

Assessment of a Technical Assistance Site Visit With RCORP Grantee Intermountain Health, April 18-20, 2023

KEY FINDINGS AND RECOMMENDATIONS

The following key findings and recommendations are based on the evaluation of the technical assistance (TA) provided at a site visit to the Intermountain Health Rural Communities Opioid Response Program (RCORP) Implementation III and Psychostimulant Support I grantee consortium. The site visit was held April 18-20, 2023 in Richfield, UT, with staff from the Health Services & Resources Administration (HRSA) and the RCORP-TA provider, JBS International. The objectives of the site visit were to clarify how grant funds were being spent and to identify TA needs and TA that could be delivered to address those needs.

Key Findings

- The site visit enabled lead grantee and consortium organization participants, JBS Technical Expert Leads (TELs), and HRSA Project Officers (POs) to learn about aspects of each other's RCORP work that they had not known about before, including lead grantee and consortium organizations' activities and available TA. As a result, all participants gained a broader sense of what Intermountain Health and its consortium could achieve through their RCORP work.
- The TA that JBS provided resulted in lead grantee and consortium organization plans and action to move RCORP work forward, such as expanded reporting on program success, negotiation of relationships within and between consortium organizations, and several substance use-related topics, such as engaging clients in medications for opioid use disorder (MOUD), peer support, and addressing stigma.
- Lead grantee and consortium organization participants' opinions about the site visit were very positive. They appreciated the site visit format and facilitation, especially TELs' personal and professional insights and their supportive yet probing conversational style.
- Participants proposed site visit improvements, such as knowing ahead of the site visit that TA would be offered to consortium organizations.

Recommendations

- We recommend a site visit or online introductory meeting early in each grantee's project period, with representatives of all consortium organizations, the JBS RCORP-TA TEL, and the HRSA PO present. This meeting could introduce individuals to each other, make attendees aware of each other's RCORP activities, and begin to identify TA needs. We also recommend site visits held later in grantees' project periods for identifying promising practices, and, if infrastructure does not exist already within JBS RCORP-TA for dissemination of promising practices among TELs and other key parties, creation of such infrastructure.

- We recommend outreach to inform lead grantee and consortium organizations about what TA is available and that TA can be provided directly to consortium organizations other than the lead. When TA will be made available to a given consortium organization at a site visit, they also should be informed of this situation and solicited for topics for their TA before the event.
- We recommend that JBS RCORP-TA consider providing TA to other grantees to replicate the Intermountain Health community health worker program at the Sanpete County Jail, which emerged as a promising practice to reduce recidivism. JBS may also wish to offer TA to Intermountain Health to improve data collection and analysis that will generate robust findings on this program.

BACKGROUND

Intermountain Health is a Utah-based, nonprofit hospital system that has received two awards through the Rural Communities Opioid Response Program (RCORP), an Implementation III grant and Psychostimulant Support I grant. Intermountain Health's RCORP programming includes substance use prevention, treatment, and recovery services in central Utah counties. Examples of RCORP services include medication treatment for opioid use disorder (MOUD) provided by a psychiatric nurse practitioner, a community health worker at the Sanpete County Jail helping inmates prepare for post-release recovery, primary prevention offered in coordination with the South Sanpete School District, and a medication disposal drop box.

Staff from the Health Resources & Services Administration (HRSA) requested a site visit with Intermountain Health to address a variety of issues. Specifically, the grantee had underspent funds, had talked about challenges in prior reporting, and had not provided a full picture of their work in prior reporting. In response, HRSA, technical assistance (TA) provider JBS International RCORP-TA, and Intermountain Health collaboratively developed the format and content of the visit.

Objectives for the site visit were to:

- Identify and understand how the grantee was using grant funds to address core elements of the Psychostimulant Support I and Implementation III grants, including prevention, treatment, and recovery.
- Identify TA needs and TA that could be delivered to address existing challenges with RCORP grants implementation, including peer support, Naloxone distribution, engaging clients in MOUD, and implementing evidence-based practices for psychostimulant use. Among these challenges were difficulties starting a peer support program, problems in the state of Utah with securing permission to distribute Naloxone, and challenges at Intermountain Health with starting MOUD.

To meet these objectives, the site visit was held April 18 to 20, 2023 at Intermountain Health and community sites in and near the town of Richfield in central Utah. Intermountain Health's two HRSA Project Officers (POs) attended, as did two JBS Technical Expert Leads (TEs) – the TE for the consortium and an additional TE invited to provide support on peer recovery issues. The site visit included an introduction to the Federal Office of Rural Health Policy's Rural Strategic Initiatives Division, an overview of the grant awards' terms and conditions, an introduction to the HRSA Office of Intergovernmental and External Affairs Region 8 staff, discussion with grants management specialist staff about financial management of the grant, an overview of Intermountain Health's organizational structure and community collaborations, and discussion of the lead grantee and consortium organizations' TA needs.

The site visit also included in-person visits to consortium organizations, including:

- Central Utah Counseling Center, which provides behavioral health services to central Utah and is in the process of starting mental health recovery housing.
- Sanpete County Jail, a regional, medium-security jail where an RCORP-funded community health worker connects inmates to counseling services and helps them prepare to re-enter the community after release.
- FourPoints Health, a Federally Qualified Health Center owned and operated by the Paiute Tribe that provides medical, dental, mental health, and substance use services.

Attendees included 5 staff members from Intermountain Health and 16 staff members from 9 consortium organizations under Intermountain Health's Implementation III and Psychostimulant Support I grant projects. Each consortium participant was from an organization involved in both grant projects.

This report describes site visit activities in further detail and presents the findings of an evaluation of TA provided, including what was effective and recommendations for improving future site visits.

METHODS

Two WWAMI Rural Health Research Center (RHRC) RCORP-TA Evaluation Team members attended the site visit to understand grant activities and inform our evaluation of site visits as a method of providing TA. Within approximately 4 weeks after the event, the team conducted 12 semi-structured interviews roughly 15 to 30 minutes in length with site visit attendees.

We interviewed four individuals from Intermountain Health, four individuals representing other consortium organizations, two JBS RCORP-TA TELs, and two HRSA POs. Interviewees were involved in implementing Psychostimulant Support I and Implementation III projects.

We conducted a thematic analysis of the semi-structured interviews (see the Technical Appendix for details), and this report describes the resulting themes.

FINDINGS

We present findings on connections that interviewees made with each other and what they learned during the site visit, activities interviewees considered or had undertaken as a result of the site visit and topics addressed, and interviewees' opinions about the site visit's format and facilitation.

Connecting and Learning at the Site Visit

During the site visit, interviewees gathered and learned from each other as shown in Table 1, which displays key themes and illustrative quotes. Connecting in person gave lead grantee and consortium organization members, TELs, and POs time for in-depth conversations about their RCORP efforts to learn about aspects of each other's work they had not known about before and become more comfortable working with each other. For example, PO and TEL interviewees reported learning about the lead grantee organization and consortium organization members' services as they talked and saw program worksites, and interviewees from the lead grantee and consortium organizations reported learning about each other as well. As TELs and POs provided TA, individuals from the lead grantee and consortium organizations learned that more TA would be available after the site visit not only to Intermountain Health but also to other consortium organizations. As a result, all interviewees had an expanded sense of what was possible through the Intermountain Health RCORP projects.

Table 1. How Lead Grantee and Consortium Organization, Technical Expert Lead (TEL), and Project Officer (PO) Interviewees Connected With and Learned from Each Other During the Intermountain Health Site Visit (April 18-20, 2023)

Themes	Illustrative quotes
Individuals from the lead grantee and consortium organizations connected in person with TELs and POs	<p><i>"Ofentimes, especially with Zoom, the technical assistance (TA) support is lovely, but ... when I get an email, it's like, 'Here's 30 links,' ... I'm not always gonna ... go through all those. And so instead [through the site visit] to have us speak in the same place and just have these long conversations about some creative ideas we can implement, that was huge and so helpful."</i></p> <p><i>"It's always just better to meet somebody. Then you feel more comfortable actually reaching out to them and collaborating on services."</i></p>
TELs and POs learned about lead grantee and consortium organizations' activities; lead grantee and consortium organization interviewees learned about each other	<p><i>"[I learned] how ... [the jail is] giving out the care packages ... when somebody leaves jail, ... providing them with some hygiene and a blanket and a few things that are necessary."</i></p>
Individuals from the lead grantee and consortium organizations received TA and learned about the range of available TA	<p><i>"There is way more TA help than we sometimes take advantage of."</i></p> <p><i>"[Intermountain Health staff learned at the site visit that] we don't need to get TA support and then train or connect to community partners; [they can get TA directly] ... And that I think is going to be a game-changer for us."</i></p>
All participants gained an expanded sense of what Rural Communities Opioid Response Program (RCORP) work was possible for Intermountain Health and the consortium	<p><i>"I learned that there are a lot of different ways to be able to accomplish something and a lot of ideas that could improve both the Implementation and Psychostimulant work ... that we had not thought about."</i></p> <p><i>"When we were there [at the jail] and ... [one of the visitors] was able to ask more serious questions [to the jail staff] ... it kind of got the ball rolling to change perspectives on [Naloxone distribution at the jail]."</i></p>

Examples of site visit activities were as follows:

- POs and TELs learned in more detail about challenges that Intermountain Health had identified and, in some cases, had addressed. For example, as a large, multi-hospital organization, Intermountain Health had a lengthy contracting process to secure MOUD services for the project. However, by the time of the site visit, a contract was in place and Intermountain Health had their first MOUD patient visits.
- At one of the consortium organization visits, the project's psychiatric nurse practitioner and FourPoints Health's Health Director were able to have a side discussion about initiating referrals between their organizations for MOUD.
- The project's community health worker at the Sanpete County Jail presented on successes serving inmates. Since July 2022, her presentation showed, community health work at the jail had produced a large and steady decrease in recidivism.

Interviewees commented that key site visit activities were long, in-person, group discussions, during which TELs and POs asked probing questions. One interviewee noted that, as outsiders to the scene, TELs and POs could ask about difficult topics such as Naloxone distribution that others could not as easily discuss due to community stigma.

Post-Site Visit Plans and Action

After the site visit, lead grantee and consortium organization interviewees considered and took action to address issues that they had raised during the event (Table 2). They planned future collaborations with each other, expanded reporting on program success, and planned for future TA. Lead grantee and consortium organization interviewees also negotiated relationships within and between their organizations to move RCORP work forward, eg, by negotiating referral arrangements.

Examples of planned RCORP work resulting from the site visit include:

- As a follow-up to a site visit conversation about stigmatizing language, Intermountain Health planned for their TEL to discuss stigmatizing language at an upcoming consortium meeting. After the planned consortium meeting, the lead grantee organization planned to approach a consortium organization member about changing some of their program's language to be more inclusive.
- As a result of the community health worker's presentation at the site visit, Intermountain Health added recidivism data to its program key performance indicators dashboard.

Table 2. Actions That Intermountain Health and Consortium Organization Interviewees Considered or Took After the Site Visit (April 18-20, 2023)

Themes	Illustrative quotes
Lead grantee planned shared work with consortium organizations	<i>"After we have that conversation about stigmatizing language [with our Technical Expert Lead (TEL) at an upcoming consortium meeting], we will have a conversation with [an individual from one of our consortium organizations] to see if they are willing to change the language [that they use that some people might find exclusionary]."</i>
Lead grantee organization expanded reporting on program success	<i>"We have an ongoing grants dashboard that ... [we update] every week. And after the site visit, we included a tile around that recidivism data [from the community health worker's successful jail work]."</i>
Lead grantee and consortium organizations planned for additional TA	<i>"[I plan to follow up with] the [lead organization grantee] team as far as what other [technical assistance (TA) is] available and how to access [it]..."</i> <i>"[We are going to] provide more trainings for our consortium [by inviting the TELs who were present at the site visit to consortium meetings] ... I feel like [having the TELs present will help us address] ... one of the hardest barriers we've faced, [which] is getting the consortium and community on board with ... these ideas that we have."</i>
Lead grantee and consortium organizations planned to negotiate relationships within and between their organizations to further Rural Communities Opioid Response Program (RCORP) project plans	<i>"It's always getting the buy-in, having a process, and the confidence [to make referrals] ... We were going to introduce our providers to [the lead grantee organization's medications for opioid use disorder (MOUD) provider]."</i>

To further detail the substance of site visit discussion, and to give a sense of follow-up on site visit objectives, we note substance use-related topics to be addressed based on site visit discussion. Table 3 shows a list of selected topics to be addressed, including those highlighted in site visit objectives and those that figured prominently in the qualitative data.

Table 3. Substance Use-Related Topics That the Intermountain Health Consortium Planned to Address Based on Site Visit Discussion (April 18-20, 2023)

Themes	Illustrative quotes
Engaging clients in medications for opioid use disorder (MOUD)	<i>"We've started talking with ... our providers ... of what that [referral to the lead organization's MOUD provider] might look like ..."</i>
Naloxone distribution	<i>"[The Technical Expert Lead (TEL)] was giving ... ideas of how [to distribute Naloxone] once [jail inmates] get out ... [To make those things happen, we'll have] a big meeting with the sheriff and the captain [to solicit their support]."</i>
Peer support	<i>"We're excited to start working with [another consortium member we met at the site visit, to provide peer support services]."</i>
Recovery	<i>"[The community health worker will be] checking in more with the individuals once they're released [from jail]. So, to set up different goals with them ... [that are] three months, six-month, nine-month, year-long."</i>
Stigma	<i>"We're going to have [the TEL] present on stigmatizing language [at our June consortium meeting]."</i>
Sustainability	<i>"We've got a sustainability meeting with [the jail's] grant writing team ... to ensure that ... this work doesn't end when the grant ends."</i>
Xylazine	<i>"[Due to the presentation on xylazine at the site visit, we are] thinking about maybe adding [xylazine] to some of our presentations ... with our participants."</i>

Appreciation of Site Visit Format and Facilitation and Recommendations for Site Visit Improvements

Lead grantee and consortium organization interviewees appreciated the format of the site visit, including presentations by HRSA, the grantee, and JBS RCORP-TA, as well as time for discussion and visits to consortium organizations providing services. Interviewees also appreciated the work of the TELs, including their expertise and supportive yet probing style of engagement (Table 4).

Table 4. Appreciating Event Format and Facilitation at the Intermountain Health Site Visit (April 18-20, 2023)

Themes	Illustrative quotes
Appreciating the site visit format	<i>"I think there was equal amounts of time allotted to Health Resources & Services Administration (HRSA) updates and also sharing what we've been working on [as a grantee], which I appreciated – it was collaborative in that way."</i>
Appreciating Technical Expert Leads' (TEL) knowledge and personal experience	<i>"[One TEL] understands what peer support is ... [and] is knowledgeable [on a personal level] about what [peers] do."</i> <i>"The knowledge that [the TELs] had on some of the stuff that we're working on was very beneficial."</i>
Appreciating TELs' support style	<i>"One thing that I really appreciated was the ways in which both [of the TELs] asked questions of our team and our community partners that force ... [us] to think differently... [and the TELs] ask questions in a way that is thoughtful and generates conversation and doesn't shut down conversation and allows us to think more broadly and differently about the topic was hugely helpful for me and my thinking."</i>

Interviewees proposed the following improvements to the site visit (numbers of interviewees giving each response are indicated in parentheses):

- Tell consortium organizations prior to the site visit that they will be offered TA at in-person visits to their organizations (two individuals), and solicit topics for that TA ahead of the event (one individual).
- Ensure more engagement with individuals representing consortium organizations, as few of them spoke in the all-consortium meeting (one individual).

DISCUSSION AND RECOMMENDATIONS

Discussion

The site visit brought individuals from the lead grantee and consortium organizations, TELs, and POs together in person, which allowed them to connect with each other and learn about each other's services, while also allowing TELs to offer TA. Among interviewees' principal takeaways from the site visit – whether from JBS, HRSA, or the grantee – was learning about features of each other's RCORP work that they had not known about before. TELs and POs learned about grantee activities, and individuals representing lead grantee and consortium organizations learned about each other's work as well as available TA. Interviewees also valued that the site visit allowed in-depth conversations about their RCORP work. As a result, the conversations among participants led to a broader sense of what work Intermountain Health and its consortium could accomplish through RCORP.

The site visit resulted in grantee plans and action to move RCORP work forward. These included plans between consortium organizations, expanded reporting on program progress by the lead grantee, lead grantee and consortium organization plans for future TA, and negotiation within and between grantee organizations (eg, about setting up referrals). Grantee plans and actions addressed several substance use-related topics, such as engaging clients in MOUD, peer support, and addressing stigma.

Grantee interviewees appreciated the format of the site visit, as well as the TELs' knowledge, personal experience, and thoughtful questions. At the same time, a few participants proposed improvements to the site visit, including knowing ahead of the event that TA would be offered to consortium organizations, being asked for input about topics for TA to be offered at the on-site visit to consortium organizations, and finding ways to engage more individuals representing consortium organizations in discussion.

These findings align with earlier WWAMI RHRC findings from the RCORP Kentucky Implementation II and III Grantees Regional Site Visit,¹ and with literature on TA effectiveness.² Both this site visit and the Kentucky site visit allowed participants to learn about each other's RCORP activities, to meet with each other, and to plan shared RCORP project work. Participants in both site visits also reported the power of meeting in person for fostering connections, building comfort in interaction, and motivating them to collaborate in the future. Further, our findings align with past research suggesting that on-site TA is valuable, as it allows tailored TA, creates space for candid, in-depth conversation, fosters shared connections, and motivates participants.² This research also finds that in-person site visits can be valuable because visitors, as outsiders to the sites they support, can address topics that insiders cannot always easily address. Such engagement may be particularly valuable for addressing stigma, a key challenge faced by this and other RCORP grantees.³ Taken together, these evaluations suggest that in-person site visits can be valuable for informing, coordinating, and galvanizing RCORP activities.

Our findings also suggest that site visits can be valuable for identifying promising practices. For example, the Sanpete County Jail community health worker program may be a promising practice for rural substance use recovery. This work has reduced recidivism at the jail from an average of approximately 30 individuals per month returning in July 2022 to an average of 4 individuals per month in May 2023. These findings are in line with other investigations of community health worker programs that find these efforts are cost-effective and increase access to care for marginalized populations and rural communities.^{4,5} Further study of the jail program could investigate its value in more detail.

Limitations

Grantee data were collected from eight individuals, whose views may not be representative of all consortium members' experiences.

Recommendations

Needed Technical Assistance

We recommend site visits or, when not possible, online introductory meetings early in each grantee's project period, with individuals from all consortium organizations, the JBS TEL, and the HRSA PO present. This meeting could introduce those present to each other and acquaint them with each other's services, facilitate connection, and serve as an opportunity to identify TA needs. We also recommend site visits held later in grantees' project periods to identify promising practices, and, if infrastructure does not exist already within JBS RCORP-TA for dissemination of promising practices among TELs and other key parties, creation of such infrastructure.

We recommend additional outreach to ensure that lead grantee and their consortium organizations know what TA is available and that TA can be provided directly to consortium organizations other than the lead grantee organization. This outreach could be provided at the site visits/online introductory visits recommended above. We also recommend informing consortium organizations that TA will be offered to them at site visits and soliciting topics for TA from them ahead of the event.

We recommend that JBS RCORP-TA consider providing TA to other grantees to replicate the Intermountain Health community health worker program at the Sanpete County Jail.

Data Collection

We recommend further investigation of the community health worker program at the Sanpete County Jail as a promising practice. As part of this effort, we recommend offering TA to Intermountain Health and the jail on data collection to ensure sound findings.

TECHNICAL APPENDIX

All interviews were audiorecorded and professionally transcribed. One analyst reviewed all transcripts to develop an initial codebook. A code (a word or short phrase) was assigned to segments of text to summarize or interpret them. The analyst grouped codes into themes, or key features of the data, with one or more codes describing an aspect of each theme. Next, a second analyst coded a subset of transcripts using the initial codebook and noted where changes to the coding scheme could ensure that the analysis provided a consistent representation of data. Analysis team members then discussed and resolved cases in which there was disagreement to ensure consistency and consensus. Finally, one analyst applied the final coding scheme to all the transcripts.

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