

RESEARCH AND EVALUATION

2023 SUMMARY REPORT

Comagine Health

DEAR COLLEAGUES, PARTNERS, AND FRIENDS:

Welcome to our annual summary, which showcases the achievements of our research team over the past year. Our team remains steadfast in our commitment to innovation, collaboration, and excellence, and to bridging the research-to-practice gap through studies that inform program, community, and policy improvements.

We look forward to continuing and expanding our work in the areas of:

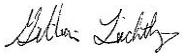
- Early intervention and treatment for infectious disease
- Overdose prevention strategies
- Health care outcomes of amphetamine use
- Peer recovery support specialist interventions as a best practice and as a facilitator of contingency management and telemedicine
- Maternal-child and reproductive health for people with substance use disorders
- Youth and young adult substance use
- Policy impacts and disparities

We extend our gratitude to all who have partnered with us along this journey. We look forward to continuing our shared pursuit of knowledge and innovation to improve health outcomes in our communities.

Thank you for joining us.



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 are focused on identifying solutions to promote health equity by centering 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



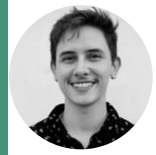
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Systemwide Quality Improvement (SQI) Evaluation Team



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Ally Schenck
Healthcare Evaluation 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 tools.

- **Areas of study** have included drug decriminalization, harm reduction and overdose prevention strategies, peer recovery support specialist interventions, recovery support programs, opioid treatment initiatives, drug-related attitudes and use methods, controlled substance prescribing and pain management policies, pharmacy-based access to harm reduction tools, state and local substance use needs assessments and strategic planning, 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 experience of drug use.

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 substance use disorders; 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.

PROJECT HIGHLIGHTS

$3.1 M
Annual operating budget.

27
Active research and evaluation projects at the local, state, and national levels.

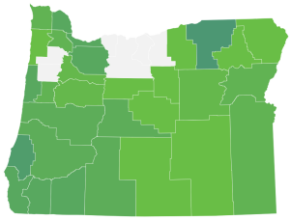
21
Full-time equivalent positions funded, with 2 new positions.

16
Podium and poster presentations at state and national conferences.

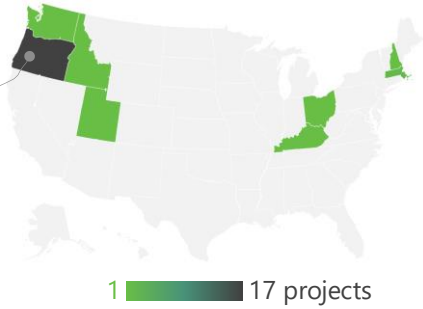
9
Community presentations to share results with changemakers.

1,845
Citations of Comagine Health research publications.
See all publications.

Our projects reached 30 counties in Oregon.



Our projects spanned **eight states**, with 17 statewide projects in **Oregon**.



PEER-REVIEWED PUBLICATIONS IN 2023

- Green, T. C., Silcox, J., Bolivar, D., **Gray, M.**, Floyd, A. S., Irwin, A. N., ... Bratberg, J. (2023). **Pharmacy staff-reported adaptations to naloxone provision and over-the-counter (OTC) syringe sales during the COVID-19 pandemic: Experiences across multiple states and 2 pharmacy chains**. Journal of the American Pharmacists Association
- **El Ibrahimi, S.**, **Hendricks, M. A.**, **Little, K.**, Ritter, G. A., **Flores, D.**, Loy, B., ... Weiner, S. G. (2023). **The association between community social vulnerability and prescription opioid availability with individual opioid overdose**. Drug and Alcohol Dependence.
- **Hendricks, M. A.**, **El Ibrahimi, S.**, Ritter, G. A., **Flores, D.**, Fischer, M. A., Weiss, R. D., ... Weiner, S. G. (2023). **Association of household opioid availability with opioid overdose**. JAMA Network Open.
- **Gray, M.**, **Shin, S. S.**, Silcox, J., **Flores, D.**, Bolivar, D., Irwin, A. N., ... Green, T. C. (2023). **"Like it was just everyday business": A qualitative study of pharmacy-based naloxone and syringe customer experience**. Journal of American Pharmacists Association.
- Herink, M. C., Seaman, A., **Leichtling, G.**, Larsen, J., Gailey, T., Cook, R., ... Korthuis, P. T. (2023). **A randomized controlled trial for a peer-facilitated telemedicine hepatitis C treatment intervention for people who use drugs in rural communities: Study protocol for the "peer tele-HCV" study**. Addiction Science & Clinical Practice.
- Irwin, A. N., Bratberg, J. P., Al-Jammali, Z., Arnold, J., **Gray, M.**, Floyd, A. S., ... Green, T. C. (2023). **Implementation of an academic detailing intervention to increase naloxone distribution and foster engagement in harm reduction from the community clinician.** Journal of the American Pharmacists Association.

DISSEMINATION HIGHLIGHTS



MEASURE 110

In 2023, the Comagine Health Research and Evaluation Team, in partnership with Research Triangle Institute, International (RTI), led data collection to study outcomes of Oregon's Drug Addiction Treatment and Recovery Act, typically referred to as Measure 110, which decriminalized personal possession of drugs and increased funding for substance use-related services. We conducted 460 in-person surveys and 32 follow-up interviews with people who use drugs in multiple sites across eight Oregon counties and led interviews with recovery peer providers funded by Measure 110 statewide. These data contributed to research shared at the first Oregon Ballot Measure 110 Research Symposium in early 2024. We provided support in organizing, presenting, moderating, and staffing the symposium, which drew 130 in-person and 500 online attendees. Valuable information was shared with policymakers, journalists, community leaders, and the public on overdose mortality, substance use disorder services, and criminal-legal system impacts after Measure 110. The event marked a significant gathering of researchers from Oregon—including Oregon Health & Science University, Portland State University, University of Oregon, Comagine Health, and the Oregon Health Authority—and national research teams from RTI, University of Southern California, University of Michigan, Brown University, and the Network for Public Health Law. The symposium was widely covered in media locally (**Oregon Public Broadcasting**, **Willamette Week**, **Eugene Weekly**, and **KGW**) and nationally (**Filter Magazine**, **Washington Post**, and **New York Times**).

YOUTH AND YOUNG ADULTS' PERSPECTIVES ABOUT FENTANYL AND NON-PRESCRIBED PILLS

In 2023, the Comagine Health Research and Evaluation Team surveyed and interviewed youth and young adults living in Oregon to better understand their knowledge, beliefs, and behaviors related to fentanyl and nonprescribed pills. As overdose deaths among youth and young adults in Oregon continued to rise, we prioritized dissemination of **findings** in 2023 to local and state partners. In November 2023, we presented at the community convening hosted by Oregon Attorney General Ellen Rosenblum called "**No Time to Spare: Confronting Oregon's Fentanyl Crisis**." Our work has been accepted to present at state, regional, and national conferences in 2024.



PROJECT SPOTLIGHTS | INNOVATIVE PEER-BASED PROGRAMS

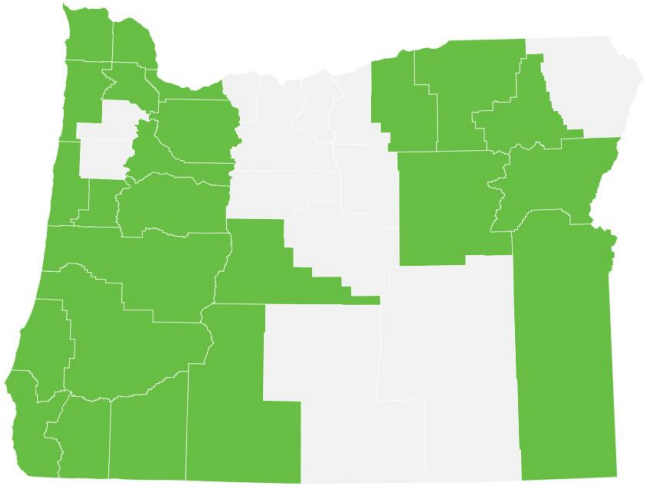
PRIME+

The Comagine Health Research and Evaluation Team provides implementation and evaluation support for Peer Recovery Initiated in Medical Establishments + Hepatitis C/HIV Testing and Linkage to Care (PRIME+). Recently, the Oregon Health Authority identified PRIME+ in its **four goals for immediate action** to address the polysubstance and overdose crisis in Oregon. Learn more about peer programs we support with implementation and evaluation services at **www.PeerSupportOregon.org**.

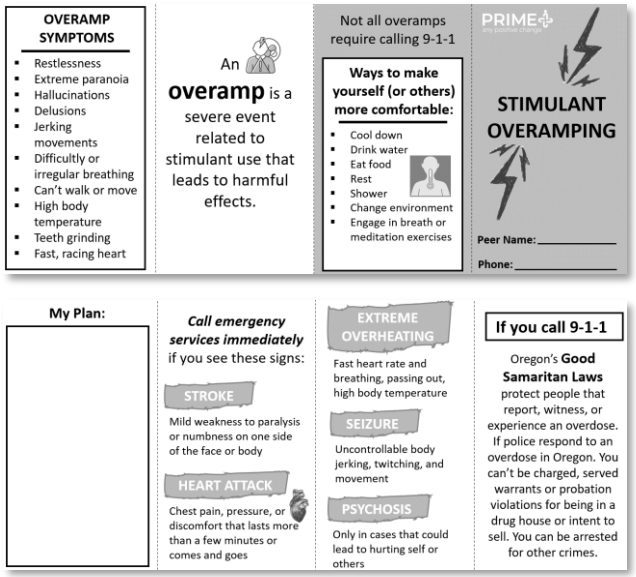
PEER-CM

In partnership with Oregon Health & Science University, the Comagine Health Research and Evaluation Team provides implementation and evaluation support for the National Institute of Drug Abuse (NIDA)-funded project Peers Expanding Engagement in Stimulant Harm Reduction with Contingency Management (PEER-CM). PEER-CM is part of **NIDA's Harm Reduction Research Network**. The PEER-CM study evaluates the effectiveness of peer-facilitated contingency management (CM) interventions on overdose/overamping, achievement of self-identified harm reduction goals, and engagement in substance use disorder treatment in people who use stimulants. Using peer-facilitated CM to incentivize harm reduction goals is a novel strategy to encourage people who use stimulants to participate in harm reduction approaches. In November 2023, 14 sites across Oregon began enrolling eligible participants into the PEER-CM study.

There are **PRIME+ sites** in 24 of Oregon's 36 counties.



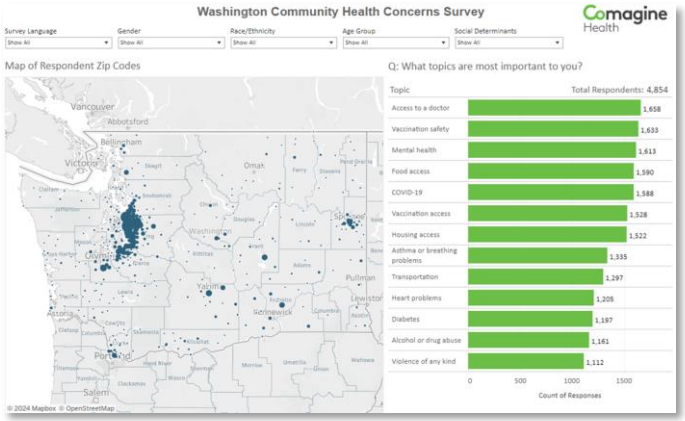
Wallet cards for people who use drugs distributed through the PRIME+ and PEER-CM programs



PROJECT SPOTLIGHTS | SYSTEMWIDE QUALITY IMPROVEMENT

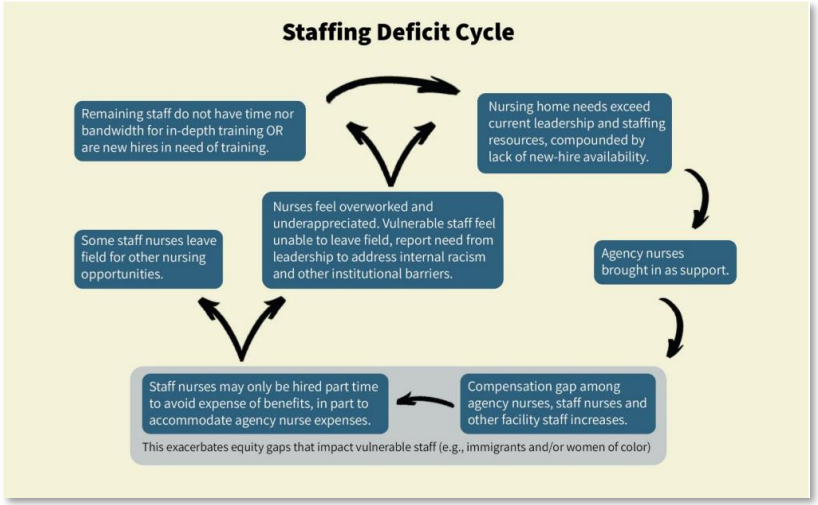
WASHINGTON COMMUNITY HEALTH CONCERNS SURVEY INTERACTIVE REPORT[1]

In June 2023, as part of the COVID Community Health Outreach grant awarded by the Washington State Department of Health, the Comagine Health Systemwide Quality Improvement (SQI) Evaluation Team collaborated with the Martin Luther King Junior Family Center, Southwest Washington Accountable Community of Health, and YMCA of Greater Seattle to administer a social media survey to better understand the health concerns impacting vaccination rates in Washington. The survey was conducted in English and Spanish and garnered 4,983 participants, with representation from 73.3% of Washington ZIP codes. Survey responses were used to create an **interactive report** to support community health workers and others in tailoring resources and communications that are timely and relevant to the communities they serve. Results indicated that limited health care access and concerns about vaccination safety maybe impeding vaccination rates. Get additional information on **survey methods and demographics**.



QIN-QIO Nursing Home Industry Leader Interview Project[2]

To better understand the quality improvement and patient safety needs of the nursing home industry, the Comagine Health SQI Evaluation Team conducted interviews with industry leaders in Idaho, Nevada, New Mexico, Oregon, Utah, and Washington. Seventy-three percent of interviewees were aware of Comagine Health, and 64% were aware of the Quality Improvement Network-Quality Improvement Organizations (QIN-QIO) program. Interviewees indicated that both unique, synchronous, "at the elbow" technical assistance and self-paced, independent, asynchronous communication, curriculum, and tools would be helpful for frontline staff, independent of their tenure, shift, and various competing responsibilities. All leaders identified a staffing deficit cycle, which created challenges to implementing quality improvement practices. **Read more**.



[1]Supported by funds made available from the Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support, under the Grant NH75OT000042 CDC-RFA-OT21-2103 National Initiative to Address COVID-19 Health Disparities, via the Washington State Department of Health

[2]This work was conducted in service of the Quality Innovation Network-Quality Improvement Organization, a contract funded by the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services.

ACTIVE EXTERNAL PROJECTS

LINKED ADMINISTRATIVE STUDIES

Comprehensive Opioid Risk Registry (CORR)

Description. CORR evaluates harms related to opioid prescribing at the individual, household, and community levels using a powerful comprehensive linked dataset that combines the Oregon Data Collaborative All Payer Claims Database with U.S. Census Bureau data and several Oregon public health datasets, including the Prescription Drug Monitoring Program, Vital Records mortality data, the Hospital Discharge Registry, and emergency medical services data. With partners at Brigham & Women's Hospital, Comagine Health used the dataset to explore predictors of fatal and nonfatal overdose among opioid-naïve patients and examine the association between household opioid prescription availability and the odds of overdose in household members. The team also explored the extent to which social vulnerability in patients' communities increases the risk of future opioid overdose after controlling for patient demographic, prescription, and clinical factors.

Partners. Brigham & Women's Hospital, Brandeis University, McLean Hospital, and Oregon Health Authority's Public Health Division

Funding source. National Institute on Drug Abuse

Engaging Clinicians to Improve Opioid Safety and Reduce Overdose Risk — Oregon Provider Results of Opioid Management and Prescribing Training (PROMPT)

Description. PROMPT evaluates an intervention that includes academic detailing and practice facilitation to help clinicians and their practices improve opioid safety. Comagine Health analyzes study outcomes at the provider and practice level to compare intervention and control groups on multiple outcomes, including referrals to opioid use disorder treatment, opioid prescribing, and fatal and nonfatal opioid overdoses. The analysis of intervention impacts more clearly identifies the relationship between provider-level interventions and opioid-related morbidity and mortality.

Partners. Boston University, Oregon Health Authority's Public Health Division Injury and Violence Prevention Program, Oregon Rural Practice-based Research Network, and Synergy Health Consulting

Funding source. Centers for Disease Control and Prevention

Stimulant R01: Impact of Prescription Stimulants on the Drug Overdose Epidemic

Description. Stimulant R01 addresses the critical knowledge gap about the consequences of prescription stimulant use on drug overdoses by linking Oregon datasets. Comagine Health identified long-term outcomes of nonfatal, drug-related adverse events and overdose-related deaths by linking Prescription Drug Monitoring Program data, all-payer claims databases, emergency medical services data, hospital discharge and emergency department visit data, and Vital Records mortality data. Three aims of this study include: 1) Identify characteristics that lead to overdose; 2) Assess the potential therapeutic role of prescription stimulants in preventing drug overdoses in individuals with stimulant and opioid use disorders; and 3) Identify trajectories of stimulant prescribing that predict protective effects or increased risk of overdose.
Partner. McLean Hospital
Funding source. National Institute on Drug Abuse

INTERVENTION DEVELOPMENT & TESTING

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 early identification of substance use and coordination of support and services to families with infants. Comagine Health is supporting the development of an implementation plan for CARA with the Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA). Comagine Health is developing a written operational plan, including necessary activities and regulatory changes and resources needed to fully implement CARA.
Partners. ODHS and OHA's Health Systems Division Behavioral Health Unit and Public Health Division Maternal and Child Health
Funding source. CAPTA CARA, Substance Abuse and Mental Health Administration Substance Abuse Prevention and Treatment Block Grant, and Oregon General Funds

Nurture Oregon

Description. Nurture Oregon is an integrated care model providing pregnant people who use substances with peer recovery support services, prenatal and postpartum care, substance use and mental health treatment, and service coordination. The original model, Project Nurture, was piloted in Portland in 2015 and was associated with increased prenatal visits and cost savings and reduced placement of children in foster care. Oregon Health Authority (OHA) expanded and adapted this program for sustainable implementation in five rural counties (Deschutes, Jackson, Lincoln, Malheur, and Umatilla). Enhanced elements have been incorporated such as a collaboration with Oregon Department of Human Services (ODHS) Child Welfare in developing training and materials to facilitate coordination related to Comprehensive Addiction Recovery Act Plans of Care, regular cross-site training and coordination, and site-level technical assistance. OHA collaborates with Comagine Health to support sites in creating integrated, sustainable models to fit rural communities and to implement data collection and monitoring systems. The expansion project is being formally evaluated by Oregon Health & Science University.
Partners. OHA's Health Systems Division Behavioral Health Unit, ODHS Child Welfare, and community-based organizations
Funding source. Oregon General Funds

Oregon HIV/Hepatitis and Opioid Prevention and Engagement (Oregon HOPE) Study

Description. The Oregon HOPE study (2017-present) is led by Oregon Health & Science University (OHSU) and is part of the Rural Opioid Initiative research consortium funded in eight geographically diverse regions across the U.S. Oregon HOPE includes the development of a rural, peer-based intervention informed by needs assessment data, in-depth surveys and interviews with people who use drugs (PWUD), and analysis of linked administrative data. Peers engage PWUD through community outreach and syringe services and provide hepatitis C (HVC)/HIV testing, harm reduction tools, and linkage to substance use disorder and HVC treatment. The intervention was adapted and expanded by the Oregon Health Authority (OHA) as the PRIME+ peer program. In 2020, the Oregon HOPE team developed and began conducting a randomized controlled trial of an innovative, peer-facilitated, telemedicine HCV treatment. The model is expanding statewide as Peer Assisted Telemedicine for Hepatitis C/HIV and Syphilis (PATHS).
Partners. OHSU, OHA's Health Systems Division Behavioral Health Unit, HIV Alliance, and Bay Area First Step
Funding source. National Institute on Drug Abuse, in partnership with the Appalachian Regional Commission, Centers for Disease Control and Prevention, and Substance Abuse and Mental Health Services Administration

Peer-Assisted Telemedicine for Hepatitis C and Syphilis (PATHS)

Description. PATHS is an expansion of an innovative intervention in which peer specialists support people who use drugs (PWUD) or those in early recovery in accessing infectious disease testing, hepatitis C (HCV) pretreatment screening, and telemedicine HCV treatment and supporting participants in medication initiation and adherence. Oregon Health & Science University (OHSU) clinicians, who have specialty training in working with PWUD, provide streamlined access to care. The intervention relies on dedicated community-based peer outreach and support, on-demand clinical care, and partners positioned to enact systems change. The PATHS expansion includes implementation by PRIME+ peer teams and select opioid treatment programs (OTPs) around the state. PATHS was developed by the Oregon HOPE study team. The Oregon HOPE/PATHS team developed an implementation guide and materials and provides training, technical assistance, and clinical coordination to peer and OTP teams.
Partners. OHSU and Oregon Health Authority's Health Systems Division Behavioral Health Unit
Funding source. Substance Abuse and Mental Health Services Administration State Opioid Response grant

Peer-Based Retention of People Who Use Drugs in Rural Research (PROUD-R2) Study

Description. PROUD-R2 aims to identify optimal strategies for retaining people with opioid use disorder in clinical research in rural America. Specifically, this study tests the effectiveness of peer-driven study retention interventions and informs methods to optimize engagement in research among people who use drugs in rural communities. The study is led by teams funded by the National Rural Opioid Initiative in three states: Kentucky, Ohio, and Oregon. In Oregon, the study team is led by Oregon Health & Science University (OHSU). Study participants are randomized to one of two arms: One group receives the standard strategy for study retention (i.e., outreach from the research staff by text message and phone call reminders); the other group 1) watches a brief training video on how to encourage their friends and people with whom they use drugs to stay engaged in the study, and 2) receives incentives for helping to keep people in the study. Comagine Health developed the training video and assists in coordinating the study.
Partners. OHSU, University of Kentucky, Ohio State University, and Emory University
Funding source. National Rural Opioid Initiative

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

Description. PEER-CM is a community-based participatory research study led by Oregon Health & Science University (OHSU) and in partnership with Oregon Health Authority (OHA), Comagine Health, Northwest Addiction Technology Transfer Center (NW-ATTC), and nine PRIME+ peer organizations: 4D Recovery, Mental Health and Addiction Association of Oregon (MHAAO), Miracles Club, NW Instituto Latino, Painted Horse Recovery, True Colors Recovery, Bay Area First Step, HIV Alliance, and Oregon Washington health Network (OWhN). The PEER-CM study aims to determine whether incentivizing achievement of self-identified, personal, harm reduction goals increases reach and effectiveness of stimulant-related harm reduction services compared to the standard of care for peer visits. Using a hybrid type 1 effectiveness-implementation framework and stepped wedge design, the research group randomized 18 PRIME+ peer harm reduction sites to provide standard of care (incentives for peer encounters) versus incentives for client achievement of self-identified, personal, harm reduction goals. The research group aims to enroll 80 participants at each site (total N = 1,440).

Partners. OHSU, OHA's Health Systems Division Behavioral Health Unit, NW-ATTC, 4D Recovery, MHAAO, Miracles Club, NW Instituto Latino, Painted Horse Recovery, True Colors Recovery, Bay Area First Step, HIV Alliance, and OWhN

Funding Source. National Institutes of Health Helping to End Addiction Long-term (HEAL) Initiative, and Substance Abuse and Mental Health Services Administration State Opioid Response grant

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

Description. PRIME+ connects peer recovery support specialists with people who are at risk of or receiving treatment for overdose, infectious disease, or other health issues related to substance use within 22 organizations in 24 of 36 counties across Oregon. PRIME+ peers use a harm reduction approach to engage people post treatment and at varying stages of behavior change to provide access to harm reduction supplies; linkage to substance use disorder treatment, recovery support, and physical health care; support for infectious disease testing and treatment (particularly hepatitis C); access to community resources to meet basic needs; and emotional and crisis support. Oregon Health Authority (OHA) collaborates with Comagine Health to implement and evaluate PRIME+ activities, including a peer learning collaborative, program implementation guides, and huddles. They have also implemented an online database to document services and developed progress reports and briefs.

Partners. OHA's Health Systems Division Behavioral Health Unit and community-based organizations

Funding source. Substance Abuse and Mental Health Services Administration State Opioid Response grant

Respond to Prevent (R2P)

Description. R2P is a four-state randomized trial and community pharmacy-based intervention with a goal of improving access to naloxone dispensing, buprenorphine prescribing, and syringe safety interventions. Comagine Health and our academic partners implement and evaluate this multicomponent pharmacy intervention that includes academic detailing, continuing education modules, and materials for pharmacists, pharmacist technicians, and patients. The study uses a stepped wedge design, in which baseline information is initially captured for all participants and throughout the study period, random clusters of participants receive the intervention. Data used to evaluate R2P include survey data, prescription dispensing data, program fidelity documentation, patient interviews, pharmacy staff focus groups, and secret shopper audits.
Partners. Brandeis University, Oregon State University, Oregon Health & Science University, University of Washington, and University of Rhode Island College of Pharmacy
Funding source. National Institute on Drug Abuse

EVALUATIONS OF PROGRAMS & INITIATIVES

Evaluations of State-Level Grants

Idaho Naloxone Distribution Program Evaluation

Description. The Idaho Department of Health and Welfare (IDHW) distributes naloxone in Idaho and contracted with Comagine Health to evaluate their distribution efforts. Comagine Health developed a survey and analyzed secondary data to determine how and to whom naloxone-receiving organizations distributed and administered naloxone and whether and to what extent IDHW's naloxone distribution program was able to adequately supply naloxone to populations vulnerable to opioid overdose in Idaho.
Partner. IDHW
Funding Source. IDHW blended funding

Oregon's Overdose Data to Action (OD2A) Evaluation

Description. The Oregon Health Authority (OHA) Public Health Division (PHD) Injury and Violence Prevention Program (IVPP) received OD2A funding to support jurisdictions in collecting high-quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform prevention and response efforts. In Oregon, IVPP staff oversee the implementation of Oregon's OD2A funding and work closely with other OHA divisions to inform surveillance and prevention strategies. Most notably, Health Systems Division (HSD) staff share content expertise and provide additional funding support from the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response (SOR 3) grant. Under this braided funding, OHA supported subgrantees and subcontractors to implement overdose prevention activities throughout the state. To measure short- and intermediate-term outcomes, Comagine Health conducts primary data collection to assess implementation (e.g., activities, reach, dosage/duration, fidelity) and changes in capacity (e.g., collaboration, policies/practices, knowledge/attitudes). Assessed long-term and behavioral outcomes include the Centers for Disease Control and Prevention (CDC) required measures of morbidity, mortality, and prescribing behavior and additional measures of interest to Oregon.
Partners. OHA's PHD IVPP, Local Public Health Authorities, MHAAO, and Lines for Life
Funding Source. CDC OD2A Cooperative Agreement and SAMHSA SOR 3 grant

Oregon's State Opioid Response (SOR 3) Grant Evaluation

Description. Through the SOR 3 grant, the Oregon Health Authority (OHA) aims to increase access to treatment and recovery services, strengthen overdose prevention and harm reduction resources, employ a comprehensive substance use prevention services plan, and expand the substance use disorder workforce in the state. Comagine Health partners with OHA to conduct a statewide evaluation of SOR 3 grant activities. The statewide evaluation includes process, outcome, and impact evaluation components to assess project performance across the two-year grant and identify improvement areas on an ongoing basis.
Partners. OHA's Health Systems Division Behavioral Health Unit and SOR 3 subgrantees
Funding source. Substance Abuse and Mental Health Services Administration SOR 3 grant

Evaluations of Statewide Policy Initiatives

Drug Addiction Treatment and Recovery Act (DATRA) Behavioral Health Resource Network (BHRN) Services Evaluation

Description. DATRA, commonly referred to as Measure 110, decriminalized personal drug possession in Oregon and created a fund and a community-led advisory council to make decisions to allocate monies from the fund to support substance use-related services through a single organization or network of organizations, called BHRNs, in each county. All BHRNs must provide screening services, comprehensive behavioral health needs assessments, individualized intervention planning, case management, low-barrier substance use disorder treatment, harm reduction services, peer support services, housing services, and referrals to other appropriate outside services. This evaluation seeks to understand the implementation of the BHRN model at the local level in seven Oregon counties, focusing on BHRN providers' perceptions of strategies for creating engagement pathways into services; organizational and community cultures related to services like harm reduction, low-barrier treatment, and supportive housing; and barriers and facilitators to BHRN implementation and service delivery.
Partner. Fletcher Group
Funding source. Health Resources and Services Administration

Drug Addiction Treatment and Recovery Act (DATRA) State-Level Process Evaluation

Description. Ballot Measure 110's passage in 2020 resulted in the creation of Oregon's Drug Addiction Treatment and Recovery Act (DATRA). DATRA modified the penalty of personal possession of controlled substances to a Class E violation, established a revised formula to distribute funds from the Oregon Marijuana Account, created a fund dedicated to establishing and funding Behavioral Health Resource Networks, established a community-led oversight council, directed Oregon state agencies to support the effort in various ways, and modified penalties for possession of larger quantities of some controlled substances. This state-level evaluation illustrates Oregon's processes to implement DATRA, with a focus on the administration of Class E citations for personal possession, service expansion for people who use drugs, and the development of a community-led advisory council. Comagine Health developed a report, which includes recommendations, and is available at the project website: www.DrugDecrimOregon.org.
Partners. Vital Strategies and RTI International
Funding Source. Chan Zuckerberg Initiative and Just Trust

Drug Addiction Treatment and Recovery Act (DATRA) Outcome Evaluation

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

Implementation, Outcomes, and Cost of a Novel Medicaid Policy to Reduce Opioids for Back Pain

Description. In 2016, the Oregon Health Authority (OHA) implemented changes in Medicaid coverage for opioids and other treatments for back pain. The Oregon Back Pain Policy (OBPP) was prompted by limited evidence on the effectiveness of long-term opioid use for back pain and growing awareness of the risks of opioid use. OBPP aims to reduce new opioid prescriptions, taper patients currently using opioids, and encourage and expand coverage for the use of evidence-based, non-pharmacologic therapies such as acupuncture, chiropractic manipulation, physical therapy, and massage. Comagine Health is tasked with investigating whether OBPP is effective in reducing opioid-related harms and other negative outcomes over a five-year study period. This study uses both quantitative and qualitative data sources to examine the relationships between policy implementation and outcomes. Specific data sources include a robust dataset that links Medicaid claims data, the Prescription Drug Monitoring Program, Vital Records mortality data, and substance use disorder Treatment Episode Dataset and survey, interview, and focus group data collected from coordinated care organization administrators, clinicians, and nonpharmacologic therapy providers credentialed to bill the Oregon Health Plan for services.
Partner. Oregon Health & Science University
Funding Source. National Institute on Drug Abuse

Evaluations of Patient-Level Data Systems Integration

Oregon's Bureau of Justice Assistance (BJA) Harold Rogers Grant

Description. Since the establishment of the Oregon Prescription Drug Monitoring Program (PDMP) in 2011, the program has matured from a tool used primarily by clinicians and pharmacists to an expanded role in public health surveillance and situational awareness and as a data source to inform decision-making. The Oregon Health Authority (OHA) received funding from the BJA Harold Rogers Grant program to address three key priorities: 1) Surveil stimulant prescribing patterns to inform interventions; 2) Ensure timely and accurate data from dispensing pharmacies; and 3) Evaluate the impacts of recently implemented tools on PDMP utilization and clinical decision-making. Comagine Health was subcontracted by OHA to implement a mixed-method study that includes an online survey and online focus groups with prescribers, trend analysis of PDMP data, and interrupted time-series analysis of PDMP data to evaluate the three key priorities. Comagine Health leads the development of the state's stimulant prescribing dashboard and evaluates the impact of electronic health record-PDMP integration on queries, prescribing behavior, and the use and quality of Prescriber Comparison Reports and their impact on reducing risky prescribing behaviors.
Partner. OHA's Public Health Division Injury and Violence Prevention Program
Funding Source. BJA Harold Rogers Grant

Prescription Drug Monitoring Program (PDMP) Integration in the Electronic Health Record (EHR)

Description. Oregon Health & Science University (OHSU), one the largest health care systems in the state, will be one of the first health care systems to undergo PDMP integration within its EHR application (Epic™). OHSU is currently integrating PDMP access across twelve ambulatory primary care clinics over a six-month period (four clinics starting every two months). Comagine Health was tasked with evaluating the impact of the EHR-PDMP integration on provider query rates and opioid prescribing behavior within primary care clinics in one academic medical center.
Partners. Oregon State University and OHSU
Funding Source. National Institute on Drug Abuse

Local-Level Assessments & Program Evaluations

Bay Area First Step Program Evaluation

Description. Bay Area First Step, located in Coos Bay, Oregon, is a peer-run organization, owned, governed, and managed by people in recovery. Bay Area First Step provides peer-delivered, person-centered substance use disorder outpatient treatment, mental health and recovery support services, and housing. They also offer transportation, wellness activities, classes and groups for clients, and certification and best practices training for the peer workforce in Coos and Curry counties. Comagine Health conducted an evaluation to better understand engagement and satisfaction with Bay Area First Step services among clients, peer mentors, administrative staff, partner agencies, and board members. The evaluation was intended to help identify areas where Bay Area First Step is effectively achieving their missions and goals, as well as ways their services can be improved. Data used in this evaluation were collected from clients using photovoice, quick-fire qualitative feedback, and a satisfaction survey; from staff, partner agencies, and board members using in-depth interviews; and from program-level data.
Partner. Bay Area First Step
Funding Source. Donation from founder Dr. Robert Bolin

Central City Concern's Community-Driven Hepatitis C Elimination Project

Description. Community-Driven Hepatitis C Elimination Project: Reimbursed Dried Blood Spot Testing and Recruitment Among People Who Inject Drugs is an initiative by Central City Concern to implement and evaluate innovations in screening and linkage to care to address the hepatitis C epidemic among people who use drugs. Comagine Health supports the project with data coordination and qualitative data collection, analysis, and dissemination to provide formative and summative feedback on the project.
Partner. Central City Concern
Funding Source. AbbVie

Central Oregon Health Council (COHC) Regional Health Assessment (RHA) Data Analysis and Visualization

Description. COHC leads the development of the Central Oregon RHA, which aims to outline the region's key health needs, areas of improvement, and strengths for Crook, Deschutes, and Jefferson counties and northern parts of Klamath County. COHC contracted with Comagine Health to analyze data from their Central Oregon Community Health Survey and compile other sources of data including, focus groups and secondary data, to develop infographic reports for the region and each county to be included in the RHA.
Partner. COHC
Funding Source. COHC

Clackamas County's Project Hope Social Network Analysis

Description. Clackamas County's Project Hope is a program that uses multiple referral opportunities through partnerships to guide overdose survivors or those at risk of an opioid overdose to treatment and recovery support services. Project Hope aims to reduce the number of people who overdose on opioids, thereby decreasing future 911 calls and hospital readmissions; improve the quality of life for patients with substance use disorders; bridge gaps in care by connecting vulnerable patients to treatment and other resources that address social factors that may be influencing the individual's health; and support and promote Clackamas County's effective partnership between law enforcement and public health. Clackamas County's Health, Housing, and Human Services (H3S) Public Health Division (PHD) contracted with Comagine Health to conduct a social network analysis of Project Hope partner organizations. The evaluation included interviewing Project Hope partners and participants and conducting a social network survey among partners to assess network constructs, including reach, stability, intensity, importance, motivation, and community benefit; strengths of the network; ways partners extend themselves beyond their typical roles to support Project Hope; opportunities for network improvement; and Project Hope's community impact.
Partner. Clackamas County's H3S PHD
Funding source. Office of National Drug Control Policy Community-level Intervention Initiative

Clackamas County Substance Use Services Gap Assessment

Description. Clackamas County was among many jurisdictions that sought compensatory restitution from damages that resulted from opioid manufacturers' and distributors' criminal actions that led to the opioid and overdose crisis. Through settlements from those legal proceedings, Clackamas County is expected to receive $13.7 million dollars over the next 18 years. Comagine Health conducted a county-level assessment to identify substance use service priorities for opioid settlement funding by reviewing published gap analyses and collecting perspectives among substance use-related professionals and those who often interact with people who use drugs in their work through a series of listening sessions and surveys. Comagine Health also conducted a series of listening session with people with lived experience of drug use and their caregivers to further identify needs and gaps in Clackamas County.
Partners. Clackamas County's Health, Housing, and Human Services Division of Public Health and Children, Family & Community Connections
Funding source. Clackamas County

Columbia County Substance Use Services Gap Assessment

Description. Columbia County was among many jurisdictions that sought compensatory restitution from damages that resulted from opioid manufacturers' and distributors' criminal actions that led to the opioid and overdose crisis. Through settlements from those legal proceedings, Columbia County is expected to receive $1.8 million over the next 18 years. Comagine Health conducted a county-level assessment to identify substance use service priorities for opioid settlement funding by reviewing published gap analyses and collecting perspectives among substance use-related professionals and those who often interact with people who use drugs in their work through a series of listening sessions and surveys.
Partners. Columbia County Public Health
Funding source. Columbia County

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 (PWUD) in Umatilla County, Oregon. U-COPE is funded by the Centers for Disease Control and Prevention (CDC) Integrated Viral Hepatitis Surveillance and Prevention via Oregon Health Authority (OHA) Public Health Division (PHD). U-COPE team members convened community partners and conducted a rapid assessment to inform the development of the Umatilla County service delivery model for PWUD.
Partners. Oregon Washington health Network, Umatilla County Public Health, and OHA's PHD Acute and Communicable Disease Program
Funding Source. CDC's Integrated Viral Hepatitis Surveillance and Prevention

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