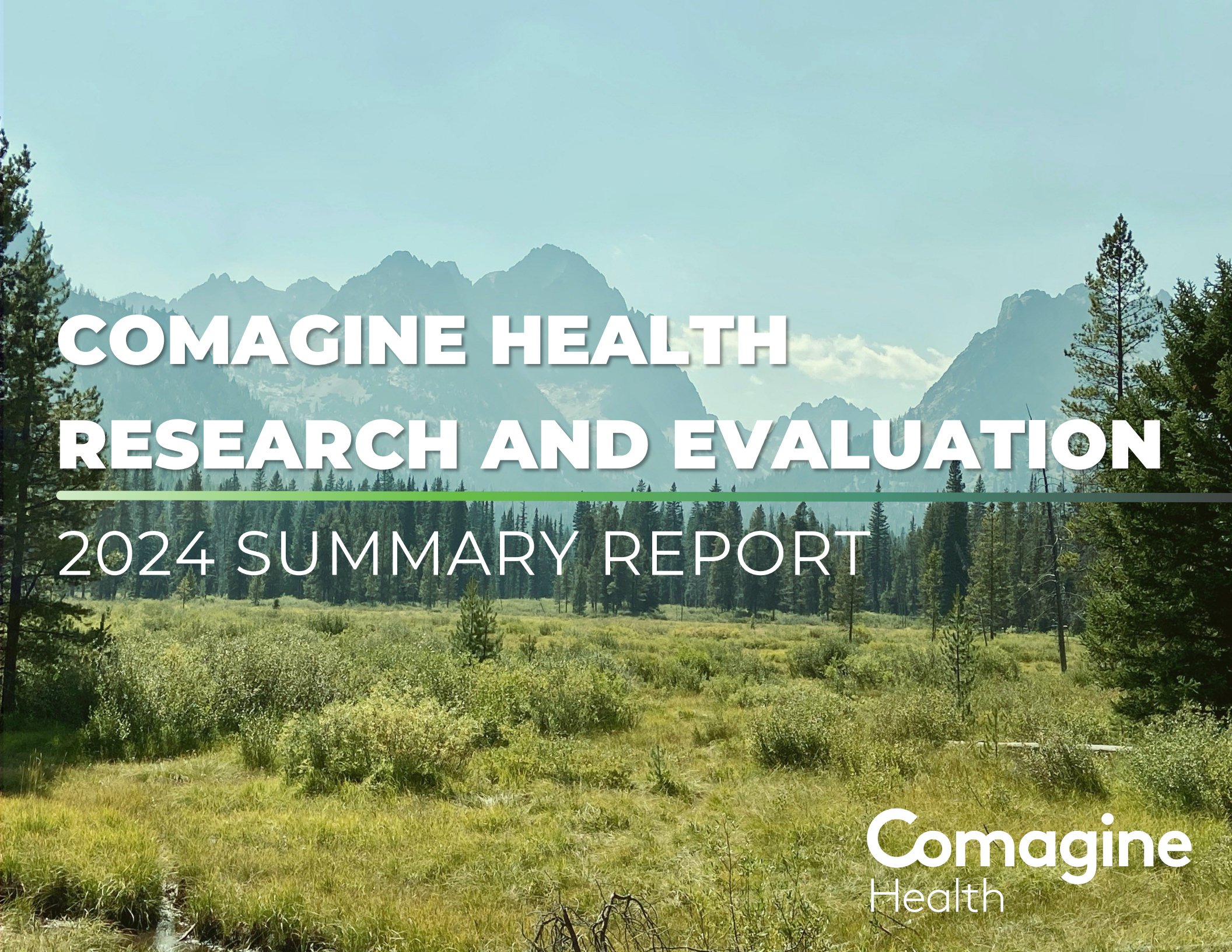


COMAGINE HEALTH RESEARCH AND EVALUATION

2024 SUMMARY REPORT

Comagine Health

DEAR COLLEAGUES, PARTNERS, AND FRIENDS

Welcome to our annual summary, where we celebrate the achievements of our Research and Evaluation Team over the past year. Guided by our commitment to innovation, collaboration, and excellence, we continue to bridge the gap between research and practice, providing insights that shape programs, strengthen communities, and inform meaningful policy advancements.

We are excited 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 strategies 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 the off-label use of ketamine and 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

We extend our deepest gratitude to our partners and collaborators for their continued support. Together, we are driving innovation and advancing knowledge to improve health outcomes and enhance well-being in our 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 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



Gillian Leichtling
Senior Director, Research and Evaluation



Erin Stack
Director, Research and Evaluation



Mary Gray
Director, Research Methods and Design



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Caitlyn Jasumback
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Kyn Kappesser
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Stephanie Pustejovsky
Senior Research Associate



Soomin Shin
Research Associate



Jiah Yoo
Research Associate

Systemwide Quality Improvement (SQI) Evaluation Team



Laura Myerchin Sklaroff
Director, SQI Evaluation



Crystal Coyazo
Senior Healthcare Evaluation Associate



Gustavo Henriquez
Healthcare Evaluation Associate



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 harm reduction and overdose prevention strategies, peer recovery support specialist interventions, recovery support programs, substance use prevention and 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, 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 family members of and people with lived or living experience of substance 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.

WHAT WE DID

$3.54 M
Annual operating budget.

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

20.6
Full-time equivalent positions funded.

41
Podium and poster presentations at 18 state and national conferences.

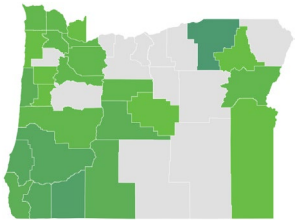
15
Community presentations to share results with changemakers.

16
Research publications. **See all publications.**

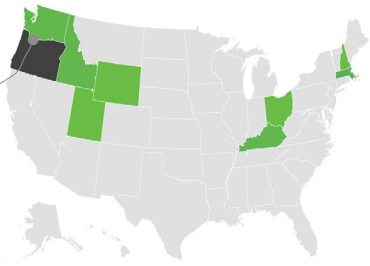
2,181
Citations of Comagine Health coauthored research publications.

Externally Funded Project Locations

Our projects reached 24 Oregon counties and one Washington county.



Our projects spanned **nine states**, with 14 statewide projects in **Oregon**.



"The success of the Research and Evaluation Team, as evidenced by the accomplishments and outcomes described throughout this report, is a direct result of each team member's deep understanding and unwavering commitment to the inclusion and involvement of those most impacted. **Our team's results prove that engaging individuals with lived experience in the design and delivery of our projects is not only the right thing to do — it is also the better way."**

Juli Farnsworth
Chief Operations Officer
Comagine Health

DISSEMINATION HIGHLIGHTS

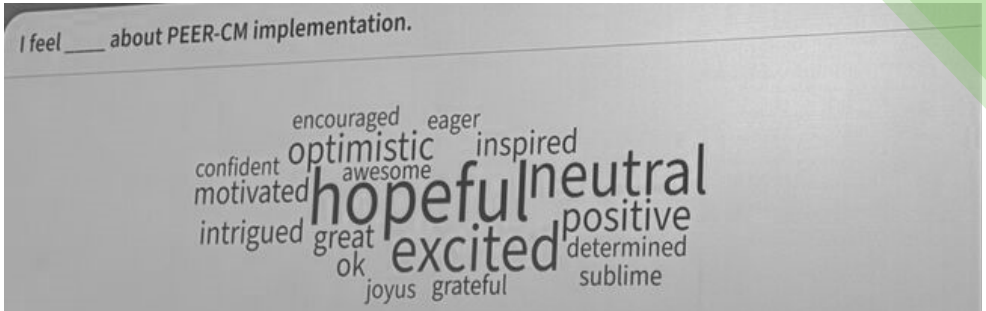
Peer Convergence

In October 2024, the Comagine Health Research and Evaluation Team, in partnership with the Oregon Health Authority, hosted the third Statewide Convergence for Peer Recovery Initiated in Medical Establishments + Hepatitis C/HIV Testing and Linkage to Care (PRIME+) peers and supervisors in Seaside, Oregon. This three-day event was an opportunity for PRIME+ team members to gather, share success stories, reflect on the last three years, and plan for the next phase of PRIME+. We came together and celebrated the impact of peer-delivered services in Oregon. Peers shared their experiences being trained in and delivering contingency management as part of a National Institute on Drug Abuse (NIDA)-funded research study led by Oregon Health and Science University called Peers Expanding Engagement in Stimulant Harm Reduction with Contingency Management (PEER-CM), which is part of NIDA's Harm Reduction Research Network. Peers also participated in panels discussing their work in diverse settings, including outreach and engagement in rural and urban communities and forming partnerships with hospitals and jails. As Oregon and other states continue to expand access to peer-delivered services, we are reminded of the incredible potential that comes from leveraging the strength, insight, and lived experiences of peers.









DISSEMINATION HIGHLIGHTS | SQI EVALUATION

All SQI Evaluation Team members presented at the 2024 American Evaluation Association Conference.



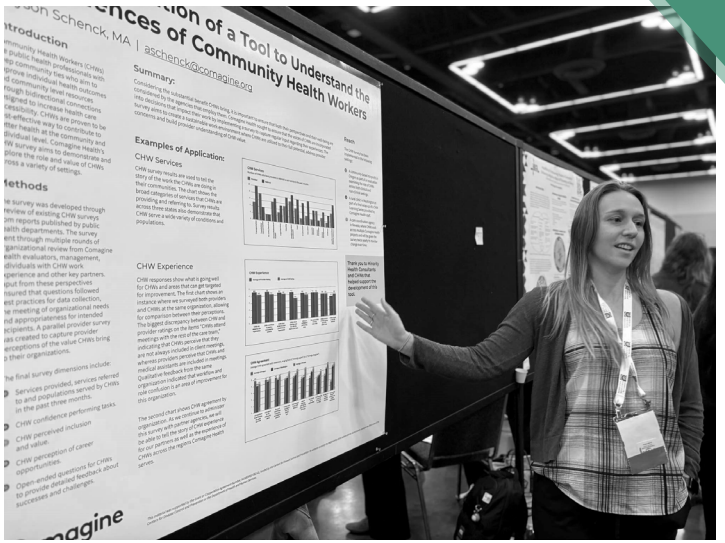
Dr. Laura Myerchin Sklaroff presented on the use of trauma-informed methodologies to translate long COVID patients' stories into actionable recommendations that can be adopted across the health care continuum to improve patients' access to care.



Crystal Coyazo presented on "Amplifying Indigenous Voices through Data Sovereignty," highlighting Indigenous perspectives on data.



Gustavo Henriquez presented a poster on methodology to identify and eliminate bot responses to online surveys, which has supported multiple efforts.



Alyson Schenck presented a poster discussing the Community Health Worker (CHW) Survey, used to assess the experience of CHWs working across Comagine Health projects.

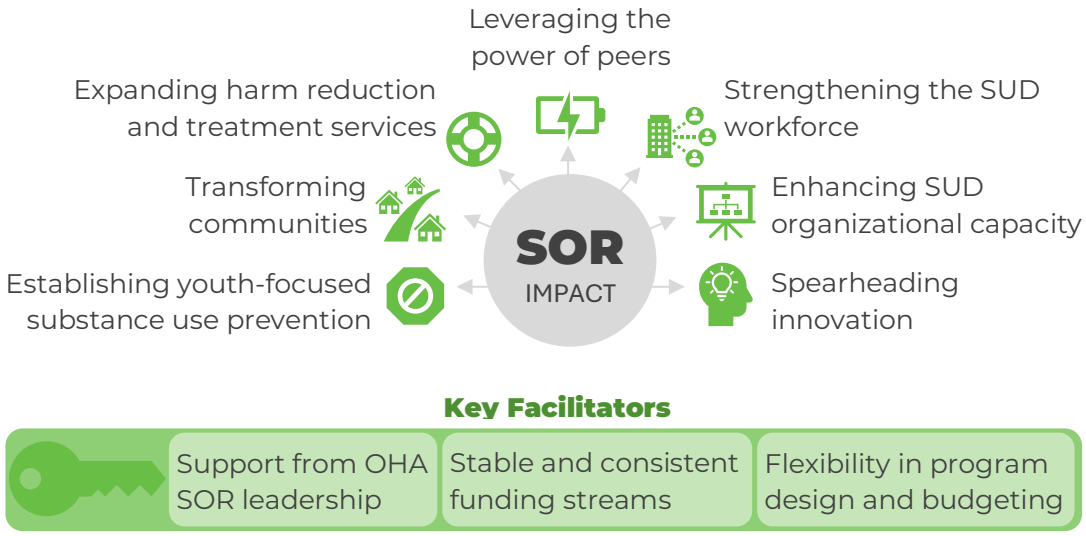
PROJECT SPOTLIGHTS

Oregon's State Opioid Response Grant (SOR 3)

The Comagine Health Research and Evaluation Team led Oregon's SOR 3 statewide evaluation. In partnership with the Oregon Health Authority (OHA), we identified successes, barriers, outcomes, and impacts of SOR-funded services across the substance use disorder (SUD) continuum. In addition to grant reporting required by the Substance Abuse and Mental Health Services Administration, Comagine Health also created:

- Five issue briefs to inform audiences about SOR 3-related topics
- Five case studies on funded organizations serving diverse populations
- An evaluation report on a workforce initiative serving rural Oregonians
- A dashboard to review the prevalence of SUDs and treatment gaps
- An impact report that reported on findings from our facilitation of a ripple effects mapping session, a participatory evaluation method, with key Oregon SOR partners. See the graphic below for findings.

Comagine Health will continue our partnership with OHA during the SOR 4 grant (September 30, 2024-September 29, 2027).



Comprehensive Opioid Risk Registry

With partners at Brigham and Women's Hospital and the Oregon Health Authority, Comagine Health used a comprehensive linked dataset, referred to as the Comprehensive Opioid Risk Registry (CORR), to explore factors that predict opioid overdose risk. For our analysis, we examined whether starting medication for opioid use disorder in the hospital decreases the likelihood of future overdoses. We also assessed risk factors for opioid overdose in older adult patients after opioid prescription initiation. We found that:

Patients had a lower risk of fatal and nonfatal overdose at 6 months if they started medication treatment within 7 days of a substance use-related hospitalization, especially if treatment included buprenorphine.

Hospitals should implement protocols to initiate medications for opioid use disorder for patients.

People 65-74, those dually enrolled in Medicaid and Medicare, and those taking long-acting opioids (e.g., methadone) were more likely to experience an overdose.

Health care providers should consider risk factors when prescribing opioids, especially to older adults.

Our findings have been published in *JAMA Network Open* and the *Journal of the American Geriatrics Society*.

PROJECT SPOTLIGHT | SQI EVALUATION

Integrated Maternal Health Services (IMHS)

With funding from the Health Resources and Services Administration (HRSA), Comagine Health worked with the University of Nevada, Las Vegas, to design the Integrated Maternal Health Services (IMHS) pilot program to address disparities in birth outcomes, particularly among African Americans, in Clark County, Nevada. The SQI Evaluation Team used human-centered design to engage doulas, community health workers, pregnant and postpartum individuals, health care providers, social services staff, and community partners to better understand their needs and challenges. During these sessions, participants engaged in storytelling and created personas and experience diagrams to identify systemic challenges and barriers to care. The SQI Evaluation Team synthesized data from these exercises, shared results with participants to ensure accuracy, and generated recommendations to enhance the maternal health care model through the IMHS program. The SQI Evaluation Team will continue this community-driven approach to prioritize health equity among historically marginalized populations in the second year of this project. In 2025, the SQI Evaluation Team will work to improve health care quality for American Indian/Alaska Native populations nationally through the recently awarded Centers for Medicare & Medicaid Services (CMS) American Indian/Alaska Native (AIAN) Quality Improvement QI Program.



2024 PUBLISHED MANUSCRIPTS

- **Adaptive approaches to physical pain treatment modalities during the COVID-19 Pandemic: A qualitative analysis.** Authors: **Cooke, A.**, **Gray, M.**, **LaForge, K.**, Livingston, C. J., **Flores, D. P.**, and Choo, E. K. *Journal of Integrative and Complementary Medicine*
- **Barriers to opioid use disorder treatment among people who use drugs in the rural United States: A qualitative, multi-site study.** Authors: Stopka, T. J., Estadt, A. T., **Leichtling, G.**, Schleicher, J. C., Mixson, L. S., Bresett, J., Romo, E., Dowd, P., Walters, S. M., Young, A. M., Zule, W., Friedmann, P. D., Go, V. F., Baker, R., and Fredericksen, R. J. *Social Science & Medicine*
- **Barriers to retention in inpatient and residential drug treatment among persons who use opioids and/or injection drugs living in the rural U.S.** Authors: Fredericksen, R. J., Mixson, L. S., Estadt, A. T., **Leichtling, G.**, Bresett, J., Zule, W., Walters, S. M., Friedmann, P. D., Romo, E., Whitney, B. M., Delaney, J. A. C., Crane, H. M., Tsui, J. I., Young, A., Seal, D., and Stopka, T. J. *Journal of Substance Use and Addiction Treatment*
- **Beyond the 5-year recovery mark: Perspectives of researchers with lived and living experience on public engagement and discourse.** Authors: Cioffi, C. C., Flinn, R. E., Pasman, E., Gannon, K., Gold, D., McCabe, S. E., Kepner, W., Tillson, M., Colditz, J. B., Smith, D. C., Bohler, R. M., O'Donnell, J. E., **Hildebran, C.**, Montgomery, B. W., Clingan, S., and Lofaro, R. J. *International Journal of Drug Policy*
- **Criminal legal system engagement among people who use drugs in Oregon following decriminalization of drug possession.** Authors: Smiley-McDonald, H. M., Chung, E., Wenger, L. D., Godvin, M., **Good, D.**, **Leichtling, G.**, Browne, E. N., Lambdin, B. H., and Kral, A. H. *Drug and Alcohol Dependence*
- **Harm reduction in peer-assisted telemedicine for hepatitis C: Secondary outcomes of a randomized controlled trial.** Authors: Spencer, H., Gregoire, D., **Leichtling, G.**, Herink, M., Seaman, A., Korthuis, P. T., and Cook, R. *Viruses*
- **"I go out of my way to give them an extra smile now:" A study of pharmacists who participated in Respond to Prevent, a community pharmacy intervention to accelerate provision of harm reduction materials.** Authors: Irwin, A. N., **Gray, M.**, Ventricelli, D., Boggis, J. S., Bratberg, J., Floyd, A. S., Silcox, J., Hartung, D. M., and Green, T. C. *Research in Social and Administrative Pharmacy*
- **Individual and prescription level factors associated with overdose in opioid naïve older people.** Authors: **Little, K.**, **El Ibrahimi, S.**, **Yoo, J.**, **Flores, D.**, **Hendricks, M.**, **Hildebran, C.**, Ritter, G., Wright, D., Loy, B., and Weiner, S. *Journal of the American Geriatrics Society*

- **"It has improved my practice to be able to offer alternative treatments": A longitudinal qualitative study of Oregon Medicaid back pain providers.** Authors: **Gray, M.**, **Cooke, A.**, Livingston, C. J., **LaForge, K.**, **Flores, D. P.**, and Choo, E. K. *Journal of Integrative and Complementary Medicine*
- **Motivation and context of concurrent stimulant and opioid use among persons who use drugs in the rural United States: A multi-site qualitative inquiry.** Authors: Fredericksen, R. J., Baker, R., Sibley, A., Estadt, A. T., Colston, D., Mixson, L. S., Walters, S., Bressett, J., Levander, X. A., **Leichtling, G.**, Davy-Mendez, T., Powell, M., Stopka, T. J., Pho, M., Feinberg, J., Ezell, J., Zule, W., Seal, D., Cooper, H. L. F., Whitney, B. M., Delaney, J. A. C., Crane, H. M., and Tsui, J. I. *Harm Reduction Journal*
- **Opioid overdose after medication for opioid use disorder initiation following hospitalization or ED visit.** Authors: Weiner, S. G., **Little, K.**, **Yoo, J.**, **Flores, D. P.**, **Hildebran, C.**, Wright, D. A., Ritter, G. A., and **El Ibrahimi, S.** *JAMA Network Open*
- **Overdose responses among rural people who use drugs: A multi-regional qualitative study.** Authors: Baker, R., Fredericksen, R. J., Rudolph, A. E., Stopka, T. J., Walters, S. M., Fadanelli, M., Bolinski, R. S., Sibley, A. L., **Stack, E.**, Crane, H. M., Korthuis, P. T., and Seal, D. W. *Harm Reduction Journal*
- **Peer-assisted telemedicine for hepatitis C in people who use drugs: A randomized controlled trial.** Authors: Seaman, A., Cook, R., **Leichtling, G.**, Herink, M. C., Gailey, T., Cooper, J., Spencer, H. C., Babiarz, J., Fox, C., Thomas, A., Leahy, J. M., Larsen, J. E., and Korthuis, P. T. *Clinical Infectious Diseases*
- **Peer-Assisted Telemedicine for Hepatitis C (PATHS): Process evaluation results from a State Opioid Response-funded program.** Authors: Spencer, H., **Leichtling, G.**, Babiarz, J., Fox, C. B., Herink, M., Cooper, J., Jones, K., Gailey, T., Leahy, J., Cook, R., Seaman A., and Korthuis, P. T. *Journal of Substance Use & Addiction Treatment*
- **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.** Authors: Green, T. C., Silcox, J., Bolivar, D., **Gray, M.**, Floyd, A. S., Irwin, A. N., Hansen, R. N., Hartung, D. M., and Bratberg, J. *Journal of the American Pharmacists Association*
- **The cost of safe injection: Insights on nonprescription syringe price variability from systematic secret shopping.** Authors: Blough, M. J., Rocha, A., Bratberg, J., Silcox, J., Bolivar, D., Floyd, A. S., **Gray, M.**, and Green, C. *Substance Use & Addiction Journal*

ACTIVE EXTERNAL PROJECTS

LINKED ADMINISTRATIVE STUDIES

Comprehensive Opioid Risk Registry (CORR)

Description. CORR evaluated 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 and 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 and Women's Hospital, Brandeis University, McLean Hospital, and Oregon Health Authority Public Health Division

Funding source. National Institute on Drug Abuse

Impact of Prescription Stimulants on the Drug Overdose Epidemic

Description. This study addresses the critical knowledge gap about the consequences of prescription stimulant use on drug overdoses by linking Oregon datasets. Comagine Health will identify 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

Comprehensive Real-World Evidence on Off-label Ketamine Safety to Inform Regulatory and Clinical Decision Making

Description. This FDA-funded study aims to describe use patterns of increasingly prevalent off-label use of racemic ketamine and provide information on the safety of prescribed ketamine using health care claims and mortality data, relative to comparison cohorts, stratified by age and risk of acute cardiovascular and psychiatric events. Comagine Health will link data from the Oregon Data Collaborative All-Payer Claims Database, the Prescription Drug Monitoring Program, and Vital Statistics to examine long-term outcomes for new initiators of ketamine. The findings from Oregon, will compliment parallel consecutive studies being conducted in Massachusetts and Kentucky, to fill critical knowledge gaps and inform clinical practices to address the need for regulatory clarity surrounding ketamine with comprehensive, novel, generalizable insights, benefiting the medical community and patients nationwide.
Partner. American College of Emergency Physicians
Funding Source. Food and Drug Administration

New project in 2024

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 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 the Oregon Department of Human Services (ODHS) and Oregon Health Authority (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 Health Systems Division Behavioral Health Unit and Public Health Division Family and Child Health Section
Funding source. OHA blended funding

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, reduced placement of children in foster care, and cost savings. The Oregon Health Authority (OHA) expanded and adapted this program for sustainable implementation in rural counties (currently in Benton, Deschutes, Jackson, Lincoln, and Umatilla counties). Enhanced elements to the program include a partnership with the Oregon Department of Human Services (ODHS) Child Welfare Division to develop training sessions and materials for coordinating Comprehensive Addiction Recovery Act Plan 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 Health Systems Division Behavioral Health Unit, ODHS Child Welfare Division, and community-based organizations
Funding source. OHA blended funding

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

Description. The Oregon HOPE study team led by Oregon Health & Science University (OHSU) developed PATHS to expand 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 in medication initiation and adherence. OHSU clinicians, who have specialty training in working with PWUD, provide streamlined access to care. PATHS relies on community-based peer outreach and support, on-demand clinical care, and partners positioned to enact systems change. PRIME+ peer teams and select opioid treatment programs (OTPs) implement PATHS around the state. The Oregon HOPE/PATHS team developed implementation materials and provides training, technical assistance, and clinical coordination to peer and OTP teams.
Partners. OHSU and Oregon Health Authority Health Systems Division Behavioral Health Unit
Funding source. Substance Abuse and Mental Health Services Administration State Opioid Response grant

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

Description. The Oregon HOPE study (2017-2024) was led by Oregon Health & Science University (OHSU) and was part of the Rural Opioid Initiative research consortium funded in eight geographically diverse regions across the U.S. Oregon HOPE included a rural, peer-based intervention informed by needs assessment data, in-depth surveys and interviews with people who use drugs (PWUD), and an analysis of linked administrative data. Peers engaged PWUD through community outreach and syringe services and provided hepatitis C (HCV)/HIV testing, harm reduction tools, and linkage to substance use disorder and HCV treatment. The intervention was adapted and expanded by the Oregon Health Authority (OHA) as the PRIME+ peer program. The Oregon HOPE team also developed and conducted a randomized controlled trial of an innovative peer-facilitated telemedicine HCV treatment. The Peer TeleHCV model significantly outperformed enhanced usual care in HCV treatment initiation (85% vs. 13%) and viral clearance (63% vs. 16%). Peer TeleHCV was particularly more effective with people who were unstably housed or houseless. Further, a greater number of peer encounters was associated with greater decrease in injection drug use and equipment sharing. The model has expanded statewide with OHA funding as Peer Assisted Telemedicine for Hepatitis C and Syphilis (PATHS). Oregon HOPE study dissemination included dozens of Oregon-focused and cross-site national publications and presentations for community-based, state, national, and international audiences.
Partners. OHSU, OHA 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-Based Retention of People Who Use Drugs in Rural Research (PROUD-R2) Study

Description. PROUD-R2 aimed to identify optimal strategies for retaining people with opioid use disorder in clinical research in rural America. This study tested 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 was led by teams funded by the National Rural Opioid Initiative in three states: Kentucky, Ohio, and Oregon. In Oregon, the study team was led by Oregon Health & Science University (OHSU). Study participants were randomized to one of two arms: One group received the standard strategy for study retention (i.e., outreach from the research staff by text message and phone call reminders); the other group 1) watched 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) received incentives for helping to keep people in the study. Comagine Health developed the training video and assisted in coordinating the study.
Partners. OHSU, University of Kentucky, Ohio State University, and Emory University
Funding source. National Institute on Drug Abuse

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, an overdose, infection, and/or other health issues related to substance use across 20 Oregon counties. PRIME+ peers use a harm reduction approach to engage people at varying stages of behavior change (from abstinence to active use) 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; access to community resources to meet basic needs; and emotional and crisis support. The Oregon Health Authority (OHA) collaborates with Comagine Health to implement and evaluate the PRIME+ program. Comagine Health co-manages 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, data progress reports and news briefs.
Partners. OHA 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 was 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 implemented and evaluated this multicomponent pharmacy intervention that included academic detailing, continuing education modules, and materials for pharmacists, pharmacist technicians, and patients. The study used a stepped wedge design, in which baseline information is initially captured for all participants and throughout the study period, random clusters of participants received the intervention. Data used to evaluate R2P included 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

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 the Oregon Health Authority (OHA), Comagine Health, the Northwest Addiction Technology Transfer Center (NWATTC), and nine PRIME+ peer organizations: 4D Recovery, Mental Health and Addiction Association of Oregon (MHAAO), 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 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 14 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 = 1,120).

Partners. OHSU, OHA Health Systems Division Behavioral Health Unit, NWATTC, 4D Recovery, MHAAO, Miracles Club, El Jardín, 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, Substance Abuse and Mental Health Services Administration State Opioid Response grant, and select coordinated care organizations across Oregon

EVALUATIONS OF PROGRAMS & INITIATIVES

Evaluations of State-Level Grants

Idaho's Overdose Data to Action (OD2A) Evaluation

Description. Idaho Department of Health and Welfare (IDHW) Drug Overdose Prevention Program (DOPP) received funding through the Centers for Disease Control and Prevention (CDC)'s Overdose Data to Action (OD2A) cooperative agreement. IDHW DOPP oversees OD2A 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. Under OD2A, jurisdictions are required to evaluate all significant implementation activities. Comagine Health collaborates with DOPP staff to develop and conduct evaluations aligned with implementation activities. Comagine Health prioritizes collaboration and utilization of findings to inform future work in the design of evaluation activities. Evaluation activities are customized to fit each strategy and activity. Comagine Health will collect primary data via surveys, interviews, and focus groups; support implementation monitoring through the compilation of partner quarterly reporting; and leverage existing data and resources to develop materials to improve overdose prevention efforts in the state. The evaluation aims to collect information from partners across Idaho to support implementation improvements and demonstrate the importance of real-time data availability, interagency collaboration, and integration of state and local efforts to prevent overdose.

Partner. IDHW DOPP

Funding Source. CDC OD2A cooperative agreement

New project in 2024

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

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 a data source to inform decision-making in public health surveillance. 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 included 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 evaluated the impact of electronic health record-PDMP integration on queries and the use and quality of Prescriber Comparison Reports and their impact on reducing risky opioid prescribing behaviors.
Partner. OHA's Public Health Division Injury and Violence Prevention Program
Funding Source. BJA Harold Rogers Grant

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 PHD IVPP, local public health authorities, Mental Health and Addictions Association of Oregon, The Raven Collective, 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 grants, 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 (SUD) workforce in the state. OHA contracted with Comagine Health to lead the statewide evaluation of SOR 3 grant-funded activities. The statewide evaluation included process, outcome, and impact evaluation components to assess project performance across the two-year grant and identified improvement areas on an ongoing basis. In addition to grant reporting required by the Substance Abuse and Mental Health Services Administration (SAMHSA), Comagine Health also created a series of issue briefs to inform diverse audiences on SOR 3-related topics; conducted five case studies highlighting how SOR 3-funded organizations serve diverse populations and use innovative approaches; led a ripple effects mapping session, which is a participatory evaluation method, with key Oregon SOR partners to understand state-level impacts; evaluated a workforce development initiative serving rural and remote Oregon; and conducted a secondary data analysis of Oregon substance use-related claims data to understand the prevalence of SUDs and treatment gaps.
Partners. OHA Health Systems Division Behavioral Health Unit and SOR 3 subgrantees
Funding source. SAMHSA SOR 3 grant

Oregon's State Opioid Response (SOR 4) Grant Evaluation

Description. Through the SOR grants, the Oregon Health Authority (OHA) aims to continue 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. OHA contracted with Comagine Health to conduct a statewide evaluation of SOR 4 grant activities. Comagine Health plans to continue collecting subgrantee-level progress data, analyzing secondary data, and gathering qualitative data from key SOR partners to assess process, outcome, and impacts of SOR 4 funding across the three-year grant and identify improvement areas on an ongoing basis.
Partners. OHA Health Systems Division Behavioral Health Unit and SOR 4 subgrantees
Funding source. Substance Abuse and Mental Health Services Administration SOR 4 grant

New project in 2024

Evaluations of Statewide Policy Initiatives

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 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 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. The OBPP aimed 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, in partnership with Oregon Health & Science University (OHSU), investigated whether the OBPP was effective in reducing opioid prescribing and opioid-related harms, and increasing use of non-pharmacological therapies for back pain using a robust dataset that linked Medicaid claims data, the Prescription Drug Monitoring Program, Vital Records mortality data, and the substance use disorder Treatment Episode Dataset. Comagine Health assessed provider awareness of and experiences implementing the OBPP using online surveys, semi-structured interviews, and online focus group data collected from coordinated care organization administrators, clinicians, and nonpharmacologic therapy providers credentialed to bill the Oregon Health Plan for services.

Partner. OHSU

Funding Source. National Institute on Drug Abuse

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

Description. In 2016, Oregon Medicaid introduced a policy to increase the safety and effectiveness of the management of back pain through increased allowances for NPTs paired with decreased coverage of opioids. Our previous work demonstrated that the policy had disparate impact across the Medicaid population; Black, Hispanic, and American Indian/Alaska Native patients with Medicaid were less likely to use some or all NPT services for back pain compared to non-Hispanic White patients with Medicaid. The objective of this study led by Oregon Health & Science University (OHSU) is to investigate factors that influence Black or Hispanic patients with Medicaid to use of NPT for back pain. We use the Social-Ecological Model to guide the exploration of inter-related individual, interpersonal, health system, and environmental elements influencing NPT service use through electronic health record review, medical director interviews, and patient interviews. This mixed-methods study will provide granular information to better understand the back pain treatment disparities observed in our previous work and in pain treatment literature. We seek to contribute preliminary information to the development of a variety of potential approaches — whether individual, organizational, or structural — to improve the provision of evidence-based back pain treatment among racial and ethnic minority patients in rural and urban primary care locations.
Partner. OHSU
Funding Source. National Institute on Drug Abuse

New project in 2024

Evaluations of State-Level Projects

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

Wyoming Prescriber Trainings

Description. The Wyoming Department of Health is interested in understanding opioid prescribers' knowledge and behaviors, barriers and facilitators aligning with the 2022 Clinical Practice Guidelines, and training needs. Comagine Health's Research and Evaluation Team will conduct a prescriber focus group, patient interviews, a mapping analysis, a document review, and literature review to understand patient experiences, accessibility for non-medication pain alternative treatments, and prescriber training needs and best practices. Findings will be communicated to Comagine Health's Systemwide Quality Improvement Team so they may develop and implement trainings and disseminate toolkits. The Research and Evaluation Team will then develop and administer a survey to evaluate the trainings. The goal of this project is 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. Wyoming Department of Health, Public Health Division and Comagine Health Systemwide Quality Improvement (SQI) Team
Funding source. Wyoming Overdose Data to Action (OD2A) cooperative agreement

New project in 2024

Wraparound with Intensive Services (WISe) Quality Study

Description. Wraparound with Intensive Services (WISe) is a service delivery model for Medicaid-eligible youth with complex behavioral health needs involved with the Washington Apple Health Integrated Foster Care, Washington Apple Health Integrated Managed Care, Washington Apple Behavioral Health Services Only programs, or the StateChildren's Health Insurance Program and their families. WISe is a team-based approach that provides services in home and community settings and enables youth and families to thrive in the community, while reducing the need for institutional care. Comagine Health conducted key informant interviews with WISe provider agencies and public listening sessions on topics related to the WISe Quality Plan and quality processes, including job roles and WISe program structure, monitoring and assessment, strengths and barriers, and recommendations to support the Washington State Health Care Authority (HCA) in reviewing and evaluating the quality processes of the WISe program. The WISe Quality Study identified strengths, challenges, and areas of improvement and will inform updates to the WISe Quality Plan.
Partners. Washington State HCA
Funding source. Washington State HCA

New project in 2024

Oregon's Title X Reproductive Health Needs Assessment

Description. The Oregon Health Authority (OHA) Reproductive Health Program works with clinics to offer free or low-cost reproductive health services and birth control. As part of this work, the Reproductive Health Program oversees and monitors federal Title X funding in Oregon. The goal of Title X funding is to provide high-quality, affordable birth control and reproductive health care services to people with low incomes. Comagine Health partnered with the Reproductive Health Program to complete a needs assessment to identify gaps and needs experienced by Title X agencies and clinics in Oregon. As part of this assessment, the Comagine Health team examined statewide program data, completed a survey of Title X funded agencies and clinics, and conducted listening sessions with Title X-funded agency and clinic staff. Through this evaluation, we found that despite recent declines in the number of patients, the Reproductive Health Care (RHCare) program fills an important gap, providing reproductive health care throughout Oregon. Comagine Health recommends that OHA support the RHCare clinics in addressing declines in service utilization by expanding training and technical assistance to RHCare providers and outreach support personnel.
Partner. OHA Reproductive Health Program
Funding Source. Department of Health and Human Services Office of Population Affairs Title X grant

New project in 2024

Local-Level Assessments & Program Evaluations

Cascade AIDS Project (CAP) LGBTQ+ Needs Assessment

Description. The Cascade AIDS Project (CAP) is the oldest and largest community-based provider of HIV services, housing, education, and advocacy in Oregon and southwestern Washington. CAP's mission is to promote well-being and advance equity by providing health and wellness services for LGBTQ+ people, people affected by HIV, and all those seeking compassionate care. In alignment with this mission, CAP sought to better understand specific behavioral health services the LGBTQ+ community needs most in southwestern Washington. Comagine Health partnered with CAP to conduct a needs assessment to inform strategic planning of a new behavioral health service line for transgender and non-binary youth in Clark County, Washington. The needs assessment included 3 listening sessions with 1) transgender youth; 2) behavioral health providers specializing in working with transgender youth; and 3) CAP behavioral health care team and HIV providers. Thematic findings were presented to CAP to inform their strategic planning of their new behavioral health care line of services for transgender youth.
Partner. CAP
Funding Source. CAP

New project in 2024

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

Description. COHC oversees health transformation initiatives in the Central Oregon region, encompassing Crook, Deschutes and Jefferson counties, the northern areas of Klamath County, and the Confederated Tribes of Warm Springs sovereign nation. COHC spearheads the development of the Central Oregon Regional Health Assessment (RHA), which aims to identify the region's primary health needs, areas requiring improvement, and existing strengths. COHC contracted with Comagine Health to analyze data from their Central Oregon Community Health Survey and compile other sources of data, including from 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

Central Oregon Health Council (COHC)-Confederated Tribes of Warm Springs Data Visualization

Description. In February 2024, Comagine Health supported COHC's development of the Central Oregon Regional Health Assessment by compiling infographic reports on the communities' health and social determinants of health-related strengths and areas of improvement. In May 2024, the Confederated Tribes of Warm Springs (CTWS) collaborated with COHC to request support from Comagine Health to develop similar infographics unique to their Tribal community. Comagine Health used CTWS's 2022 Annual Health System Report to develop infographic reports that can be shared to inspire community-level health.
Partners. COHC and CTWS
Funding Source. COHC

New project in 2024

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 Program via the 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 PHD Acute and Communicable Disease Program
Funding Source. CDC Integrated Viral Hepatitis Surveillance and Prevention Program

Comagine Health

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