

COMAGINE HEALTH RESEARCH AND EVALUATION

2025 ANNUAL SUMMARY

Comagine Health

DEAR COLLEAGUES, PARTNERS, AND FRIENDS

Welcome to our 2025 Annual Summary.

This report highlights the accomplishments of our Research and Evaluation Team over the past year. Our commitment to innovation, collaboration, and excellence guides our work to bridge research and practice and generate insights that enhance programs, empower communities, and inform policy decisions.

We remained steadfast in advancing important work alongside partners and communities, despite shifting federal priorities, administrative changes, delayed funding, and a government shutdown.

We are eager to continue and expand our work in the following areas:

- Supporting peer-based interventions, including peer-assisted telemedicine, to improve health outcomes
- Facilitating and evaluating harm reduction and overdose prevention initiatives
- Evaluating state and federally funded programs on substance use, health outcomes, social determinants of health, and quality of care
- Investigating health outcomes related to prescribed stimulants
- Examining the effects of health policies on BIPOC communities
- Addressing substance use among youth
- Exploring factors that contribute to long-term recovery outcomes
- Understanding health care access and needs within LGBTQ+ communities
- Advancing maternal-child health initiatives and research

As we look ahead, we remain committed to building upon this momentum and deepening the impact of our research in service of healthier, stronger communities.

Thank you for joining us in this important work.

Christi Hildebran
Vice President
Research and Evaluation

Gillian Leichtling
Senior Director
Research and Evaluation

WHO WE ARE

Comagine Health's Research and Evaluation Team informs program, practice, and policy improvement at the organizational, local, state, and national level. We believe in the power of lived experiences and center our work in community-based interventions, translating data to action, disseminating findings to diverse audiences, and promoting anti-racist research practices.



Christi Hildebran
Vice President, Research and Evaluation



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Ally Schenck
Healthcare Evaluation Associate



Soomin Shin
Research Associate

WHAT WE DO

Externally Funded Work

Our externally funded research and evaluation work focuses largely on substance use trends and related services, controlled substance prescribing practices, community health and equity initiatives, and professional and patient support tools.

- **Areas of study** have included harm reduction and overdose prevention strategies, peer recovery support specialist interventions, recovery support programs, substance use disorder (SUD) treatment initiatives, drug use modes and motivations, controlled substance prescribing and pain management policies, pharmacy-based access to harm reduction tools, state and local substance use needs assessments and strategic planning, drug policy changes, and other related topics.
- **Project methods** have included randomized controlled trials, secondary analysis of linked administrative datasets, qualitative methods, survey research, and mixed-method studies.
- **Expert internal staff, partners, and clients enhance our work**. We work closely with academic, government, and community partners, including state and local health departments, clinicians and other health care staff, universities and other research institutions, community-based organizations, and people with lived or living experience of substance use and their families.

Internal Systemwide Quality Improvement (SQI) Evaluation

Our internal SQI Evaluation Team was established in 2022 to provide short- and long-term evaluative guidance and support for **Comagine Health's SQI Department programs**.

The SQI Department programs focus on the areas of:

- **Population Health**. Preventing and managing chronic disease; integrating behavioral health, oral health, and primary care; preventing and treating SUDs; increasing access to preventive services; and promoting patient-centered, whole-person care.
- **Patient Safety**. Preventing infections and controlling infection transmission, reducing unnecessary hospitalizations and readmissions, improving the quality of nursing home care, and improving the quality of patient safety protocols in hospitals.
- **Community Health**. Creating links between health care and community services; advancing health equity and addressing disparities and social determinants of health; and engaging patients and promoting patient self-efficacy.

WHAT WE DID IN 2025

$4.1 M
Annual operating budget.

17
Active research and evaluation projects at the local, state, and national levels.

17.8
Full-time equivalent positions funded.

14
Podium and poster presentations at six state and national conferences.

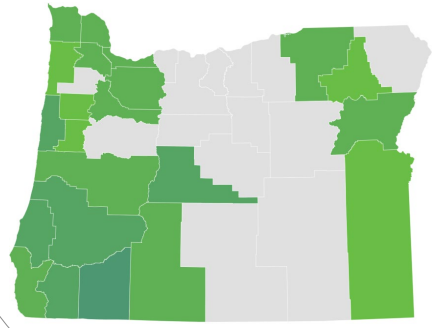
12
Community presentations to share results with changemakers.

14
Research publications. **See all publications.**

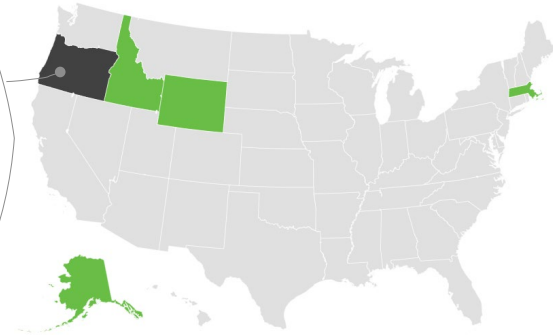
2,703
Citations of Comagine Health coauthored research publications.

Externally Funded Project Locations

Our projects reached 23 Oregon counties.



Our projects spanned **five states**, with eight statewide projects in **Oregon**.



"Comagine as a research partner brings methodologic and topic expertise, tremendous energy, and an innovative and patient-oriented approach to our shared projects. **It's an inspiration and an honor to work with your team**."

Esther Choo, MD, MPH
Professor of Emergency Medicine, School of Medicine
Oregon Health & Science University

CONNECTING RESEARCH TO COMMUNITY

Comagine Health Presents During Conference Plenary

Comagine Health, in collaboration with the Oregon Health Authority (OHA), presented during a plenary session on findings from the statewide evaluation of Oregon's State Opioid Response (SOR) grant at **Oregon's Conference on Opioids + Other Drugs, Pain + Addiction Treatment** (OPAT). During their presentation, they discussed how SOR funding has:

- Helped expand overdose prevention, treatment, and peer-delivered services
- Strengthened community, rural, and youth-focused recovery programs
- Seeded workforce development and sustainability strategies
- Built more accessible, responsive, and community-driven systems of substance use-related care across the state

Comagine Health will continue to lead the statewide evaluation of Oregon's SOR-funded programs through September 2027.







Left to Right: Caitlyn Jasumback, research associate, Kelsey Payne, opioid SOR grants project director at OHA, and Brooke Evans, senior research associate, stand together and present during OPAT.

PROJECT SPOTLIGHTS

ROBUST PARTNERSHIPS AND RESEARCH FINDINGS LEAD TO NEW AND EXPANDED WORK

Drug Decriminalization to Deflection in Oregon

Comagine Health continues to collaborate with RTI International to evaluate Oregon's shifting drug policy landscape.

2020: Decriminalization
Oregon citizens passed the Drug Addiction Treatment and Recovery Act (DATRA) though Ballot Measure 110. Among other policy changes, DATRA decriminalized the personal possession of drugs.

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2024: Deflection
The Oregon Legislature passed House Bill 4002, which recriminalized drug possession and created deflection programs aimed at steering people with SUDs toward treatment rather than arrest.

The Oregon Bridge to Intervention and Treatment (ORBIT) study builds directly on the community-based work Comagine Health conducted as part of an RTI-led effort to evaluate the processes and outcomes of DATRA. For the DATRA outcome evaluation, Comagine Health staff completed 936 in-person surveys and 62 in-depth interviews with people who use drugs across eight counties, working in more than 60 community sites and in coordination with over 20 local partner organizations.

Our team's extensive data collection experience now carries forward into ORBIT, a multi-year collaboration with RTI, funded by the National Institutes of Health (NIH) to examine Oregon's new statewide deflection programs. Comagine Health serves as the primary community-based data collection partner, leading direct engagement with participants and local organizations across study sites. As part of ORBIT, Comagine Health will lead community-based data collection with approximately 900 people who use drugs across 12 Oregon counties. The study will assess how different deflection models are implemented, who they reach, and whether they reduce criminal-legal system involvement while improving access to treatment. Building on the lessons and relationships established during the previous policy evaluation, Comagine Health continues to play a central role in supporting rigorous, field-based research that reflects lived experience and the realities of Oregon's evolving drug policy landscape.

Expansion of a Peer-Facilitated, Evidence-Based Intervention

Comagine Health continues to collaborate with Oregon Health & Science University to broaden access to care for people who use drugs.

PATHS is a real-world expansion of an evidence-based intervention in which peer teams facilitate telemedicine.

Substance Abuse and Mental Health Services Administration (SAMHSA grant funding from OHA expanded PATHS to 19 of 36 Oregon counties.

A new SAMHSA grant awarded to OHSU in fall 2025 will add same-day disease testing and expand the types of telemedicine care provided.

PATHS was developed and tested by the Oregon HOPE study, led by Oregon Health & Science University (OHSU) in collaboration with Comagine Health, OHA, and community-based organizations. PRIME+* and other peer teams trained in PATHS assist people in accessing telemedicine care when they need it, outside of traditional health care settings. The randomized controlled trial, focused on hepatitis C (HCV), compared the peer-facilitated telemedicine model to peer referral to local care. The model demonstrated significantly higher rates of HCV treatment initiation (85% vs 13%) and HCV cure (63% vs 16%).

With this expansion, PATHS engaged over 1,200 people with SUDs in HCV testing from 2021 through 2025. The PATHS implementation team (OHSU, Comagine Health, and OHA) provides training, support, and coordination for PRIME+ and other peer teams and partners implementing the model. Peer specialists facilitate and support people with HCV testing, telemedicine, and HCV medication initiation and completion. OHSU Telemedicine clinicians provide same-day access to care.

New funding enables same-day infectious disease testing in six locations and will add peer-assisted, same-day telemedicine for HIV prevention and treatment, opioid use disorder medication, and mental health treatment, followed by bridge to local care in all PATHS locations. The PATHS implementation team is developing new clinical protocols, implementation and evaluation infrastructure, and a reporting approach for continuous improvement and dissemination. Comagine Health is proud to play a role in this successful research-to-practice collaboration that works to overcome health care system barriers for people who use drugs and implement low-threshold, equitable approaches to care.

*PRIME+ stands for Peer Recovery Initiated in Medical Establishments + Hepatitis C/HIV Testing and Linkage to Care. Read more about PRIME+ on page 13.

PROJECT SPOTLIGHTS | SQI EVALUATION

Changing Health Systems Using Evidence-Based Interventions to Increase Colorectal Cancer Screening

Comagine Health aims to increase rates of colorectal screening in federally qualified health centers (FQHCs) in Idaho.

In 2025, Comagine Health's SQI team received funding from the Centers for Disease Control and Prevention (CDC) to implement a program to increase colorectal cancer screenings through 2030. Two cohorts of five FQHCs will implement evidence-based interventions, receive technical assistance, report data, and contribute to shared learning to increase FQHCs' capacity to screen Idahoans at risk of developing colorectal cancer. After the first half of the funding period, when the first cohort has finished implementing the program, Cohort 1 will transition into a mentorship and dissemination role, sharing their experiences and best practices to support Cohort 2 as they begin implementing the program for the remainder of the funding period.

SQI Evaluation will compile and analyze data from FQHCs to guide ongoing program improvements, track the program's impacts on health outcomes and care coordination and delivery, and evaluate how well this model supported providers serving rural populations.

American Indian Alaska Native Quality Improvement Organization

Comagine Health works with partners to improve health outcomes for American Indian Alaska Native Populations across the United States.

With funding from the Centers for Medicare & Medicaid Services, Comagine Health partners with Indian Health Services, health care providers and facilities, and Indigenous and Tribal communities across more than 30 states to support improved health outcomes.

SQI Evaluation collaborates with partners at the local and federal level to evaluate quality improvement practices that support Indigenous populations while respecting local priorities, cultural context, and community preferences.

2025 PUBLISHED MANUSCRIPTS

- Centering peers in design and training for a peer-delivered contingency management program for self-identified harm reduction and treatment goals. Authors: Peng L, Stack E, Cooke A, Hartzler B, Cook R, Leichtling G, Hildebran C, Leahy J, Smith Payne K, Kunkel L, Hoffman K, & Korthuis PT. (2025). *Harm Reduction Journal*
- Chronic opioid use after implementation of Oregon's Medicaid back pain policy. Authors: Hartung DM, El Ibrahimi S, Livingston CJ, Charlesworth CJ, McConnell KJ, & Choo EK. (2025). *American Journal of Preventative Medicine*
- Evaluating health outcomes among American Indian/Alaska Native people who use drugs in Oregon. Authors: Desjardins MM, Wenger LD, Good D, Leichtling G, Godvin M, Chung EO, Sherman SG, Lambdin BH, & Kral AH. (2025). *Journal of Ethnicity in Substance Abuse*
- Housing assistance among people who are unstably housed and use drugs in Oregon: A cross-sectional study. Authors: Chung EO, Wenger LD, Good D, Leichtling G, Godvin M, Lambdin BH, & Kral AH. (2025). *BMC Public Health*
- Impact of a multi-factorial primary care intervention on opioid use disorder treatment and overdose outcomes. Authors: Morgan-Barsamian AR, El Ibrahimi S, Hendricks MA, Blalock KL, Stack E, Wyss R, Hatch BA, Sánchez V, & Fischer MA. (2025). *Journal of Primary Care & Community Health*
- Impact of prescription drug monitoring program integration in the electronic health record on high-risk opioid prescribing in primary care. Authors: Hartung DM, El Ibrahimi S, Hendricks MA, & Kassakian SZ. (2025). *Pain Medicine*
- One voice and vision: How the RISE network built a collective identity as the foundation for strategic dissemination. Authors: Adams ET, Lefebvre RC, Christopher M-C, Stack E, Peng L, Becker M, Behrends CN, Goldman J, Guzman Herrera MM, Hassan H, Kapler S, Jeremiah A, Augustine E, Borquez A, Wagner KD, Sherman SG, Wilson JD, Kral AH, Jordan A, Oga E, Southwell BG, Zibbell JE, & Duncan Cance J. (2025). *Harm Reduction Journal*

- Opioid treatment programs and risks for COVID-19 infections, emergency visits, and hospitalizations. Authors: Cook RR, Blalock KL, El Ibrahimi S, Hoffman K, Levander XA, Little K, Leichtling G, Korthuis PT, & McCarty D. (2025). *Journal of General Internal Medicine*.
- Outcomes after a statewide policy to improve evidence-based treatment of back pain among Medicaid enrollees in Oregon. Authors: Choo EK, Charlesworth CJ, Livingston CJ, Hartung DM, El Ibrahimi S, Kraynov L, & McConnell KJ. (2025). *Journal of General Internal Medicine*
- Peer-assisted telemedicine hepatitis-C treatment for people who use drugs in rural communities: A mixed methods study. Authors: Hoffman K, Leichtling G, Shin S, Seaman A, Gailey T, Spencer HC, & Korthuis PT. (2025). *Addiction Science & Clinical Practice*
- Policing during a period of drug decriminalization: Experiences of people who use drugs in Oregon, USA. Authors: Good D, Shin S, Kappesser K, Leichtling G, Godvin M, Wenger LD, Lambdin BH, & Kral AH. (2025). *International Journal of Drug Policy*
- Reason to expand the contingency management workforce: Coaching-to-criterion results for addiction professionals and peer specialists. Authors: Hartzler B, Peng L, Cooke A, Kunkel L, Stack E, Leahy J, Cook R, Hildebran C, Hoffman K, Verbeck J, Nugent M, Leichtling G, Smith Payne K, McIlveen JW, & Korthuis PT. (2025). *Substance Use & Addiction Journal*
- "She was real about it and made me feel life is important": Patient perspectives on peers' role in peer-assisted telemedicine hepatitis C treatment for people who use drugs in rural communities. Authors: Hoffman, K, Leichtling G, Shin S, Seaman A, Gailey T, Spencer HC, & Korthuis PT. (2025). *Journal of Addiction Medicine*
- The peers expanding engagement in stimulant harm reduction with contingency management study: A protocol paper. Authors: Cooke A, Stack E, Peng L, Cook R, Hartzler B, Leichtling G, Hildebran C, Leahy JM, Smith Payne K, Kunkel LE, Hoffman K, & Korthuis PT. (2025). *Addiction Science & Clinical Practice*

ACTIVE EXTERNAL PROJECTS

ANALYSIS AND RESEARCH WITH ADMINISTRATIVE DATA

Impact of Prescription Stimulants on the Drug Overdose Epidemic

Description. Comagine Health, in partnership with McLean Hospital, aims to understand the long-term impact of prescription stimulant use on drug-related outcomes, including both adverse events (such as fatal and non-fatal overdose) and potential protective effects, by linking Prescription Drug Monitoring Program data, Oregon All Payer All Claims data, hospital discharge and emergency department visit data, and Vital Records mortality data. The study will examine whether prescription stimulant use is associated with reduced overdose risk among individuals with stimulant and/or opioid use disorders and will evaluate longitudinal prescribing patterns that may confer benefit or increased risk. In parallel, McLean Hospital is conducting a complementary study in Massachusetts using analogous data sources to enable cross-state comparison of findings.

Partner. McLean Hospital

Funding Source. NIH, National Institute on Drug Abuse (NIDA)

Medications for Opioid Use Disorder (MOUD) and SUD Continuum of Care Analysis

Description. Comagine Health provides analysis of medical claims data to support Oregon's Alcohol and Drug Policy Commission (ADPC) with information relevant to ADPC's Comprehensive Plan to Address Substance Use Disorder. Comagine Health analyzes Oregon All Payer All Claims data to Identify gaps in treatment quality, continuity, and access that ADPC intends to influence through policy and practice change. Analyses have included examination of denied or delayed claims for MOUD, services provided by opioid treatment programs (OTPs), gaps in MOUD and SUD treatment utilization, utilization by treatment setting, travel time to treatment, and geographic concentration of buprenorphine prescribing.

Partner. Oregon ADPC

Funding Source. Oregon General Funds

INTERVENTION DEVELOPMENT, TESTING, AND EVALUATION

Nurture Oregon

Description. Nurture Oregon is a care model for rural communities that provides peer recovery support, doula services, maternity care, substance use and mental health treatment, and social service coordination to pregnant people with substance use concerns. In collaboration with OHA, Comagine Health supports implementation of Nurture Oregon and oversees data collection and monitoring systems.

Partners. OHA Behavioral Health Division (BHD), Oregon Department of Human Services (ODHS) Child Welfare Division, and community-based organizations (CBOs)

Funding Source. Oregon General Funds

Peer Assisted Telemedicine for Health in Substance Users (PATHS)

Description. PATHS is an expansion of an evidence-based intervention led by OHSU in collaboration with OHA, Comagine Health, and CBOs. Peer specialists support people who use drugs in accessing infectious disease testing and same-day linkage to telemedicine HCV treatment and support participants in medication initiation and completion. New funding in fall 2025 enables same-day infectious disease testing in six locations and adds peer-assisted, same-day telemedicine for HIV, opioid use disorder medication, and mental health treatment, followed by bridge to local care. The PATHS implementation team provides training, technical assistance, and clinical coordination; and is expanding evaluation, reporting, and dissemination infrastructure.

Partners. OHSU, OHA BHD, and CBOs

Funding Sources. SAMHSA SOR and Hepatitis C Elimination grants

Peer Recovery Initiated in Medical Establishments + Hepatitis C/HIV Testing and Linkage to Care (PRIME+)

Description. PRIME+ program connects peer recovery support specialists with people who are at risk of, or receiving treatment for, an overdose, infection, and/or other health issues related to substance use across 20 Oregon counties. Comagine Health collaborates with OHA to manage a peer learning collaborative, a cross-site message board and resource document repository, peer huddles, peer supervisor meetings, an annual in-person convergence, and an online database to document services and develops training materials, promotional templates, and data progress reports.

Partners. OHA BHD and CBOs

Funding Source. SAMHSA SOR grant

Peers Expanding Engagement in Stimulant Harm Reduction with Contingency Management (PEER-CM)

Description. PEER-CM is a community-based participatory research study led by OHSU and in partnership with OHA, Comagine Health, the Northwest Addiction Technology Transfer Center (NWATTC), and nine PRIME+ peer organizations: 4D Recovery, The Peer Company, Miracles Club, El Jardín, Painted Horse Recovery, True Colors Recovery, Bay Area First Step, HIV Alliance, and Oregon Washington health Network (OWhN). The PEER-CM study aims to examine the impact of peer-delivered contingency management on reducing overdose and increasing engagement in treatment services among people using stimulants.

Partners. OHSU, OHA BHD, NWATTC, 4D Recovery, The Peer Company, Miracles Club, El Jardín, Painted Horse Recovery, True Colors Recovery, Bay Area First Step, HIV Alliance, and OWhN

Funding Sources. NIH Helping to End Addiction Long-term (HEAL) Initiative, SAMHSA SOR, and select coordinated care organizations (CCOs)

POLICY CHANGE AND OBSERVATIONAL STUDIES

Disparities in Utilization of Non-pharmacological Therapy (NPT) Approaches for Back Pain

Description. Back pain is a leading cause of disability, and although Oregon Medicaid expanded coverage for NPTs in 2016, prior research shows persistent racial and ethnic disparities in access to these services. Comagine Health, in collaboration with OHSU, is investigating factors influencing NPT use for back pain among Black and Hispanic Medicaid patients, guided by the Social-Ecological Model. Using a parallel convergent mixed-methods design, the study team is analyzing seven years of electronic health record data from eight primary care clinics and conducting in-depth interviews with patients and medical directors to examine referral practices, care experiences, and barriers to accessing NPTs. Findings will inform strategies to improve equitable, evidence-based back pain care in diverse primary care settings.

Partner. OHSU

Funding Source. NIH NIDA

Drug Addiction Treatment and Recovery Act (DATRA) Outcome Evaluation

Description. DATRA, commonly referred to as Measure 110, decriminalized the personal possession of drugs and reallocated hundreds of millions of dollars, $302 million in the first biennium, of cannabis tax revenue to low-barrier SUD treatment, housing, harm reduction, peer support, and other supportive services for people who use drugs. The DATRA Outcome Evaluation is a comprehensive, multiyear study to understand the impact of DATRA on substance use; physical and behavioral health, including SUD treatment utilization and emergency department and hospitalizations for overdose or bacterial infections related to injection drug use; drug-related law enforcement encounters; delivery of evidence-based interventions; housing and economic stability for people who use drugs and the state budget. Comagine Health supports primary data collection with people who use drugs through surveys and interviews and a secondary analysis of SUD treatment and health care data.

Partner. RTI International

Funding Source. Arnold Ventures

Oregon Bridge to Intervention and Treatment (ORBIT)

Description. In 2024, the Oregon Legislature passed House Bill 4002, which recriminalized drug possession and created deflection programs aimed at steering people with SUDs toward treatment, rather than arrest. Comagine Health supports RTI International to assess the reach, effectiveness, adoption, implementation, and maintenance of Oregon's new deflection programs. Comagine Health is using targeted sampling methods to recruit and survey 900 people who use drugs from street settings to collect data on their drug use, criminal-legal system and deflection program involvement, access to and use of SUD treatment services, outcomes, such as overdose, and demographic variables.

Partner. RTI International

Funding Sources. NIH NIDA, Justice Community Overdose Innovation Network (JCOIN)

New project in 2025

EVALUATIONS OF PROGRAMS AND INITIATIVES

Idaho's Overdose Data to Action for States (OD2A-S) Evaluation

Description. Idaho Department of Health and Welfare (IDHW) Drug Overdose Prevention Program (DOPP) received funding through the CDC's Overdose Data to Action for States (OD2A-S) cooperative agreement. IDHW DOPP oversees OD2A-S funding to support jurisdictions in collecting high-quality, comprehensive, and timely data on overdoses and in using data to inform surveillance, prevention, and response efforts. Comagine Health evaluates outcomes of Idaho's OD2A-S-funded initiatives that aim to support substance use and overdose prevention and overdose response efforts, including naloxone distribution and linkage to care via warm hand offs. Comagine Health conducts primary data collection to assess activity implementation and improvements in capacity.

Partner. IDHW DOPP, Nampa Fire Protection District, and Project HOPE Helps

Funding Sources. Idaho's CDC OD2A-S cooperative agreement

Oregon's Opioid Settlement Funded Program Monitoring

Description. Oregon's Opioid Settlement Prevention, Treatment, and Recovery (OSPTR) Board makes allocation decisions for the State's portion of opioid settlement funding. During the 2026-2027 fiscal year biennium, the OSPTR Board allocated funding to Tribal organizations and organizations statewide to conduct research and implement primary prevention, harm reduction, SUD treatment, and recovery support strategies to reduce the burden of opioid use and related harms in Oregon. OHA contracts with Comagine Health to monitor grantees' progress on funded activities by reviewing secondary data and surveying and interviewing funded program staff.

Partnerss. Oregon's OSPTR Board and OHA

Funding Source. OHA Administrative Opioid Settlement Funds

New project in 2025

Oregon's Overdose Data to Action for States (OD2A-S) Evaluation

Description. OHA's Injury and Violence Prevention Program (IVPP), within their Public Health Division (PHD), received funding through the CDC's Overdose Data to Action for States (OD2A-S) cooperative agreement. OHA IVPP oversees OD2A-S funding to support jurisdictions in collecting high-quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using data to inform surveillance, prevention, and response efforts. Comagine Health evaluates outcomes of Oregon's OD2A-funded initiatives by conducting primary data collection to assess implementation and changes in capacity.

Partners. OHA PHD IVPP, OHA BHD, local public health authorities, The Peer Company, and Lines for Life

Funding Source. CDC OD2A-S cooperative agreement and SAMHSA SOR grant

Oregon's State Opioid Response (SOR4) Grant Evaluation

Description. Through the SOR grant, OHA BHD aims to increase access to treatment and recovery services, strengthen overdose prevention strategies, employ a comprehensive substance use prevention services plan, and expand the substance use services workforce in the state. OHA contracts with Comagine Health to conduct a statewide evaluation of SOR 4 grant activities. Comagine Health collects subgrantee-level progress data, analyzes secondary data, and gathers qualitative data from key SOR partners to assess processes, outcomes, and impacts of SOR 4 funding across the three-year grant and identify improvement areas on an ongoing basis.

Partners. OHA BHD and SOR 4 subgrantees

Funding Source. SAMHSA SOR 4 grant

BUILDING CAPACITY TO EVALUATE AND IMPLEMENT

Alaska Lived Experience Advisory Panel (LEAP)

Description. In partnership with the Alaska Department of Health, Division of Public Health, Office of Substance Misuse and Addiction Prevention (OSMAP), Comagine Health supports the Alaska LEAP, which provides a platform for people with lived or living experience of substance use to share their insights, challenges, and recommendations for improving local strategies to address the opioid crisis. Comagine Health facilitates LEAP meetings, collects information and feedback from panel members, and provides the panel's recommendations and suggested policy improvements to OSMAP.

Partner. OSMAP

Funding Source. OSMAP funding

New project in 2025

Family Care Plan Implementation

Description. The Comprehensive Addiction Recovery Act (CARA), which amended the Child Abuse Prevention and Treatment Act (CAPTA), was enacted in 2016 to establish a comprehensive, coordinated strategy to address the impacts of substance use on infants and their families. The intent of the legislation is to identify substance use and coordinate support and services to families with infants. Comagine Health is supporting the development of an implementation plan for CARA with ODHS and OHA. Comagine Health collaborates with a researcher with expertise in this field to facilitate Oregon's implementation with the guidance of a lived experience board and a cross-divisional state implementation team.

Partners. ODHS and OHA BHD and PHD Family and Child Health Section

Funding Source. Oregon General Funds

Wyoming Prescriber Training Needs Assessment

Description. The Wyoming Department of Health (WDOH) was interested in understanding opioid prescribers' knowledge and behaviors, barriers and facilitators aligning with the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain, and training needs related to caring for patients with SUDs and pain. Comagine Health's Research and Evaluation Team conducted prescriber and patient interviews, a mapping analysis, a document review, and a literature review to understand prescribers' and patients' experiences, accessibility for non-medication pain alternative treatments, and prescriber training best practices. Findings were communicated to Comagine Health's SQI Team to develop and implement trainings and disseminate toolkits. The SQI Evaluation Team then developed and administered a survey to evaluate the SQI-implemented trainings. The goal of this project was to gain information to design impactful training to meet the unique needs of Wyoming prescribers to ultimately improve care and reduce unnecessary opioid exposure among Wyomingites.

Partners. WDOH Public Health Division and Comagine Health SQI Team

Funding Source. Wyoming's OD2A-S cooperative agreement

LOCAL-LEVEL ASSESSMENTS AND PROGRAM EVALUATIONS

Deschutes County Substance Use Services Needs Assessment

Description. Deschutes County Health Services (DCHS) contracted with Comagine Health to co-develop a needs assessment to better understand substance use-related service gaps and needs to prioritize programmatic decisions. Comagine Health trained and supported DCHS staff to gather input from community members, people with living experience of substance use, first responders, SUD treatment providers, peer support specialists, and others. Comagine Health also analyzed collected data to identify gaps and prioritize substance use-related services in the county.

Partner. DCHS

Funding Source. Deschutes County

New project in 2025

Umatilla County Outreach, Prevention, and Engagement (U-COPE) Project

Description. U-COPE is a collaborative, community-driven project to coordinate and implement a comprehensive package of interventions using a harm reduction framework to improve health care access and outcomes for people who use drugs in Umatilla County, Oregon. U-COPE is funded by the CDC Integrated Viral Hepatitis Surveillance and Prevention Program via OHA PHD. Comagine Health convened community partners and conducted a rapid assessment to inform the development of the Umatilla County service delivery model for people who use drugs. Comagine Health is responsible for facilitating community partner convenings, developing supportive resources and protocols, and evaluating the program.

Partners. OWhN, Umatilla County Public Health, and OHA PHD Acute and Communicable Disease Program

Funding Source. CDC Integrated Viral Hepatitis Surveillance and Prevention Program

Comagine Health

Reimagining health care, together. With our partners, we work to improve health and create a better health care system so that people and communities will flourish.

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