**Grantee Organization:** New Mexico Human Services Department  
**Project Name:** New Mexico Access to Recovery  
**Project Director:** Marie Di Bianco  
**Grant Number:** 5H79TI019504  
**Grant Project Period**: September 30, 2007 – December 31, 2010  
**Report Submission Date:** March 31, 2011

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¹ For a No Cost Extension (NCE) submission, list the end date of your NCE. Otherwise, list September 29, 2010.  
² List number of providers enrolled during the life of your grant.
Executive Summary

New Mexico’s ATR 2 application listed the following Program Goals:

**Goal 1:** Continue to ensure genuine, free and independent Consumer Choice through the maintenance of the existing ATRNM system in Bernalillo, Dona Ana, and Santa Fe Counties and Five Sandoval Indian Pueblos and surrounding areas

**Goal 2:** Expand ATRNM into corrections and in-patient settings of New Mexico.

**Goal 3:** Integrate a focus on Methamphetamine services into ATRNM by serving 800 clients.

**Goal 4:** Increase access to a broad-based Continuum of Recovery Support Services that is reflective of the cultural values of clients, their families, and traditional communities.

**Goal 5:** Evaluate the effectiveness of the State’s ATR system.

**Goal 6:** Ensure effective project monitoring through a web-based information system.

**Goal 7:** Include Gender-responsive Central Intake and provider sites in ATRNM.

**Goal 8:** Institutionalize the ATRNM centralized model developed around client choice and multiple pathways to recovery into all areas of substance abuse treatment in New Mexico, focusing on recovery support services.

There has been substantial growth in ATR 2 since the State of New Mexico was awarded the grant in 2008. New Mexico has continued the Central Intake Model for ATR. This approach has been operational throughout the grant. However, there have been various changes as the program has evolved in New Mexico. The changes range from the management of the grant to the array of services available to clients.

At the inception of ATR 2 in New Mexico, the ATR grant was administered by Behavioral Health Services Division (BHSD), which is a division of the New Mexico Human Services Department (HSD). Utilizing a Central Intake model, with a mobile outreach component at 3 sites, BHSD managed all aspects of the implementation and review of the New Mexico ATR system in five (5) initial communities in the state:

- Albuquerque (Bernalillo County)
- Santa Fe (Santa Fe County-(with mobile outreach to Torrance County)
- Las Cruces (Doña Ana County with mobile outreach to Luna, Otero and Chavez Counties)
- Sandoval County (Five Sandoval Indian Pueblo’s);
- Clovis (Curry County)

During ATR 2, services for Otero County were moved from mobile outreach to the establishment and implementation of a local Central Intake in Alamogordo, bringing the total number of New Mexico Central Intakes to six (6) by the end of the Project.
There were several changes that took place in ATR 2 that began in June of 2007. First, the administration of ATR 2 was transferred from BHSD management to ValueOptions New Mexico (VONM), as part of an overall migration of behavioral health services (mental health and substance abuse treatment) to a state-wide entity management structure. This migration of behavioral health services was initiated in July, 2005 under the auspices of the New Mexico Behavioral Health Purchasing Collaborative, a 17-member organization whose goals include the enhanced coordinated delivery of all behavioral health services. The NM ATR 2 Project also experienced a second transition from the first contracted state-wide entity (VONM) to the second contracted state-wide entity, OptumHealth New Mexico (OHNM), resulting in three (3) different management structures during the course of the grant cycle.

A second critical change during the course of NM ATR 2 was the closing and reestablishment of several Central Intakes in the 6 communities. The Central Intake model has been employed throughout the life of the ATR 2 grants in New Mexico and these offices provide independent clinical assessment, provider choice, and referral, as well as recovery support coordination and required data collection services such as GPRA (Government Performance and Results Act). Consumers utilize the Central Intake during the course of their ATR voucher and New Mexico’s ATR Provider Network can only receive vouchers for client services through the Central Intake referral process. As such, any closing of a Central Intake has a profound impact on both clients and providers. New Mexico’s ATR 2 project experienced six (6) major Central Intake transitions, each posing unique challenges and opportunities to the NM ATR 2 Management Team and Project.

A third critical change during this project included the refinement of both the service array and the length of services provided under the ATR voucher. Examples include creation of a voucher for clinical and recovery support for methamphetamine-related services (MATRIX model) when SAMHSA prioritized persons with methamphetamine addiction for ATR services, the implementation of a National Guard voucher set-aside for priority access to ATR services and the deletion from the NM ATR 2 voucher of gap funding and gap case management. ATR 2 voucher lengths in New Mexico were also adjusted during the grant period from six months to four months to three months.

Lastly, as the New Mexico ATR 2 Project was implemented, some of the processes of the Central Intake functions were modified and/or augmented. These modifications were the result of program and process reviews, as well as input from Central Intakes, providers, referral agencies and consumers.

New Mexico’s ATR 2 Project faced several challenges during the project period, but met each of these challenges with innovative solutions and was able to finish the grant with 9,091 clients served, a GPRA 6-month follow-up rate of over 80% and a New Mexico Outcomes Study that supports the critical role of recovery support services for persons served by the program.
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A. Program Management and Staffing

1. List the goals and objectives related to project management and staffing.

As listed in the Executive Summary, all of New Mexico’s 8 Goals relate to project management and staffing and specific management and staffing objectives were designed to meet each the aforementioned goals. These included a working team approach to enhance and manage Central Intake and Provider Network capacities, service delivery concerns and the monitoring of network adherence to established ATR program policies and standards.

2. List and briefly describe the major accomplishments related to program management and staffing.

Major accomplishments related to the ATR 2 program included:

Clinical Management and Staffing:
As noted in the Executive Summary, New Mexico’s ATR 2 Project operated under three (3) different program management and staffing structures during the course of the grant period (September 30, 2007 to December 31, 2010). Clinical management and staffing for ATR 2 was transferred from the New Mexico Human Services Department (HSD), Behavioral Health Services Division (BHSD) to ValueOptions New Mexico (VONM), the first state-wide entity, on July, 2007. This oversight responsibility was refined under the second state-wide entity, Optum Health New Mexico (OHNM), on July 1, 2009.

The smooth transition of clinical management and staffing functions during ATR 2, with limited disruption of these services to the New Mexico ATR 2 Network, were a result of management partnership between the BHSD and the state-wide entities.

Financial Management and Staffing:
As part of the transition of ATR 2 to each of the state-wide entities, the definition and ongoing refinement of roles and responsibilities regarding financial management and staffing remained paramount to BHSD. Major accomplishments of these efforts included:

Provider Auditing Procedures: Utilizing several of BHSD’s financial management tools, VONM refined and implemented an in-house ATR provider auditing process. Responsibility for the auditing of the Central Intakes, Clinical Providers and Recovery Support Providers was transferred to VONM for ATR on July 1, 2007. VONM utilized administrative funds from ATR to implement this auditing procedure, with VONM reporting findings to BHSD via ATR management meetings and replacing underperforming Central Intakes. BHSD and VONM jointly conducted provider audits during the spring of 2009 to identify potential waste, fraud and abuse and resulted in key program management and staffing changes that were reflected in the OHNM (2nd state-wide entity) ATR contract for ATR 2 and ATR 3.
Restructuring of ATR 2 Project management and staffing requirements for the second state-wide entity, OptumHealth New Mexico (July, 2009). Based on the results of VONM’s ATR management and staffing structure, BHSD revised and restructured OHNM’s roles, responsibilities and staffing, with BHSD retaining more administrative positions.

Monthly Central Intake and Provider Network Meetings
The New Mexico ATR 2 Project (as in the ATR 1 and ATR 3 Projects) utilizes a Central Intake model, which helps to ensure a neutral, unbiased assessment and client choice in providers. One key feature of this model is a robust network of clinical and recovery support providers that may have had limited contact with each other, as well as an unclear understanding of a new financing mechanism such as voucher reimbursement, which is a hallmark of the ATR Project. Project management and staffing designed to implement the Central Intake model included the assignment of full-time staff to work with each Central Intake in the development of their network and continue the growth and support of all ATR Providers through a monthly Central Intake (CI) and Provider Network Meeting at each of the 6 CI sites.

3. Identify and briefly describe the major challenges and lessons learned related to program management and staffing.

Challenges and lessons learned related to program management and staffing of ATR 2 include:

Multiple Project Management Transitions: clear delineation of roles and responsibilities, creation and implementation of an ATR Project Management Team; jointly staffed Monthly Central Intake and Provider Meetings; utilization of ATR website to provide information were all key tools developed and implemented in response to this challenge.

Multiple Project Directors: changing project directors at the state level was another challenge in the New Mexico ATR 2 Project. Given the complexity of the ATR model, the learning curve for each Project Director was high, requiring extensive on-the-job training from other key ATR staff members.

Financial Staffing: ATR 2 requires state and other financial staff to participate in the management of these federal resources in a different manner than in other grants. The voucher management system requires much more fiscal interaction between the grants management function (at both the state and state-wide entity levels) and that of the ATR Project Director. This change in interaction can be difficult at first. Key lessons include the establishment and on-going interaction on a regular basis between grants management and ATR project staff and the creation and implementation of common financial tools.
B. Referral Pathways and Collaboration with Other Systems

1. List the goals and objectives related to establishing referral pathways and collaboration with other systems.

New Mexico’s specific project goals regarding this area included:

**Goal 2: Expand ATRNM into corrections and in-patient settings of New Mexico**

Objective 1: Add mobile assessment capacity to the Central Intakes of Bernalillo and Las Cruces to conduct assessments in the local correctional/detention facilities of Bernalillo County, and Dona Ana Counties to ensure rapid engagement into treatment and recovery support services of individuals upon release.

Objective 2: Add a mobile assessor to the Central Intake of Bernalillo to conduct assessment at the inpatient and detoxification facilities in the Albuquerque area to ensure rapid engagement into outpatient treatment and recovery support services upon exit from those programs.

Objective 3: Implement referral mechanism for the CYFD Parole Board for Juvenile Detention and Transitional Housing in Bernalillo County, working with transitional coordinators to engage transitional youth (ages 18-21) into the ATRNM system.

**Goal 3: Integrate a focus on Methamphetamine services into ATRNM by serving 800 clients.**

Objective 3: Each Central Intake site will work with local law enforcement teams to develop a referral mechanism to Central Intakes for individuals with methamphetamine-related problems.

2. List and briefly describe the major accomplishments related to establishing referral pathways and collaborating with other systems.

The Central Intakes worked throughout the life of the grant to develop, encourage and reinforce a relationship with the correctional system as a referral source. Their success is reflected in the referral pathways that were developed:

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<tr>
<td>Probation/Parole</td>
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</table>

These referrals account for 43% of referrals into the ATR program.

New Mexico provided services to 1690 Methamphetamine clients, doubling the target in Goal 3.
3. **Identify and briefly describe the major challenges and lessons learned related to establishing referral pathways and collaborating with other systems.**

One of the major challenges with setting a referral pathway with the courts, probation/parole and community corrections was educating each of the individuals participating in the referral process about client choice. Many of the officers and judges involved wanted or ordered the individuals to go to certain providers for particular services. The Central Intakes educated all parties involved about the requirement of client choice to participate in the funding source. Officers and judges were willing to try it and they stuck with it because the results were so positive.

It was difficult to reach increased target numbers of methamphetamine clients because the drug of choice in NM had shifted away from Methamphetamine. This could be due to any number of reasons but it seems likely it is the result of the intensive methamphetamine initiatives implemented state-wide by the NM State Police prior to the start of ATR 2. Different outreach strategies were implemented in areas of higher methamphetamine areas to reach targets.

C. Outreach Efforts

- **To Community (Program Marketing)**
- **To Potential Clients**
- **To Providers (secular, faith-and community-based, and traditional)**

1. **List the goals and objectives related to outreach efforts to the community, potential clients, and to providers.**

Specific New Mexico goals and objectives regarding this area included:

**Goal 1: Continue to ensure genuine, free and independent Consumer Choice through the maintenance of the existing ATRNM system in Bernalillo, Dona Ana, and Santa Fe Counties and Five Sandoval Indian Pueblos and surrounding areas**

Objective 1: Continue to provide treatment services and recovery support services in the counties of Bernalillo, Dona Ana, and Santa Fe and Five Sandoval Indian Pueblos, using existing model based on standards, credentialing, key components and values proven through evaluation during the first cycle of funding and documented in service definitions, provider handbook and model

Objective 3: Continue to offer two or more choices of service providers for each type of treatment and recovery support service, among them at least one provider to which the client has no religious objection.

Objective 4: Maintain the range of client-centered recovery choices in each of the four communities by continuing to increase the capacity of local networks of faith-based and other community-based organizations to create enhanced and expanded options for care.
Objective 5: Continue to ensure genuine, free and independent Consumer Choice through the maintenance of the existing ATRNM system in Bernalillo, Dona Ana, and Santa Fe Counties and Five Sandoval Indian Pueblos and surrounding areas.

**Goal 4:** Increase access to a broad-based Continuum of Recovery Support Services that is reflective of the cultural values of clients, their families, and traditional communities

Objective 1: Replicate ATRNM program model in the Pueblo of Isleta in Bernalillo County, using service definitions and cultural competencies developed with Five Sandoval Indian Pueblos in the first cycle of funding.

Objective 2: Replicate mobile assessor model developed at NAVA in Dona Ana County for Anthony and Sunland Park with emphasis on integration of culturally appropriate, faith-based providers in Otero and Grant Counties.

Objective 3: Continue to increase capacity of faith-based and traditional providers through peer-to-peer sharing of expertise and formal training.

**Goal 8:** Institutionalize the ATRNM centralized model developed around client choice and multiple pathways to recovery into all areas of substance abuse treatment in New Mexico, focusing on recovery support services

Objective 1: Using Pathways as the model, provide intake and environment protocols, credentialing process and technical assistance to other Central Intakes and providers, ATR and non-ATR, who are conducting assessment and referral activities.

Objective 2: Integrate and expand credentialing and capacity-building processes and protocols for recovery support providers to regions outside the ATRNM catchment area.

Objective 3: Create linkages with SBIRT, SAPT, Co-SIG (Co-Occurring State Incentive Grant) and for-profit providers by developing referral mechanisms and incorporating additional providers into the network.

Objective 4: Continue to integrate and expand protocols for ASAM and ASI assessment implementation Statewide.

2. **List and briefly describe the major accomplishments related to outreach efforts.**

Outreach strategies have previously proven extremely successful in the southern part of the New Mexico, especially in Curry County during FY09 with client engagement and follow-up.

By awarding request to reallocate ATR 2 Methamphetamine Outreach Funds, the State of New Mexico was able to:

- Be assured of professional, and ethical utilization of allocated Methamphetamine Outreach Funds
• Have the confidence of working with an established entity that has proven its proficiency in the delivery of services, and successful local oversight of the ATR-New Mexico Grant protocols and systems.

• Based on the data collected by the local Drug Task Force in Curry County, the assumption was that of the 4883+ individuals who benefited from above highlighted Meth Outreach efforts, between 821 - 3662 of those were Methamphetamine users.

3. Identify and briefly describe the major challenges and lessons learned related to outreach efforts.

In most community communication with different organization and informing them about Access to Recovery was challenging they wanted to get involved as long as someone else did the work or took the lead. The real accomplishments came in our Central Intakes taking that initiative and making contact with all the different agencies and referral sources and basically raising to that challenge and saying we're here and were ready to help in any way. At times it was tough getting to the right people where walls were put up but through time and persistence it has all worked out. The major challenges and lessons learned were to break down the barriers and create an atmosphere in those community’s working together to help each other so that the final was what is best for the client’s in that community and they get the services they need.

D. Increasing Array of Clinical Treatment and Recovery Support Service (RSS) Providers

1. List the goals and objectives related to increasing the array of clinical treatment and RSS providers.

Specific New Mexico ATR 2 Goals and Objectives regarding this item include:

**Goal 1:** Continue to ensure genuine, free and independent Consumer Choice through the maintenance of the existing ATRNM system in Bernalillo, Dona Ana, and Santa Fe Counties and Five Sandoval Indian Pueblos and surrounding areas

Objective 1: Continue to provide treatment services and recovery support services in the counties of Bernalillo, Dona Ana, and Santa Fe and Five Sandoval Indian Pueblos, using existing model based on standards, credentialing, key components and values proven through evaluation during the first cycle of funding and documented in service definitions, provider handbook and model.

Objective 3: Continue to offer two or more choices of service providers for each type of treatment and recovery support service, among them at least one provider to which the client has no religious objection.

Objective 4: Maintain the range of client-centered recovery choices in each of the four communities by continuing to increase the capacity of local networks of faith-based and other community-based organizations to create enhanced and expanded options for care..
**Goal 4:** *Increase access to a broad-based Continuum of Recovery Support Services that is reflective of the cultural values of clients, their families, and traditional communities*

Objective 3: Continue to increase capacity of faith-based and traditional providers through peer-to-peer sharing of expertise and formal training.

**Goal 8:** *Institutionalize the ATRNM centralized model developed around client choice and multiple pathways to recovery into all areas of substance abuse treatment in New Mexico, focusing on recovery support services*

Objective 1: Using Pathways as the model, provide intake and environment protocols, credentialing process and technical assistance to other Central Intakes and providers, ATR and non-ATR, who are conducting assessment and referral activities.

Objective 2: Integrate and expand credentialing and capacity-building processes and protocols for recovery support providers to regions outside the ATRNM catchment area.

Objective 3: Create linkages with SBIRT, SAPT, Co-SIG (Co-Occurring State Incentive Grant) and for-profit providers by developing referral mechanisms and incorporating additional providers into the network.

Objective 4: Continue to integrate and expand protocols for ASAM and ASI assessment implementation Statewide.

2. **List and briefly describe the major accomplishments related to increasing the array of clinical treatment and RSS providers.**

Major accomplishments in this area include:

- **Expansion of the ATR 2 Network to Curry County:** including the development of a Central Intake and robust clinical, recovery support and faith-based provider network; replacement of the original Central Intake due to performance issues

- **Transition of the ATR 2 Network from VONM to OHNM:** which included the reissuance of all Central Intake and provider contracts

- **Replacement of Central Intakes:** During ATR 2, several Central Intake providers either chose to or were required to discontinue providing ATR services. These transfers of Central Intake duties to new entities while continuing to service ATR clients, with minimal disruptions to the provider network occurred in Curry County (1 transition), Dona Ana County (3 transitions) and Bernalillo County (3 transitions)

- **Monthly Central Intake and Provider Meetings:** These meetings were originally designed to assure that all ATR providers would be kept informed of program rules, requirements and changes, as well as a forum for cross-training. Two major accomplishments that are a direct result of these meetings include the increased respect between clinical and recovery support providers as evidenced by meeting conversation and presentations as well as a marked
increase in conversations regarding the principle of “recovery” and client centered approaches to treatment and services.

3. Identify and briefly describe the major challenges and lessons learned related to increasing the array of clinical treatment and RSS providers.

As noted in several other sections of this report, the many transitions experienced in New Mexico’s ATR 2 Program offered real challenges to the Central Intake and provider network. Of particular concern was the flow of misinformation between the Central Intakes and Providers at key transition points (i.e. between state-wide entities) that resulted in questionable service and billing practices and client confusion.

An additional challenge occurred when Central Intakes either chose to get out of the ATR program or had to be closed due to improper practices. Under VONM, the practice of approaching and selecting companies to manage the Central Intakes was implemented due to these situations, which resulted in one company managing three of six Central Intakes. Upon this company’s withdrawal, a new policy of issuing Request For Proposals was instituted, as well as a 1 Central Intake limit to prevent this situation for occurring again.

Finally, a key challenge in the expansion of the array of clinical treatment and RSS providers was increasing the knowledge, skills and abilities of providers, especially RSS providers, in governmental processes—a first time experience for many ATR providers. Lack of understanding of these processes, including the new voucher payment approach, was a major challenge in the increasing the array of providers and offering real consumer choice in small and rural communities. Monthly meetings, one-on-one technical assistance and continuous communication through a variety of mechanisms were key solutions implemented to meet these challenges.

E. Expanding Capacity: Training and Technical Assistance Provided to Providers and Partners

1. List the goals and objectives related to expanding capacity through training and technical assistance to providers and partners.

   Goal 6: Ensure effective project monitoring through a web-based information system

   Objective 8: Provide technical assistance as indicated through data review, site visits and requests from providers. Provide mechanism for network communication through website.

   Goal 7: Include Gender-responsive Central Intake and provider sites in ATRNM


   Objective 2: Train and implement gender-responsive model in Curry, Santa Fe, and Dona Ana counties in Year 2.
Objective 3: Partner with Five Sandoval Indian Pueblos and Isleta to modify in accordance with cultural guidelines and implement gender-responsive model in Year 3.

**Goal 8:** Institutionalize the ATRNM centralized model developed around client choice and multiple pathways to recovery into all areas of substance abuse treatment in New Mexico, focusing on recovery support services

Objective 1: Using Pathways as the model, provide intake and environment protocols, credentialing process and technical assistance to other Central Intakes and providers, ATR and non-ATR, who are conducting assessment and referral activities.

Objective 2: Integrate and expand credentialing and capacity-building processes and protocols for recovery support providers to regions outside the ATRNM catchment area.

Objective 3: Create linkages with SBIRT, SAPT, Co-SIG (Co-Occurring State Incentive Grant) and for-profit providers by developing referral mechanisms and incorporating additional providers into the network.

Objective 4: Continue to integrate and expand protocols for ASAM and ASI assessment implementation Statewide.

2. **List and briefly describe the major accomplishments related to expanding capacity through training and technical assistance to providers and partners.**

A protocol was established wherein all provider questions were sent to a central email and forwarded to the management team for immediate response. Provider questions and issues were resolved, on average, within 3 business days of being reported. Many questions resulted in the issuance of technical assistance to providers about ATR processes, ATR rules, VMS functioning, and allowable services. This protocol expedited provider feedback and assistance which gave providers more time to serve individuals and also gave them confidence in the program by creating a mutually respectful path of communication.

Monthly meetings were held at each Central Intake location which gave providers valuable information and provided a forum for networking between all providers – clinical and recovery support. This forum helped develop stronger networks and helped breakdown barriers between clinical providers and recovery support providers.

Recovery support services are relatively new and clinical providers were initially resistant to their inclusion because 1) they were not proven and 2) they would take money away from them. Through the provider meetings, the sharing of data and the sharing of experiences has resulted in providers focusing on the client instead of the dollars and working together to give what is in the client’s best interest.

The biggest accomplishment that has resulted from the intensive engagement of the management team through training, technical assistance, and education with and of the providers and partners in ATRNM is that providers want to participate in the program and organizations want to refer clients into the program.
3. Identify and briefly describe the major challenges and lessons learned related to expanding capacity through training and technical assistance to providers and partners.

The major challenge to expanding capacity is that expansion has limits. Over expansion spreads the funding beyond what it can support. Finding a balance with the number of providers participating in a network and the number of clients a Central Intake can assess and refer each month is critical to ATRs success. Once this balance is achieved, capacity expansion shifts focus to service delivery: discussing with providers and reviewing the data to determine what service mix works best with the population being served in NM.

F. Ensuring Clients Have Genuine, Independent, and Free Choice

1. List the goals and objectives related to ensuring that clients have genuine, independent, and free choice.

New Mexico’s specific goal and objectives regarding this item were:

**Goal 1**: Continue to ensure genuine, free and independent Consumer Choice through the maintenance of the existing ATRNM system in Bernalillo, Dona Ana, and Santa Fe Counties and Five Sandoval Indian Pueblos and surrounding areas

Objective 3: Continue to offer two or more choices of service providers for each type of treatment and recovery support service, among them at least one provider to which the client has no religious objection.

Objective 4: Maintain the range of client-centered recovery choices in each of the four communities by continuing to increase the capacity of local networks of faith-based and other community-based organizations to create enhanced and expanded options for care.

Objective 5: Continue to ensure genuine, free and independent Consumer Choice through the maintenance of the existing ATRNM system in Bernalillo, Dona Ana, and Santa Fe Counties and Five Sandoval Indian Pueblos and surrounding areas.

2. List and briefly describe the major accomplishments related to ensuring genuine, independent, and free choice.

Major accomplishments in this area include:

**Central Intake Model**: The New Mexico ATR Central Intake model is designed to provide for genuine, independent and free choice for clients of both services and providers. Central Intakes may not provide any other ATR funded service and staff may not be employed by any member of the ATR provider network. Extensive training and staff supervision is provided. Central Intakes are monitored for network referrals and utilization.

**VMS System**: New Mexico’s Voucher Management System (VMS) is also designed to provide for genuine, independent and free choice for clients. The VMS system presents to each consumer a full list of providers who have been credentialed to provide the specific clinical and recovery support services identified in client assessment. Additionally, the VMS
system allows for the client to sort these providers by various requirements, including proximity to public transportation, hours of operation and gender-specific services, among other parameters.

**Use of System:** Of the approximately 160 providers in the ATR 2 network, approximate 75% of these providers delivered at least one service to one client. Additionally, all ATR networks include at least 2 providers of each approved clinical and recovery support services.

3. **Identify and briefly describe the major challenges and lessons learned related to ensuring genuine, independent, and free choice.**

Challenges in this area included reports of Central Intake staff steering clients to certain providers or telling clients that they could not receive services from certain ATR credentialed providers. All client reports were promptly investigated, resulting in the closing of several Central Intake providers and reopening of Central Intakes under new providers. These experiences have led to additional changes to the VMS system in ATR 3.

An additional challenge has been around traditional and culturally relevant services. Given the need to provide genuine, independent and free choice, it has been difficult for the ATR provider network to include two providers for each service category. Continued outreach to non-ATR providers is a key lesson learned from this experience.

While New Mexico’s ATR service system consists of a flexible array of services designed for choice, there have been unanticipated financial consequences regarding some of these services that were added to the array and then dropped. Three examples are gap funding, housing and methadone. After careful research and federal approval, each of these services was added to the NM ATR service array. Utilization of all three services became unsustainable, eventually leading to a phasing out of the service and leading to the development and implementation of monthly service caps. Careful monitoring of the VMS system on a daily basis can catch these issues much more quickly than other payment mechanisms, thanks to the voucher approach to service payment, a hallmark of ATR 2.
G. Voucher Management System (VMS) Implementation & Modification

1. List the goals and objectives related to implementing and/or modifying the VMS.

Goal 5: Evaluate the effectiveness of the State’s ATR system

Objective 1: Using evaluation foundation from the first cycle of funding, continue to assess client abstinence and reduced substance use; assess results of varying arrays of services.

Objective 2: Continue to collect and analyze outcome data from additional client-level domains: employment, criminal justice, education; family and living conditions; social support and recovery.

Objective 3: Continue to collect and analyze outcome data from the voucher system domain to assess increase in access/capacity

Objective 4: Continue to collect and analyze outcome data from the provider to assess client engagement, retention and length of episode of care; examine changes in service provision as result of project.

Objective 5: Continue to identify, document, and disseminate knowledge gained from practice and establish best practices in New Mexico recovery services.

Objective 6: Identify, document, and disseminate knowledge gained from practice and establish best practices in New Mexico methamphetamine treatment and gender-responsive services.

Objective 7: Continue to provide an effective quality improvement program based on data driven decision-making and planning practices.

Objective 8: Assess client satisfaction with all aspects of the project

Goal 6: Ensure effective project monitoring through a web-based information system

Objective 1: Expand existing web-based data system to include proposed new sites and mobile assessors.

Objective 2: Continue to provide automated vouchering, invoicing, and billing for the project.

Objective 3: Continue to upload federal data files

Objective 4: Continue to track outcomes in the seven domains of the original project and provider capacity, as well as duration and frequency of service, service type and referral source.

Objective 5: Track complete episode of treatment to ensure maintenance of reasonable cost brackets.
Objective 6: Identify patterns of fraud and waste through regular, on-going systemic analysis of utilization and payments.

Objective 7: Monitor distribution and utilization of vouchers by Central Intake site, by provider, and by geographic location.

Objective 8: Provide technical assistance as indicated through data review, site visits and requests from providers. Provide mechanism for network communication through website.

2. List and briefly describe the major accomplishments related to implementing and/or modifying the VMS.

The VMS used in NM was originally built in 2005 for ATR I funding. The same system was used for ATR 2 with several major modifications. The system was modified based on data driven program management decisions. The first change was to move all vouchers from four months in length to three months in length. The other, more substantive change was to modify the amount of the voucher that is available each month. Originally, a voucher was issued for X amount for 3 months. This was modified to be a three month voucher issued for 1/3 X each month. Once a month past, unused money was returned to the voucher pool.

These changes, though difficult in terms of rule changes for Central Intakes and providers were built off-line and then published to the VMS without disrupting service. These changes allowed the State to gain greater control of allocated and outstanding funds.

Please see the appendix on evaluation for information and results of data collected through the VMS system.

3. Identify and briefly describe the major challenges and lessons learned related to implementing and/or modifying the VMS.

The biggest challenge with the modifications mentioned above, was helping providers transition to the monthly allotment of funds. Prior to this change, providers could bill out the entirety of a voucher in its third month if so used. The intent of the three month voucher was to have clients in service for three months with a balanced delivery of service not to inundate a client with a month of intensive service. This VMS modification has accomplished this goal.
H. GPRA Data

- Use of data to change/improve services
- Tracking system/approaches to conduct 6-month follow-up interviews

1. List the goals and objectives related to changing or improving services based on GPRA data and facilitating 6-month GPRA follow-up interviews.

**Goal 5:** Evaluate the effectiveness of the State’s ATR system

Objective 1: Using evaluation foundation from the first cycle of funding, continue to assess client abstinence and reduced substance use; assess results of varying arrays of services.

Objective 2: Continue to collect and analyze outcome data from additional client-level domains: employment, criminal justice, education; family and living conditions; social support and recovery.

Objective 3: Continue to collect and analyze outcome data from the voucher system domain to assess increase in access/capacity

Objective 4: Continue to collect and analyze outcome data from the provider to assess client engagement, retention and length of episode of care; examine changes in service provision as result of project.

Objective 5: Continue to identify, document, and disseminate knowledge gained from practice and establish best practices in New Mexico recovery services;

Objective 6: Identify, document, and disseminate knowledge gained from practice and establish best practices in New Mexico methamphetamine treatment and gender-responsive services.

Objective 7: Continue to provide an effective quality improvement program based on data driven decision-making and planning practices.

Objective 8: Assess client satisfaction with all aspects of the project

**Goal 6:** Ensure effective project monitoring through a web-based information system

Objective 1: Expand existing web-based data system to include proposed new sites and mobile assessors.

Objective 2: Continue to provide automated vouchering, invoicing, and billing for the project

Objective 3: Continue to upload federal data files

Objective 4: Continue to track outcomes in the seven domains of the original project and provider capacity, as well as duration and frequency of service, service type and referral source.
Objective 5: Track complete episode of treatment to ensure maintenance of reasonable cost brackets.

Objective 6: Identify patterns of fraud and waste through regular, on-going systemic analysis of utilization and payments.

Objective 7: Monitor distribution and utilization of vouchers by Central Intake site, by provider, and by geographic location.

Objective 8: Provide technical assistance as indicated through data review, site visits and requests from providers. Provide mechanism for network communication through website.

2. List and briefly describe the major accomplishments related to changing or improving services based on GPRA data and facilitating 6-month GPRA follow-up interviews.

Please see the appendix on evaluation for specific information and results of data collected through the VMS system.

NM achieved 80% follow-up with ATR 2 funding.

GPRA data analysis has been used in NM to provide feedback to the networks which showed providers the impact they were having on the individuals they were serving. Data has also been used to help drive management team decisions from addition or removal of allowed services to setting rules on service delivery and service mixes. Additional presentations were given to partners and other interested parties to demonstrate the impact ATR is having on clients and the community.

3. Identify and briefly describe the major challenges and lessons learned related to changing or improving services based on GPRA data and facilitating 6-month GPRA follow-up interviews.

There are no challenges to report on using GPRA data for system improvement. Because of the success of data collection in ATR, NM is considering expanding this type of data collection to other system funding.
I. Financial Management

1. List the goals and objectives related to financial management of the project.

New Mexico’s goals and objectives, as stated in the state’s ATR 2 application, are:

**Goal 6: Ensure effective project monitoring through a web-based information system**

Objective 1: Expand existing web-based data system to include proposed new sites and mobile assessors.

Objective 2: Continue to provide automated vouchering, invoicing, and billing for the project.

Objective 3: Continue to upload federal data files.

Objective 4: Continue to track outcomes in the seven domains of the original project and provider capacity, as well as duration and frequency of service, service type and referral source.

Objective 5: Track complete episode of treatment to ensure maintenance of reasonable cost brackets.

Objective 6: Identify patterns of fraud and waste through regular, on-going systemic analysis of utilization and payments.

Objective 7: Monitor distribution and utilization of vouchers by Central Intake site, by provider, and by geographic location.

2. List and briefly describe the major accomplishments related to financial management.

Major accomplishments in this area include:

- **Number of persons served by ATR 2:** as noted in other sections of this report

- **Amount of funds:** as noted in other sections of this report

- **Creation and use of financial tracking tools:** Including the development and implementation of the New Mexico ATR Financial Tool (Roula Report) and daily monitoring of voucher utilization and GPRA follow

- **Array of Services:** including the restructuring of length and type of voucher; additional and removal of services; instituting monthly service caps
3. **Identify and briefly describe the major challenges and lessons learned related to financial management.**

Given New Mexico’s current management structure for the ATR 2 Project, the complexity of tracking the distribution and utilization of administrative funds was daunting, given that administrative funds are shared among the Administrative Services Division (ASD) and Behavioral Health Services Division (BHSD) of the NM Human Services Department as well as the state-wide entity. This “multiple books” system was simplified by establishing a single financial report that tracked each agency’s administrative funds, but monthly meetings regarding this report are essential to assure accuracy.

Additionally, the voucher approach to payment for services is a new financial mechanism that requires constant monitoring and consistent dialogue with all financial partners to assure appropriate fund utilization. Several programmatic decisions in ATR were driven by financial data coming from the voucher management system, including service caps, the discontinuation of certain service categories and turn-over in Central Intakes.

**J. Incentives to Providers who Exceeded Expectations**

1. **List the goals and objectives related to awarding incentives to providers who exceeded expectations.**

New Mexico had no specific goals in ATR 2 application regarding incentives to providers.

2. **List and briefly describe the major accomplishments related to awarding incentives to providers who exceeded expectations.**

3. **Identify and briefly describe the major challenges and lessons learned related to awarding incentives to providers who exceeded expectations.**
K. Preventing Fraud, Waste, and Abuse

1. List the goals and objectives related to preventing fraud, waste, and abuse.

New Mexico’s ATR 2 goals and objectives regarding this item include:

Goal 6: Ensure effective project monitoring through a web-based information system

Objective 2: Continue to provide automated vouchering, invoicing, and billing for the project

Objective 6: Identify patterns of fraud and waste through regular, on-going systemic analysis of utilization and payments.

Objective 7: Monitor distribution and utilization of vouchers by Central Intake site, by provider, and by geographic location.

2. List and briefly describe the major accomplishments related to preventing fraud, waste, and abuse.

Accomplishments include:

Provider Chart Audits: conducted during Spring, 2009, after a review of VMS utilization reports. A result of these audits was the modification of the NM ATR service array, modification of the length of the NM ATR voucher and the implementation of a monthly service cap.

Increase VMS Reports: an additional result of the Provider Chart Audits is the design and implementation of new VMS reports to increase surveillance of potential fraud, waste and abuse

Increase in Service Delivery Parameters: increased parameters have been placed on every service inside the VMS, including daily maximums, monthly maximums and voucher maximums. Requirements have also been placed on some services through the VMS that limit the months of the voucher in which they can be billed, require identification of type of contact, and/or require indication of existence of receipts in the client’s file.

3. Identify and briefly describe the major challenges and lessons learned related to preventing fraud, waste, and abuse.

The voucher system, while designed to provide maximum flexibility in the provision of services for the consumer, can also provide opportunities for fraud, waste and abuse by providers. One key lesson in the New Mexico ATR 2 Project was that pro-active monitoring of voucher utilization (on a daily basis) is the best methodology to prevent fraud, waste and abuse. Provider agreements that establish client record review requirements and graduated sanctions for adverse finding strengthen both the state and state-wide entity’s ability to detect and remediate fraud, waste and abuse in a timely manner.
1. **List the goals and objectives related to addressing cultural competence.**

New Mexico goals and objectives regarding this area are:

**Goal 4:** *Increase access to a broad-based Continuum of Recovery Support Services that is reflective of the cultural values of clients, their families, and traditional communities*

Objective 1: Replicate ATRNM program model in the Pueblo of Isleta in Bernalillo County, using service definitions and cultural competencies developed with Five Sandoval Indian Pueblos in the first cycle of funding.

Objective 2: Replicate mobile assessor model developed at NAVA in Dona Ana County for Anthony and Sunland Park with emphasis on integration of culturally appropriate, faith-based providers in Otero and Grant Counties.

Objective 3: Continue to increase capacity of faith-based and traditional providers through peer-to-peer sharing of expertise and formal training.

**Goal 7:** *Include Gender-responsive Central Intake and provider sites in ATRNM*


Objective 2: Train and implement gender-responsive model in Curry, Santa Fe, and Dona Ana counties in Year 2.

Objective 3: Partner with Five Sandoval Indian Pueblos and Isleta to modify in accordance with cultural guidelines and implement gender-responsive model in Year 3.

2. **List and briefly describe the major accomplishments related to addressing cultural competence.**

While New Mexico was unable to replicate the ATR 2 program model at the Pueblo of Isleta, major accomplishments were:

**Specialized Training:** NM ATR 2 Central Intake and Network Providers were provided training on Matrix, Gender Responsive Services, Military Populations, etc.

**Expanded Services:** NM ATR 2 increased the number and types of services for Native Americans, including traditional healing

**Expanded Populations:** During ATR 2, New Mexico expanded services to persons who methamphetamine addictions and members of the NM National Guard, through targeted vouchers
Provider Cross Training: Utilizing the monthly ATR Central Intake and Provider Network meetings, cross training of providers on treatment and recovery support services were provided.

3. Identify and briefly describe the major challenges and lessons learned related to addressing cultural competence.

Cultural Practices: While NM ATR 2 Project has increased the number and types of traditional and native healing practices available in the ATR network, there was continuing challenges around the implementation of additional practices and providers. Challenges included the availability or interest of providers to participate in the ATR program, as well as insurance, credentialing of services and payment mechanisms for practitioners in Native American communities. To this end, the New Mexico ATR team partnered with tribal leaders and community members to look at how best to accommodate the particular needs for traditional healers while at the same time working to ensure quality for consumers who wish to use these services. Dialogue on these issues and creative approaches to secure culturally diverse and relevant providers continues through ATR 3.

Data Collection: The collection of federally required data (GPRA) has implications for several populations, including Native Americans. New Mexico’s data demonstrates that GPRA outcomes for Native Americans are significantly impacted with the help of Job development services under the RSS voucher. However, there is concern among Native American communities on how GPRA data will be used. To this end, New Mexico has engaged in thoughtful conversations around the respectful and confidential handling of all data the ATR program collects. The NM ATR team continues to impart how the collection of this data can serve to guide improvements in the system of care which ultimately help to improve outcomes for consumers across all communities.

Cultural Humility: The idea of “Cultural Humility” is the basic premise that cultural diversity is complex and that cultural perspectives will largely depend on an individual’s perspectives and cultural background. While the NM ATR Project strives to be as competent around cultural differences as possible, it is also acknowledged that it is impossible to perfectly know or understand the cultural complexity of another person’s background. New Mexico is a diverse state and the New Mexico ATR program endeavors to incorporate this widely varied and culturally rich landscape through the mix of ATR credentialed providers as well as the types of services approved for voucher reimbursement. New Mexico’s ATR program continues to work in every way possible to incorporate appropriate respect and humility in dealing with cultural difference wherever it exists in the program.
M. Serving Specific Populations (e.g., military and National Guard members, methamphetamine-using clients, corrections, adolescents, and others)

1. List the goals and objectives related to serving specific populations.

New Mexico ATR 2 Goals and objectives regarding this area are:

**Goal 2: Expand ATRNM into corrections and in-patient settings of New Mexico.**

Objective 1: Add mobile assessment capacity to the Central Intakes of Bernalillo and Las Cruces to conduct assessments in the local correctional/detention facilities of Bernalillo County, and Dona Ana Counties to ensure rapid engagement into treatment and recovery support services of individuals upon release.

Objective 2: Add a mobile assessor to the Central Intake of Bernalillo to conduct assessment at the inpatient and detoxification facilities in the Albuquerque area to ensure rapid engagement into outpatient treatment and recovery support services upon exit from those programs.

Objective 3: Implement referral mechanism for the CYFD Parole Board for Juvenile Detention and Transitional Housing in Bernalillo County, working with transitional coordinators to engage transitional youth (ages 18-21) into the ATRNM system.

**Goal 3: Integrate a focus on Methamphetamine services into ATRNM by serving 800 clients.**

Objective 1: Replicate ATRNM program model in Curry County.

Objective 2: Implement a pilot of the MATRIX model for methamphetamine treatment as best practice standard in the new Curry County Central Intake Service Area.

2. List and briefly describe the major accomplishments related to serving specific populations.

New Mexico’s ATR 2 major accomplishments include:

**ATR expansion to Curry County:** created an additional Central Intake in Curry County (Clovis) due to high use of methamphetamine.

**Creation and implementation of Matrix voucher:** created for methamphetamine users. Data indicated that utilization of the voucher dropped off after 4 months, prompting New Mexico to drop this service option

**NM Guard Set-aside:** in partnership with the NM National Guard, NM ATR 2 piloted and then implemented a voucher set-aside for NM National Guard members. Established a referral protocol and identification mechanism that was sensitive to military and guard culture.
3. Identify and briefly describe the major challenges and lessons learned related to serving specific populations.

One key challenge regarding the serving specific populations was identifying appropriate partners in the development and implementation of services and preparing the network to serve special populations.

N. Summary of Sustainability Plans and/or Activities

Summarize any plans or activities to sustain your program or program components after the grant period ends.

ATR 3 has given New Mexico the opportunity to continue its work in the development and implementation of recovery support services into the overall system of care. New Mexico’s own outcome study indicates the power of recovery supports for substance abusing populations and this information continues to inform New Mexico in national discussions regarding ATR and health care reform.

O. List of Evidence-Based Tools, Programs and Practices Used in Program

List any evidence-based tools (such as standardized screening or assessment tools) and evidence-based programs or practices (such as the Matrix Model, Recovery Check-Ups, etc.) used by staff or providers in the program.

NM ATR 2 utilized the following tools:
- Addiction Severity Index (ASI) MV as ATR’s standard screening and assessment tool
- As noted in previous sections of this report, NM ATR 2 utilized the Matrix Model in the creation and implementation of the Methamphetamine-related services
- Central Intakes utilized a Recovery Support Planning approach for consumers, which was utilized to help consumers obtain and maintain these services

Optional Appendix: ATR Evaluation and/or Grantee-level Analysis

Please see attached presentation.
Access to Recovery II

Did We Meet Our Goals?
2.5 years of 3 year grant

ATR II Analysis completed April to June 2010
KPE
Answer:

- New Mexico's implementation of the ATR program met or exceeded all federally mandated goals and project-specific goals.

ATR II Analysis completed April to June 2010
KPE
How Do We Know?

- The ATR program includes data collection that allows for data-driven decision making and accountability.
- Data drawn from the ATR web system (Voucher, GPRA and Billing) from 12-10-07 through 3-31-10, including ATR II data only.

Number of Vouchers in dataset:
- 4462 Clients Received Tx Vouchers
- 4440 Received RSS Vouchers
- 4139 received Both Tx and RSS Vouchers

ATR II Analysis completed April to June 2010
KPE
ATR II Goal (federal mandate): Serve 2900 Individuals /Year

- ATR II in Year 1 served 3065 individuals
- ATR II in Year 2 served 2934 individuals
Number of Clients

<table>
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<tr>
<th>Central Intake</th>
<th>Frequency</th>
<th>Percent</th>
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<tr>
<td>Valid</td>
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<tr>
<td>Bernalillo - PrimCa</td>
<td>1027</td>
<td>21.5</td>
</tr>
<tr>
<td>Santa Fe - CC</td>
<td>892</td>
<td>18.7</td>
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<tr>
<td>Dona Ana - PrimCa</td>
<td>730</td>
<td>15.3</td>
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<td>Curry</td>
<td>658</td>
<td>13.8</td>
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<td>Bernalillo - Pathways</td>
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<td>Five Sandoval</td>
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<tr>
<td>Otero</td>
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<td>.6</td>
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<tr>
<td>Dona Ana - NAVA</td>
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<td>.5</td>
</tr>
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(This analysis includes only those clients with follow-up GPRAs completed before 3-31-10)

ATR II Analysis completed April to June 2010
KPE
DEMOGRAPHICS
Gender and Age of Participants

- 65% were male and 35% were female with some variance among CIs.
- Otero and Curry Counties show 53% male and 47% female while 73% of the participants at the Santa Fe Central Intake were male.

- Age Range was 18 – 82, mean of 36.
Ethnicity of Participants

- Reported ethnicity at each CI reflects demographics of the geographic area

ATR II Analysis completed April to June 2010
KPE
Education

- 31.6% reported less than high school education,
- 36.9% high school diploma, and
- 30.9% had at least some college or vocational training post high school.
Employment

- 36.8% reported being time employed, full or part.
- 39.7% reported being unemployed looking for work.
- 11.9% reported being unemployed, not looking for work.
- 9.3% reported being unemployed and disabled.

Living

- 12.3% reported living in a shelter or outdoors.
SERVICES
Types of Treatment Voucher

- Out of the 4462 total treatment vouchers issued, most were Level I voucher for Outpatient (N=3295).
- Followed by Level II.1 vouchers for Outpatient with Intensive Services (N=898).

ATR II Analysis completed April to June 2010
KPE
Most Frequently Used Treatment Services

- Individual Therapy 45-50 min (N=3205)
- Group Therapy (N= 2224)
- Case Management (N=2042 )
- Initial Tx & Discharge Plan (N=1956 )
- Individual Therapy 75-80 min (N=1888 )
- Education Group (N=679 )
- Family Therapy (N=391 )
- Crisis Intervention (N=221 )
Ten Most Frequently Used Recovery Support Services

- Massage (Number of Clients = 1503)
- Bus Pass (N = 894)
- Acupuncture (N = 694)
- Pastoral Guidance (N = 503)
- Physical Fitness/Wellbeing (N = 361)
- Traditional Healing (N = 333)
- Job Development (N = 324)
- Group/Peer Support (N = 310)
- Daily Living (N = 287)
- Chiropractic N = (158)
### RSS Counts – All Services

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<tr>
<th>Service</th>
<th>Number</th>
<th>Mean</th>
<th>Mode</th>
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<tbody>
<tr>
<td>Group/Peer Support</td>
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<td>6.37</td>
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<tr>
<td>Family Support</td>
<td>59</td>
<td>4.14</td>
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<tr>
<td>Daily Living Skills/Group</td>
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<td>Mentoring</td>
<td>126</td>
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<td>Spiritual Support</td>
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<td>Transportation - Bus Pass</td>
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<td>Childcare - Licensed</td>
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<td>Physical Fitness and Wellbeing</td>
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<td>Intensive Recovery Support</td>
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<td>Auricular Acupuncture</td>
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<td>Gender Specific RS Care Coordination</td>
<td>228</td>
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</table>

*a. Multiple modes exist. The smallest value is shown*

ATR II Analysis completed April to June 2010
KPE
ATR Goal: All Clients with RSS Voucher Receive Care Coordination

• Out of 4440, all participants received Care Coordination, either regular or intensive.
ATR Goal: All clients in service within 14 days

- Mean number of days for all clients to receive first service = 8.3
- Does not vary substantially between men and women or between self-identified ethnicity
- Varies between 5.3 days to 10.5 days among Central Intake sites.
Referral Sources

- 20.5% participants were referred from Probation/Parole.
- 19.8% individuals were referred from Court (District, Magistrate, Municipal, Jail Diversion)
- 17.2% referred by Providers in Behavioral Health
- 13.9% were Self referrals
- 7.5% were referred by Detox/Treatment Center
- 1.9% were referred through CYFD
- 1.2% were referred by Pueblo/Tribal Court
Referral By Gender

- Most men referred by probation/parole (23.2%), followed by court (19.4%), provider (16.3%), self (13.4%), and family member/friend (10.6%).

- Most women referred by provider (18.7%), followed by family member/friend (17.5%), probation/parole (15.5%), self (14.7%) and court (12%).
ATRI & II Goal - Increase Referrals through Criminal Justice

- 40.3% of all individuals (N=1919) were referred through criminal justice
Based on GPRA (Federally Mandated Data Collection Protocols)

OUTCOMES
GPRA

- This set of Government Performance Reporting Act items are self-report collected by Central Intake at intake and at six month follow-up.
- As data is collected, it uploaded to the Federal government every few days.
- Questions address quantity and type of drug use and various living and health circumstances.
Substance Use in Past 30 Days Reported at Intake

- 46.5% reported using alcohol
- 19.9% reported using marijuana
- 13.3% reported using cocaine
- 8.4% reported using methamphetamine
- 5.4% reported using illegal prescription drugs
- 4.7% reported using heroin

ATR II Analysis completed April to June 2010
KPE
Percent Reporting Drug Use by Type, cont.

- Meth
- Heroin
- Prescription

ATR II Analysis completed April to June 2010
KPE
ATRII Goal: Participants Report a Reduction in Substance Use Six Months after Intake

- ATR Participants showed a significant reduction* in substance use.

*p < .01. Statistics include t-tests (with Bonferroni Correction) and GLM unless otherwise noted.
ATR II Goal (federal mandate): Increase abstinence

- At six month follow-up, an additional 1,882 individuals reported abstinence from substance use, a 93% increase.
Employment

- Participants were significantly more likely to be employed at follow-up, and those clients with recovery support services were the most likely to be employed at follow-up.
Living Conditions

- By post-test, those who reported living in shelters or outside had decreased from 12.3% to 4.3%
Criminal Justice Involvement

- ATR Participants showed a significant reduction in the number who reported being in jail in the past 30 days.
Social Support

- ATR participants reported a significant* increase in social support at six month follow-up.

* paired sample t-test, p<.05
Overall Benefit of Recovery Support Services

- Although all clients had significant positive reduction in substance use, those with recovery support services had stronger outcomes.
- This was most evident for women in general, and for men involved in the criminal justice system.
Outcome Strength Varies By Length of Voucher and Presence of RSS

• All outcomes are significant but increase in strength in the following order:
  – Clients with 3 month voucher – tx services only
  – Clients with 4 month voucher – tx services only
  – Clients with 3 month vouchers - tx and rss vouchers only
  – Clients with 4 month vouchers - tx and rss vouchers only

• ATR III has the capacity to provide for 3 month vouchers of both recovery and treatment services.
Summary

- New Mexico ATRII program demonstrates successful fund management and service provision while obtaining desirable outcomes, meeting New Mexico goals as well as federal goals.
Analysis of Recovery Support Services

Data Foundation for RSS Protocols
Specific Services Positively Associated with Outcomes: General Population

• The greater the involvement in Recovery Support Services, the fewer number of days participants used substances.

• Traditional Healing, Physical Fitness, Daily Living Skills, Massage, Pastoral Guidance and Spiritual Support were all significantly correlated with a reduction in number of drugs used; the more they participated in these services the more likely they were to reduce the number of drugs used.

• Participants in Childcare services were more likely to participate in Daily Living Skills.
Specific Services with Specific Populations

• For men, Pastoral Guidance and Chiropractic Services were significantly associated with reduction in number of days using; the more of these services they received, the higher the reduction in days.
• For women, Spiritual Support and Traditional Healing were significantly associated with reduction in number of days using.
• For individuals identifying as Hispanic, Spiritual Support and Pastoral Guidance were significantly associated with reduction in number of days using.
• For individuals identifying as Native American, Daily Living Skills, Job Development, and Indigenous Healing were significantly associated with reduction in number of days using.

ATR II Analysis completed April to June 2010
KPE
Recommendations for RSS Management

- The following set of recommendations are based on analyzing client demographics, outcomes, recovery support service type, date of service, frequency of provision, and provider billing.
- Each recommendation is supported by the data.
Recommendation: Continue Current Practices

- In general, Recovery Support Services are doing what is intended: improving client outcomes within appropriate and reasonable costs.
Provider/Service Management

• Only 10% of the clients received more than 2 services per week, suggesting current practices provide a solid foundation for reasonable service delivery for the majority of the participants. (A few provider based anomalies exist.)

• Current practices guide decisions regarding specific service types well: Comparing provider billing and client utilization rates against service definitions, gap fund was determined not to fit the framework of reasonable delivery with appropriate costs and was discontinued.
Continue Monthly Caps

- Caps have proved beneficial to manage costs within the funding constraints without a significant reduction in services.
- Of the 1503 clients that received massage services, less than 10% received more than 16 massage services; post 6/1/09, no client has received more than 12 massage services.
- Monthly caps can be adjusted throughout life of project, adding to their utility.
Recommendation: Conduct Quarterly Review for Both Cost and Outcomes

• In June of 09, cutting vouchers to three months was necessary in order to keep within funding stream; however data demonstrates that for the clients, longer is better for recovery support.
• Although clients had positive outcomes at both three and four month voucher lengths, outcomes are stronger for four month vouchers.
• Review outcomes and voucher length each quarter against costs, required target numbers and funding pool. Quarterly review will provide basis for cost projections and monthly cap adjustment.

ATR II Analysis completed April to June 2010
KPE
Recommendation: Provide CI Incentive for Client Engagement into RSS

- Strong research evidence exists showing engagement, defined as clients getting into service and following the treatment plan, is a prerequisite for positive outcomes.
- 31% of all clients received only Recovery Support Coordination without engagement into any other recovery support services.
- Develop fee structure for RSS coordinators that links payment with client engagement into service. By associating the fee for Care Coordination to a client receiving first service, both client engagement rates and client participation rates will increase.
Recommendation: Direct Protocols to Support RSSCs Execution of Job

- Not all Recovery Support Service Coordinators understand all recovery support services.
- Increase RSSC understanding of various service modalities.
- Increase RSSC ability to match client-identified need with modality.
- For each RSS, between 7% and 62% of referrals actually participate in the referred service, with an average of 31% participation rate.
- Pastoral guidance has the highest rate of 62%, followed by bus pass (59%), intensive recovery support (59%), and massage (55%). The lowest participation rates are found in shuttle (7%), physical fitness (10%), spiritual support (11%), and yoga (11%).