

WORKFORCE PLAN

RCORP Tillamook

Tillamook, Oregon

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Assessment Summary

Methodology

In order to identify the needs and opportunities of Tillamook County's Opioid Use Disorder (OUD) treatment and recovery workforce, the RCORP Tillamook workgroup explored a variety of methods for data and information including:

- Existing local, state and national sources like Oregon Health Authority, Oregon Office of Rural Health, and National Survey on Drug Use and Health.
- Key informant interviews conducted by RCORP Tillamook consultants Lines for Life.
- Discussions at RCORP Tillamook's monthly meetings.
- Creating and reviewing an initial resource list of OUD treatment and recovery professionals and organizations.
- Organizational information related to OUD treatment and recovery workforce provided by the four main healthcare organization in Tillamook County. The OUD-related provider type and their full-time equivalent (FTE) are listed in a chart as well as listing their most urgent professional needs in offering treatment and recovery services. The organizations that contributed information were Adventist Health Tillamook, Rinehart Clinic, Tillamook County Community Health Centers and Tillamook Family Counseling Center.

Tillamook County Workforce

Tillamook County is designated as a Medically Underserved Area (MUA) and a Health Professional Shortage Areas (HPSA). These classifications, provided by the federal government, indicate the area has a shortage of health professionals for primary care, dental care and mental health care. Tillamook County is documented with a ratio of 490 residents per mental health provider, compared with Oregon's ratio of 270 residents per provider.

According to OHA, there are 10 providers with a primary address in Tillamook County who have a Drug Addiction Treatment Act of 2000 Waiver (X waiver) to prescribe buprenorphine to treat opioid dependence. Of these, only a few are "active" in that they wrote more than 30 prescriptions for buprenorphine, the primary drug for medication-assisted treatment (MAT) as of 2019, that were filled in the third quarter of 2019. An additional 72 providers practice in Tillamook County according to their license information, although their primary address is somewhere else, usually in the Portland area. Most providers wrote fills for one or two patients.

Based on the above information, there is a large volume of potential X waivers to prescribe drugs for MAT of opioids, but very little of that capacity is being utilized. According to OHA, there are a total of 123 residents with at least one prescription fill of buprenorphine during the third quarter of 2019. Inquiries to OHA revealed that 90 of these patients had at least 60 days' supply of buprenorphine filled at one time. In this capacity, a 60-day

supply fill will be used as the probability threshold above which it is likely that a patient is receiving MAT for OUD. The remaining 33 patients have providers who are either experimenting with buprenorphine or are actively being weaned from an opioid to the MAT drug. Compared with the estimated OUD prevalence ranging between 200 and 300 Tillamook County Residents (median estimate of 233), that only 40% to 60% of residents with OUD are being treated, and that there are likely to be at least 77 and as many as 177 residents with OUD who are not currently being treated.

Below is a chart listing provider types in Tillamook County related to substance use disorder (SUD) and opioid use disorder (OUD) and where they can be found.

Providers Currently Available in Tillamook County		
Provider Type	Number of Providers or Full-time Equivalents (FTE)	Location(s) of Provider(s)
Mental Health Providers		
Psychiatrist	1.8 FTE	Till. Family Counseling Center
Psychologist	0.1 FTE (4 hr/week)	Till. Co. Community Health Centers
Licensed Clinical Social Worker (LCSW)	15 FTE	Adventist Health Tillamook, Rinehart Clinic, Till. Family Counseling Center, Till. Co. Community Health Centers
Licensed Professional Counselors (LPC)	6 FTE	Till. Family Counseling Center
Licensed AODS Counselor	8 FTE	Adventist Health Tillamook, Till. Family Counseling Center, Till. Co. Community Health Centers
Peer Support Specialist	3.25 FTE	Till. Family Counseling Center
Providers with Drug Enforcement Administration Waiver to Prescribe Buprenorphine		
Physician	4	Adventist Health Tillamook, Rinehart Clinic, Till. Co. Community Health Centers*
Nurse Practitioner	1	Adventist Health Tillamook
Physician Assistant	1	Till. Co. Community Health Centers*

**Medical providers review the SBIRT, PHQ, etc. with patients at prescribed times/visits each year and make internal and external referrals to Behavioral Health Services.*

Workforce needs identified through the RCORP needs assessment are as follows:

- Availability and access to behavioral health and opioid use disorders providers; specific needs include peer recovery support specialists, certified alcohol and drug treatment counselors, providers, licensed social workers, or psychologists and psychiatrists.
- Access to MAT including provider certification as well as willingness and comfort in providing.
- Workforce education, training and perspectives regarding opioid use disorders including emergency rooms, correctional facilities and primary care offices.

Problem Statement

Based on the current level of estimated need for Tillamook County's population with, or at risk of, opioid use disorder, there is a shortage of SUD/OD-related professionals and inadequate support for treatment and recovery professionals already in Tillamook County.

Workforce Objectives

1. In three years, Tillamook County will have increased availability and access to workforce with competency in SUD/OD. These are professionals that are currently being recruited and/or trained by either Adventist Health Tillamook, Rinehart Clinic, Tillamook County Community Health Centers or Tillamook Family Counseling Center:
 - Certified alcohol and drug counselors (CADC)
 - X waivered prescribers (MD or NP) to expand access
 - Psychiatric-mental health nurse practitioner (PMHNP), or psychiatrist
 - Jail clinician/coordinator (LCSW/LPC)
 - Behavioral health clinician (LCSW/LPC)
 - Peer support specialists/peer recovery mentors
 - Behavioral health manager

Adventist Health Tillamook, Rinehart Clinic, Tillamook County Community Health Centers, and Tillamook Family Counseling Center have all successfully applied for and received National Health Service Corps (NHSC) approved site designations. Adventist Health Tillamook also contracts with Gary Bess Associates, a consulting firm with nearly 30 years of experience in assisting health care organizations, particularly hospital systems and community health centers, with federal applications and compliance – including NHSC site applications and renewals.

As such, our RCORP Tillamook consortium and ancillary partners have the requisite collective knowledge and expertise to guide new eligible sites, operated by existing or future consortium partners, through the NHSC site application process during the annual new site application cycle. This assistance would include determining the eligibility of prospective NHSC sites; gathering required information on health services provided, applicable HPSA score and type, sliding fee discounts for eligible patients, accepted

insurance, and the site's recruitment and retention plan; and required documentation, including referral arrangements for services not offered on-site and a signed NHSC site agreement.

2. Increase the prevention and treatment workforce's ability to implement evidence-based practices for opioid use disorder (OUD).
3. Expand peer recovery support options that help people start and stay in sustainable recovery.

Goal

Increase the number of prevention, treatment and recovery providers implementing evidence-based practices by 50% by the end of year 3.

Long-Term Outcome

Tillamook will have adequate numbers and skill levels in its SUD/OUD workforce to:

- increase access to and maintain delivery of SUD/OUD services to address local need (as measured by number of new patients accessing services over baseline);
- reduce the mortality and morbidity from overdose-related health incidences.

Long-Term Outcome Indicators

- Number of certifications
- Number of licensed providers
- Number of X waived providers actively offering MAT
- Number of trained support personnel (i.e., case manager, care coordinator, peer specialist)
- Number of evidence-based practices implemented that improve workforce skills/competencies to address SUD/OUD prevention, treatment and recovery

Workforce Plan Timeline

Goal: Increase the number of prevention, treatment and recovery providers implementing evidence-based practices by 50% by 2023.

Objective #1 In three years, Tillamook County will have increased availability and access to SUD/ODU workforce

Strategy: Recruit workforce in the high-priority professions identified by RCORP Tillamook

Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
<p>Conduct further assessment to pinpoint specific need by Tillamook consortium members for number and type of provider and refine a shared recruitment strategy.</p> <p>Confirm needs beyond licensed MAT providers to include support team needs for referral pathway.</p>	Year 1	Year 1	RCORP Tillamook members including: Adventist Health Tillamook (AHTM), Rinehart Clinic, Tillamook County Community Health Centers (TCCHC), Tillamook Family Counseling Center (TFCC), Sheriff's office	Law enforcement, Criminal justice, Community paramedics, treatment and recovery community	Based on objective #1 and the results found RCORP Tillamook will determine costs and seek funding through all sources available including grants and partnerships.	<p>Completed formal assessment.</p> <p>Referral pathway team composition and recruitment needs identified, including: MAT providers, LCSW, CADC licensed addictions specialist, Peer recovery specialists and RN's.</p>
<p>Identify/prioritize barriers and possible solutions to recruitment and retention of providers: social isolation, no local airport access, housing, spouse/partner jobs, work schedules.</p>	Year 1	Ongoing		Visit Tillamook Coast: Tillamook Coast visitors association	Based on objective #1 and the results found RCORP Tillamook will determine costs and seek funding through all sources available including grants and partnerships.	Identify/prioritize one barrier and develop shared community strategy/possible solution the consortium is committed to addressing.

Objective #1 In three years, Tillamook County will have increased availability and access to SUD/ODU workforce						
Strategy: Recruit workforce in the high-priority professions identified by RCORP Tillamook						
Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Identify recruitment strategies/ workforce development strategies already in place throughout the region: Use clinical rotation; OHSU – week with a rural doctor; Maximize NHSC program for recruitment and loan program.	Year 1	Ongoing	RCORP Tillamook members including: AHTM, Rinehart Clinic, TCCHC, TFCC, Sheriff’s office	Current NHSC approved sites in Tillamook: AHTM, Rinehart Clinic, TCCHC, TFCC, OHSU	Salary and benefits of NHSC providers. RCORP Tillamook to seek funding through all sources available including grants and partnerships.	Number of NHSC providers participating.
Assist new prospective NHSC sites in determining eligibility and provide guidance through the NHSC site application process	Year 1	Ongoing	RCORP Tillamook members including: AHTM, Rinehart Clinic, TCCHC, TFCC	OHSU, Gary Bess Associates	RCORP staff support, partner in-kind.	Number of new NHSC approved sites added to RCORP Tillamook’s service area
Leverage RCORP Tillamook for recruitment of healthcare professionals in Tillamook. Create prepackaged/customizable recruitment materials for small clinics to access when recruiting.	Year 2	Year 2	RCORP	Visit Tillamook Coast campaign. OSU Extension Forest to Coast program	RCORP staff support, partner in-kind. Funding to be found through available sources including grants and partnerships.	Recruitment messaging and collateral created. Recruitment materials easily accessible. Tracking of use.
Increase pool of behavioral health and substance use disorder experts in the region and integrate them into primary care practices.	Year 2	Year 2	RCORP	Tillamook County providers, Behavioral Health, CPCCO, OHA	RCORP staff to provide support for meetings and development of agreements.	MOU formal commitments to integrate care. Documentation of integrated care.

Objective #2 Increase the prevention and treatment workforce’s ability to implement evidence-based practices for OUD						
Strategy: Provide practitioners and providers with access to training and education on evidence-based prevention and treatment practices, associated with OUD/SUD, and alternative financing models.						
Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Explore opportunities to collaborate with state and regional partners and Columbia Pacific CCO to address SUD/OUD prevention, treatment and recovery. Identify existing training initiatives, resources and how they can be leveraged or replicated.	Year 1	Ongoing	RCORP Tillamook members	Columbia Pacific CCO, Lines for Life	No direct expense costs. RCORP Tillamook staffing coordination and member meeting support.	Signed MOUs
Host two grand rounds in Tillamook designed to strengthen community across health systems and foster a sense of shared purpose through academic and experiential learning and dialogue, as well as to educate stakeholders about the activities planned over the next three years in support of implementing a county-wide strategy for safe opioid prescribing and for adopting evidenced-based policies, programs and practices to prevent opioid misuse and diagnose and treat opioid use disorders.	April 2020	Year 1	RCORP Tillamook members	Lines for Life, Synergy Health Consultants	Consultation and training fees, RCORP Tillamook staff coordination, CME costs. RCORP Tillamook to seek funding through all sources available including grants and partnerships.	Grand rounds held in April. Number of attendees and CMEs awarded. Documentation of presentations and panel discussions with participants.

Objective #2 Increase the prevention and treatment workforce’s ability to implement evidence-based practices for OUD

Strategy: Provide practitioners and providers with access to training and education on evidence-based prevention and treatment practices, associated with OUD/SUD, and alternative financing models.

Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
<p>Collaborate with clinical specialists in developing methods for providing resources and education to providers on opioid prescribing, offering clinical decisions support tools as indicated, and evaluating efforts; include Project ECHO as a resource option to providers.</p> <p>Include support in prescribing and tapering and review BRAVO protocol.</p>	Year 1	Ongoing	RCORP Tillamook members	Columbia Pacific CCO, Synergy Health Consulting	<p>Cost of contract consultation</p> <p>No cost: Engage providers in Columbia Pacific CCO “Effective Systems for Addiction Treatment in Primary Care” ECHO program.</p> <p>Pursue all available funding including grants and partnerships.</p>	<p>Number of providers trained.</p> <p>Number of participating providers in Project ECHO.</p> <p>Number of providers accessing consultation support.</p>
<p>Increase the number of providers, who are trained, certified, and willing to provide MAT.</p> <p>Engage providers into Columbia Pacific CCO’s “Effective Systems for Addiction Treatment in Primary Care” ECHO program.</p>	Year 1	Ongoing	RCORP Tillamook members	Columbia Pacific CCO, OHSU, Synergy Health Consultants	<p>No Cost: Columbia Pacific CCO to host MAT Waiver training in Tillamook and regional ECHO collaborative.</p> <p>No cost: OHSU provides CMEs, technical assistance resources such as OHSU’s Addiction Medicine ECHO Certificate Program.</p>	<p>Number of X waived providers.</p> <p>Number of “active” X waived providers.</p>

Objective #2 Increase the prevention and treatment workforce’s ability to implement evidence-based practices for OUD						
<i>Strategy: Provide practitioners and providers with access to training and education on evidence-based prevention and treatment practices, associated with OUD/SUD, and alternative financing models.</i>						
Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Cultivate clinical champions who will: encourage additional providers to integrate MAT in their practices; create provider alignment on MAT and use same metrics.	Year 1	Ongoing	AHTM (Dr. Bohlman, Dr. Jessi Cox), Rinehart Clinic, TCCHC		Minimal cost, time and leadership.	Documentation of shared metrics.
Convene a regional learning network for support staff such as nurses, medical assistants, case managers, and community health workers to discuss best practices and aid MAT service delivery.	Year 2	Year 2	RCORP Tillamook members	Columbia Pacific CCO, Synergy Health Consultants	Cost for consulting varies, use no-cost resources when available by partner	Documentation of network meetings and attendance. Development of referral pathways for team-based care
Provide training and other professional development opportunities to increase the number of providers who can identify and treat SUD/OUD. Work with healthcare providers to develop guidance for identifying, diagnosing, and appropriate referral to or link to treatment for OUDs.	Year 1	Ongoing	RCORP Tillamook members	Include review of Columbia Pacific CCO guidelines. Synergy Health Consultants	Cost of trainings/consultation and travel expense of presenters. Cost varies, use no-cost option when available by partner.	Number of training and professional development opportunities offered annually. Number of providers trained. Guidance document and Number of appropriate referrals to treatment.

Objective #2 Increase the prevention and treatment workforce’s ability to implement evidence-based practices for OUD

Strategy: Provide practitioners and providers with access to training and education on evidence-based prevention and treatment practices, associated with OUD/SUD, and alternative financing models.

Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
<p>Training on use of Prescription Drug Monitoring Program (PDMP) and customized data dashboard for Tillamook County prescribers.</p> <p>Dashboard tutorials provided by Synergy Health Consultants.</p>	Year 1	Year 1	RCORP Tillamook members, Tillamook County partners	Columbia Pacific CCO and SHC	Cost of consultant fees varies RCORP Tillamook will pursue no-cost resources when available by partner.	<p>Number of providers integrating PDMP use into practice.</p> <p>Development of and adoption of customized data dashboard.</p> <p>Number of providers accessing dashboard.</p>
<p>Strengthen collaboration with law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/OUD.</p> <p>Hold training for law enforcement and criminal justice on MAT and continuity of care in jails; people-first language addressing stigma; crisis intervention training; Narcan administration.</p>	Year 1	Ongoing	RCORP Tillamook members, Tillamook County Sheriff	<p>Invite Yamhill County Sheriff’s Office and Provoking Hope to share Jail MAT program.</p> <p>Invite Clackamas County to present on Community Paramedic Harm Reduction model.</p> <p>Columbia Pacific CCO training programs and possible Narcan funds.</p>	<p>Cost for presentations, technical assistance/consultation and travel expense.</p> <p>Cost of training and Narcan kits for participants.</p> <p>Pursue all available funding including grants and partnerships.</p>	<p>Number of community education and training opportunities.</p> <p>Number of Narcan distribution.</p> <p>collaboration documentation.</p>

Objective #2 Increase the prevention and treatment workforce’s ability to implement evidence-based practices for OUD

Strategy: Provide practitioners and providers with access to training and education on evidence-based prevention and treatment practices, associated with OUD/SUD, and alternative financing models.

Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Identify funding/waivers to support provider release time for training programs.	Year 2	Ongoing	RCORP Tillamook members		Minimal cost for staff time.	Identify and apply for workforce development grants.
Training/support on use of evidence-based and/or promising practices that enhance better pain management in urgent care, acute care and emergency department. Provide academic detailing and on-site visits to healthcare providers and provide tailored education and technical assistance on best practices for prescribing.	Year 2	Year 2	RCORP Tillamook members	Columbia Pacific CCO, Synergy Health Consulting, OHSU’s Project ECHO,	Cost for consulting varies, use no-cost resources when available by partner.	Number and type of training. Number of providers trained/participating in academic detailing site visits. Number of opioid prescriptions in emergency department settings.
Encourage the use of multidisciplinary team models for the management of pain. 1. Assess and Identify physical and occupational therapists and leverage their services. 2. Collaborate with partners for other holistic treatments for pain management	Year 2	ongoing	RCORP Tillamook members	OSU Extension Services in creation of referral/resource materials.	Cost of materials and messaging campaign covered by OSU project.	Number of alternative pain management professionals in Tillamook. Pain Management referral/resource list vetted and distributed to providers. Collaboration documented.

Objective #2 Increase the prevention and treatment workforce’s ability to implement evidence-based practices for OUD						
Strategy: Provide practitioners and providers with access to training and education on evidence-based prevention and treatment practices, associated with OUD/SUD, and alternative financing models.						
Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Recruit and retain rural SUD/OUD providers by offering workforce development opportunities and recruitment incentives. Maximize NHSC program for recruitment and loan program.	Year 1	Ongoing	RCORP Tillamook members	Current NHSC approved sites in Tillamook: TRMC, Rinehart Clinic, TCCHC, TFCC	Salary and benefits of NHSC providers. Funding to be pursued through all available funding including grants and partnerships.	Number of NHSC providers participating.
Assist new prospective NHSC sites in determining eligibility and provide guidance through the NHSC site application process	Year 1	Ongoing	RCORP Tillamook members including: AHTM, Rinehart Clinic, TCCHC, TFCC	OHSU, Gary Bess Associates	RCORP staff support, partner in-kind.	Number of new NHSC approved sites added to RCORP Tillamook’s service area
Participate in state-level billing and coding education opportunities. Ask Columbia Pacific CCO to share operational procedures and lessons learned on newly developed payment system for office visits for MAT services given in Primary care.	Year 2	Year 2	RCORP Tillamook members	Columbia Pacific CCO, OHA	no-cost or low-cost: RCORP Tillamook staff and partners provide training and technical assistance.	New payment models adopted that facilitate and incentivize coordinated care. Number of patients accessing care.

Objective #3 Expand peer recovery support options that help people start and stay in sustainable recovery.

Strategy: Integrate peer recovery support in the coordinated Tillamook County treatment and recovery plan.

Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
RCORP Tillamook member presentation and discussion on how TFCC, peer recovery support can be component of programs.	Year 1	Ongoing during project	TFCC (Frank Hanna-Williams) will coordinate/lead discussions	Columbia Pacific CCO to share peer mentor project: overdose response and distribution of naloxone. OSU Center for Health Innovation: Community Health Workers.	No direct costs.	Number of peers hired. Number of partner collaborations.
Peer Recovery Support Specialist Credentialing Training.	Year 1	ongoing	TFCC will coordinate training of peer staff hired	Mental Health Addictions Certification Board of Oregon.	\$150 per staff member. Funding to be pursued through current grant options or partnerships.	Number of peers certified.
Assessment of RCORP Tillamook need for peer recovery support in broader settings and creation of key partner workgroup to establish operational aspects of project.	Year 1	ongoing	RCORP Tillamook members. Work with partners to develop operations workgroup.	AHTM, Rinehart Clinic, TCCHC, TFCC, Tillamook County Sheriff's office.	Grant funds from Oregon Health Authority to TFCC will assist in hiring peer recovery specialists for Tillamook during the initiative.	Number of partners in operations workgroup. Number of gaps in services identified.

Objective #3 Expand peer recovery support options that help people start and stay in sustainable recovery.

Strategy: Integrate peer recovery support in the coordinated Tillamook County treatment and recovery plan.

Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Identify and access resources for hiring peer recovery specialists.	Year 1	ongoing	TFCC will coordinate efforts with AHTM, Rinehart Clinic and TCCHC.	AHTM, Rinehart Clinic, TCCHC, TFCC, Tillamook County Sheriff's office.	Grant funds from Oregon Health Authority to TFCC will assist in hiring peer recovery specialists for Tillamook during the initiative. Build on grant that is providing funding to hire peer recovery specialists.	Number of peer recovery specialists providing support to MAT waived providers. Increase annually in peer recovery support service in Tillamook.
Use peer recovery support mentors to facilitate link between emergency department and appropriate treatment and recovery resources.						Increase in emergency department access of peer recovery support mentors as direct link to appropriate treatment. Number of naloxone doses dispensed.

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