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RCORP Grantees' Sustained Challenges, Technical Assistance Needs, and Technical Assistance Provided: A Review of the September 2022 Request for Information

KEY FINDINGS AND RECOMMENDATIONS

Key Findings

The following key findings and recommendations are based on an analysis of the challenges and technical assistance (TA) needs reported by Rural Communities Opioid Response Program (RCORP) grantees in a Request for Information (RFI) in September 2022. The data presented in this report primarily come from the most recent administration of the RFI in September 2022 (which covers the period March 1, 2022 – August 31, 2022). The report also includes data from three previous administrations of the RFI, spanning the period from March 1, 2021 through February 28, 2022, to examine challenges that have continued over time. We also used data from the JBS International RCORP-TA Tracker to assess the topics of TA provided to RCORP grantees from September 1, 2021 through August 31, 2022.

Key findings are as follows:

- The top three major challenges for grantees from March through August 2022 were workforce (57.5%, n=165), stigma (48.3%, n=140), and availability of mental health treatment (45.7%, n=128). More than half of Implementation I grantees (54.7%, n=41) reported COVID-19 as a major challenge, compared to less than one-third of all grantees (30.7%, n=88). COVID-19 (39.6%, n=118) was the most frequently cited top three challenge for grantees during the prior reporting period (September 2021 through February 2022), which indicates challenges with COVID-19 decreased in importance for all cohorts, except for Implementation I grantees.

- Grantees commented that burnout, staffing shortages, and inadequate compensation had detrimental impacts on the workforce.

- Grantees' comments revealed values/belief systems, law enforcement, health care providers, and stigmatizing language contributed to their stigma challenges.

- Billing and coding challenges for grantees included administrative problems, lack of training, and difficulties with billing and coding for the compensation of community health workers and peer support specialists.

- Grantees cited many RFI topics as major and minor challenges. Grantees tended to report diverse rather than common TA needs in that no more than one-fifth of grantees reported wanting TA on any one RFI topic. Workforce (17.1%, n=35), stigma (15.1%, n=31), and billing and coding (18.4%, n=38) were the top three areas where grantees reported wanting TA, unchanged from the previous reporting period.

- The JBS RCORP-TA Team provided 122 TA events that covered multiple different topic areas. Grantees had the opportunity to attend various TA sessions where they could engage with their peers, receive targeted assistance, and participate in webinars and other learning opportunities. There was just one TA event covering the topic of stigma and none covering the availability of mental health treatment.

Implications and Recommendations

- The diverse challenges grantees reported validate JBS's longstanding approach of providing TA offerings that address a variety of needs in multiple modalities at varying degrees of intensity, and JBS should continue this approach.
- We recommend considering grantee comments from open-ended responses when designing and scheduling TA events for grantees. Grantees described common themes relating to workforce, stigma, and billing and coding that can inform the development of TA events that are tailored to grantees' needs.
- Further investigation is needed to understand why relatively few grantees report wanting TA on topics they report as major and minor challenges. Workforce and stigma were cited as major or minor challenges by nearly 90% of grantees, but only 20.1% (n=60) and 14.4% (n=43) of grantees whose grant was not ending (n=205) reported wanting TA on those topics, respectively.
- We recommend conducting further evaluation to determine if there are methods to effectively provide group TA on billing and coding that can assist more grantees. Because targeted billing and coding trainings are provided to one grantee at a time, it is worthwhile to explore the effectiveness of billing and coding learning collaboratives, or other events aimed at assisting multiple grantees.

PURPOSE

The purpose of this report is to identify the challenges and technical assistance (TA) needs reported by Rural Communities Opioid Response Program (RCORP) grantees from March 1, 2022 – August 31, 2022, as well as prior reporting periods, and compare reported needs with the TA provided to grantees from September 1, 2021 – August 31, 2022. This analysis will aid in understanding the extent to which TA appears to be addressing grantees' challenges and TA needs.

METHODS

Data Sources

Request for Information (RFI). The Health Resources & Services Administration (HRSA) administered the Request for Information (RFI) to RCORP grantees in September 2022 for the reporting period of March 1, 2022 – August 31, 2022. Respondents included grantees from Implementation I, Implementation II, Implementation III, Medication-Assisted Treatment (MAT) Expansion, Neonatal Abstinence Syndrome (NAS), and Psychostimulant Support I RCORP cohorts. Grantees were asked the following questions:

1. Please indicate the extent to which each of the following has been a challenge during the current reporting period.

   a. Major challenge
   b. Minor challenge
   c. Not a challenge
   d. Not applicable/don't know

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[For Implementation II, Implementation III, Neonatal Abstinence Syndrome, and Psychostimulant Support I Grantees only]

If selected as major or minor challenge:

Is this a challenge that you would like targeted technical assistance to help address?

　　2. Of the challenges specified, please choose three from the list below to describe in more detail.

Questions from previous iterations of the RFI (June 2021, September 2021, and March 2022) included the following:

　　1. Please select the top three areas where you feel you've had challenges during the current reporting period.
　　2. Please select up to three areas where you are anticipating having challenges and/or needing targeted technical assistance in the future.

RCORP-TA Activities Worksheet. These data captured TA that was provided to more than one grantee or to a specific cohort of grantees (group TA) from September 1, 2021 – August 31, 2022.

Table 1. RCORP Grantees Request for Information (RFI) Administration by Reporting Period

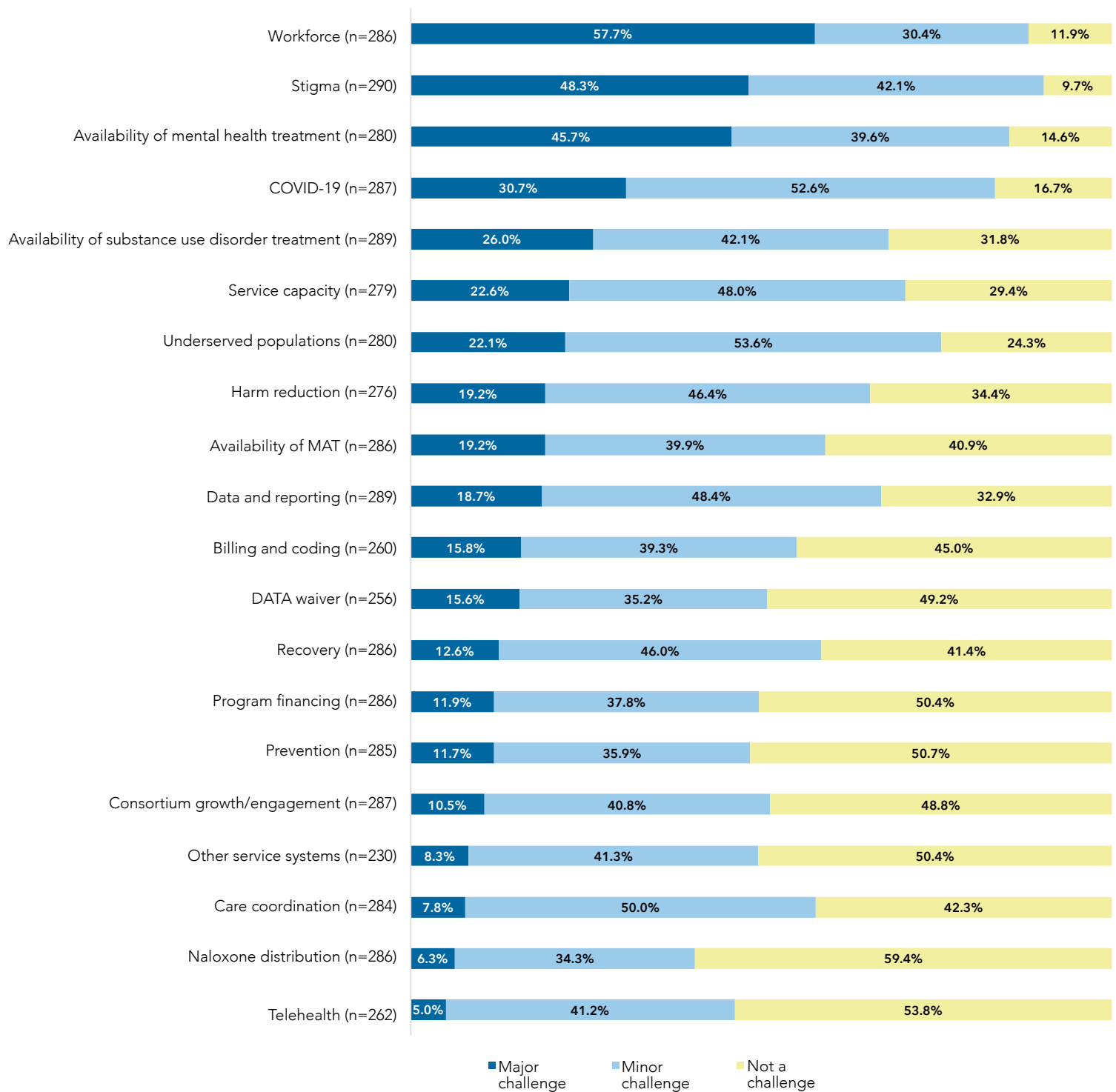| Cohort	June 2021	Sept. 2021	March 2022	Sept. 2022
Implementation I (n=80)	√	√	√	√
Implementation II (n=91)	√	√	√	√
Implementation III (n=78)			√	√
Medication-Assisted Treatment (n=12)	√	√	√	√
Neonatal Abstinence Syndrome (n=30)		√	√	√
Psychostimulant Support I (n=15)			√	√

Analysis

We computed descriptive statistics for all grantees and by cohort. We performed thematic analysis of open-ended questions. We used chi-square tests to determine differences in reporting of major challenges between cohorts.

FINDINGS

Challenges Reported by Topic

Figure 1 highlights the challenges reported by RCORP grantees from all cohorts in September 2022, listed in descending order by the percent of grantees reporting each topic as a major challenge. Workforce, stigma, and availability of mental health treatment were major challenges for nearly half or more than half of grantees and were a reported challenge for more than three-quarters of grantees. Table 2 shows the three most frequently reported major challenges by cohort. More than half of Implementation I grantees (54.7%, n=41), reported COVID-19 as a major challenge, compared to less than one-third of all grantees (30.7%, n=88). There were no statistically significant differences between cohorts for any other frequently cited major challenges. Availability of mental health treatment was queried for the first time on the September 2022 RFI, so there are no prior data available for comparison.

Figure 1. RCORP Grantees* Challenges from the September 2022 Request for Information (RFI) Reporting Period (March 1, 2022 – August 31, 2022)

Challenge	Major challenge	Minor challenge	Not a challenge
Workforce (n=286)	57.7%	30.4%	11.9%
Stigma (n=290)	48.3%	42.1%	9.7%
Availability of mental health treatment (n=280)	45.7%	39.6%	14.6%
COVID-19 (n=287)	30.7%	52.6%	16.7%
Availability of substance use disorder treatment (n=289)	26.0%	42.1%	31.8%
Service capacity (n=279)	22.6%	48.0%	29.4%
Underserved populations (n=280)	22.1%	53.6%	24.3%
Harm reduction (n=276)	19.2%	46.4%	34.4%
Availability of MAT (n=286)	19.2%	39.9%	40.9%
Data and reporting (n=289)	18.7%	48.4%	32.9%
Billing and coding (n=260)	15.8%	39.3%	45.0%
DATA waiver (n=256)	15.6%	35.2%	49.2%
Recovery (n=286)	12.6%	46.0%	41.4%
Program financing (n=286)	11.9%	37.8%	50.4%
Prevention (n=285)	11.7%	35.9%	50.7%
Consortium growth/engagement (n=287)	10.5%	40.8%	48.8%
Other service systems (n=230)	8.3%	41.3%	50.4%
Care coordination (n=284)	7.8%	50.0%	42.3%
Naloxone distribution (n=286)	6.3%	34.3%	59.4%
Telehealth (n=262)	5.0%	41.2%	53.8%

*Numbers represent the number of grantees who provided an answer other than not applicable.

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Table 2. RCORP Grantees' Three Most Frequently Reported Major Challenges by Cohort from the September 2022 Request for Information (RFI) Reporting Period (March 1, 2022 – August 31, 2022)

Cohort*	Most frequently reported	Second most frequently reported	Third most frequently reported
Implementation I (n=75)	Workforce 64.0%, n=48	COVID-19** 54.7%, n=41	Stigma 49.3%, n=37
Implementation II (n=85)	Workforce 54.1%, n=46	Availability of mental health treatment 44.7%, n=38	Stigma 42.4%, n = 36
Implementation III (n=75)	Workforce 49.3%, n=37	Stigma 48.0%, n=36	Availability of mental health treatment 34.7%, n=26
MAT† (n=10)	Availability of mental health treatment 70.0%, n=7	Stigma 40.0%, n=4 / Workforce 40.0%, n=4	
NAS†† (n=30)	Workforce 73.3%, n=22	Stigma 66.7%, n=20	Availability of mental health treatment 46.7%, n=14
Psychostimulant Support I (n=15)	Availability of mental health treatment 60.0%, n=9	Workforce 53.3%, n=8	Stigma 46.7%, n=7
All grantees (n=298)	Workforce 56.9%, n=165	Stigma 48.3%, n=140	Availability of mental health treatment 44.1%, n=128

*Cohort numbers represent all grantees who responded to the RFI.
**$P<0.001$. There were statistically significant differences in the frequencies of grantees reporting COVID-19 as a major challenge using a chi-square test. There were no other statistically significant differences between cohorts.
†Medication-Assisted Treatment Expansion.
††Neonatal Abstinence Syndrome.

Sustained Challenges Reported by Topic

Table 3 displays a subset of grantees' top three reported challenges that were consistently among the most frequently cited from the March 2022, September 2021, and June 2021 reporting periods. Several grantees cited challenges with workforce, stigma, data and reporting, and COVID-19 across multiple reporting periods. COVID-19 as a top three challenge dropped more than 20% from September 2021 to March 2022. Challenges related to workforce – hiring/recruitment increased 10% from September 2021 to March 2022, and approximately 20% of grantees reported workforce – hiring/recruitment as a challenge two or more times across prior reporting periods, indicating this was a persistent challenge for a significant number of grantees. Stigma and data and reporting showed little change in percentages of being a top three challenge across June 2021, September 2021, and March 2022.

Workforce - hiring/recruitment, stigma, and data and reporting were a top three challenge for over one-third of grantees at least once across prior reporting periods. COVID-19 was a top three challenge for nearly two-thirds of grantees at least once across prior reporting periods. Data and reporting and stigma were reported as a top three challenge by approximately 20% of grantees at least twice, and COVID-19 was selected as a top three challenge two or more times by 44.8% of grantees.

Table 3. Top Three Challenges Reported by RCORP Cohort from the March 2022*, September 2021, and June 2021† Request for Information (RFI) Reporting Periods**

	June 2021	Sept. 2021	March 2022	Selected 1x	Selected 2x	Selected 3x	Unique grantees
# of grantees	173	211	298	--	--	--	302
COVID-19	37.6% (n=65)	61.6% (n=130)	39.6% (n=118)	34.3% (n=104)	30.0% (n=64)	14.8% (n=27)	64.6% (n=195)
Data and reporting	23.7% (n=41)	24.6% (n=52)	20.8% (n=62)	23.2% (n=70)	12.2% (n=26)	6.0% (n=11)	35.4% (n=107)
Stigma	23.7% (n=41)	18.5% (n=39)	22.5% (n=67)	24.5% (n=74)	10.8% (n=23)	4.9% (n=9)	35.1% (n=106)
Workforce – retention	12.1% (n=21)	11.6% (n=25)	11.1% (n=33)	14.6% (n=44)	6.1% (n=13)	1.6% (n=3)	19.9% (n=60)
Workforce – hiring/recruitment	26.0% (n=45)	21.1% (n=53)	31.2% (n=93)	30.8% (n=93)	11.7% (n=25)	8.7% (n=16)	44.4% (n=134)

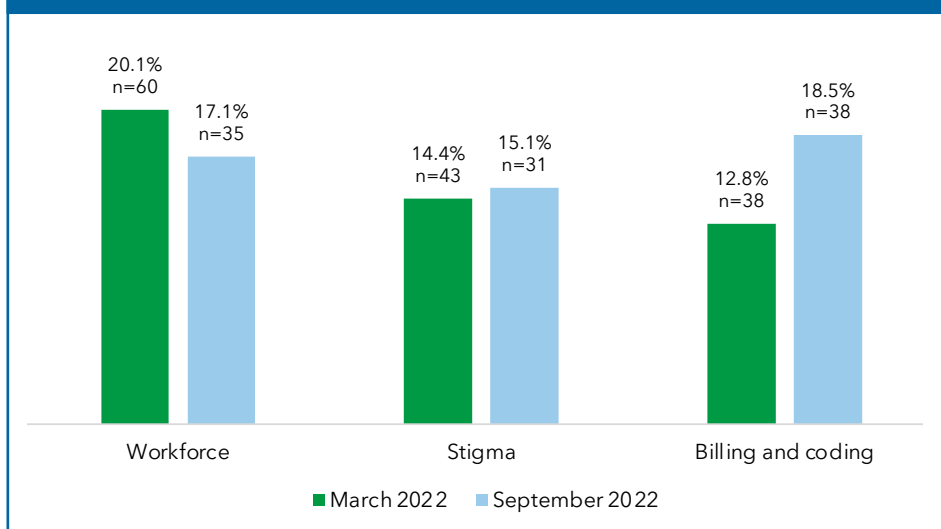*March 2022 reporting period (September 1, 2021 – February 28, 2022).
**September 2021 reporting period (June 1, 2021 – August 31, 2021).
†June 2021 reporting period (March 1, 2021 – May 31, 2021).

TA Needs

Grantees whose funding continued at the end of the 2021-2022 year reported on areas they would like targeted TA in the September 2022 RFI. Data from this question were compared to data from the March 2022 RFI, where grantees were asked to select up to three areas where they had anticipated challenges/TA needs. Figure 2 highlights the top three RFI topics where grantees reported wanting TA in both the March 2022 and September 2022 RFI. Topics remained the same across the two reporting periods, but there were slight changes in the percentages of grantees reporting the need for TA. Workforce was the only category where there was a decrease in the percentage of grantees who reported wanting TA. Stigma saw an increase of less than one percent, and billing and coding increased by 5.7%.

Figure 2. RCORP Grantees Technical Assistance (TA) Needs from the March 2022 and September 2022 Request for Information (RFI)

Workforce: 20.1% n=60 (March 2022), 17.1% n=35 (September 2022)
Stigma: 14.4% n=43 (March 2022), 15.1% n=31 (September 2022)
Billing and coding: 12.8% n=38 (March 2022), 18.5% n=38 (September 2022)

■ March 2022 ■ September 2022

Thematic Analysis of Grantees' Reported Challenges

Grantees were asked to choose three RFI topics to expand upon their challenges through open-ended questions. To further understand grantees' challenges and TA needs, we performed thematic analysis of the answers from grantees who 1) chose to expand on challenges related to the RFI topics of billing and coding, workforce, and stigma, and 2) indicated they would like TA on these topics.

Billing and Coding

Seventeen grantees who reported wanting TA related to billing and coding wrote about related challenges. Challenges related to lack of training, difficulties with billing and coding for the compensation of community health workers and peer support specialists, service sustainability, federal and state regulations, and administrative issues like prior authorization and paperwork.

> "To use a metaphor--when you are in the middle of putting out a fire, you don't have time to stop and ask 'am I doing this the best possible way?' The same is true for rural providers where often people serve in multiple roles as clinician-administrators. There isn't the time or resources to research what is missing or could be done differently to get paid more for services. You do what you know how to do and hope for the best."– Implementation II Grantee

Table 4. RCORP Grantees' Billing and Coding Challenges Themes from the September 2022 Request for Information (RFI)

Theme	Select respondent comments
Lack of training	"Even if all of the technical assistance information is out there somewhere--there isn't time to find it and fully understand it, especially if coding and billing is not an area of expertise." – Implementation II Grantee
Laws and regulations	"We are working on putting together a manual for our sites around CMS billing and coding. Since our sites are in [four different states] it is difficult for us to help them navigate their local laws/regulations." – Implementation III Grantee
Administrative issues	"When a bed is available [in a treatment center], we only have 1 day to get the client to the facility. However, because these services are considered non-emergent, we must seek prior authorization or we cannot bill for the service." – Implementation II Grantee
Difficulties with billing and coding for community health workers and peer support specialists	"We cannot bill for codes related to social determinants of health. For instance, we have a code for 'lack of transportation' but we are unable to bill for the time we spend on problem-solving with patients around these issues. This impacts the ability to demonstrate a clear financial ROI for our Community Health Workers (CHWs) who help our patients with social determinants of health. We depend highly on our CHWs, but without the ability to bill for their services, it can be challenging to advocate for having them to our institution." – NAS and Implementation III Grantee
Billing and coding for sustainability	"I would like to better educate and understand UR [utilization review] as a leader, so in the future, I can train/coach UR staff to optimize reimbursement for sustainability purposes." – Implementation III Grantee

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Workforce

Twenty grantees who reported wanting workforce TA expanded upon their challenges, including burnout, recruitment/hiring, retention, compensation, and health workforce shortages. They specifically highlighted difficulties hiring peer support specialists.

> "We would welcome additional insights about how other states and locales are addressing the rural workforce shortages in their rural communities, and in the SUD field overall." – Implementation III Grantee

Table 5. RCORP Grantees' Workforce Challenges from the September 2022 Request for Information (RFI)

Theme	Select respondent comments
Staff burnout	"Workforce continues to be a challenge as the pandemic and other factors are causing individuals to 'burn-out' With the rising need of service providers and the willingness diminishing we are faced with a huge challenge of not losing more." – Implementation III Grantee
Recruitment/hiring	"One issue is that rates of pay are increasing steadily, and we are competing with more wealthy metropolitan areas which are offering higher salaries." – Implementation II Grantee
Retention	"…there is regular turnover due to compensation levels and staff satisfaction." – Implementation II Grantee
Difficulty providing competitive compensation	"Workforce issues remain a challenge for identifying reimbursable qualified staff to work in rural clinics. Licensed professionals often make higher salaries in larger cities or in private practices." – Implementation II Grantee
Difficulty hiring peer support specialists	"It has been difficult to hire people in recovery who are both stable enough to work as peer advocates and who also are not prevented from being employed directly by some of our partners because of background checks that screen them out precisely for [qualities] (involvement with Child Protective Services, felonies) that we want and need in peers." – NAS Grantee
Shortage of healthcare professionals	"Since Covid-19, we have had increasing problems recruiting and retaining frontline staff, including psychiatric providers and behavioral health professionals." – Implementation II Grantee

Stigma

Of the 35 grantees who indicated they would like TA on the topic of stigma, 13 described their challenges, mentioning community beliefs/values, stigma within law enforcement/the justice system, stigma from healthcare providers/systems, opposition to various interventions (eg, MAT, MOUD, naloxone, and needle exchanges), and the use of stigmatizing language.

> "…we have had difficulty communicating effectively with our service population and we feel that this is related to stigma. The messages are seen, but not effective at reaching and impacting the population. There is a deeply engrained stigma around substance use in these rural communities which drives a lot of the ineffectiveness around addressing the issue."
> – Implementation II Grantee

Table 6. RCORP Grantees' Stigma Challenges from the September 2022 Request for Information (RFI)

Theme	Select respondent comments
Community beliefs/values contributing to stigma	"The service area is considered part of the nation's 'bible belt' and commonly found familial values strongly oppose harm reduction techniques and acknowledging SUD/OUD as a disease." – Implementation III Grantee
Stigma within law enforcement/the justice system	"…we are generally behind in our law enforcement and drug courts on acceptance of MOUD." – Implementation III Grantee
Stigma from healthcare providers/systems	"Some healthcare providers refuse to do MAT simply because they do not [want] 'those types of people' going into their offices." – Implementation II Grantee
Opposition to interventions – MAT, MOUD, naloxone, syringe exchanges	"Stigma prevents fully productive conversations because certain evidence-based solutions (MAT, Naloxone, syringe exchanges) can be rejected by others if they are perceived as 'enabling.'" – Implementation III Grantee
Stigmatizing language	"Even state level organizations and congress committees who use stigmatizing language are still named things like 'Substance Abuse Committee.'" – Implementation III Grantee

TA Events Offered from September 1, 2021 to August 31, 2022

One hundred twenty-two events were logged in the JBS International RCORP-TA Tracker from September 1, 2021 to August 31, 2022. As shown in Figure 3, the JBS RCORP-TA team provided 17 site visits, and 21 targeted billing and coding trainings, which combined made up 31.1% (n=38) of the TA tracked in the RCORP-TA tracker. It is possible that site visits cover various RFI topics, but for the purpose of this report we have listed their topic as unknown. Aside from two peer-to-peer calls covering the topics of contingency management and data and reporting, there was no indication that any other peer-to-peer calls definitively matched an RFI topic. Webinars and learning collaboratives covered a variety of topics. Table 7 shows a list of some of the titles of webinars and learning collaborative sessions. Table 8 shows the topics (both RFI and non-RFI) covered by group TA events.

Figure 3. Percentages of Group Technical Assistance (TA) Offerings by TA Type from September 1, 2021 – August 31, 2022
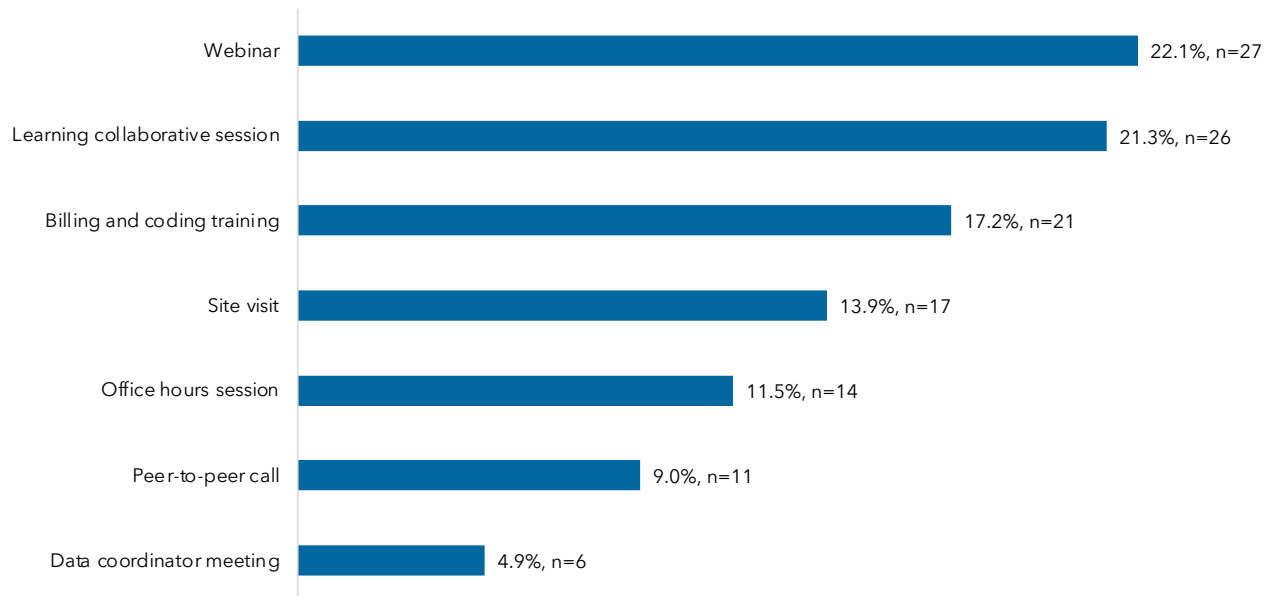
TA Type	Percentage
Webinar	22.1%, n=27
Learning collaborative session	21.3%, n=26
Billing and coding training	17.2%, n=21
Site visit	13.9%, n=17
Office hours session	11.5%, n=14
Peer-to-peer call	9.0%, n=11
Data coordinator meeting	4.9%, n=6

Table 7. Select Webinar and Learning Collaborative Titles from September 1, 2021 – August 31, 2022 RCORP-TA Programming

- Adolescent Learning Collaborative: Adolescent Recovery Supports
- Data Learning Collaborative Sessions: Engaging Partners with Data
- Fair Chance Hiring: How to Hire People with Criminal Records Webinar
- Integrated Trauma and Substance Use Disorder Treatment for Women Webinar
- Peer Providers in Various Work Environments Webinar
- Sustainability Learning Collaborative Sessions: Identifying Funding – Communication Strategies
- Understanding Adverse Childhood Experiences (ACEs) and Substance Use Disorder Webinar
- Unique Challenges for American Indian/Alaska Native in Stable/Safe Housing in Tribal Communities and SUD Webinar
- Unleashing the Power of Data Webinar

Table 8. Group Technical Assistance (TA) Events by Topic Areas from September 1, 2021 – August 31, 2022 RCORP-TA Programming

TA Event Type	Topic (bold topics were queried on the RFI)	Count
Billing and coding training	**Billing and coding**	**21**
Data coordinator meeting	**Data and reporting**	**6**
Learning collaborative	**Data and reporting**	**9**
	Workforce	**6**
	Sustainability	5
	Billing and coding	**4**
	Youth/adolescents	2
Office hours	**MAT/MOUD**	**14**
Peer-to-peer call	Unknown	9
	Contingency management	**1**
	Data and reporting	**1**
Site visit	Unknown	17
Webinar	Population-specific	5
	Workforce	**5**
	MAT/MOUD	**4**
	Other	4
	Data and reporting	**2**
	Overdose prevention	**1**
	Harm reduction	**1**
	Housing	1
	Prevention	**1**
	Recovery	**1**
	Stigma	**1**
	Systems thinking	1

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DISCUSSION AND RECOMMENDATIONS

Discussion

Grantees cited numerous RFI topics as major and minor challenges, but no more than one-fifth of grantees reported wanting TA on any one RFI topic. Workforce, stigma, and billing and coding were the three topic areas where the highest percentage of grantees reported wanting TA in September 2022, unchanged from March 2022. The open-ended responses describing workforce, stigma, and billing and coding challenges revealed that these challenges were multifaceted, but they also shared common themes.

Grantees described workforce-related challenges with recruitment/hiring and retention, mentioning burnout and difficulty providing competitive compensation compared with metropolitan areas. Grantees also cited shortages of healthcare professionals and difficulties hiring peer support specialists, who are often in recovery or face barriers in hiring due to background checks.

Grantees' stigma-related challenges were complex, including stigma from community members, healthcare professionals and systems, as well as law enforcement and the justice system. Grantees mentioned that stigma contributed to opposition to interventions, such as use of MAT/MOUD, naloxone, and syringe exchanges. Grantees mentioned that stigmatizing language was a prevalent issue in their communities. One grantee stated that state and other government organizations in their area still use stigmatizing language like "substance abuse," which contributes to stigma. Grantee responses about their challenges with billing and coding described common themes, such as difficulties navigating federal and state regulations, billing and coding for community health workers and peer support specialists, and the lack of knowledge on billing and coding for sustainability. Responses to these questions could be used to identify opportunities to provide tailored TA that addresses the specific challenges grantees have identified related to workforce, stigma, and billing and coding.

Challenges with workforce and stigma have persisted for grantees across multiple reporting periods. While there were 11 total learning collaborative sessions covering the topic of workforce, there was only one webinar covering the topic of stigma during the reporting period. However, a prior WWAMI RHRC report found that stigma was a topic often covered by individual TA delivered directly to grantees by Technical Expert Leads (TELs).[1] There were 21 targeted billing and coding trainings and four billing and coding learning collaborative sessions from September 1, 2021 to August 31, 2022. The nearly 6% increase in grantees wanting billing and coding TA suggests a persistent need for this type of training. Further evaluation should be conducted to determine whether billing and coding learning collaborative sessions, a group TA method, are an effective and more efficient use of TA resources that could serve grantees from more organizations than targeted billing and coding trainings, delivered to individual grantees. Additionally, availability of mental health treatment was a topic queried for the first time for the period of March 1, 2022 to August 31, 2022. More than 85% of grantees reported this topic was a major challenge, but it did not appear to be covered in any TA events.

The JBS International RCORP-TA Team provided 122 TA events that covered multiple different topic areas. Grantees had the opportunity to attend various TA sessions where they could engage with their peers, receive targeted assistance, and participate in webinars and other learning opportunities. The diverse challenges grantees reported validate JBS's longstanding approach of providing TA offerings that address a variety of needs in multiple modalities at varying degrees of intensity, and JBS should continue this approach.

Recommendations

Conduct Further Evaluation on TA Needs and Strategies

Further investigation is needed to understand why so few grantees want TA on topics they report as major and minor challenges. Workforce and stigma were cited as major or minor challenges by nearly 90% of grantees, but only 17.1% (n=38) and 15.1% (n=31) of grantees reported wanting TA on those topics, respectively. Further evaluation should aim to better understand grantees' attitudes toward specific TA types. As part of this investigation, we recommend conducting further evaluation to determine if there are any methods to effectively provide group TA on billing and coding to assist more grantees. Because targeted billing and coding trainings are currently provided to grantees individually, it is worthwhile to explore the effectiveness of billing and coding learning collaboratives, or other events aimed at assisting multiple grantees.

Use Findings on Challenges and TA Needs to Plan Future TA

We recommend that the RCORP-TA team focus on providing TA on topics that grantees have cited as challenges and TA needs across multiple reporting periods. Tables 4-6 provide a list of common themes relating to workforce, stigma, and billing and coding that grantees who report wanting TA have described in their open-ended responses. This information can be used to inform the design of future TA events.

Limitations

Limitations to this report include the change in format that went into effect for the September 2022 RFI, which did not allow for direct comparison of grantee challenges across reporting periods. Previous versions of the RFI (March 2022 and earlier) asked grantees to select their top three challenges, whereas the September 2022 version asked grantees to rate the extent to which each topic area has been a challenge. Future analysis can directly compare changes in grantees challenges and TA needs through significance testing. Additionally, all events were matched to RFI topics by WWAMI RHRC evaluators who were not present for the TA events and did not know the details of the content of each TA event.

Appendix

Qualitative analysis consisted of one WWAMI RHRC evaluator open coding the open-ended questions to identify themes across topic areas. A second evaluator reviewed and discussed the codes with the initial evaluator and reached an agreement on the coding and themes identified in the report.

Grantees who indicated topics were not applicable when answering the RFI were excluded from the analysis for each individual RFI topic.

Table A1. Request for Information (RFI) Topics by Reporting Period

RFI topic	June 2021*	Sept. 2021**	March 2022†	Sept. 2022††
Access to treatment services	√	√	√	
Availability of medication-assisted treatment (MAT)				√
Availability of mental health treatment				√
Billing and coding	√	√	√	√
Care coordination	√	√	√	√
Competing priorities	√	√	√	
Consortium growth and/or engagement	√	√	√	
Contingency management ‡			√	√
COVID-19 pandemic	√	√	√	√
Data and reporting	√	√	√	√
DATA waivers				√
Engaging populations directly impacted by SUD/OUD	√	√	√	
Funding availability	√	√	√	
Harm reduction	√	√	√	√
Medication-assisted treatment (MAT)	√	√	√	
Overdose prevention and naloxone distribution	√	√	√	
Other service systems involvement				√
Prevention	√	√	√	√
Program financing				√
Prison/jail populations	√	√	√	
Recovery	√	√	√	√
Service capacity	√	√	√	√
Stigma	√	√	√	√
Telehealth/telemedicine	√	√	√	√
Tribal populations	√	√	√	
Underserved populations engagement				√
Workforce (eg, recruitment, hiring, retention)				√
Workforce - DATA waivers	√	√	√	
Workforce - hiring and recruitment	√	√	√	
Workforce - retention	√	√	√	
Working with other service systems			√	

*June 2021 reporting period (March 1, 2021 – May 31, 2021).
**September 2021 reporting period (June 1, 2021 – August 31, 2021).
†March 2022 reporting period (September 1, 2021 – February 28, 2022).
††September 2022 reporting period (March 1, 2022 – August 31, 2022).
‡Only applies to Psychostimulant Support I cohort.

Table A2. RCORP Grantees Request for Information (RFI) Response Rates

Cohort	N	June 2021*	Sept. 2021**	March 2022†	Sept. 2022††
Implementation I	80	95.0% (n=76)	100% (n=80)	100% (n=80)	93.8% (n=75)
Implementation II	91	93.4% (n=85)	98.9% (n=90)	96.7% (n=88)	93.4% (n=85)
Implementation III	78	N/A	N/A	94.9% (n=74)	96.2% (n=75)
Medication-Assisted Treatment	12	100% (n=12)	91.7% (n=11)	100% (n=12)	83.3% (n=10)
Neonatal Abstinence Syndrome	30	N/A	100% (n=30)	96.7% (n=29)	100% (n=30)
Psychostimulant Support I	15	N/A	N/A	100% (n=15)	100% (n=15)
All cohorts	306	94.5% (n=173)	99.1% (n=211)	97.4% (n=298)	94.8% (n=290)

*June 2021 reporting period (March 1, 2021 – May 31, 2021).
**September 2021 reporting period (June 1, 2021 – August 31, 2021).
†March 2022 reporting period (September 1, 2021 – February 28, 2022).
††September 2022 reporting period (March 1, 2022 – August 31, 2022).

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