

Workforce Plan
Rural Communities Opioid Response Planning – Southern New Mexico
04/02/2020

Grantee Organization	Southwest Center for Health Innovation	
Grant Number	G25RH33006	
Address	301 W. College Ave., Suite #5, Silver City, NM 88061	
Service Area	16 Rural Counties in Southern NM that include: Catron, Chaves, Cibola, De Baca, Eddy, Grant, Hidalgo, Lea, Lincoln, Luna, Otero, Roosevelt Sierra, Socorro, Torrance and Valencia	
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Workforce Strategic Plan

Assessment Summary (Briefly summarize the methodology/approach used to identify workforce gaps and needs, as well as relevant data.)

Issues/Gaps identified through qualitative data collection in assessment:

Resources and Compensation:

- Limited funding, high turn-over, poor compensation
- State run initiatives are limited in scope and 'what is allowed'
- Grant lead, poor opportunities for growth
- Few incentives such as student loan compensations

Training and education issues:

- Lack of adequate cross training across different substances, continuum of care
- General need for (sometimes thirst for) education in addiction science and research

Workload:

- Huge scope of work, danger of burnout
- Administration needs to respect caseloads, provide required mental health days, understanding possibility for violence, provide support groups and a channel to report problems
- Providers need support groups to share their experiences and grieve
- Workforce issues appear to vary considerably among counties
- 'Homegrown' can be a strength in one community and limitation in others.
- Peer supports don't have access to ongoing education
- Some participants reported that requirements for certified peer support workers are not rigorous enough; workers need more than 2 years of life experience with sobriety, with their specific community, and with clinic setting
- In rural areas, hard to find money for training; hard to find people "with the heart" to do training
- Entire staff (e.g., receptionists) need training on appropriate interactions, needs of people with OUD, people just getting out of jail
- Law enforcement/first responders lack knowledge about OUD – 'on the job' training, drug enforcement training lacks information about OUD.

Gaps in SUD workforce

- All of NM is a HRSA designated as a behavioral health professional shortage area.
- Less than 4% of substance use treatment providers surveyed reported that they practice in a FQHC. Less than 2% of all other licensed behavioral health providers were likely to practice in a FQHC. Independent practices, group practices or other locations is where they were most likely to practice.
- Aging BH Workforce – about a quarter of independently licensed psychotherapy providers and prescribers are at least 65 years of age.
- 2016 BH Workforce survey results show women far outnumber men and practitioners are primarily white, except for substance use providers.

- About 6 professionals per year receive the NM health service corps stipend. Of the 6, only 1 was a behavioral health professional (Nurse Practitioner-Psych)

Problem Statement (Concisely describe the priority problem based on the needs assessment.)

All of NM is a HRSA designated behavioral health professional shortage area and a health professional shortage area. Compared to the rest of the state, health professionals are particularly scarce in rural southern NM.

Major workforce problems for rural southern NM identified in the needs assessment include (1) the lack of prevention, treatment and recovery services for substance use disorder (SUD) and opioid use disorder (OUD) and (2) barriers to accessing services, particularly in remote areas of rural southern NM. Both problems are linked to workforce shortages and the insufficient training and knowledge on evidence-based practices for working with individuals with SUD/OUD and their families. Specific workforce issues include:

- According to a 2019 report by the U.S. Health and Human Services Office of Inspector General, rural and frontier counties in NM have fewer providers and prescribers per 1,000 Medicaid managed care enrollees and a significant number of NM behavioral health providers do not provide services to Medicaid managed care enrollees.¹ Statewide, the majority of prescribers and independently licensed behavioral health clinicians are working in private, independent practice locations rather than in public settings or larger group practices. Less than 4% of behavioral health care providers surveyed reported that they practice in a Federally Qualified Health Center (FQHC).² This is concerning because FQHCs are the primary—or in some cases the only—provider in rural counties. A lack of supervision opportunities can also contribute to this trend.
- NM has one of the fastest aging behavioral health workforce in the country; nearly one-third of New Mexico’s behavioral health prescribers are at least 65 years of age.³ Because of this, it is expected SUD/OUD provider shortages will only get worse.
- Independently licensed behavioral health professionals lack racial and cultural diversity. Statewide, nearly 50% of non-independently licensed psychotherapy providers are of Hispanic ethnicity, compared to 23% of independently licensed psychotherapy providers.⁴
- Persistent gaps in hiring (hiring, turn-over), unfilled positions and limited incentives for the behavioral health workforce (e.g. loan forgiveness programs, tax credits, and workplace policies and procedures to provide a work-life balance). Despite there being 89 National Health Service Corps sites in southern NM as of 2019 (primary and behavioral health), practices still experience frequent turnover, especially among behavioral health providers.

¹ Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico’s Medicaid Managed Care OEI-02-17-00490

² Farnbach Pearson AW, Reno JR, New Mexico Health Care Workforce Committee. 2017 Annual Report. Albuquerque NM: University of New Mexico Health Sciences Center, 2017.

³ Farnbach Pearson AW, Reno JR, New Mexico Health Care Workforce Committee. 2019 Annual Report. Albuquerque NM: University of New Mexico Health Sciences Center, 2019.

⁴ Ibid

- Of 92 MAT providers listed at NMopioidhub.com, only 14 are located in Southern NM.
- There is a lack of youth engagement and few youth organizations to engage, causing an over-reliance on schools in rural communities.
- There are few job opportunities for people in recovery to provide SUD/ODU care.
- Behavioral health service organizations face financial challenges due to billing and credentialing challenges. These challenges result in insufficient revenue to invest in retention and recruitment incentives, an increase in services and workplace preparedness for SUD/ODU services.

Workforce Objectives (Describe the professions, services, and/or competencies that will be prioritized as a result of your problem statement above.)

The Consortium and Community Advisory Group members identified two main priorities for workforce development: 1) Medication Assistance Treatment related services and 2) the development and employment of paraprofessionals. Specifically, we seek to:

- Increase the number of certified paraprofessionals employed in rural southern NM. Paraprofessionals are defined as non-clinical services providers that include: Certified Prevention Specialists (CPS), Peer Support Workers or Peer Support Specialists (PSWs/PSSs), Community Health Workers (CHW), Family Support Workers, Wraparound Facilitators, and Community Support Workers (CSW).
- Increase the number of paraprofessionals linked to MAT providers in rural southern NM
- Increase the number of MAT providers available in rural southern NM.
- Increase the number of MAT services billed in rural southern NM.
- Utilize and grow the number of National Health Service Corps recipients and sites providing SUD/ODU continuum of care services in rural southern NM.
- Ensure that paraprofessional core competencies are developed through professional development opportunities designed to achieve culturally, linguistically appropriate care for SUD clients and their communities. These opportunities may include training, technical assistance, and on the job training and support (e.g. internships/apprenticeships, coaching, mentoring, supervision).

Goal (State major changes that need to occur relative to the identified workforce objectives to address the problem.)

Increase the rural southern NM-serving workforce that meets community SUD/ODU prevention, harm reduction, treatment and recovery needs.

Strategies for recruiting and integrating additional SUD providers within the consortium.

Our 10-member Consortium is composed of system and policy level members including representatives from four state agencies, three universities, an association of behavioral health professionals, New Mexico’s public health institute and a research and evaluation organization. Most Consortium members do not recruit SUD providers directly. Rather, they have the power to influence the policies, incentives, and systems that support SUD recruitment and integration. Strategies include the following:

Recruitment of MAT providers:

- Improve the confidence of MAT providers and maximize the number patients served through academic detailing and peer learning opportunities.
- Prepare workplaces for the integration of MAT into treatment services and integrating MAT with behavioral health, social supports and other best practices and services.
- Work with communities and employers to reduce stigma through education and science,
- Outreach to community colleges, universities and other training institutions to recruit MAT providers. Introduce MAT into training classes, residencies and internships.
- Outreach to existing practitioners serving rural southern NM to introduce them to MAT and various roles and best practices served by a MAT treatment team.
- Market the value and impact of MAT services to provider organizations, individual providers and communities through informational presentations, webinars, social media and informational materials.
- Where appropriate, expand MAT services provided via telehealth. This will involve linking local rural provider organizations with MAT providers and providing appropriate client support and billing practices at the host organization site.

Recruitment of SUD paraprofessionals:

- Increase access to training opportunities by ensuring an adequate number of core competency courses and field experiences are offered throughout southern NM, including remote training opportunities. The consortium will work with Eastern NM University-Roswell, Western NM University, Project ECHO and other designated educational providers to improve remote educational opportunities that address core competencies and supplemental training. The consortium will also work with employers and educational institutions to create system to ensure meaningful internship/practicum experiences.
- Work with educational institutions and employers to ensure that paraprofessionals receive training and field experiences that prepare them to work successfully with individuals with SUD. Frameworks such as [Practice Facilitation](#) will be used to work with employers and educational providers to identify and apply best practices for on-the-job training, coaching and mentoring programs.
- Partner with current and potential employers to create sustainable, paid employment for SUD paraprofessionals.
- Partner with current and potential employers to design meaningful internship/ apprenticeship programs for students.
- Partner with employers and state agencies to ensure that billing and finance mechanisms can sustain SUD services and service providers.

Integration of SUD services:

- Match MAT providers with paraprofessionals who can provide support services to clients that may include care coordination, navigation, client advocacy, public assistance eligibility and enrollment, referral to community resources, etc.

- Using a practice transformation approach, provide technical assistance to SUD provider organizations to design an efficient and effective integrated care and team approach.

**Plans to train and retain new and existing SUD providers within the consortium
If applicable, a plan for identifying and obtaining eligibility for sites to place NHSC clinicians in future years.**

Most of our Consortium members do not directly employ SUD providers but they do have the power to influence the policies, incentives, and systems that support training and retention practices among SUD providers.

Training and retention strategies include:

- Ensuring an adequate workforce so that providers are not overwhelmed and overburdened. Our strategy includes promoting integrated teams that consist of both licensed clinicians and paraprofessionals and using telehealth for provider to provider consultation and peer learning.
- Ensuring quality and relevant supervision is important for both training and retention. As resources allow, the Consortium will review current supervision practices on rural southern NM for both licensed clinicians and paraprofessionals. One Consortium member, the University of NM (UNM), currently offers training and technical assistance to allow remote supervision to social workers seeking LISW licensure. We would like to see this program expanded. Since integration of paraprofessionals is new to many workplaces, we will begin by reviewing how paraprofessional supervision is implemented currently. Based on findings, we will work with appropriate boards, agencies and educational institutions to design and implement training and technical assistance on best practices for paraprofessional supervision.
- Healthy workplaces. A healthy work environment is important for retention. Information on best practices for healthy work places will be gathered, synthesized and disseminated via in-person presentations, social media, websites, blogs, etc.
- Provide one-on-one academic detailing to MAT providers. Training will include MAT best practices, tools and patient information. Providers will receive up to 5 Continuing Medical Education credits.
- Train SUD organizational providers on ways to maximize SUD billing per service and payer source (having adequate funding is key to resources for sufficient compensation).
- Partner with NM Primary Care Association and the New Mexico NHSC liaison to promote NHSC opportunities and sites for SUD clinicians.
- Partner with current and potential employers to create sustainable, paid employment for SUD paraprofessionals.
- Partner with employers and state agencies to ensure that billing and finance mechanisms can sustain SUD services and service providers.
- Provide training and technical assistance to SUD provider organizations on ways to create a supportive environment through continued professional development, peer support, supervision, etc.

Long-Term Outcome (Define the change you are seeking.)

In rural southern NM:

- Increased number of MAT and paraprofessional providers of SUD/OD services
- Increased number of key services (MAT) provided
- A learning community among SUD treatment/care providers is created and sustained.
- Established behavioral health pipelines and career pathways from secondary school to career, certification to educational degrees (e.g. Certificate > Associate Degree > Bachelor's Degree)
- Established *workplace* development programs for SUD/OD professionals and paraprofessionals that support positive experiences for students and early career professionals. Measures include the number of new preceptor, supervision, coaching, mentoring, apprenticeship and peer learning programs.)
- Increase the number of paraprofessionals who are employed to provide SUE/OD services
- Increased number of providers who bill Medicaid for SUD/OD services.
- Increased number of SUD/OD services billed to Medicaid.

Long-Term Outcome Indicators (List the numeric or measurable indicators that will demonstrate you are making progress toward your goal.)

- Increase in the number of MAT providers with waivers (826 currently in NM, only 31 in SNM);
- Increase the number of patients served per MAT provider in southern NM.
- Increase the number of certified and employed paraprofessionals in six SUD/OD categories.
- Increase the number of SUD/OD services billed to Medicaid that are provided in rural southern NM.

Below is a three year work plan outlining specific goals, objectives, strategies and activities that will guide implementation and monitoring of SUD/ODU workforce development for rural Southern New Mexico.

Goal: Increase the southern NM-serving <u>workforce</u> that meets community SUD/ODU prevention, harm reduction, treatment and recovery needs.						
Objective 1: By 2023, increase the number of MAT services provided in Southern NM by 30%, including MAT services provided via Telehealth.						
Strategy 1A: Increase # providers trained in MAT (including bilingual/Spanish-speaking)						
Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Increase opportunities to give/receive MAT training in rural, Southern NM areas (work w/Project ECHO)	July 2020	Dec 2023	CHI Project ECHO	Project ECHO	Project ECHO resources	# of new ECHO training sites and providers receiving remote MAT training in rural Southern NM
Provide rural, Southern NM communities with updates regarding the impact that MAT providers are making.	July 2020	Dec 2023	CHI NMDOH – Health Promotion	NMAHC	HRSA	Social media metrics
Recruit new MAT treatment team providers through outreach to existing providers serving rural southern NM through presentations, social media, informational materials, webinars, etc.	July 2020	Dec 2023	CHI HSD DOH DWS	Clinics	TBD	# of presentations Social media metrics Informational materials disseminated
Recruit new MAT treatment team providers via outreach to students, residents, AHECs and educational institutions through presentations, social media, informational materials, webinars, etc.	July 2020	Dec 2023	CHI/AHECs DOH DWS	Educational Institutions	TBD	# of presentations Social media metrics Informational materials disseminated
Anti-stigma education/ information for current or potential MAT providers. Webinar and presentations to disseminate information	Jan 2021	4 x per year	NMABHP DOH	NMPCA NMHA	Existing anti-stigma campaigns (e.g. HSD), NMABHP video	# of webinars # of presentations # of MAT participants
Develop and implement a plan to increase # of rural Southern NM sites to place NHSC clinicians who are MAT certified	Sep 2020	Ongoing	CHI	NM Health Services NMPCA	TBD	Monitor # of sites, number and type of MAT certified providers per site (by FTE).

Strategy 1B: Increase by 10% the number of clinics that provide MAT via telehealth.						
Research and document NM and federal regulations, laws, billing and other practices for providing MAT via telehealth.	Nov 2020	Jan 2021	CHI DOH HSD	N/A	TBD	Report
Educate clinics and practitioners on MAT telehealth practices (licensing, credentialing, billing, prescribing, coordination b/w primary care and behavioral health care, access to medical interpreters, etc.)	Feb 2021	Sept 2023	NMABHP DOH HSD UNM	Project ECHO	TBD	Curriculum developed Training log with sessions, location, participants, etc.
Build capacity for TA using principles of practice transformation to assist clinics to become high performing telehealth providers.	July 2021	Dec 2021	CHI NMABHP	N/A	TBD	Practice transformation specialists identified and contracted
Provide training and TA to clinics with low telehealth utilization.	Jan 2022	Dec 2022	NMABHP CHI	NMPCA	TBD	Telehealth utilization and billing rates pre and post training % of identified clinics who receive training
Strategy 1C: Provide Academic Detailing (1:1 professional development on best practices for MAT.						
Confirm clinical team	Sep 2020	Sep 2020	CHI	Clinical Team	DOH	Contracts
Develop and improve curriculum	Oct 2020	Dev by Dec 2020 Updates-ongoing	CHI DOH	- Clinical Team - Content Experts	DOH	Curriculum and training tools developed for use in English and Spanish
Train Detailers	Dec 2020	annually	CHI DOH	Detailers Clinical Team	DOH	# of detailers trained
Market services	Dec 2020	ongoing	CHI DOH	NA	DOH	# of southern NM prescribers who receive promotional materials and/or invitation to participate in AD
Implement services	Jan 2021	ongoing	CHI DOH	Providers Detailers	DOH	# of southern NM prescribers who receive AD training and CME certificates,
Evaluate services	Jan 2021	Quarterly	CHI DOH PIRE		DOH	Post training assessment & change in prescribing practices (individual & practice-level) at follow-up intervals Fidelity checks for curriculum.

Objective #2 By 2023, increase the number and type of effective, culturally responsive and local OUD-related services provided by paraprofessional (non-licensed provider) in rural southern NM.

Strategy 2A: Increase number of paraprofessionals available to provide recovery support at local level. [Note: Paraprofessionals are defined as individuals who are likely to work with individuals with SUD and are trained and certified by a state agency or licensing board. Paraprofessionals do not have a clinical license and include Certified Prevention Specialists (CPS), Peer Support Workers or Peer Support Specialists (PSWs/PSSs), Community Health Workers (CHW), Family Support Workers, Wraparound Facilitators, Community Support Workers (CSW).

Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Determine # of paraprofessionals (PP) certified and employed in Southern NM.	Mar 2020	Aug 2020	CHI PIRE	Licensing Boards or Agencies, Education Providers	RCORP Planning Grant	PP monitoring tool
Create a matrix showing required core competencies, training hours, field hours and other requirements for each PP. Identify “Core” requirements common to all professions.	Mar 2020	Aug 2020	CHI PIRE	Licensing Boards or Agencies, Education Providers	RCORP Planning Grant	PP monitoring tool Report on findings
Assess existing training, education and other support services available to paraprofessionals and method of delivery.	Mar 2020	Aug 2020	CHI PIRE	Licensing Boards or Agencies, Education Providers	RCORP Planning Grant	Report on type, location, method (remote vs in-person), cost and duration of training opportunities
Develop and disseminate a training series specific to SUD evidence-based or best practices that align with paraprofessional core competencies. The training series might include: OUD harm reduction strategies, for naloxone use, reducing stigma, etc.	May 2021	June 2021	CHI	Project ECHO Content Experts	Education Providers	Training topics, location, # of participants, training evaluations, # of CEUs towards competencies.
Expand PP training opportunities by addressing cost and increasing # of online and self-paced trainings.	July 2021	Aug 2021	TBD	Education providers	TBD	Training registration, cost, # of participants, training evaluations, # of CEUs towards competencies.

Using a practice facilitation approach, provide training and TA to increase workplace preparedness for employment of paraprofessionals through training offerings on: value/ROI of paraprofessionals, team integration, billing for paraprofessional services, employer mentoring programs, employer apprenticeship programs and supervision. [NOTE: see DOL Apprenticeship Toolkit for specific actions]	Jan 2021	Aug 2023	CHI HSD/BHSD UNM ENMU DWS	SUD providers	RCORP Implementation DWS DOL Apprenticeship funding	# of trainings offered, # training participants, # of individuals mentored or receiving on the job training. # of employers increasing FTEs for paraprofessionals
Develop & implement recruitment plan for apprentices	Nov 2020	May 2023	CHI	Students Educational Institutions AHECs Employers	AHEC RCORP Implementation DWS DOL Apprenticeship funding	Written plan with timeline; # of southern NM workers recruited as apprentices
Develop OUD/SUD sector strategy to prioritize & incentivize paraprofessional careers; Tie healthcare job opportunities and apprenticeships to strategy.	Jan 2021	Sep 2023	DWS CHI	Students Educational Institutions Employers	DWS DOL Apprenticeship funding	# of southern NM employers hiring apprentices & paraprofessionals