Strategic Plan

Rural Communities Opioid Response Planning – Southern New Mexico

Grantee Organization	Southwest Center for Health Innovation	
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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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Strategic Plan

A. Assessment Summary

Briefly summarize the relevant data regarding the overall problem identified in your needs assessment.

Opioid Overdose

- For the past two decades, NM's drug overdose death rate has been among the highest in the nation. From 2012 to 2016, the state drug overdose death rate was 24.6 deaths per 100,000 people, compared to the national rate of 16.3 per 100,000 people.[1] The state overdose death rate increased in 2018 to 25.5, and NM continues to have the highest overdose death rate west of the Mississippi[2]
- About 2 of 3 drug overdoses in NM in 2018 involved an opioid, with roughly half of the drug overdoses in NM involving a prescription drug.
- In 2018, 83% of benzodiazepine-related overdoses also involved opioids.
- While Opioids (licit and illicit) remain the driving force behind drug related deaths in NM, methamphetamine is becoming increasingly involved. Between 2013 and 2018, methamphetamine was involved in 27% of overdose related deaths, according to the 2020 NM Substance Use Epi Profile.

Consumption

- According to the 2017 Youth Risk and Resiliency Survey (YRRS), high school student current use of prescription painkillers to get high in the southern NM counties range from 12.9% to 1.6%, with 9 of the 16 counties having a higher rate than the 6.6% statewide rate. High school student current heroin use ranged from 6% to 0.7%, with 7 counties having a higher rate than the 2.8% statewide rate.
- Adult current use of prescription painkillers to get high among current users of prescription painkillers in the southern NM counties ranged from 42.1% (men) and 42.9% (women) to 11.8% (men) and 11.1% (women). Male rates combined in all counties (27.8%) were higher than the statewide rate of 27.1%. In the Southern NM counties, we see fewer participants who use opioids reporting that they had access to Naloxone in the 2019 NM Community Survey (NMCS).
- According to the 2019 NMCS older adults in the Southern NM HRSA counties are more likely than other age groups to receive painkillers in the past year. Not only does this reflect a potential for misuse or overdose, but also for intentional and unintentional diversion to others.

Demographics

- Because a majority of residents are NOT White – with a Hispanic / Latino population of 49.3%, 2.8% American Indian, and Black/African-American at 2.6%, including a large population of documented and undocumented migrants (many of whom have limited English proficiency) – linguistic and cultural needs are complex and less likely to be met by limited number of preventionists and providers across the continuum.
- Between 1/3 and 1/2 of the southern NM population (38.7%) has experienced high (three or more) Adverse Childhood Experiences (ACEs), a known risk factor for future behavioral health problems.

Access

[1] "NM-IBIS - Health Indicator Report - Drug Overdose Deaths," accessed January 12, 2019, https://ibis.health.state.nm.us/indicator/view/DrugOverdoseDth.Cnty.html; "NM-IBIS - Substance Abuse Epidemiology Profile Report - Executive Summary," accessed January 12, 2019, https://ibis.health.state.nm.us/report/saepi/ExecutiveSummary.html.

[2] Drug Overdose Mortality by State (2017) accessed 11/23/19, https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

- Southern New Mexicans experience major gaps in access to and utilization of healthcare services, especially behavioral health, compared to more populated areas such as Bernalillo and Santa Fe Counties. Focus group and interviewees report that even for those who wanted treatment for Opioid Use Disorder (OUD), the biggest barrier to treatment and recovery is simply being able to effectively find and initiate treatment, especially MAT.
- Stigma also raises challenges to access according to participants in our Needs Assessment. Stigma is multidimensional in its origins and expression, and inhibits workforce development, access to help, and recovery opportunities in rural communities.
- Challenges associated with rurality, including the difficulties of traveling long distances for services, lack of transportation, unevenness of economic opportunity, and lack of access to a full complement of healthcare and social services.

Workforce:

- All of NM is a HRSA designated behavioral health professional shortage area.
- Statewide, the majority of prescribers and independently licensed behavioral health clinicians are working in independent practice locations rather than in public settings or larger group practices. Of those surveyed, less than 4% of behavioral health care providers reported that they practice in a Federally Qualified Health Center (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.[3] This is concerning because FQHCs are the primary—or in some cases the only—provider in rural counties.
- 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.[4]
- Statewide, nearly 50% of non-independently licensed psychotherapy providers are of Hispanic ethnicity, compared to 23% of independently licensed psychotherapy providers.[5]
- The state offers limited incentives for the behavioral health workforce; 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)
- There are 89 National Health Service Corps sites in southern NM (Primary and Behavioral Health)
- Of 92 MAT providers listed at NMopioidhub.com, only 14 are located in Southern NM.

Systems

- Fewer than half of all behavioral health providers have access to electronic health records or have the capacity to use health information technology for population health management.
- The region lacks treatment facilities. Of Human Services Department reported substance use treatment centers, 0 of 25 detox centers, 2 of 13 inpatient treatment, 5 of 20 adolescent treatment; 2 0f 12 adult residential centers; 1 of 13 Methadone treatment; 2 of 19 Adult Intensive Outpatient; and 6 of 23 Adolescent Intensive Outpatient centers are in southern NM.
- Focus group and interviews revealed the following system issues: insufficient access to training and supervision opportunities; the lack of job opportunities for non-licensed

[3] Farnbach Pearson AW, Reno JR, New Mexico Health Care Workforce Committee. 2017 Annual Report. Albuquerque NM: University of New Mexico Health Sciences Center, 2017.
[4] Farnbach Pearson AW, Reno JR, New Mexico Health Care Workforce Committee. 2019 Annual Report. Albuquerque NM: University of New Mexico Health Sciences Center, 2019.
[5] Ibid

behavioral health workers; delays in credentialing and licensing; and low or non-existent billing rates for services and inconsistent billing practices.
- According to the 2019 NMCS, in our HRSA counties, New Mexican pharmacies and providers are less likely to educate their clients about the harms of opioid use than in NM overall. This disparity is likely due to the rural nature of these communities where our Needs Assessment revealed that providers are few; and turn-over is high.

B. Problem Statement

Concisely describe the priority problem based on your assessment data.

According to the NM Substance Use Epi Profile 2020, between 2014 and 2018 there were 582 drug related overdose deaths in southern NM (Catron, Chaves, Cibola, De Baca, Eddy, Grant, Hidalgo, Lea, Lincoln, Luna, Otero, Roosevelt, Sierra, Socorro, Torrance and Valencia counties). Overdose drug death rates are driven by opioids, both illicit and prescription. The state overdose death rate per 100,000 population was 25.5 for this same time period. This is an increase from the period of 2013-2017, with 562 drug related overdose deaths in the rural southern counties, and state rate of 24.6. Based on the results of the Needs Assessment, likely contributors to this problem include cultural, economic and physical barriers to limited MAT services, fed by low workforce capacity to implement MAT and other evidence based programs, policies and practices across the opioid continuum of care.

C. Target Population

Describe the individuals or groups most affected by the problems in your problem statement above.

Direct Target: Residents of southern NM Catron, Chaves, Cibola, De Baca, Eddy, Grant, Hidalgo, Lea, Lincoln, Luna, Otero, Roosevelt, Sierra, Socorro, Torrance and Valencia counties),
Indirect Targets: Prescribers, policymakers, treatment providers, law enforcement, workers, employers, parents, youth, concerned community members

D. Goal

State the major changes in behavior that need to occur within your identified target population to achieve your vision.

Decrease drug overdose deaths in southern NM (Catron, Chaves, Cibola, De Baca, Eddy, Grant, Hidalgo, Lea, Lincoln, Luna, Otero, Roosevelt, Sierra, Socorro, Torrance and Valencia counties) by at least 5% (from 562 to 534 or less) by 2023.

E. Long-Term Outcome

Define the change you are seeking to make in problems or behaviors.

Decrease all drug overdose deaths in southern NM by at least 5% (562 in 2014-2018) by 2023.
Decrease all opioid-involved drug overdose deaths in southern NM by 7% by December 2023.

F. Long-Term Outcome Indicators

List the indicators that will demonstrate you are making progress toward your goal.

For decreases in deaths:

NM Office of Medical Investigator (OMI) opioid-related and other drug-related deaths (rates and numbers) in NM southern NM counties
NM Substance Use Epi Profile (NM Department of Health) drug overdose rates and numbers by five year blocks by county, region and state.
We will also observe opioid-related morbidity by tracking hospital-reported opioid and other drug hospital admissions and emergency department visits in southern NM counties. Hospitalizations/ER use may increase as a result of decreased stigma or increased access to care, so will be tracked as a means to consider impact of drug use rather than used as a measure of success.
Our overall goals are to decrease opioid-related deaths by 5% and decrease all opioid-involved drug overdose deaths in southern NM by 7% between 2020 and 2023. Depending on funding resources, year one (beginning in 2020) will focus on planning and implementation of strategies. We expect to see some change in long term outcome indicators in years two (2021) and year three (2023).

G. Problem Analysis

Based on findings from the needs assessment and input from and prioritization by Consortium and Community Advisory Group members, five key intervening variables were identified: 1) stigma, 2) system issues, 3) workforce preparedness, 4) workforce shortages and 5) access to services. After further discussion and analysis of the five intervening variables the following two were identified by the group as most important to achieving the overall goal of reducing opioid overdoses and deaths in rural, Southern New Mexico:

1) Systems Change: System barriers result in inefficiencies, insufficient resources and reduced revenue for providers. As a result, providers are not able to provide services at the optimum level. Shifting policies, programs, and the allocation of resources to change the way services are delivered to residents; likely to involve regulatory & statutory changes by the state and other agencies.

Assessment findings:

- Fewer than half of all behavioral health providers have access to electronic health records or have the capacity to use health information technology for population health management.
- Focus group and interview results indicate the following as common system issues: insufficient access to training and supervision opportunities; the lack of job opportunities for non-licensed behavioral health workers; delays in credentialing and licensing; and low or non-existent billing rates for services and inconsistent billing practices.
- In our HRSA counties, pharmacies and providers are less likely to educate their clients about the harms of opioid use when compared to the rest of the state. This disparity is likely due to the rural nature of these communities where providers are few; and turn-over is high.
- Administrators and staff who participated in the needs assessment focus groups and interviews Identified barriers that include:
    - The inability to bill for important services
    - Long waiting periods to receive reimbursement
    - Low reimbursement rates for important OUD services by insurance companies
    - High rates of billing denials due to inconsistent billing and documentation requirements among the state's three Managed Care Organizations (MCOs)
    - Long waiting periods for credentialing approvals
    - Complex requirements for specialized treatment such as MAT
- Telehealth infrastructure issues include no or fluctuating bandwidth, stringent requirements for HIPAA compliance and prohibition of FQHCs to provide telehealth to a patient who is at their home.

2) Access to Timely, Culturally Appropriate and Affordable Services: Improving the ability of individuals in southern NM to find, use, and pay for locally-available behavioral health information, resources, and services that are racially, linguistically, and culturally appropriate.

Assessment findings:

- The region lacks treatment facilities. Of Human Services Department reported substance use treatment centers, 0 of 25 detox centers, 2 of 13 inpatient treatment, 5 of 20 adolescent treatment; 2 0f 12 adult residential centers; 1 of 13 Methadone treatment; 2 of 19 Adult Intensive Outpatient; and 6 of 23 Adolescent Intensive Outpatient centers are in southern NM.
- Southern New Mexicans experience major gaps in access to and utilization of healthcare services, especially behavioral health, compared to more populated areas such as Bernalillo and Santa Fe Counties.

- Focus group and interview participants report that even for those who wanted treatment for OUD, the biggest barriers to treatment and recovery is simply being able to effectively find and initiate treatment, especially MAT.
- Challenges associated with rurality, including the difficulties of traveling long distances for services, lack of transportation, unevenness of economic opportunity, lack of access to a full complement of healthcare and social services, waiting periods for services; and the high cost of services.
- The southern NM behavioral health workforce does not represent the racial, linguistic and cultural makeup of southern New Mexicans. There is a severe lack of Spanish speaking providers.

NOTE: Both workforce preparedness and workforce shortages were identified as major intervening issues by our Consortium and CAG members who participated in strategic planning. Given the upcoming workforce planning and the interconnected nature of all of the intervening variables, a decision was made to incorporate workforce shortages and preparedness as major strategies to address system and access issues. Additional workforce issues may be addressed in the workforce development plan.

H. Evidence-based, promising, and innovative approaches proven to reduce the morbidity and mortality associated with opioid overdose in rural communities.
The needs assessment revealed various approaches that have had a positive impact in reducing the morbidity and mortality of opioid overdose within the targeted counties.

- Naloxone
- Medication Assisted Treatment
- Needle Exchange
- Training First Responders
- Prescriber Education on Best Practices for Pain Management and Opioid Prescribing

I. Affordability and accessibility of services to the target population
As stated above, access was identified as a major variable that influences opioid-related overdoses and deaths in Southern NM. Having to travel long distances for services was mentioned several times as a major barrier. For example, one provider stated that she has patients that travel from Santa Rosa to Roswell daily (266 miles roundtrip) for treatment and a focus group member stated that she has to travel 90 miles round trip daily to receive her methadone treatments. Many residents do not have transportation or cannot afford gasoline to make it to appointments. Public transportation is scarce and when it is available, route schedules typically require a full day to get to one appointment; not to mention the cost of childcare or having to take off a full day of work.

Some respondents mentioned that high co-pays or the cost of services were a barrier.

Long waiting periods to receive services is also very common. In general, this is due to the shortage of providers available within these rural areas.

Finally, there is a severe lack of Spanish speaking providers. So if an individual's preferred language is Spanish, he/she is likely to have to wait for an available appointment or have to travel to receive services by a Spanish speaking provider. The use of interpreters was not mentioned and is not known to be common practice, especially among behavioral health providers.

J. Strategies to eliminate or reduce costs of treatment for uninsured and underinsured patients

Reducing the cost of client treatment for substance use disorder depends, in part, on successful implementation of strategies to improve client access to services and assistance programs. Having trained, local workers who can link clients and their families to programs to help reduce client out-of-pocket costs is part of our strategy.. By increasing the number of paraprofessionals in rural locations, clients will be able to receive accurate information, support for enrollment into services, and support needed to navigate through enrollment processes. Paraprofessionals are defined as individuals who are likely to work with individuals with SUD and are trained and certified by the state licensing board. Paraprofessionals do not have a clinical license and include Prevention Specialists, Peer Support Workers, Family Support Workers, Community Health Workers, and Wraparound Facilitators. Additionally, communities will work to maximize access to treatment services that can be provided locally, thereby improving changes of early and immediate access to treatment and reducing costs associated with hospitalization, overdose and travel.

The main strategies to reduce the cost of treatment for residents of rural southern New Mexico are described below.

- **Maximize enrollment of Medicaid eligible individuals and families**. New Mexico Medicaid covers more than 840,000 New Mexicans – or about 40% of the state's total population. New Mexico has the second highest Medicaid penetration rate in the country. For the 16 RCORP counties, Medicaid and CHIP enrollment as a percentage of the population ranges from 19.6% to 68.8%; the state average is 39.5%. Overall, New Mexico does a fairly good job of making sure that Medicaid eligible families are enrolled and stay enrolled. For example, before Medicaid expansion, New Mexico had one of the highest uninsured rates at more than 20%. In 2018, the uninsured rate was 9.5%.[6] The Medicaid program also represents a substantial portion of income for health care providers across New Mexico, especially in rural and frontier areas. We will continue to monitor Medicaid enrollment data to ensure that all eligible individuals and families are receiving benefits.
- **Improve client awareness of FQHC sliding fee**. All 16 counties are served primarily, and in many cases exclusively, by Federally Qualified Health Centers (FQHC). Southern New Mexicans under age 65 in 11 of the 16 counties are insured at a lower rate than the state and/or national average and percentages of unemployed residents and families living below the poverty line generally meet or exceed both state and national averages. Many of these individuals do not qualify for Medicaid, leaving them underinsured or uninsured. By law, FQHCs must offer a sliding scale to their low-income clients. We will work with FQHCs to ensure processes are in place so that clients are aware of the sliding fee scale and how to apply. Clients who qualify, may have reduced out of pocket expense.
- **Improve provider awareness of new Medicaid reimbursements**. It is important for treatment providers to maximize their insurance reimbursements to help reduce the overall cost of treatment. New Mexico has recently implemented a plan to increase Medicaid reimbursements for providers with the goal of moving to 90% of Medicare as a benchmark. It is also reimbursing for substance use disorder (SUD) services not covered previously. According to the *Data Book*, published in January 2020 by the NM

[6] New Mexico Human Services Department. Data Book Volume 1 2020.1. January 2020

Human Services Department, “Low Medicaid reimbursement diminishes the willingness of providers to treat Medicaid clients and drives providers away from New Mexico” and “Raising Medicaid reimbursement opens up provider networks, attracts providers from other states, and reduces cost pressures on other payors”. The *Data Book* states that a benefit is “reductions in cost to other payors and New Mexicans”.[7] Our strategy is to make sure that local, rural providers are aware of rate increases and new services that are reimbursable, as of either October 1, 2029 or January 1, 2020.

- **Improve opportunities to provide treatment via telehealth**. The needs assessment showed that transportation costs were a major barrier for many clients. The Consortium will work with community members and providers to strategically establish telehealth services in rural areas to improve clients’ access to treatment and reduce their travel costs. The needs assessment results indicate that there is still much confusion about which telehealth services are reimbursable and where and how clients can receive telehealth (e.g. in clinic only, service at home, etc.). Our strategy is to clarify and inform providers about telehealth reimbursable services and how these services can or cannot be delivered to clients.

K. Plans to leverage existing federal, state, and local OUD resources and to secure community support

There are currently several key state initiatives that are taking place in New Mexico that have the potential to leverage the strategies outlined in this plan. In fact, the ability to leverage state and/or federal funding was one of the key principles that guided our decision-making during the strategic planning process. Leveraging state and federal resources includes supporting the work that is currently being implemented and leveraging existing resources to support future goals and objectives identified in this plan.

First, because several state and federally-funded initiatives are working successfully there are fewer gaps or less need to build capacity in these areas. These initiatives cross prevention, treatment and recovery. Because these initiatives are working successfully, this plan will focus on areas identified as having greater need for future focus. Current state initiatives working effectively to address SUD include:

Prevention

- Improving prescribing practices through improved and expanded use of the New Mexico Board of Pharmacy’s prescription monitoring program
- Environmental Strategies to Reduce OUD. NM’s Office of Substance Abuse Prevention currently funds community coalitions in 12 of the 16 counties.
- Naloxone Education and Distribution
- Opioid Media Campaign – Dose of Reality (discouraging opioid misuse)
- Opioid Media Campaign – There’s Another Way (promoting alternative pain treatment)
- Academic Detailing – Retraining providers on prescribing practices and alternative pain management
- Pharmacy/pharmacist training to improve billing practices and thus availability of retail outlet naloxone, and patient/relative counseling, respectively.

[7] New Mexico Human Services Department. Data Book Volume 1 2020.1. January 2020

Treatment

- Medication Assisted Treatment (includes Project ECHO for rural and frontier areas)

Second, during the planning period the RCORP Consortium identified resources available through state agencies that can be leveraged to carry out the objectives and activities outlined in this strategic plan. For example, the NM Department of Workforce Solutions recently received a $815,000 Apprenticeship Expansion federal grant. The grant proposal focused on the health care and hospitality industries because nearly 60 percent of projected employment growth in New Mexico is expected in those sectors, projected to create more than 30,000 jobs over the next eight years. The goal is to increase the total number of apprentices by 25 percent over the three-year award period while ensuring job placement in middle- to high-skilled jobs. NM Department of Workforce Solutions is a member of the RCORP Consortium and we have discussed various options for how the Apprenticeship Expansion program can support the RCORP strategic plan objective in increase the number of behavioral health paraprofessionals in southern NM.

Additionally, the Behavioral Health Services Division (BHSD) at the NM Human Services Department (NMHSD) recently received a 18-month grant from the Centers for Medicaid and Medicare in the amount of about $2.5 million. The purpose of New Mexico Substance Use Recovery and Treatment Services (NM SURTS) is to conduct a comprehensive assessment and expand state infrastructure by providing extensive training and technical assistance based on gaps identified in the assessment. The overarching goal is to expand capacity for providers participating under the Medicaid State Plan (or related Waiver) to provide SUD treatment and recovery services. The RCORP team is working with the NM SURTS team and will share its recently completed needs assessment. A member of CHI is also invited to participate on the NM-SURT data group. Based on the success of the SURTS assessment grant, the State can apply for a three to five-year demonstration project grant that can be between $3-5 million.

L. Concrete strategies for implementing the identified evidence-based, promising, and innovative practices after the project year ends.

The logic model addressing the strategic goal, intervening variables, and objectives is as follows. See the *Strategic Plan Objective Worksheet* for related activities.

Goal	Intervening Variables	Objectives	Strategies
Decrease opioid overdoses and deaths in southern New Mexico	System Barriers	1. Work with state policy makers and agencies to reduce systemic barriers for behavioral health service providers in rural NM by December 2023	1A: Educate state decision makers about barriers to SUD/OUD services, particularly for rural providers in Southern NM, and legislative and/or administrative means to address them. 1B: Decrease the # / % of Medicaid SUD/OUD-related service billing denials. 1C: Increase the # / % of credentialing applications that are approved within 45 days of FIRST submission.

	Access to Timely, Culturally Appropriate and Affordable Services	2. By December 2023, increase the number of MAT services provided in Southern NM by 30%, including MAT services provided via Telehealth.	2A. Ensure Access to adequate bandwidth. 2B. Increase # providers trained in MAT (including bilingual/Spanish-speaking). 2C. Educate clinics on efficient use of Telehealth. 2D. Monitor the number and type of billable services per OUD client.
		3. By December 2023, have increased the 5% / the number of para-professional (non-licensed provider) services that are available at a local level in rural southern NM. Note: we are in the process of collecting the baseline data from licensing/credentialing boards]	3A. Increase number of paraprofessionals available to provide recovery support at local level. 3B. Increase Paraprofessionals that are linked with MAT providers. 3C. Monitor the number of paraprofessional services billed per OUD client.

Strategic Plan Objective Worksheet

SYSTEMS OJECTIVES AND STRATEGIES

Objective 1: Work with state policy makers and agencies to reduce systemic barriers for behavioral health service providers in rural NM by 2023

Intermediate Outcomes

- More Medicaid beneficiaries in Southern NM are receiving SUD / OUD-related services.
- More SUD/OUD providers are credentialed in 45 days or less and able to bill for services.
- Fewer insurance claim denials result in increased revenue and investment by BH service providers.

Intermediate Outcome Indicators:

- Increased # of services billed for SUD/OUD or related services (e.g. MAT, BH services, care coordination, peer support, care coordination, CCSS) by Medicaid credentialed providers. Review Medicaid billing for CPT and ICD-10 codes by county.
- Number/type of Medicaid billing changes (e.g. changes to the fee schedule, eligible billable services, eligible billers, reimbursement rates, etc.)
- Increased # of providers (individuals and agencies) in the service area who bill Medicaid for SUD/OUD – related services.
- Increase the rate of credentialing applications that are approved upon first submission.
- Decrease the denial rate for Medicaid SUD/ OUD insurance claims.
- New Mexico Administrative Code (NMAC) and/or regulatory changes related to rural opioid services

Strategy 1A: Educate state decision makers about barriers to SUD/OUD services, particularly for rural providers in Southern NM, and legislative and/or administrative means to address them.

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
Comprehensive review of current state behavioral health service provider designations (e.g. Care Link provider, IHS,	10/20	4/21	PIRE & CHI	Compiled list of regulatory & statutory changes to reduce systemic barriers for rural providers with type	• Creation of a document detailing the impacts of billing

FQHC, SBHC, RTC, Group Home, etc.) and which designations are allowed or not allowed to bill for SUD/OUD related services.				of change and identified policymakers	regulations on rural providers and recommended resolution/changes • NM Administrative Code (NMAC) regulatory changes drafted • Legislation drafted / introduced
Prioritize recommended changes with the participation of rural Opioid providers and community advocates.	4/21	8/21	PIRE & CHI NMABHP	Compiled list of recommended changes	
Educate decisionmakers on impact of service access related to designations and related billing, regulatory and administrative barriers, and legislative or administrative action required to reduce these barriers	8/21	9/22	CHI NMABHP	• # of meetings held with which # of key policymakers & # of which targeted constituents • # and kind of interim committee recommendations obtained • # and kind of sponsors / co-sponsors of legislation obtained	
Promote key policy / administrative changes to improve access to services, while maintaining quality of care.	8/21	4/23 (target 2023 Leg Session)	HSD	▪ Identified legislative champion/s to introduce and move bill (as needed) • # of meetings held with which legislative leadership members, key committee members ▪ # of meetings held with which Executive branch leaders – Governor, staff, Cabinet (HSD) leaders ▪ # of constituents in southern NM reached through media activities	

				▪ # of supportive public comments (NMAC) submitted ▪ # of administrative changes made.	
Strategy 1B: Decrease the # / % of Medicaid SUD/OUD-related service billing denials					
Activities	**Timeline**		**Who Is Responsible?**	**Process Indicators**	**Short-Term Outcomes**
	Start Date	**End Date**			
Expand current BH billing denial pilot project to include additional BH providers in Southern NM	9/2020	3/2021	HSD MCOs	Increase # of Southern NM providers	Have increased number of participating BH providers by 5%
Identify the most common billing errors leading to denials for SUD/OUD related billing denials	3/2021	9/2021 and ongoing	HSD MCOs	Standard report identifying number and types of errors.	Report analysis identifying most common errors
Develop solutions to address common errors.	9/2021	3/2022	HSD MCOs NMABHP	Meeting/s held with stakeholders to identify actions to address common errors	Prioritized actions to address common errors identified
Gather information from and educate providers about billing barriers and how to overcome these barriers.	3/2022	8/23	HSD MCOs NMABHP	Creation of training documents and curriculum, educational materials	Have trained 50% of eligible provider organizations in southern NM to maximize Medicaid reimbursement for coordinated services
Train providers to maximize Medicaid reimbursement for SUD/OUD -related services	3/22	8/23	NMABHP HSD MCOs	• List created of all eligible providers in southern NM, with contact information, patient demographics, current billing data, etc • Trainings developed, conducted, and numbers trained • # of eligible (and prioritized) providers	

				trained to maximize Medicaid reimbursement	
Develop monitoring system within HSD and MCOs to detect and resolve billing denial issues	1/23	12/23	HSD MCOs	• System to monitor and report errors leading to claim denials is developed. • Regular reports on denial/errors submitted to HSD, MCOs and providers	Monitoring system developed. Standard reporting on frequency and type of SUD/ OUD denials
Strategy 1C: Increase the # /% of credentialing applications that are approved within 45 days of FIRST submission.					
Activities	**Timeline**		**Who Is Responsible?**	**Process Indicators**	**Short-Term Outcomes**
	Start Date	**End Date**			
Implement system that can detect multiple errors at one time and time from application first submission to actual approval date (including dates of any application returns).	1/2021	12/2021	MCO's	• Tracking system is selected and implemented. • Standard reports with the number and type of errors per application. • Standard reports tracking time of first submission to actual approval • Tracking reports are available to individual providers and provider organizations.	Have reduced average number of days to process and approve credentialing applications by 50%.
Review the most common causes for application denial from Southern NM providers.	1/2022	6/2022		• Most common errors identified. • Ways to correct errors are identified. • Changes to application	Have revised application requirements to clarify needed backup documentation Have reduced MCO follow-up data requests to providers by 50%.

Develop and disseminate resources to educate individual providers and their organizations on common mistakes in credential applications.	7/2022	12/2023	NMABHP MCOs HSD	• Provider informational materials developed and available on-line. • Instructional videos developed and available on-line • # of in-person presentations about resources and common errors • Rate / # of denials due to application errors.	More "clean" applications submitted at first attempt. Average # of days from first submission to approval is 45 days or less.
Ongoing technical assistance services are available	7/2022	12/2023	NMABHP MCOs HSD	# and type of TA requests	More "clean" applications submitted at first attempt. Average # of days from first submission to approval is 45 days or less.

ACCESS OBJECTIVES AND STRATEGIES

Objective 2: By 2023, increase the number of MAT services provided in Southern NM by 30%, including MAT services provided via Telehealth.

Intermediate Outcome:

- **Increase in the # of MAT providers in Southern NM (in person or via telehealth)**
- **Increase in the # of MAT services billed by Southern NM providers.**

Intermediate Outcome Indicators (List the indicators that will demonstrate you are making progress toward your goal):

- # of MAT providers serving Southern NM, baseline vs. YR3
- # individuals from Southern NM who receive treatment from MAT providers baseline vs. YR3
- Duration of MAT Treatment

• Patient satisfaction at discharge					
Strategy 2A: Ensure Access to adequate bandwidth					
Activities	**Timeline**		**Who Is Responsible?**	**Process Indicators**	**Short-Term Outcomes**
	Start Date	**End Date**			
1. Identify existing agencies, organizations and plans to increase bandwidth (Partner with existing entities promoting s increase of high speed access/broadband in clinics in rural Southern NM	July 2020	Sept 2020	CHI	Report on number of broadband initiatives that benefit clinics in rural Southern NM # Meetings held with agencies & organizations	Increase # of clinics in rural Southern NM reporting new or improved broadband/bandwidth.
2. Work with partner organizations to Incentivize companies to implement cost-effective services in rural areas	Sep 2020	March 2022	CHI	Report on broadband initiatives & types of incentives # meetings held with potential corporate partners	
Strategy 2B: Increase # providers trained in MAT (including bilingual/Spanish-speaking)					
Activities	**Timeline**		**Who Is Responsible?**	**Process Indicators**	**Short-Term Outcomes**
	Start Date	**End Date**			
1. Increase opportunities to give/receive MAT training in rural, Southern NM areas (work w/Project ECHO)	July 2020	Dec 2023	CHI Project ECHO	# of new ECHO training sites and providers receiving remote MAT training in rural Southern NM	Increase # of MAT providers in rural Southern NM.
2. Provide rural, Southern NM communities with updates regarding the impact that MAT providers are making	July 2020	Dec 2023	CHI NMAHC	Social media metrics	

			NMDOH – Health Promotion		
Strategy 2C: Educate clinics on efficient use of Telehealth (licensing, credentialing, billing, coordination b/w primary care and behavioral health care, access to medical interpreters, etc.)					
Activities	**Timeline**		**Who Is Responsible?**	**Process Indicators**	**Short-Term Outcomes**
	Start Date	**End Date**			
1. ID Champion to develop and implement training modules	Nov 2021	Dec 2021	TBD	Curriculum developed Training log with sessions, location, participants, etc.	Providers in rural Southern NM increase telehealth billing for OUD-related services
2. Partner with NMPCA to build capacity for practice transformation to assist clinics	Nov 2021	Dec 2021	TBD	Practice transformation specialists identified and contracted	
3. ID clinics with low tele-health utilization and implement training and TA	Jan 2022	Dec 2022	TBD	Telehealth utilization and billing rates pre and post training % of identified clinics who receive training	

Objective 3 : By 2023, increase the number and kind of effective, culturally responsive, and local paraprofessional (non-licensed provider) OUD-related services provided in rural southern NM.

Intermediate Outcome: Increase number of rural southern NM community members receiving OUD-related services from paraprofessionals (eg. Prevention Specialists, Peer Support Workers, Family Support Workers, Wraparound Facilitators, Community Health Workers)
Intermediate Outcome Indicators (List the indicators that will demonstrate you are making progress toward your goal):

- # of certified paraprofessionals serving target area
- Kinds of OUD-related paraprofessional services available (e.g., recovery support, naloxone training and education, linkages to MAT, transportation to care, etc.)
- # of individuals receiving billable services
- Duration of treatment (Length/ # of sessions in treatment)
- Patient satisfaction
- Provider satisfaction

Strategy 3A: 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 the state licensing board. Paraprofessionals do not have a clinical license and include Prevention Specialists, Peer Support Workers, Family Support Workers, Community Health Workers, and Wraparound Facilitators.

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
1. Determine # of paraprofessionals certified and employed in Southern NM.	Sept 2020	March 2021	CHI DWS BHSD	# , type and location of certified paraprofessionals from licensing boards.	Increase in # of certified paraprofessionals serving rural southern NM Increase in # of paraprofessionals employed in rural southern NM
2. Create a matrix showing required core competencies, training hours, field hours and other requirements for each paraprofession. Identify "Core" requirements common to all professions	Sep 2020	Dec 2020	CHI	Report on findings	
3. Assess existing training, education and other support resources available to paraprofessionals	Dec 2021	April 2021	PIRE	Report on type, location, method (remote vs in-person), cost and duration of training opportunities	

4. Identify what supports will be helpful to paraprofessionals and their employers. Ensure harm reduction strategies specific to OUD are also available (Education for naloxone use, reducing stigma, etc.)	May 2021	June 2021	PIRE	Survey, focus group and/or interview results and recommendations	
5. Address training needs (cost, online, self-paced)	July 2021	Aug 2021	TBD	Written recommendations shared with key stakeholders	

Strategy 3B: Increase trained Paraprofessionals that are linked with MAT providers					
Activities	**Timeline**		**Who Is Responsible?**	**Process Indicators**	**Short-Term Outcomes**
	Start Date	**End Date**			
1. Identify MAT Providers per county (focus on FQHCs), serving southern NM	July 2020	July 2020	TBD	# of active MAT providers by county and location	Increase in number of trained paraprofessionals (Prevention specialists, PSWs, CHWs) linked to MAT providers
2. Identify paraprofessionals per county who are trained in harm reduction strategies (ie. Education for naloxone use, reducing stigma, etc.)	Aug 2020	Bi-Annually	TBD	# of certified Recovery/Peer Support Specialists from licensing board	
3. Identify paraprofessionals currently linked to MAT providers	July 2021	Sept 2021	TBD	List of para-professionals, clinics, providers	
4. Develop and disseminate information showing paraprofessionals scope, competencies, supervision, etc. and incentives for clinics and MAT providers (billable services, client support, etc.)	Jan 2021	June 2021	TBD	# of Informational materials Social media metrics	