system needs to be

strengthened in the context of creating the conditions in which transformational change in rural areas can occur. Network partners are positively impacting the rural public health system in New Mexico by creating a system/pathway for making population health improvements that are inclusive of rural communities, designing a community engaged, health-focused planning model, and developing a plan for network sustainability.

Regions Covered by Network Services

County/State
All counties in New Mexico

Network Partners

Organization	Location	Organization Type
New Mexico Department of Health	Santa Fe, NM	Government
New Mexico Alliance of Health Councils	Santa Fe, NM	Non-Profit
Guadalupe County Hospital	Santa Rosa, NM	Hospital
Dona Ana County Health and Human Services	Las Cruces, NM	Government
University of New Mexico	Albuquerque, NM	College/University

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North Carolina

First Health of the Carolinas
Sandhills Opioid Response Network

P10RH32092

Primary Project Focus Area: Substance Abuse/Addiction-Opioid

Other Focus Areas: None

Special Populations: Individuals struggling with opioid addiction

Network Description

The Sandhills Opioid Response Network (SORN) is a community-driven network dedicated to addressing opioid abuse, including prevention, treatment and recovery, in the rural, south-central region of North Carolina. Initial partners include representatives from the hospital, public health, behavioral health services, non-profit organizations, law enforcement, and Sandhills Center and Community Care of the Sandhills. This network is in the beginning stages of development. As the network matures, initial partners will work collaboratively to grow the network to have representation from 10-counties in the target region.

The initial eleven network partners were selected because the organizations/agencies work directly with individuals and/or family members of individuals struggling with opioid use disorder. FirstHealth of the Carolinas has both behavioral health services as well as community health services divisions that will play a lead role in the network formation. The health departments are currently involved with county-level opioid prevention work. Law enforcement is seeking treatment/recovery resources as well as alternatives to arrests for opioid offenses. Drug Free Moore County is a non-profit organization that focuses both on prevention and linkage to treatment resources. Sandhills Center is the local management entity for mental health disorders and substance abuse. Community Care of the Sandhills is the Medicaid case-management entity for the region. It works directly with provider practices on narcotic prescription management as well as case manage patients. Alcohol and Drug Services provides community education programs and outreach with a focus on drug prevention. The initial partners represent Moore, Richmond, Montgomery and Hoke counties.

Program Description

The Sandhills Opioid Response Network (SORN) is focused on opioid prevention, treatment and recovery resources that will ultimately decrease the overdose rates in the region as well as the deaths due to overdose. The network plans to implement a regional partnership scan which will result in the recruitment of additional key stakeholders. SORN works to define current resources, programs and services, which will result in identifying potential gaps, duplication of services and potential opportunities for collaboration. Working together, partners research best practice and technology solutions, and utilize the network planning period to pilot two potential initiatives that will increase access to resources and services for opioid use disorder.

Regions Covered by Network Services

County/State	County/State
Moore County, NC	Hoke County, NC
Richmond County, NC	Montgomery County, NC

Network Partners

Organization	Location	Organization Type
FirstHealth of the Carolinas	Pinehurst, NC	Hospital
Alcohol and Drug Services	Rockingham, NC	Non-Profit
Community Care of the Sandhills	Pinehurst, NC	Medicaid Managed Care Organization
Drug Free Moore County	Carthage, NC	Non-Profit
Hoke County Health Department	Raeford, NC	Public Health
Hoke County Office of Sheriff	Raeford, NC	Law Enforcement
Montgomery County Health Department	Troy, NC	Public Health
Montgomery County Office of Sheriff	Troy, NC	Law Enforcement
Moore County Health Department	Carthage, NC	Public Health
Moore County Office of Sheriff	Carthage, NC	Law Enforcement
Richmond County Health Department	Rockingham, NC	Public Health
Richmond County Office of Sheriff	Rockingham, NC	Law Enforcement
Sandhills Center	Pinehurst, NC	Behavioral Health

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North Carolina

Granville-Vance District Health Department

P10RH32095

Primary Project Focus Area: Substance Abuse/Addiction-Opioid

Other Focus Areas:
Behavioral Health
Care Coordination
Integrated Health Services
Telehealth

Special Populations:
Children/Adolescents
Elderly
Migrant
Women
Uninsured/Underinsured

Network Description

Granville Vance Public Health, Warren County Health Department, and Franklin County Health Department serve as local health departments to four contiguous counties in NC bordering Virginia to the north and Durham and Wake Counties to the south. The rural network was established in 2015 both as a response to the Rural Opioid Overdose Response (ROOR) grant, and as key leaders in the Stepping Up Initiative, a movement in NC to address mental health and substance use disorder among the jailed population. Accomplishments to date include: meeting monthly as a regional health coalition to collect data and share information about referring people into care systems for mental health, substance use disorder, and primary care; identifying evidence-based practices to begin an integrated care model for the region, starting a Community Case Management team to address complex cases who frequent the Maria Parham Health System Emergency Department, and successfully partnering with the NC Harm Reduction Coalition to begin a mobile syringe exchange program in the area to assist individuals with health care needs, education, and an entrance into recovery and treatment.

The network members have a history of collaboration; working to improve alternatives to the current setup for mental health and substance use disorder treatment for patients who needed better quality care but struggle often with transportation and follow-up for visits with outpatient care. Being in a rural setting with high levels of poverty in the population and limited mass transportation services, a specific request for telemedicine solutions was discussed among the group. Dr. Shauna Guthrie, medical director at Granville Vance Public Health, provides primary care and Medication Assisted Treatment (MAT) for substance use disorder, and is one of only two health department physicians in the state of NC who was trained and willing to start MAT in 2017. The area providers want to access her services in adjoining rural counties via telemedicine. The behavioral health specialists, Visions Behavioral Health, is a Comprehensive Community Clinic with the ability to conduct crisis assessments for mental health and substance use disorder patients in the region. The network members plan to work together during this planning grant timeline to navigate integrated care and seek to provide improved access to those who need primary care, mental health and substance use disorder assessment, treatment, and follow up.

Program Description

This network chose Expanding Access to Medication-Assisted Treatment (MAT) through a Telehealth Program in Rural North Carolina as a response to the significant opioid epidemic in the region and recent community leadership discussions across each county. The service area of focus is medication assisted treatment or MAT (including suboxone or naltrexone) for opioid use disorder and integrated care. Goals of the project include developing a health network with organizations across four counties and assessing regional needs and capacity to support expanded access to medication-assisted treatment for opioid use disorder (OUD) through a telehealth model.

Through Granville Vance Public Health, the network has access to a research translation professor who is on-site twice a week. The network plans to reference literature searches, the CDC's Community Guide to Preventive Services, and work with partners across the academic and health care community to identify best, promising, and emerging practices. The network plans to engage North Carolina Institute for Public Health and the Wake Area Health Education Center (Wake AHEC) to assist in providing evidence-based examples of integrated care models and promising practices in telemedicine, billing, and network collaboration. In addition, Dr. Shauna Guthrie, is completing a 12-month leadership program with the North Carolina Medical Society Foundation where her leadership project culminates in a presentation to advisors and mentors in the medical society. Dr. Guthrie's MedTalk is on how GVPH started Medication Assisted Treatment (MAT) in a rural health department setting.

The clinic team is currently conducting behavioral health assessments and connection to other needed resources (SAIOP, outpatient counseling, NA meetings, support groups, etc.), providing services in a structured but not rigid format in a traditional primary care setting with a chronic disease model. The ultimate goal of this proposed effort is to create a network of rural medical and public health offices which can be connected via telehealth to provide expanded services.

Regions Covered by Network Services

County/State	County/State
Vance County, NC	Warren County, NC
Granville County, NC	Franklin County, NC

Network Partners

Organization	Location	Organization Type
Granville Vance District Health Department	Henderson/Oxford, NC	Public Health
Franklin County Health Department	Louisburg, NC	Public Health
Warren County Health Department	Warrenton, NC	Public Health
Maria Parham Medical Center	Henderson, NC	Hospital
NC Harm Reduction Coalition	Raleigh, NC	Non-Profit
Visions Behavioral Health Services	Louisburg, NC	Behavioral Health

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New York

Westchester-Ellenville Hospital

Ellenville Area Rural Health Network

P10RH31855

Primary Project Focus Area: Obesity - Childhood

Other Focus Areas: None

Special Populations: Children/Adolescents

Network Description

Westchester-Ellenville Hospital (dba Ellenville Regional Hospital) was awarded the 2017 Rural Health Network Planning Grant, leading to the successful development of the Ellenville Area Rural Health Network (ERHN). With HRSA support, the ERHN was able to set a strong foundation and network structure, facilitate leadership commitment, develop mission and vision statements, agree upon formal bylaws, begin coordinating healthcare services, and implement a comprehensive Community Health Needs Assessment. Under this new planning phase, we will add three additional partners and focus our planning on the public health problem of childhood obesity. Our expanded partnership includes: Ellenville Regional Hospital (Critical Access Hospital), the Institute for Family Health (FQHC), Ulster County Department of Health and Mental Health (public health), Ellenville Wawarsing Youth Commission (local government youth commission), Ellenville Central School District (public school system), and Cornell Cooperative Extension of Ulster County (community-based organization).

Program Description

Current planning will build on the successes of our network by expanding our partnerships and focusing our next planning efforts on the public health problem of childhood obesity. Childhood obesity is indicated by both local health data and the recent Community Health Needs Assessment to be an issue of great concern in our region. Targeted planning activities will seek to address this problem holistically, including adding three more organizational partners to our Rural Health Network who bring specific expertise on this issue. Achieving all three legislative aims, the proposed planning project will create coordination of care across an array of providers, enhance patient and community engagement and leverage cross-sector expertise and opportunities, in response to an area of significant health need.

The expanded network will enhance care coordination, allowing health and human service providers in the region to overcome several barriers to providing high quality, efficient service to community members. As a very rural community within Ulster County, Ellenville faces challenges of limited service provision, limited access to available services, and few initiatives to coordinate or share services across sectors. This project will provide a unique opportunity for healthcare, public health, community-based service, and education providers to develop a partnership that links comprehensive services to promote long-term health improvement in the incidence of childhood obesity in the region.

Region Covered by Network Services

County/State
Ulster County, NY

Network Partners

Organization	Location	Organization Type
Westchester-Ellenville Hospital (dba Ellenville Regional Hospital)	Ellenville, NY	Critical Access Hospital (CAH)
Institute for Family Health, Ellenville Family Health Center	Ellenville, NY	Federally Qualified Health Center (FQHC)
Ulster County Department of Health and Mental Health	Kingston, NY	Public Health
Ellenville Central School District	Ellenville, NY	School System
Ellenville Wawarsing Youth Commission	Ellenville, NY	Government
Cornell Cooperative Extension of Ulster County	Kingston, NY	Non-Profit

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Pennsylvania

Community Guidance Center

Building a Network of Care

P10RH32086

Primary Project Focus Areas: Network Organization/Infrastructure Development

Other Focus Areas:
Behavioral Health
Mental Illness/Mental Health Services
Pharmacy
Substance Abuse/Addiction-Opioid

Special Populations: Adults with Serious Mental Illness

Network Description

The Building a Network of Care project (Network) membership includes the leadership teams of the Community Guidance Center, The Open Door, Primary Health Network and Genoa Pharmacy who have focused their efforts on building a unified and seamless access to healthcare for individuals suffering from serious mental illness, substance abuse issues and/or co-occurring conditions. Often consumers who seek services for either mental health or substance abuse issues fail to seek primary care services due to fear, lack of knowledge or for other reasons. Other times, primary care providers, who are not trained in identifying possible mental health, substance abuse or co-occurring conditions, do not have an established referral process within their community. This Network was formed to develop the infrastructure for the largest system of integration in Indiana County, PA. The Steering Committee, which is comprised of executive leadership from all Network partners, is developing a referral process for consumers, planning for shared health information, and preparing a joint marketing strategy.

The Community Guidance Center which provides mental health treatment services is acting as the lead on the project. The Open Door was selected as the substance abuse treatment provider; the Primary Health Network acts as the physical health provider and Genoa acts as the pharmacy provider. Network partners chose Indiana County, PA as its targeted service location because of the lack of integrated services within the community and the number of community members struggling with mental illness, substance use and/or co-occurring conditions.

Program Description

To effectively prepare for a coordinated system of care, Network partners are focusing grant activities around planning for co-location. Leadership from all Network partners has developed a Steering Committee with the goal of developing a formalized Memorandum of Understanding and establishing roles and responsibilities for all Network partners. The Steering Committee is developing a process for shared health screeners and consumer health information. To effectively educate the community and consumers, the Steering Committee is developing a marketing strategy focused on the services provided by the Network. Finally, the Steering Committee is identifying ways to establish community support.

Network partners believe that planning is essential, prior to co-location, and are using their past experience with

healthcare integration to develop the Building a Network of Care project in Indiana, PA.

Region Covered by Network Services

County/State
Indiana, PA

Network Partners

Organization	Location	Organization Type
Community Guidance Center	Indiana, PA	Behavioral Health
Primary Health Network	Indiana, PA	Physicians' Clinic
The Open Door	Indiana, PA	Other
Genoa Pharmacy	Indiana, PA	Other

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South Dakota

Sacred Heart Health Services

Avera Sacred Heart Health Services

P10RH32094

Primary Project Focus Area: Network Organization/ Infrastructure Development

Other Focus Areas:
Care Coordination
Care Transitions
Focus Integrated Health Services

Special Populations:
Elderly
Rural – Medically Underserved

Network Description

The South Dakota Palliative Care Network is a partnership between Avera Sacred Heart Hospital in Yankton, S.D., (lead applicant), Rapid City Regional Hospital (Rapid City, S.D.) and the American Cancer Society (Sioux Falls, S.D.). The South Dakota Palliative Care Network will complete one year of planning and assessment activities to further assess the perception of palliative care among patients, providers and family members and explore possible solutions to address the uneven access to palliative care. Paralleling the main focus is legislative education regarding expansion and access to, coordinated and improved quality of essential health care services throughout the state.

Program Description

The purpose of the South Dakota Palliative Care Network (SDPCN) is to develop a palliative care model that can be consistently replicated throughout the state. The network intends to assess the current palliative care options available throughout the state and survey patients, family members and physicians about their opinions of and barriers to palliative care. The network plans to then compile and analyze trends and common concerns to help develop the main areas of focus for network activities. The network means to identify and explore the various legislative impacts and compliance guidelines, if any, concerning palliative care that would need to be addressed.

The network improves access to palliative care in South Dakota by completing the following goal in the network's first year: Change the perception of palliative care among physicians, patients and family members in the state and create a palliative care model that can consistently be replicated by health care organizations throughout South Dakota. In order to reach this goal, the network focuses on seven objectives: 1) Establish a sustainable and collaborative health care network by June 30, 2019; 2) Identify existing palliative care resources available to providers, patients and family members; 3) Educate, engage and seek input from patients and family members on the issue of palliative care in South Dakota; 4) Identify and explore the various legislative impacts and compliance guidelines concerning palliative care to aid in the development of a model that can be replicated across the state of South Dakota; 5) Utilize clinical expertise and patient information to help determine scope of work and future network activities; 6) Evaluate the effectiveness of network activities.

Regions Covered by Network Services

County/State	County/State
Yankton, SD	Pennington, SD
Minnehaha, SD	

Network Partners

Organization	Location	Organization Type
Avera Sacred Heart Hospital	Yankton, SD	Non-Profit
Rapid City Regional Hospital	Rapid City, SD	Non-Profit
American Cancer Society	Sioux Falls, SD	Other

Grantee Contact Information

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South Dakota

South Dakota State University

Great Plains – American Indian Health Occupation Network

P10RH31852

Primary Project Focus Area: Workforce Development

Other Focus Areas: Network Organization/Infrastructure Development

Special Populations: Tribal

Network Description

The Great Plains American Indian Health Occupation Network (GP-AIHON) is a partnership among South Dakota State University (SDSU), University of South Dakota (USD), Great Plains Tribal Chairmen's Health Board (GPTCHB), and Catholic Social Services-Rapid City. The partnership formed through collaboration on a previously established, informal alliance - Oglala Lakota Healthcare Workforce Alliance (OLHWA). This alliance worked to promote healthcare degrees and training to school systems and students on the Pine Ridge reservation to promote healthcare workforce development. With the establishment of GP-AIHON as a formal network, the focus of the alliance continues to be on healthcare workforce development and employer needs assessment among the Oglala Lakota people.

Network members were chosen for their combined expertise in meeting program goals. SDSU and USD are academic, research institutions that recruit and prepare future health care workforce through various academic programs. Each university houses programs devoted to the recruitment and support of tribal students. GPTCHB is a non-profit organization committed to providing public healthcare support and advocacy to the 18 tribal communities of the Great Plains region of South Dakota, North Dakota, Nebraska, and Iowa. Catholic Social Services-Rapid City provides various forms of support, i.e., counseling, Lakota Circles of Hope, Prosperity Initiatives, etc. for tribal people in western South Dakota. The partners are currently engaged as a network through Memoranda of Understanding.

Program Description

In addition to creating a sustainable network, GP-AIHON is conducting a healthcare workforce needs assessment on the Pine Ridge Reservation. A survey tool is being formulated to collect data on employer workforce needs and future projections for professional and non-professional staff in reservation healthcare systems. The data from the assessment will be used to inform K-12 school systems in the Pine Ridge Reservation about healthcare career pathways for students with goals of promoting healthcare careers for local students. The assessment and data will be housed on the GPTCHB public webpage to serve as an open source document available for use by other tribal nations. In implementing the program, culturally aligned practices and tribal member guidance have been continually used in survey creation. The network has also utilized workforce needs surveys from a variety of previously implemented sources and is working with GPTCHB and various tribal members to align the survey with the needs of Pine Ridge Reservation.

Regions Covered by Network Services

County/State	County/State
Oglala Lakota County, SD	Jackson County, SD
Bennett County, SD	

Network Partners

Organization	Location (City/State)	Organization Type
South Dakota State University	Rapid City, SD	College/University
University of South Dakota	Vermillion, SD	College/University
Great Plains Tribal Chairmen's Health Board	Rapid City, SD	Non-Profit
Catholic Social Services	Rapid City, SD	Social Services Agency

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Virginia

St. Mary's Health Wagon
Virginia Appalachian Wellness Network (VAWN)

P10RH31853

Primary Project Focus Area: Substance Abuse/Addiction - Opioid

Other Focus Areas:
Behavioral Health
Care Coordination
Emergency Medical Services
Mental Illness/Mental Health Services

Special Populations:
Children/Adolescents
Elderly
Women

Network Description

A new Consortium - the Virginia Appalachian Wellness Network (VAWN) - is being formed to expand and enhance mental and behavioral services to the medically underserved, uninsured, and vulnerable populations of Southwest Virginia. The targeted population are those in the six-county Central Appalachian coal-mining counties of Buchanan, Dickenson, Lee, Russell, Scott, and Wise in Southwest Virginia. The members of the Network are a free clinic providing primary care; a new regional healthcare system that operates the community hospital located in the service region; and a behavioral health practice that contracts with local Community Service Boards (CSBs).

The purpose of the Virginia Appalachian Wellness Network (VAWN), is to address the clinical priorities of the U.S. Department of Health and Human Services (DHHS) in serious mental illness (SMI) and substance abuse. There are many service gaps in the current health care delivery system. This is an opportunity and approach that will aid providers in serving rural Southwest Virginia in a positive way and will open doors for entities to collaborate who have not in the past, share and leverage resources, and identify service delivery needs, all which will improve local capacity and coordination of care. The Network is promoting healthy communities through improved access to care, patient education, workforce training, collaboration, and outreach. Its immediate goal is reducing rates of morbidity and mortality from the "diseases of despair," clinical depression, alcohol and substance abuse, dementia, and addictive behaviors.

Program Description

The major focus of this grant is mental health and opioid abuse. The *Rural Health Network Planning Program* activities are to support three Legislative Aims: 1) Achieve efficiencies by developing and implementing a community health needs assessment, working with local hospital to implement a plan for addressing needs identified by the assessment, and identifying a plan for developing regional systems of care to better meet rural patient concerns; 2) Expanding access to, coordinating, and improving the quality of essential behavioral health care services, and identifying the degree to which Network members are ready to integrate functions and share resources, identifying strategies to communicate with the community about changes in the current health care landscape and how to better access behavioral health care services, and developing a plan to expand the role of

emergency medical services within the community; and 3) Strengthening the rural health care system as a whole – identifying ways to encourage cross-organization collaboration, identifying opportunities for the Network to better address local population needs, and lastly, identifying ways to leverage broadband connectivity to support health information technology in rural Southwest Virginia.

The Network is applying several evidence-based and promising practices to achieve objectives, which may serve as a model to other rural communities.

Mobile Health - The Health Wagon is nationally known for its use of mobile health units to address service gaps. These units travel across the region to medically-underserved areas, where patients face barriers of long-distance travel to access care.

Telehealth - As demonstrated by the Evidence-based Practice Centers (EPC) of the Agency for Healthcare Research and Quality (AHRQ), telehealth interventions have been successfully employed for psychotherapy as part of behavioral health, and for counseling. The Karen S. Rheuban Center for Telehealth at the University of Virginia Health System has built a telehealth network for Southwest Virginia that will be employed to deliver this care to the Network. In addition, the Center for Telehealth, in collaboration with the Department of Psychiatry and Behavioral Sciences and the Department of Neurology, is piloting two telehealth programs to directly treat opioid addiction and dementia that will also be available to help the Network meet its objectives.

Project ECHO - Launched in 2003 by the University of New Mexico, this model organizes community-based primary care clinicians into disease-specific knowledge networks that meet through weekly videoconferencing to present patient cases. The "virtual grand rounds" are led by specialists at academic medical centers who train providers to provide specialized care, share best practices and co-manage complex chronic illness care for patients with the local care team. The Virginia Department of Health has adapted this model specifically to address the opioid epidemic, and the UVAHS is participating as the academic medical center delivering this program to Southwest Virginia.

The New York University Caregivers Initiative (NYUCI) - This is an evidence-based intervention for caregivers of people with dementia that results in decreased health care utilization and decreased caregiver burden. UVA has significant positive experience providing the NYUCI through telemedicine to the Central Virginia region, and is now expanding this program to Southwest Virginia.

Double Trouble in Recovery (DTR) - This model was developed in 1989 to support the special needs and challenges of people dually diagnosed with mental illness and substance abuse. DTR is conducted in group sessions and provides a forum and safe setting where participants can feel safe discussing their dual recovery needs with the help of a trained facilitator.

Regions Covered by Network Services

County/State	County/State
Lee County, VA	Scott County, VA
Wise County, VA	Buchanan County, VA
Dickenson County, VA	Russell County, VA

Network Partners

Organization	Location	Organization Type
St. Mary's Health Wagon/The Health Wagon	Wise, VA	Non-ProfitFree Clinic
Wise County Behavioral Health Services	Big Stone Gap, VA	Behavioral Health
Ballad Health System	Clintwood, VA	Hospital

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Virginia

The Virginia Rural Health Association
The Virginia Rural Health Clinic Coalition

P10RH32087

Primary Project Focus Area: Behavioral Health

Other Focus Areas: Substance Abuse/Addiction-Opioid
Substance Abuse/Addiction-Other than Opioid

Special Populations: Rural Health Areas

Network Description

The Virginia Rural Health Clinic Coalition (VRHCC) is in the formative stage of development. The members represent a cross-section of healthcare organizations and associations throughout Virginia. Fourteen out of twenty-eight rural health clinics have signed a Memorandum of Understanding. Other potential coalition members will include hospitals with RHCs under their umbrella, the State Office of Rural Health, the Virginia Secretary of Technology and other stakeholders.

Virginia Rural Health Association plans to provide staff support. Staff member is responsible for convening meetings of the VRHCC Steering Committee, distributing national-level RHC information to VRHCC members, and providing VRHCC members with networking opportunities. The VRHCC members select four individuals to serve as their representatives on the VRHCC Steering Committee, two of those also serve on the Virginia Rural Health Association Board of Directors to provide VRHCC a voice at a higher level.

Program Description

The Virginia Rural Health Association plans to create a coalition of Rural Health Clinics with a goal to position Virginia's Rural Health Clinics to be leaders in improving population health in RHC communities with a focus on behavioral health and substance abuse. Virginia Rural Health Clinic Coalition (VRHCC) provides behavioral health and substance abuse awareness training to RHCs, providing opportunities for RHC staff to learn management best practices, providing training to RHC staff on quality improvement techniques in the areas of behavioral health and substance abuse, and assessing telehealth needs among Virginia's RHCs.

VRHCC works toward the stated goal "to position Virginia's Rural Health Clinics to be leaders in improving population health in RHC communities with a focus on behavioral health and substance abuse" through a dual approach of Optimization of Practice Management and Clinical Quality Improvement.

Region(s) Covered by Network Services

County/State	County/State
Bath, VA	Patrick, VA
Buchanan, VA	Pittsylvania, VA
Giles, VA	Rappahannock, VA
Grayson, VA	Russell, VA
James City, VA	Scott, VA
Lee, VA	Smyth, VA
Lexington City, VA	Tazewell, VA
Martinsville City, VA	Washington, VA
Mecklenburg, VA	Wise, VA

Network Partners

Organization	Location	Organization Type
Virginia Rural Health Association	Luray, VA	Non-Profit
Bath Community Physicians Group	Hot Springs, VA	Rural Health Center
Family Medicine – Giles	Pearisburg, VA	Rural Health Center
Family Medicine - Lexington	Lexington, VA	Rural Health Center
Internal Medicine - Lexington	Lexington, VA	Rural Health Center
Clinch Valley Physicians Associates	Richlands, VA	Rural Health Center
Family Care of Chilhowie, P.C.	Chilhowie, VA	Rural Health Center
Olde Towne Medical & Dental Center	Williamsburg, VA	Rural Health Center
Patrick County Family Practice	Stuart, VA	Rural Health Center
Tri-State Rural Health Clinic	Grundy, VA	Rural Health Center
Family Medicine/Washington	Washington, VA	Rural Health Center
Luray Family Medicine	Luray, VA	Rural Health Center
Page Healthcare Associates	Luray, VA	Rural Health Center
Page Rural Health Center	Stanley, VA	Rural Health Center
Page Shenandoah Health Center	Shenandoah, VA	Physicians' Clinic

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Washington

Grays Harbor County Public Hospital District 1
Washington Rural Health Network

P10RH31836

Primary Project Focus Area: Reimbursement for Health Services

Other Focus Areas: Network Organization/Infrastructure Development

Special Populations: None

Network Description

Against the backdrop of healthcare transformation and toward the goal of operational excellence, the board of directors of the Washington Rural Health Collaborative, a well-established collaborative among Washington State's 15 Critical Access Hospitals, engaged in two years of visioning which has led to the formation of the Washington Rural Health Network, LLC, to serve as a legal entity for a clinically integrated network to position members for new types of multi-payer contracting. The first step, forming the legal entity of WRHN, is complete and further development of the operational infrastructure and new payment models are the focus of our HRSA Network Development Planning Grant. The partners in the WRHN are all of the Collaborative's fifteen Critical Access Hospital members, who already have a strong history of working collectively on healthcare reform and joint contracting projects, saving members an estimated 6.4 million dollars since 2014.

WRHN's members represent a new model for a clinically integrated network with a focus on improving quality while reducing cost. WRHN is building on experience and work already underway in the areas of group contracting, shared services, and mitigation of duplicative tracking and reporting systems that are a costly barrier to achieving value-based care delivery. WRHN is intended to be a strong and viable entity representing rural, Critical Access Hospitals across the state. Members are partnering with CMS and the State of Washington to develop a new, sustainable rural health payment model.

Program Description

The WRHN provides a vehicle to bring more of the Washington's rural Critical Access Hospitals into discussions with the Washington State Health Care Authority, the State's Managed Medicaid Organizations, and private payers, regarding the transformation of the State's rural health system. Talks are already underway and, in fact, are accelerating in pace, with the Collaborative and with the members of the newly formed WRHN. This formal network, capable of clinical and quality integration, provides the necessary infrastructure (tools & staff) to serve as a catalyst for rural healthcare transformation and positions each member for success with value-based contracts.

WRHN's ongoing work with the State of Washington is to develop a new financing model for both Medicare and Medicaid and to identify and develop the operational infrastructure needed to support the successful transition to value-based care transformation with a focus on data and analytics. Consultants will be engaged to evaluate and recommend a path for WRHN to be an early adopter of Washington State's Multi-Payer Model.

Regions Covered by Network Services

County/State	County/State
Benton County, WA	Lewis County, WA
Clallam County, WA	Lincoln County, WA
Grays Harbor County, WA	Pend Oreille County, WA
King County, WA	Pacific County, WA
Island County, WA	Klickitat County, WA
Jefferson County, WA	Mason County, WA
Kittitas County, WA	

Network Partners

Organization	Location	Organization Type
Clallam County PHD No 1, Forks Community Hospital	Forks, WA	Critical Access Hospital (CAH)
Grays Harbor County PHD No 1, Summit Pacific Medical Center	Elma, WA	Critical Access Hospital (CAH)
Jefferson County PHD No 2, Jefferson Healthcare	Port Townsend, WA	Critical Access Hospital (CAH)
King County PHD No 4, Snoqualmie Valley Hospital	Snoqualmie, WA	Critical Access Hospital (CAH)
Kittitas County PHD No 1, Kittitas Valley Healthcare	Ellensburg, WA	Critical Access Hospital (CAH)
Klickitat County PHD No 1, Klickitat Valley Health	Goldendale, WA	Critical Access Hospital (CAH)
Klickitat County PHD No 2, Skyline Health	Skyline, WA	Critical Access Hospital (CAH)
Lewis County PHD No 1, Morton General Hospital	Morton, WA	Critical Access Hospital (CAH)
Lincoln County PHD No 3, Lincoln Hospital	Davenport, WA	Critical Access Hospital (CAH)
Mason County PHD No 1, Mason General Hospital	Shelton, WA	Critical Access Hospital (CAH)
Pacific County PHD No 3, Ocean Beach Hospital	Ocean Beach, WA	Critical Access Hospital (CAH)
Pacific County PHD No 2, Willapa Harbor Hospital	Willapa Harbor, WA	Critical Access Hospital (CAH)
Pend Oreille County PHD No1, Newport Hospital & Health Services	Newport, WA	Critical Access Hospital (CAH)
Prosser PHD No 1, Prosser Memorial Health	Prosser, WA	Critical Access Hospital (CAH)
Whidbey Island PHD, Whidbey Health Medical Center	Coupeville, WA	Critical Access Hospital (CAH)

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Washington

Jefferson, County of

Jefferson County WA Rural Health Network (JCWRHN)

P10RH31839

Primary Project Focus Area: Mental Illness/Mental Health Services

Other Focus Areas:
Behavioral Health
Emergency Medical Services
Integrated Health Services
Substance Abuse/Addiction - Opioid

Special Populations: Geographically and Economically Disadvantaged

Network Description

The Jefferson Rural Health Network is an emerging Network serving the five communities within Jefferson County, WA: Port Townsend, Chimacum, Port Hadlock, Quilcene, and Brinnon. The Network is composed of Public Health, supplying immunizations and health clinics within each identified community in Jefferson County; a 25-bed CAH within Port Townsend that is currently researching opportunities for rural mobile clinics for the remaining rural communities; a provider of behavioral health services within Port Townsend that works with public health to operate school-based health centers in the two largest Jefferson County School Districts, and is exploring establishing a third in another school district; and a provider of emergency management (EMS) and ambulance services within all five identified communities.

All agencies within the Network project, *Community Health Improvement Plan (CHIP) Implementation*, have worked collaboratively individually in different capacities, but never collaborated fully as an entire Network. In this brand-new Network, they are working collectively for the good of all the named communities. Lori Fleming and John Nowak are serving as co-Executive Directors of the CHIP program with Lori being the overall Project Director for the Network and John serving as point person for the Network.

Program Description

The Jefferson Rural Health Network is focused on the launch of a comprehensive set of innovative solutions to address the unique health services needs within Jefferson County, WA with a focus on addressing Behavioral Health/ Substance Abuse and Social Determinants of Health to improve population health and overall community well-being. The Network activities will involve members contributing professionals to each committee assigned to specific priority areas. These individuals will act as committee leads and guide community members through committee processes. The committees will assist in product development, volunteer efforts, sustainability and several other objectives. Committees are expected to meet bi-monthly to ensure progress toward goals and objectives.

A Communications Plan is being developed to create the structure required to approach awareness of Network efforts. These activities will include town hall meetings and ensure updates and information which will also be

publicized on all agency websites.
A central website is being developed from grant funding to create a dynamic dashboard of information easily accessible to the public as well as marketing efforts including info-grams and other efforts to inform the communities involved. The Network also is establishing a plan for launching a paraprofessional pilot to discover avenues for expanding para-medicine initiatives to bridge gaps in care and address Population Health initiatives. Workshops are being created and hosted on integrated systems of care and how they bridge gaps in healthcare systems.

Region Covered by Network Services

County/State	County/State
Jefferson County, WA	

Network Partners

Organization	Location	Organization Type
Jefferson, County of	Port Townsend, WA	Public Health
Jefferson Healthcare	Port Townsend, Quilcene, WA	Hospital
Discovery Behavioral Health	Port Townsend, WA	Behavioral Health
East Jefferson County Fire and Rescue	Port Townsend, WA Chimacum, WA Port Hadlock, WA Quilcene, WA Brinnon, WA	Emergency Medical Services (EMS)

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