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**FOR IMMEDIATE RELEASE**

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## Northern Border Regional Commission Announces Partnership Awards in Healthcare

The Federal Office of Rural Health Policy (FORHP) has awarded the Rural Health Redesign Center Organization (RHRCO) a supplemental award in the amount of \$1,170,000 to support organizations across the Northern Border Region with focused one-year healthcare programming. In collaboration with the Northern Border Regional Commission (NBRC), this funding is being awarded to seven (7) organizations in Maine, New Hampshire, New York, and Vermont to support innovative programs designed to enhance healthcare services to rural residents in all four states. In alignment with the Rural Northern Border Region Healthcare Support Program, RHRCO will administer the funding and provide support to the awardees over the funding period from October 1, 2023, to September 29, 2024. The selected programs will address issues in OUD and SUD, leadership development, food insecurity, pediatric oral health, mobile integrated care, addressing health equity and enhancing access to primary care.

*"Access to health care, hunger and substance use disorder are some of the most pressing health challenges facing rural communities. Our work is centered on improving the quality of life for residents in the rural communities of Northern New England and New York and each of these projects will further that goal by addressing these community needs. We are proud to partner with the Health Resources Services Administration and the Rural Health Redesign Center Organization to make these investments of federal funds in our region,"* said Chris Saunders, Federal Co-Chair of the Northern Border Regional Commission.

One of the over-arching goals of this supplemental funding is to develop programs with the ability to create best practices and scalable solutions applicable across other rural communities in the NBRC region and beyond.

The RHRCO is delivering technical assistance (TA), through a three-year cooperative agreement from HRSA, to rural health care providers and organizations in the Northern Border Regional Commission (NBRC) geographic area.

The awardee organizations are:

**Maine:**

Community Care Partnership of Maine (CCPM)

Daniel Hanley Center for Health Leadership

**New Hampshire:**

Ammonoosuc Community Health Services

Mary Hitchcock Memorial Hospital

**New York:**

Canton-Potsdam Hospital

Fort Drum Regional Health Planning Organization

**Vermont:**

Brattleboro Memorial Hospital

**Community Care Partnership of Maine (CCPM) - \$182,453:** The Community Care Partnership of Maine (CCPM), will develop an extended-release buprenorphine implementation (ERB) learning community in partnership with the Schmidt Institute. The project aims to educate, mentor, and guide rural healthcare teams to implement ERB, an effective medication for opioid use disorder (OUD), with a focus on reducing administrative barriers particularly in areas highly affected by the opioid crisis. This initiative targets individuals with OUD at rural healthcare organizations who would benefit from ERB, particularly those with challenges like limited transportation, housing insecurity, homelessness, or co-morbid mental health disorders. Activities include engaging healthcare organizations, providing training and technical assistance, supporting establishment or expansion of ERB in their programs, and advocating for reduced barriers to ERB administration. CCPM will partner with the Schmidt Institute and rural healthcare member organizations in Maine to implement the ERB-ILC project.

***Daniel Hanley Center for Health Leadership - \$112,303:*** The Daniel Hanley Center for Health Leadership will provide customized leadership development training for rural physicians and advanced practice providers in Aroostook County, Maine. Through this training providers will gain the leadership and management skills necessary to address challenges like the state's substance use disorder (SUD) crisis, workforce shortages, and the implementation of new payment models. The 10-month, 40-hour curriculum will focus on leadership development, promoting health equity, performance improvement, planning initiatives, and assessing community needs. The program aims to prevent physician and provider burnout by offering tools for personal wellness and sustainability and reinvigorating their motivation for healthcare. This initiative will increase leadership capabilities in small, rural hospitals, helping them navigate post-pandemic challenges, such as workforce shortages and regulatory shifts. The center also considers this project to be scalable and plans to extend it to other rural hospitals and Federally Qualified Health Centers (FQHCs) across the northern border states in the future.

## **New Hampshire**

***Ammonoosuc Community Health Services (ACHS) - \$48,539:*** The ACHS Resilient American Community (RAC) Initiative aims to create hyperlocal community-based health hubs. The primary idea is to approach health and wellness as a co-creative process that addresses social determinants of health within local communities. The initiative, which includes the integration of Health Hubs in local libraries, received a total of \$1,066,354 from HRSA, FCC, and CDC to fund various aspects such as remote monitoring units, IT upgrades, health workers, and more. ACHS, founded in 1975 and operating as a Federally Qualified Health Center (FQHC) since 1994, serves about one-third of the residents in its 26-town service area. In addition to its five care delivery sites, ACHS has begun setting up RAC Health & Wellness hubs in local libraries, with special focus on ACHS – Warren and ACHS – Whitefield sites. Key outcomes include an increased understanding of healthy cooking, improved meal planning, reduced social isolation through community-based cooking classes, and an increased number of individuals who can cook healthy meals. The initiative collaborates with multiple organizations, including NH Hunger Solutions, Rochester Institute of Technology, local schools, NH Cooperative Extension, local libraries, food pantries, and Northern Vermont University.

***Mary Hitchcock Memorial Hospital - Center for Advancing Rural Health Equity - \$126,105:*** The Mary Hitchcock Memorial Hospital's Center for Advancing Rural Health Equity is partnering with various health departments and health consortiums in Vermont and New Hampshire to improve oral health care in five rural pediatric primary care practices. This project will involve training and capacity-building for these practices, enabling them to provide silver diamine fluoride (SDF) oral health care treatment for young children as a part of their routine care. The practices are in HRSA-defined rural counties and will include a mix of FQHCs and a practice specifically dedicated to children affected by substance misuse. A project manager and two Dental Health Professionals will be hired to help the practices assess current oral health practices, identify barriers to SDF, develop workflows for SDF integration, provide training, link providers to local dentists, and manage data for quality improvement. The project aims to address the existing gaps in rural oral health care, including limited fluoridation, a shortage of dental professionals, lack of care for Medicaid-enrolled children, low dental insurance rates, and easy transmission of bacteria causing cavities.

## **New York**

***Canton-Potsdam Hospital - \$133,600:*** Canton-Potsdam Hospital, part of the St. Lawrence Health System (SLH), will develop the Peer Support Net program aimed at enhancing access to healthcare, specifically in Behavioral Health/SUD, and improving recruitment and retention of peer recovery advocates. The program targets various demographics in underserved communities in St. Lawrence County, New York, providing them with essential non-clinical support services as part of their treatment or recovery plan. The project focuses on mental health/behavioral health/substance use and workforce recruitment and retention.

One of the challenges faced by the program is the low compensation for Certified Peer Recovery Advocates, which results in peers needing to take on additional jobs and personal costs. This leads to burnout, compassion fatigue, and hinders their professional development. To address these issues, the proposal includes ongoing training, additional compensation, and immediate funds to meet patients' immediate needs. The program's outcomes are twofold: improving retention and staff satisfaction and improving patient outcomes. SLH has collaborative service agreements with multiple SUD, medical, and mental healthcare providers to bolster its efforts.

***Fort Drum Regional Health Planning Organization (FDRHPO) - \$225,000:*** The Fort Drum Regional Health Planning Organization (FDRHPO) will collaborate with primary care and social service entities in the regional Independent Practice Association (IPA) to improve primary care access, patient experience, and address health equity issues. The proposed plan will involve workforce training and the implementation of patient-centered strategies. The main target population includes low-income, disabled, and elderly individuals, primarily those insured by Medicaid or Medicare, living in rural areas of Lewis and Saint Lawrence Counties and certain tracts in Jefferson County. The project will offer health literacy and cultural competency training to staff, work towards practice infrastructure improvements to accommodate more same day appointments and conduct standardized social determinant of health screenings. The project seeks to fill a gap in the region where there's a need to better equip primary, behavioral, and social care teams to work with low-income and special needs populations. Collaborating entities include hospitals like Carthage Area Hospital, Clifton Fine Hospital, Samaritan Medical Center, and organizations like North County Family Health Center, Credo Community Center, among others.

## Vermont

***Brattleboro Memorial Hospital - \$225,000:*** The Mobile Integrated Healthcare initiative (MIH) at Brattleboro Memorial Hospital (BMH) Orthopedics & Sports Medicine in rural Vermont is a new program aiming to provide better support and care to patients undergoing total joint replacement (TJR) surgeries. Given the transportation challenges, restrictions in health insurance coverage, and staff demands, patients often have pre-operative and post-operative needs that are inadequately met. By partnering with Rescue Inc., a local paramedicine service, MIH will train existing paramedics and technicians to provide consultations and evaluations either in-person or via telemedicine, available six hours a day, six days a week. This includes both scheduled and unscheduled home visits up to 30 days post-procedure. The goal of MIH is to improve patient outcomes, decrease hospital readmissions, improve patient experience, and reduce overall cost of care by facilitating recovery at home. The initiative also hopes to encourage hesitant patients to opt for necessary joint replacements, enhancing their overall health and quality of life.