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RCORP Grantees' Anticipated Needs for Technical Assistance: Findings from the March 2022 Request for Information

KEY FINDINGS AND RECOMMENDATIONS

Key Findings

Rural Communities Opioid Response Program (RCORP) grantees completed as part of a grantee progress report, a Request for Information (RFI) in March 2022 that included open-ended questions on areas in which grantees anticipated having challenges or needing targeted technical assistance (TA) in the future. JBS International delivers or facilitates TA for all RCORP grantees throughout their funding period. This report analyzes grantees' open-ended responses from the March 2022 RFI (reporting period September 1, 2021 – February 28, 2022) regarding anticipated TA needs.

Key findings are as follows:

- Grantees most frequently reported needing TA to address workforce hiring, recruitment, and retention; billing and coding; engaging populations directly impacted by substance use disorder/opioid use disorder (SUD/OUD); stigma; data and reporting; and funding availability.
- Grantee needs related to workforce hiring, recruitment, and retention included TA on best practices in hiring and recruitment, particularly in rural communities; creative methods for hiring, recruitment, and retention; and how to recruit and hire members of the recovery population to become staff.
- Billing and coding TA needs included understanding federal regulations; improving billing and coding for better reimbursement; billing, coding, and reimbursement strategies for particular services; and building relationships between organizations to increase billing.
- TA needs related to engaging populations directly impacted by substance use disorder/opioid use disorder (SUD/OUD) included how to engage individuals with SUD/OUD in treatment and recovery and how to engage those affected by SUD/OUD in the design of treatment and recovery programming.
- Grantee TA needs related to stigma included evidence-based tools on how to reduce stigma; how to address stigma in the community and among consortium partners related to certain care strategies, such as harm reduction; training for consortium members, healthcare providers, and other members of the behavioral health workforce; learning about what other grantees have done to address stigma; and using stigma assessment results.
- Regarding data and reporting, grantees reported needing TA on reporting requirements, working with electronic health records, and engaging consortium members to obtain data.
- Funding TA needs included developing funding for long-term sustainability, identifying new funding, and models for making particular services sustainable.

Recommendations

The data presented here suggest opportunities to improve the provision of TA and other services to grantees. For example, JBS could use the findings to identify topics for TA that are more specific than the RFI topic areas. Special attention could be given to the most frequently reported issues such as workforce, billing/coding, and engaging those directly impacted by SUD/OUD. The data also point to possible actions that HRSA could take, such as addressing workforce issues by providing more assistance to grantees to access support from loan repayment programs such as the National Health Service Corps (NHSC) and Substance Use Disorder and Treatment (STAR) programs.

Further, to better understand grantees' use of TA and provide better TA, we recommend gathering additional data about grantees' use of TA by conducting interviews or focus groups. This investigation could identify the barriers grantees face accessing and using TA, determine the usefulness of TA, and assess grantees' satisfaction with TA received. In addition, more in-depth information is needed about whether and how TA might affect grantees' work processes and successes, as well as how TA could help grantees overcome challenges.

PURPOSE

This report describes Rural Communities Opioid Response (RCORP) program grantees' anticipated TA needs as reported as part of a grantee progress report, in the March 2022 Request for Information (RFI), administered to all grantees.

METHODS

The WWAMI Rural Health Research Center (RHRC) RCORP-TA Evaluation Team conducted qualitative analyses of open-ended responses describing anticipated challenges and TA needs reported in the March 2022 RFI. Data sources, measures, and analyses are described below.

Data Sources and Measures

Request for Information (RFI). The Health Resources & Services Administration (HRSA) administered the RFI to all 306 RCORP grantees in March 2022 for the reporting period of September 1, 2021 – August 31, 2022. Respondents were grantees from the Implementation I, II, and III; Medication-Assisted Treatment (MAT) Expansion; Neonatal Abstinence Syndrome (NAS); and Psychostimulant Support cohorts.

The RFI question read, "Please select up to three areas where you are anticipating having challenges and/or needing targeted technical assistance in the future." Grantees were asked to choose from a list of 24 RFI topics. Topics included access to treatment services, prevention, stigma, harm reduction, and others (Table 2). For each topic selected, grantees were asked to describe the anticipated challenge(s) or TA need(s).

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Analyses

We conducted a thematic analysis of grantees' descriptions of their self-selected top three areas of anticipated TA needs. We first quantified how many grantees anticipated needing TA in each of the RFI topics, described in our companion report, "The RCORP-TA Response to RCORP Grantees' Challenges and Needs: A Review of the March 2022 Request for Information and Subsequent Technical Assistance. Evaluation Brief."[1] We then analyzed open-ended responses about anticipated TA needs related to the topics that were most frequently described across all grantees. We combined responses regarding workforce retention with workforce hiring and recruitment, as there was substantive overlap in the comments, and when appropriate, we recategorized responses in the "other" content area to those areas with which the content overlapped.

Analysis began with an initial coding of grantees' responses to questions. A code (a word or short phrase) was assigned to a given segment of text to summarize its content or interpret its meaning. Codes were then grouped and organized into a set of themes, with one or more codes representing a dimension, or aspect, of each theme.

FINDINGS: ANTICIPATED NEEDS FOR TECHNICAL ASSISTANCE

Two hundred ninety-eight grantees (97.3%) provided comments in response to the question about anticipated challenges and needs for TA (Table 1).

Table 1. RCORP Grantees Describing Anticipated Challenges/Technical Assistance (TA) Needs in the March 2022 Request for Information (RFI) Reporting Period (September 1, 2021 – February 28, 2022)

Cohort	N/total in cohort	Response rate
Implementation I	80/80	100%
Implementation II	88/91	96.7%
Implementation III	74/78	94.9%
Medication-Assisted Treatment (MAT) Expansion	12/12	100%
Neonatal Abstinence Syndrome (NAS)	29/30	96.7%
Psychostimulant Support	15/15	100%
Total	298/306	97.3%

Table 2 displays the numbers of grantees describing either anticipated challenges or needed TA across the 24 RFI topics. Grantees most frequently described needing TA for the following topics: workforce (hiring, recruitment, and retention), billing and coding, engaging those directly impacted by Substance Use Disorder and/or Opioid Use Disorder (SUD/OUD), stigma, data and reporting, and funding availability.

Table 2. Request for Information (RFI) Topics for which Grantees Described Technical Assistance (TA) Needs in the March 2022 Reporting Period (September 1, 2021 – February 28, 2022)

RFI topic	Number of grantees describing anticipated TA need for the topic
Workforce – hiring, and recruitment and retention	29
Billing/coding	26
Engaging those directly impacted by SUD/OUD*	23
Stigma	19
Data and reporting	17
Funding availability	9
Consortium growth and/or engagement	7
Prison/jail populations	7
Medication-assisted treatment	6
Recovery	6
Harm reduction	5
Telehealth/telemedicine	5
Workforce – DATA waivers**	5
Care coordination	3
Competing priorities (within community or consortium/partnership)	3
Overdose prevention/naloxone distribution	3
Service capacity	3
Other	3
Access to treatment services	2
COVID-19 pandemic	2
Prevention	2
Tribal populations	2
Contingency management	0
Working with other service systems	0

*Substance use disorder/opioid use disorder.
**DATA - Drug Addiction Treatment Act.

Tables 3–8 cover each of the top six most frequently selected TA needs, including themes and quotes illustrating the variation and social context of grantees' responses.

RCORP Grantees' Anticipated TA Needs: Workforce Hiring, Recruitment, and Retention

Table 3 highlights themes in grantees' anticipated TA needs related to workforce hiring, recruitment, and retention. Grantees anticipated needing TA about methods for recruiting staff to rural communities and for recruiting and hiring staff who are in recovery. Grantees also anticipated needing TA about best practices for recruiting and hiring generally and creative means for hiring, recruitment, and retention.

Table 3. RCORP Grantees' Anticipated Technical Assistance (TA) Needs: Workforce Hiring, Recruitment, and Retention*

Grantees anticipated needing TA about...	Illustrative quotes
Workforce hiring, recruitment, and retention (non-specific requests)	"Workforce hiring and recruitment continue to be a challenge or priority for consortium members; therefore, training and technical assistance is needed in this area." - *Implementation I Grantee*
Best practices in workforce hiring and recruitment	"Best practices on hiring and recruitment. Suggestions on advertising, do's and don'ts of job descriptions, recruitment strategies, out of the box placement of job posting for better results." - *Implementation III Grantee*
Methods for recruiting staff to rural communities	"Strategies and webinars on how to increase behavioral health workforce in rural communities." - *Implementation III Grantee*
Novel methods for hiring, recruitment, and retention, suggestive of grantees having tried standard methods	"Creative strategies for recruitment." - *Neonatal Abstinence Syndrome Grantee*
Methods for recruiting and hiring staff who are in the recovery population	"Hiring/recruitment strategies for rural areas – understanding the barriers to PRSS [Peer Recovery Support Services] hiring (eg, pay rate, availability, certification process, funding) and best practices for overcoming them." - *Implementation II Grantee*
Methods for accessing the National Health Service Corps (NHSC) and Substance Use Disorder and Treatment (STAR) loan repayment programs	"We have continued to hit barrier after barrier with the NHSC and the STAR-LRP application to become an approved facility so that we can offer student loan repayment options. We feel this hurts us in trying to hire and recruit." - *Implementation II Grantee*

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RCORP Grantees' Anticipated TA Needs: Billing and Coding

Table 4 addresses grantees' TA needs related to billing and coding. Grantees requested assistance to better understand federal and state regulations, to improve billing and coding for better reimbursement, for strategies for particular services, and to build relationships between organizations so as to increase billing.

Table 4. RCORP Grantees' Anticipated Technical Assistance (TA) Needs: Billing and Coding*

Grantees anticipated needing TA about...	Illustrative quotes
Billing and coding (non-specific requests)	"Any help or advice on billing/coding is welcomed." - *Implementation III Grantee*
Understanding federal and state regulations	"Increasing our knowledge and understanding of Medicaid and Medicare rules and where states have discretion would be very helpful to our work." - *Implementation I Grantee*
Improving coding and billing for better reimbursement	"We need additional technical assistance on how best to do billing, coding for better reimbursement. We would love to be involved in trainings that are available." - *Implementation II Grantee*
Billing, coding, and reimbursement strategies for particular services (eg, SBIRT [screening, brief intervention, and referral to treatment], MOUD [medication for opioid use disorder], case management within FQHC [Federally Qualified Health Center] primary care, peer support services, telehealth)	"With changes to telehealth for behavioral health services and the recruitment of new staff to our consortium, we have a limited understanding of the billing/coding for services. Increased education in this area is needed." - *Implementation III Grantee* "Providing billing and coding support for RCOs [recovery community organizations] to help them receive reimbursement to peer support services." - *Implementation I Grantee*
Building relationships between organizations to increase billing	"Partners outside of FQHC [Federally Qualified Health Center] need help in reducing barriers to billing for services not traditionally covered by FFS [fee for service] models. Will need help connecting to entities to advance VBP [value-based purchasing] objectives within grant." - *Implementation I Grantee*

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RCORP Grantees' Anticipated TA Needs: Engaging Populations Directly Impacted by Substance Use Disorder/Opioid Use Disorder (SUD/OUD)

Table 5 provides an overview of grantee's TA needs related to engaging populations directly impacted by substance use and opioid use disorder. Grantees requested assistance with engaging those populations in treatment and in program design.

Table 5. RCORP Grantees' Anticipated Technical Assistance (TA) Needs: Engaging Populations Directly Impacted by Substance Use Disorder/Opioid Use Disorder (SUD/OUD)*

Grantees anticipated needing TA about...	Illustrative quotes
Engaging individuals with SUD/OUD in treatment and recovery	"We would welcome TA to improve engagement outcomes for high-risk population with overdose and IV drug use." - *Implementation II Grantee*
Engaging those impacted by SUD/OUD in program design	"I would like to determine additional ways to have the voices of those impacted by OUD shape our program." - *Neonatal Abstinence Syndrome Grantee*

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RCORP Grantees' Anticipated TA Needs: Stigma

Table 6 summarizes grantees' TA needs related to stigma. Grantees requested assistance about learning about and using evidence-based tools to address stigma; addressing rural culture that can sometimes stigmatize substance use; changing attitudes in the community and among consortium partners toward stigmatized care practices; getting training for consortium members, healthcare providers and other members of the behavioral health workforce; learning what other grantees have done about stigma; and how to use stigma assessment results.

Table 6. RCORP Grantees' Anticipated Technical Assistance (TA) Needs: Stigma*

Grantees anticipated needing TA about...	Illustrative quotes
Stigma (non-specific requests)	"Any materials/trainings related to …[stigma] would be beneficial." *- Implementation I Grantee*
Stigma in rural communities	"Tips for successfully addressing stigma, particularly in very conservative rural communities." *- Implementation II Grantee*
Finding and implementing evidence-based tools to reduce stigma	"Technical Assistance is needed to assist in identifying and implementing evidence-based or -informed tools to address stigma impacting SUD/OUD and reduce overdoses." *- Implementation II Grantee*
Addressing stigma in the community and among consortium partners related to certain care strategies	"It would be good to learn more about how to address stigma within recovery communities related to MAT [medication-assisted treatment] and non-abstinence-based approaches to recovery." *- Implementation II Grantee*
Training for consortium members, healthcare providers, other members of the behavioral health workforce	"[T]he group would be interested in stigma training content that focuses on providers in primary care, pediatrics, and OB/GYN [obstetrics/gynecology], who work with those who are pregnant and impacted by a SUD." *- Neonatal Abstinence Syndrome Grantee*
Learning what other grantees have done about stigma	"We are anticipating doing an anti-stigma campaign and would like to see what other grantees have done." *- Implementation II Grantee*
Using stigma assessment results	"We believe we will continue to need technical assistance to use our stigma survey results to identify and implement stigma reduction strategies." *- Psychostimulant Support Grantee*

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RCORP Grantees' Anticipated TA Needs: Data and Reporting

Table 7 reports grantees' anticipated TA needs related to data and reporting. Grantees requested assistance with working with requirements and instructions regarding reporting data to HRSA as well as assistance with collecting data within their own organization from electronic health records, and with engaging consortium members to obtain data.

Table 7. RCORP Grantees' Anticipated Technical Assistance (TA) Needs: Data and Reporting*

Grantees anticipated needing TA about...	Illustrative quotes
Performance Improvement Measurement System (PIMS) requirements and instructions	"Continue to clarify definition and requirements with reporting. Our previously reported PIMS [Performance Improvement Measurement System] data is needing correct[ion] due to unclear instructions. Recent training has been helpful." - *Implementation II Grantee*
Working with electronic health records (EHRs)	"TA…to better address working with different EHRs to pull relevant and consistent data." - *Psychostimulant Support Grantee*
Engaging consortium members to obtain data	"[W]e have had a low response rate … to our data collection requests and assume we will have to provide incentives and/or change our means of capturing data over the next reporting period. Help determining appropriate incentives and/or alternative means of collecting data would be beneficial, particularly how to collect data from partners who aren't funded by RCORP for direct services but are part of the consortium." - *Implementation III Grantee*

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RCORP Grantees' Anticipated TA Needs: Funding Availability

Table 8 focuses on grantees' TA needs related to funding availability. These needs include making organizations sustainable through long-term funding, identifying new sources of funding, and making particular services that organizations offer (eg, peer support services) financially sustainable.

Table 8. RCORP Grantees' Anticipated Technical Assistance (TA) Needs: Funding Availability*

Grantees anticipated needing TA about...	Illustrative quotes
Funding (non-specific requests)	"[We] are always open to more collaboration and guidance on funding." - *Implementation II Grantee*
Developing funding for long-term sustainability	"Sustainability planning for local non-profits that are working with people who use drugs." - *Implementation II Grantee*
Identifying new funding	"Help in identifying new grants would be wonderful." - *Implementation II Grantee* "Diversification of funding." - *Implementation I Grantee*
Models for making particular services sustainable (eg, peer recovery support services and care coordination)	"Need assistance developing a way to convince organizations, including our own, that care coordination will result in savings in other ways. Care coordination is not currently covered by insurance companies." - *Implementation III Grantee*

*March 2022 Request for Information (RFI) Reporting Period, September 1, 2021 – February 28, 2022

DISCUSSION

In the March 2022 RFI, RCORP grantees described anticipated TA needs across a variety of topics, most frequently workforce recruitment, hiring, and retention; billing and coding; engaging populations directly affected by SUD/OUD; stigma; data and reporting; and funding availability.

Although workforce recruitment, hiring, and retention were areas where grantees frequently reported needing TA, a companion WWAMI RHRC report on TA provided after the March 2022 RFI found that few TA offerings were related to workforce issues, and a limited number of grantees attended those sessions.[1] The findings presented here should assist JBS International in ascertaining whether the content or frequency of current workforce TA should be changed.

TA for billing and coding was the second most commonly reported topic area in which grantees anticipated challenges or needing TA in the March 2022 RFI.[1] During the corresponding reporting period, JBS provided one Learning Collaborative and 21 targeted TA sessions to individual grantees on this topic. Our findings highlight multiple dimensions of billing and coding that JBS could address. Billing and coding is closely related to funding, another top area of TA need, and project sustainability, further elevating the importance of addressing this topic.

Among other frequently identified areas of TA need, grantees expressed a desire for TA to help them engage people directly affected by SUD/OUD, both to help improve services to these populations, and to include their perspectives in program design. Additionally, TA to address stigma challenges continues to be a top area of need for grantees. Grantees commonly cited rural-specific challenges and indicated interest in learning about evidence-based strategies and the successes of other grantees to address this important topic. Finally, grantees expressed needs around data and reporting, including support for reporting requirements and for gathering data within their own organizations and from consortium partners. The information in this report about grantees' TA needs provides insight into areas of difficulty for grantees and can guide JBS to provide TA that will best meet the needs of RCORP grantees.

Limitations

All RFI challenge and TA need questions are limited to "top three" RFI content areas; therefore other content areas where grantees need TA may have been missed. As with all data collection, the RFI is subject to self-report bias.

RECOMMENDATIONS

Use Findings on TA Needs to Plan TA and Other Services to Grantees

We recommend that JBS use the findings from this report (in Tables 3–8) to inform plans for providing TA in each of the most frequent topic areas outlining grantees' anticipated TA needs.

These findings also point to possible actions from HRSA, such as addressing workforce issues by providing more assistance to grantees to access support from the National Health Service Corps (NHSC) and Substance Use Disorder and Treatment (STAR) loan repayment programs. To this end, there may also be value in additional data collection on whether loan repayment programs are accessible for grantees. For example, one grantee found it difficult to qualify for the NHSC, given their proximity to an urban location; other grantee organizations may be similarly situated. Further data collection could reveal whether organizations that would benefit from NHSC or STAR participation are able to participate, and, if needed, what policy changes might make these programs more accessible. In addition, grantees' requests for support around Performance Improvement and Measurement Systems (PIMS), as highlighted in Table 7, may be an area of opportunity for HRSA.

Conduct More In-Depth Evaluation of TA Needs and Impacts

To better understand grantees' use of TA and to provide better TA, we recommend conducting interviews or focus groups with grantees. Further qualitative data collection could (1) identify barriers grantees face accessing and using TA, (2) assess satisfaction with TA received, (3) address whether and how TA affects grantees' work processes and successes, and also (4) provide insight into how TA could help grantees overcome challenges.

TECHNICAL APPENDIX

Analysis began with an initial open coding of grantees' responses to questions by one team member. We assigned a code (a word or short phrase) to a given segment of text to summarize its content or interpret its meaning. We then grouped and organized codes into a set of themes, with one or more codes serving as a dimension, or aspect, of each theme. We assigned a theme if it fit two or more responses. Two team members then performed closed coding, re-reviewing the text using predetermined codes and discussing cases in which there was disagreement about coding to ensure consistency and achieve consensus.

We counted a response as indicating an anticipated TA need if the grantee (1) directly requested assistance, (2) listed a need for education, information, ideas, training, materials, strategies or plans, (3) described TA that was planned or might still be ongoing, (4) asked for connection to another consortium or agency, or (5) described something that might reasonably be interpreted as an anticipated need for TA. We did not count a response as indicating an anticipated TA need if the grantee said specifically that no TA was requested.

REFERENCES

1. Burchim SE, Andrilla CHA, Patterson DG. *The RCORP-TA Response to RCORP Grantees' Challenges and Needs: A Review of the March 2022 Request for Information and Subsequent Technical Assistance.* Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; December 2022.

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