

SECTION A: POPULATION OF FOCUS AND STATEMENT OF NEED

A.1 New Mexico Communities Of Focus At Highest Risk For OUD: Demographic Profile

New Mexico (NM) is a geographically and culturally diverse State with unique opportunities and challenges. Although the fifth largest State by land mass, comprising 121,298 square miles, NM is a rural state, with only four cities having populations of 50,000 persons or more. In fact, 26 of NM's 33 counties are considered rural or mixed rural/urban, where one third of the state's population resides (NCHS, 2013). NM is a Hispanic majority state, and less than 40% of the residents are non-Hispanic White. There are 22 federally recognized tribes, pueblos, and nations, as well as urban off-reservation populations within the state's geographic borders (NMOPA, 2016), resulting in NM having the highest proportionate Native American population in the country.

In 2015, 2,099,856 people lived in NM (UNM GPS, 2015). The majority are Hispanic (52%) and 11.1% are American Indian or Alaska Native. Thirty six percent of all residents over the age of 5 years speak a language other than English at home (ACS 2011-2015). More than 10% of civilian residents over the age of 18 years are veterans. The majority of residents (50.6%) are between the ages of 25 and 64 years, and 50% are male. In terms of sexual orientation, 10.5% of high school students and 3.0% of adults are gay, lesbian, or bisexual (NMDOH YRRS, 2016; NMDOH, 2013). A recent study estimates the number of NM adults who identify as transgender to be 11,750 (0.75%), ranking the state number three in the US, which overall consists of 0.6% transgender population. In terms of socioeconomic status, 15.8% of residents over the age of 25 years have no high school diploma, 9.2% are unemployed, and 21.0% of the population is living below the poverty level (ACS, 2011-2015).

To understand the State's risk of opioid use disorder (OUD), it is important to assess risk factors of prescription drug misuse, which include current or past mental illness, current or past substance use or misuse, and poor physical health (SAMHSA, 2016). In NM, 67,000 (4.3%) adults have had a serious mental illness in the past year, and 96,000 (6.3%) have had a major depressive episode in the past year (SAMHSA, 2013-2014). Even more prevalent, 149,000 (8.7%) of residents 12 years and older have had an illicit drug or alcohol dependence or abuse disorder in the past year. NM's prevalence of illicit drug use in the past month is higher than the US prevalence (11.0% vs. 9.8%). Finally, 20% of NM adults reported that their health status was fair or poor, with greater disparities among Hispanics and American Indians (NMOPA 2016). Among all US adults, only 17.6% reported a fair or poor health status.

A.2. Differences In Access, Service Use, And Outcomes For The Population Of Focus In Comparison With The General Population In The Local Service Area and How The Proposed Project Will Improve These Disparities In Access, Service Use, And Outcomes.

Each year, approximately 44,000 NM adults need, but do not receive, treatment for illicit drug use (SAMHSA, 2013-2014). In fact, only 7,000 individuals aged 12 years and older, with illicit drug dependence (12.3%), receive treatment each year (SAMHSA, 2015). There are several possible causes of this lack of access. First, 16% of New Mexicans still do not have access to basic health insurance. The rates are even higher among American Indian (32%) and Hispanic (20%) individuals, and those between the ages of 18 and 64 (24%) (ACS, 2011-2015). Second, there are health care professional shortages in many areas of the state. Only 34% of the

need for primary care has been met in NM, compared to 57% nationally, and only 23% of the need for mental health care has been met, compared to 44% nationally (HRSA, 2017). In an analysis of the NM health care workforce last year, the State has an overall surplus of primary care physicians for the size of the state population, but because of geographic distribution of practices, 13 of 33 counties are facing a shortage of primary care physicians (HCWF 2016). It is estimated that, without redistribution of the current workforce, 124 physicians are needed to fill the gap. Even more alarming, only 5 counties meet the benchmark for psychiatrists and 109 more are needed in the State. In fact, 8 counties have no behavioral health prescribers at all. Third, the most commonly cited reason for not receiving mental health treatment or counseling is cost, followed by personal concerns about having to take medicine or wanting to handle the problem without treatment (SAMHSA Tables, 2016). Individuals with substance abuse problems may have similar reasons for not seeking treatment, even when there is a need.

A recent study revealed that as of 2014, only 2.2% of all US physicians had a waiver to prescribe buprenorphine and, of these, fewer than 10% practiced in rural counties (Rosenblatt 2014). In fact, 53% of US counties did not have a single physician with a buprenorphine waiver and 30 million individuals lived in counties with no buprenorphine provider. There is a severe shortage of buprenorphine-prescribing physicians in NM. According to SAMHSA's buprenorphine treatment physician locator, there are 247 providers that are authorized to treat opioid dependency with buprenorphine (SAMHSA, 2017). According to the NM Department of Health, data from the 3rd quarter of 2016 from the NM Prescription Monitoring Program (PMP), there were only 108 prescribers of buprenorphine with at least 10 patients (NM DOH, 2016). Thus, NM has very few providers with licenses to treat the population and even fewer that are prescribing to at least 10 clients. Thus, the vast majority of our mostly rural State does not have access to Medication Assisted Treatment (MAT) for opioid treatment.

The proposed project will improve disparities in access, service use, and outcomes through its focus on expanding services in prevention, treatment and recovery in areas of high disparities in OUD and disparities in access to OUD related services and supports. By establishing a coordinated regional hub model across the state, NM will expand increased screening for OUDs and substance use disorders (SUDs) and increase access to prevention, treatment, MAT, recovery services and peer support through a network of service providers throughout the State. Each participating regional hub will receive training and technical assistance in implementation of trauma informed care for OUD. A particular focus will include an expansion of NM's peer support services initiative to build a coordinated network of trained and skilled peer service providers to support persons with OUD in treatment and recovery.

A.3. Nature Of The OUD Problem, Including Available Resources & Service Gaps, & Extent Of The Need For Population Of Focus & Data Describing Needs And Service Gaps

Each year, approximately 76,000 (4.4%) New Mexicans over the age of 12 reported the non-medical use of pain relievers (SAMHSA, 2013-2014). Among NM high school students surveyed in 2015, 7.9.0% reported using pain relievers for non-medical reasons in the past year and 2.8% reported using heroin (NMDOH YRRS, 2015). Statewide, there was a 46.3% increase in opioid overdose-related emergency department visits from 2010 to 2014 (NMDOH SAEP, 2016). In 2014, the rate of opioid overdose-related emergency department visits was 60.5 visits

per 100,000 population; and the highest rate occurred among White individuals (64.2 per 100,000 population). Nationally since 2000, the rate of deaths from drug overdose has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids (CDC, 2016). In 2014, among 47,055 drug overdose deaths, 61% involved an opioid. In 2014, NM was the state with the second highest drug overdose death rates, at 24.3/100,000 – 64% higher than the national rate (NMDOH SAEP, 2016). In 2015, NM was ranked 8th in OD deaths. This improvement is in part attributable to the successful implementation of naloxone and to the rise of ODs deaths elsewhere in the US. Almost half (48%) of these deaths are caused by prescription opioids. Hispanic males are at the highest risk of death from drug overdose (NMOPA 2016). Among women, drug overdose deaths from prescription drugs are more common than from illicit drugs. The highest drug overdose death rate is in Rio Arriba County, a rural county in NM with a rate of 78.4 per 100,000 which equated to 147 deaths during 2010-2014. However, the highest number of deaths in this same time period was in Bernalillo County, a metropolitan county that is the largest city in the state. During the 2010-2014 period, there were 918 deaths in Bernalillo County. Thus, as a state, NM suffers greatly from substance use and opioid use disorders.

The initiative proposed in this application, the NM State Targeted Response to Opioids Initiative (NM STR Opioid Initiative) will provide a comprehensive and sustainable approach to combat the OUD problem in this large rural culturally diverse state.

SECTION B: PROPOSED IMPLEMENTATION APPROACH

B.1. Purpose Of The Proposed Project, Including Its Goals And Measureable Objectives Related To The Intent Of The FOA And Performance Measures

The purpose of the **NM Opioid STR Initiative** is to address the opioid crisis in NM by expanding access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through provision of prevention, treatment and recovery activities for opioid use disorders (OUDs). This includes prescription opioids, as well as, illicit drugs such as heroin. The NM Opioid STR Initiative will be overseen by the NM Behavioral Health Services Division (BHSD), which is the Single State Drug and Alcohol Authority (SSA) in the state, and will expand access to quality services by: supplementing and expanding existing OUD prevention, treatment and recovery activities currently managed by BHSD, and developing and incorporating successful implementation models and approaches to support expanded services and ensure long term sustainability. Enhancing and expanding access to prevention, treatment and recovery services for OUD is critical for all NM communities because it will improve outcomes for persons with OUD and support a strong and sustainable OUD prevention and treatment system. Expanding access to comprehensive OUD services will be achieved through the following goals: (1) develop a comprehensive response to the opioid epidemic; (2) implement a coordinated and sustainable approach to OUD service expansion; (3) expand the OUD prevention services array; (4) expand the OUD treatment services array; (5) expand the OUD recovery services and supports array; and (6) utilize an ongoing Continuous Quality Improvement (CQI) framework to ensure data informed decisions.

Table. 1 Goals, Objectives, and Link to Performance Measures

GOALS	OBJECTIVES	MEASURES
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Develop a comprehensive response to the opioid epidemic	<ul style="list-style-type: none"> • Conduct needs and capacity assessment for New Mexico focusing on OUD • Use needs and gaps identified to support a strategic planning process and develop a response to the opioid epidemic in New Mexico that addresses gaps, leverages existing resources, and coordinates with existing initiatives 	<ul style="list-style-type: none"> • Completed needs assessment; • Completed strategic planning process; • Comprehensive plan developed to address OUD in New Mexico
Implement a coordinated and sustainable approach to OUD services expansion	<ul style="list-style-type: none"> • Use Collaborative Hubs model to ensure all related prevention, treatment and recovery trainings are: coordinated, implement best practices approaches, and provide ongoing education and support • Designate Regional Hubs statewide to support OUD services • Dedicate support staff specialist in each Regional Hub to coordinate MAT Support Services (e.g.: screening, monitoring, care coordination, linkages to therapy, community services, supports and resources) 	<ul style="list-style-type: none"> • Development of Central Hub • # of agencies serving as Regional Hubs • # agencies with dedicated personnel as MAT Services Support Specialists
Expand OUD prevention services array	<ul style="list-style-type: none"> • Further expand the “A Dose of Reality” (ADOR) health promotion media campaign • Train schools in PAX Good Behavior Game implementation 	<ul style="list-style-type: none"> • #ADOR media metrics • # OUD teachers trained and classrooms implemented
Expand OUD treatment services array	<ul style="list-style-type: none"> • Train providers in MAT for OUD including prescribers in primary care and behavioral health • Train clinic/agency staff to support comprehensive MAT model in a team approach (FDA approved including NPs, PAs, as well as, physicians, nurses, counselors, social workers, case managers, peers, etc.) • Use Collaborative Hubs model to provide ongoing training and support for providers implementing MAT • Provide comprehensive MAT services for persons with OUD • Train providers and first responders in Naloxone • Purchase naloxone • Distribute naloxone to providers and first responders coordinated through Central Hub 	<ul style="list-style-type: none"> • # and type of OUD treatment providers trained in MAT • # and type of first responders trained in naloxone • # naloxone kits purchased and distributed • # of providers implementing MAT • # people who receive OUD treatment • #s and rates of opioid use • #s and rates of opioid overdose-related deaths
Expand OUD recovery services and supports	<ul style="list-style-type: none"> • Strengthen/expand existing certified peer support workers skills in NM to support MAT services including naloxone • Utilize Collaborative Hubs model to provide peers with training/skills/tools to support OUD treatment and recovery 	<ul style="list-style-type: none"> • # peers receiving training in MAT support services • # people who receive OUD recovery services
Utilize an ongoing CQI framework	<ul style="list-style-type: none"> • Provide performance data to State, provider agencies, peers and other stakeholders to guide planned strategic approaches and make improvements as needed 	<ul style="list-style-type: none"> • # of data reports developed/distributed

The project goals and objectives will be met through the following four strategies: **(1) NM will use epidemiological data to demonstrate the critical gaps in availability of treatment for OUDs in geographic, demographic, and service level terms.** For this we will utilize the full support and services of NM’s Department of Health Epidemiology Division’s data and reporting systems, as well as, the expertise of the University of New Mexico (UNM) Consortium for Behavioral Health Training and Research (CBHTR) to organize and conduct the required

needs assessment and gaps analysis to ensure all relevant data inform the subsequent strategic planning process and plan developed to guide this initiative.

(2) NM will use evidence-based implementation strategies to identify which system design models will most rapidly address the gaps in their systems of care. We have identified two main implementation models that will work simultaneously and synergistically to support the goals and objectives of this initiative. First, the NM STR Opioid Initiative is based on a “Hub & Spoke” model (Chen, 2014; Patient-Centered Primary Care Collaborative, 2015; Vermont Agency of Human Services, 2012) that facilitates a strong, coordinated and sustainable approach to the expansion of OUD related services. The model ensures that providers receive the same information and develop consistent language and processes as they develop skills in treatment, prevention and recovery support services for OUDs. For the current initiative, we identify the Hub as the “Central Hub” and the spokes as “Regional Hubs”. We refer to this model as the “Collaborative Hubs” model. We have adapted this model to build on the current infrastructure in NM and to meet the needs of a large state with many rural and frontier communities. Therefore, the model focuses on a Central Hub that provides training, technical assistance, and clinical consultation to providers in the Regional Hubs so that they can fully implement the full spectrum of OUD services in their local communities and regions. The Central Hub maintains a repository of information, tool kits, recorded trainings, standardized screening instruments and other relevant resources for the delivery of evidence-based care for OUD. The Regional Hubs are the ongoing care system which includes collaborating health and addictions professionals who provide MAT, psychosocial interventions and recovery services.

A second implementation model that will be utilized in the current initiative is the Extensions for Community Healthcare Outcomes model (ECHO). Use of the ECHO model and facilities will encourage knowledge sharing and expanded training and support to providers as they implement the best practices promoted through the Central Hub. The ECHO model was developed at the UNM (Arora, 2011) and is currently one of UNM’s core efforts to support providers particularly in rural areas in the implementation of best practices. The current initiative will utilize the ECHO model to engage and support additional providers statewide in best practices in MAT, treatment of chronic pain and use of opioids, use of naloxone; and support and guide peers learning MAT support services. In our plans to implement the Collaborative Hub model, we will explicitly require all participating organizations to use the SAMHSA Opioid Overdose Prevention Toolkit and CDC Guideline for Prescribing Opioids for Chronic Pain. The Regional Hub model is based on the chronic care model recognizing that individuals will benefit from a range of services including recovery, peer support, outpatient and MAT and may need different intensities and levels of services at different times. By providing support and co-ordination to the Regional Hubs, we can help facilitate transitions between levels of care as needed.

(3) NM will deliver evidence-based treatment interventions including medication and psychosocial interventions. All Regional Hub sites are expected to deliver evidence-based interventions. The Central Hub will co-ordinate training and technical assistance in MAT, as well as, training in evidence-based psychosocial interventions such as Motivational Interviewing (MI) and Community Reinforcement Approach and Family Training (CRAFT). Both of these interventions were initially developed in NM and have a strong evidence base of improving substance use outcomes (Bohnert et al. 2016 and Chang, Compton, Almeter, & Fox, 2014;

Roozen et al. 2004). Many clinicians in NM have had initial training or exposure to these models. In addition, UNM has a manualized cultural adaptation of MI for Native American communities that will be used with tribal partners. Focusing training efforts on these two evidence based interventions will increase uptake and sustainability of these practices in the Regional Hubs. The state Office of Peer Recovery and Engagement (OPRE) will develop and deliver trainings with a special focus on OUD for certified peer support specialists who can work in Regional Hubs to provide recovery services and supports. The Central Hub includes several physicians who have been approved as trainers for the buprenorphine waiver. All Regional Hubs will host buprenorphine waiver trainings either in person or online in order to increase the number of MAT prescribers across the State. NM will also purchase and provide training on the use of naloxone for primary care providers, behavioral health providers, pharmacy staff and first responders including law enforcement, EMT, communities (e.g., schools, local businesses) and family members.

(4) NM will report progress toward increasing availability of treatment for OUD and reducing opioid-related overdose deaths based on measures developed in collaboration with the Department of Health and Human Services (DHHS). Performance measures collected in this initiative, including those identified in the RFA and additional measures developed with the DHHS will be reported and uploaded into federal reporting systems as required and directed, as well as, used locally to provide the current initiative with data to inform any needed improvements to support and enhance identified outcomes.

Figure 1: Coordinated Hubs Model. Central and Regional Hubs

CENTRAL HUB: BHSD (OSAP,OPRE); UNM CBHTR CYFD Training & Support to Regional Hubs													
MSG Local Collab orativ e MAT & MSSS	REGI ONAL HUB	<i>Satn a Fe Moun tain Cent er MAT & MSSS</i>	<i>Dona Ana H.H.S · MAT & MSSS</i>	<i>La Clinic a MAT & MSSS</i>	<i>Ment al Healt h Reso urces MAT & MSSS</i>	<i>Guid ance Cent er MAT & MSSS</i>	<i>Hidal go Medi cal MAT & MSSS</i>	<i>UNM H MAT & MSSS</i>	<i>Pres. Medi cal MAT & MSSS</i>	<i>Santa Fe Recov ery - Recov ery, nalox one & MSSS</i>	<i>Sereni ty Mesa Recov ery, nalox one & MSSS</i>	<i>Insid e Out Reco very, nalox one & MSSS</i>	<i>Rio Arrib a H.H.S · MAT & MSSS</i>

B.2. Other State And Federal Resources That Address The Project Objectives , And How Opioid STR Funds Will Work Synergistically With These Activities To Enhance And Not Duplicate Existing Efforts

Activities in this initiative will be aligned with all existing activities in NM. The Central Hub will lead the organization and implementation of all phases of this project and includes key organizations currently working in NM's substance abuse and addictions efforts. Among these are the NM Behavioral Health Services Division (BHSD), including its Office of Substance Abuse Prevention (OSAP) and Office of Peer Recovery and Engagement (OPRE), as well as, UNM's Consortium for Behavioral Health Training and Research (CBHTR) The Project Manager, who is a licensed addictions psychologist, will take a lead role with BHSD's partners to ensure full coordination of all activities to expand the impact of existing activities and to avoid duplication of services with other organizations/providers and regions. The development of the current proposal included many of the State's key agencies, organizations and champions in OUD prevention, treatment and recovery. The proposed function of identified providers/agencies

reflects progress in implementation of required grant activities that target high need areas, ensure a broad reach to the many rural areas of the state, and use the strengths and expertise of organizations across NM to accomplish a strong coordinated and organized process for expansion of MAT; and a multilayered and sustainable process for tackling the OUD epidemic in our state. Key grants and activities in NM that will work synergistically with the NM Opioid STR include:

Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) The NM Human Services Department, Behavioral Health Services Division, Office of Substance Abuse Prevention (OSAP) receives funding from SAMHSA for the Prescription Overdose Prevention Grant to implement the PDO project in high need communities in NM. The project aims to prevent overdose death through the: 1) purchase and distribution of naloxone for overdose reversal, and; 2) training to a wide variety of first responders to administer naloxone. In this initiative, training of first responders includes law enforcement, EMT officials, family members, friends and social networks, and organizations that work with people with addiction and who may be a first responder in the event of an overdose, such as treatment providers, shelters, food banks, grass roots community organizers, outreach workers, and social workers. This initiative integrates overdose prevention and naloxone as a harm reduction strategy into state and local treatment program strategies and settings, including the State's Medicaid managed care programs. This project is conducted in partnership with NM's Department of Health, Public Health Division, Harm Reduction Program, and its Epidemiology and Response Division, and includes a focus on three partner communities with historically high need and burden: Bernalillo County, Santa Fe County, and Rio Arriba County. The OSAP convenes a PDO Advisory Council to create a strategic plan and oversee the project. The strategic plan is based on the input of providers, clinicians, family members, and individuals with OUD to maximize naloxone distribution and training to meet gaps in the state's current system. Currently, contracts have been signed which will allow the distribution of naloxone with associated local training initiatives. Led by the Director of BHSD (Wayne Lindstrom, PhD) and partnering with the Department of Health, the Board of Pharmacy, Medical and other professional Boards, the Probation and Parole Division, managed care and treatment providers, advocates and local overdose prevention coalition leaders, this Council works under the auspices of NM's Prevention Policy Consortium (PPC). The PPC, representing many state agencies involved in prevention and promotion of behavioral health, works to leverage, direct, and coordinate Federal and State substance abuse prevention funds and programs. All prevention activities conducted through the NM STR Opioid Initiative will be aligned with the PDO Advisory Council's strategic plan and will be overseen by OSAP through the Central Hub to ensure coordination of statewide activities. In preparation for the current proposal, OSAP has worked to ensure proposed activities serve to amplify and expand, rather than duplicate, existing activities around prescription drug overdose awareness, and training and distribution of naloxone. The NM STR Opioid Initiative grant will expand beyond prescription drugs, improve efforts in areas of highest need, and ensure provision of these services to additional high need, rural areas across NM.

Strategic Prevention Framework for Prescription Drugs (SPF Rx) (SAMHSA):

The New Mexico Behavioral Health Services Division, Office of Substance Abuse Prevention (OSAP), also currently implements the *Strategic Prevention Framework for Prescription Drugs* (SPF Rx) project in Bernalillo County with the goal of increasing awareness of the dangers of sharing prescription opioids and of overprescribing opioids; and enhancing the utilization of the Prescription Drug Monitoring Program. This project implements a range of prevention strategies in Bernalillo County (the largest county in NM) through its Office of Health and Social Services to focus on medical providers and pharmacists, schools, families and other segments of the community. These strategies seek to significantly increase awareness of the dangers of sharing prescription opioids and demonstrate how readily available they are in communities. Through this grant, members of the Bernalillo County coalition are developing approaches to educate prescribers about what can be learned from the Prescription Drug Monitoring Program data about safe and high risk prescribing practices. The project aims to reduce the high volume of high-risk prescriptions dispensed in NM, and work with a broad range of partners to develop recommendations about how to address the roughly 30,000 individuals in New Mexico who have a prescription for opioids for six months or more, putting themselves at high risk of addiction and increased risk of overdose. The required strategic plan for the NM STR Opioid Initiative will build on the existing SPF Rx strategic plan. In the proposed NM STR Opioid Initiative, the *SAMHSA Opioid Overdose Prevention Toolkit* and the recent *CDC Guidelines for Prescribing Opioids for Chronic Pain* will be utilized as part of all awareness, education and outreach programming. Activities in the NM STR Opioid Initiative will ensure that there are no duplication of efforts.

Pharmacy Trainings in treatment of pain, opioids, & naloxone. The New Mexico Department of Health has a contract with the Southwest Center for Pain Management to conduct trainings with pharmacies on treatment of pain, use of opioids, and naloxone. The NM Board of Pharmacy regulations have established a protocol to allow pharmacists to prescribe, dispense and provide education on the use of naloxone rescue kits to persons at risk of opioid overdose and their families and friends. The Southwest Center for Pain Management currently provides training to pharmacists on the screening and evaluation of patients who are at risk of opioid use disorder, the use of naloxone, and the state protocol for consent and coordination with primary care. Currently, the Southwest Center for Pain Management is providing training to staff at 32 pharmacies. Through the NM STR Opioid Initiative, we will increase education efforts on naloxone to an additional 100 pharmacies using the same guidelines and educational curricula.

B.3. Realistic time line for the two (2) years of the project period (Table 1)

Table 1. Realistic time line for the two (2) years of the project period showing dates, key activities, and responsible staff

Key Activities	Responsible Staff	Dates
Review project timeline and begin tasks	Project Director; Central Hub	Y1, Mth 1
Finalize protocols for data collection, reporting; establish project dossier	Project Director; Central Hub	Y1, Mth 1
Complete Agency Contracts	BHSD; Project Director	Y1, Mth 1-3
Hire key personnel	Project Director/Data Lead	Y1, Mth 2
Conduct Needs Assessment and strategic planning process; finalize strategic plan including target areas for MAT expansion, naloxone distribution and all related project activities to expand MAT statewide	Project Director/Data Lead ; Advisory Council; Central Hub members	Y1, Mth 1-4
Expand the PDO Advisory Council to form the <i>NM STR Opioid Initiative Advisory Council</i> , and schedule and hold first meeting	Central Hub; Advisory Council members	Y1, Mth 1-2
Ongoing Advisory Council Meetings	Advisory Council; Central Hub	Y1, Mth 2-ongoing
Conduct State Strategic Planning Process; finalize plans with Advisory Council and Central Hub leads (ASAP, OSAP, OPRE)	Project Director/Data Lead ; BHSD	Y1 Mth 4
Review of Strategic Plan implementation with data; adjustments as needed; focus on payment related issues to determine barriers/ solutions	Advisory Council; Central Hub	Y1, Mth 6-ongoing
Obtain IRB approval for data collection and evaluation	Project Director/Data Lead	Y1, Mth 2
Naloxone purchase	Central Hub; lead OSAP	Y1, Mth 2
Naloxone training and distribution statewide	Central Hub; lead OSAP	Y1, Mth 4-ongoing
Implement ADOR and PAX Good Behavior Game prevention activities		Y1, Mth 4-ongoing
Meeting with Central Hubs partners to begin Hubs model implementation; Central Hub leads: ASAP, OSAP, OPRE	Central Hub	Y1, Mth 2-ongoing
Organize hub training and related materials for training & support of MAT expansion statewide; quarterly review of materials, trainings to update	Central Hub	Y1, Mth 2-ongoing
Schedule buprenorphine/naloxone ½ trainings statewide for 2 years of project	Central Hub; lead ASAP	Y1, Mth 4, ongoing
Coordination of MI, CRAFT trainings	Central Hub; CYFD	Y1, Mth 4, ongoing
Prepare and coordinate for Peer trainings; ongoing quarterly peer trainings and as needed/scheduled with local provider agencies	Central Hub; Lead OPRE	Y1, Mth 4-ongoing
Implement training for MAT Support Services with Peers and identified Regional Hubs; ongoing quarterly peer trainings and as needed/scheduled with local provider agencies	Central Hub; Lead OPRE	Y1, Mth 5-ongoing
Conduct buprenorphine trainings statewide (16 trainings, scheduled every 4-6 weeks)	Central Hub; lead ASAP	Y1, Mth 4-ongoing

Academic Detailing of Health Homes in opioids/chronic pain (CP); monthly meetings with providers to support implementation of best practices in CP treatment	Central Hub; Lead; R. Rhyne	Y1, Mth 6-ongoing
Providers implement MAT through Regional Hubs; treatment agencies; MAT implementation is ongoing as providers obtain Waiver and implementation support	Regional Hubs; Identified treatment agencies	Y1, Mth 4-ongoing
ECHO clinics: Addictions, chronic pain, MAT implementation	Project ECHO; Central Hub Leads	Y1, Mth 4-ongoing
Ongoing CQI process; local reporting of performance data to guide implementation	Project Director/Data Lead	Y1, Mth 6-ongoing

B.4. Administrative And Infrastructure Costs And How These Lead To Success Of The New Mexico STR Opioid Initiative

The 5% allowed administrative costs will go toward ensuring overall project management, coordination, data collection, reporting (both federally and locally) in the following ways:

Project Principal Investigator (PI). Wayne Lindstrom, Ph.D., is the CEO of the NM Behavioral Health Collaborative and Director of the NM Behavioral Health Services Division. While Dr. Lindstrom will not utilize any grant administrative funds, he will oversee grant administration in his role as head for the NM Behavioral Health Collaborative. The Collaborative is comprised of the Children, Youth and Families Department, Human Services Department (including Medicaid and adult behavioral health), Department of Health, Public Education, and Indian Affairs (promoting culturally competent services for Native American families). Additional entities include Workforce Solutions, Corrections, Aging and Long-Term Services, Finance and Administration, Transportation, Behavioral Health Planning Council, Developmental Disabilities Planning Council, Governor's Commission on Disability, Public Defender's Office, Mortgage Finance Authority, Health Policy Commission, and the Division of Vocational Rehabilitation.. Dr. Lindstrom's lead role as CEO of the Collaborative ensures that policy and broad funding decisions support success of the proposed initiative.

Project Director & Data Lead. Administrative funds of 0.35 FTE will be used to support an experienced Project Director and Data lead, Dr. Julie Salvador, Ph.D., to ensure all aspects of the initiative and required components are completed in a quality and timely manner. 0.20 FTE will support her role as Project Director, and 0.15 FTE will support her role as Data Lead. Dr. Salvador will work directly with the PI, Dr. Lindstrom, BHSD staff, and administrative staff on the present initiative to ensure its success. Dr. Salvador will ensure data collected are used to develop process reports to support ongoing quality improvement. This will support program success by providing ongoing reporting of project data including process data on progress for each of the proposed activities and any obstacles identified to ensure these are brought to the attention of the PI and project staff for remediation. Dr. Salvador will work closely with the Project Manager to use data collected to prepare SAMHSA required reports and provide updates for stakeholders statewide. In addition, Section E provides further description of data collection activities as required in this RFA that will be led by the Project Director and Data Lead. As Project Director, Dr. Salvador will oversee all project activities and ensure ongoing movement towards goals. She will supervise the Project Manager.

Project Manager. Administrative funds will be used to support .20 FTE for the Project Manager, Dr. Larissa Maley, Ph.D., who will work closely with the Project Director, Dr. Salvador, to ensure strong coordination of all project activities with each other and with other initiatives that work to target OUD prevention, treatment and recovery. Dr. Maley is essential to the success of this large and comprehensive initiative to ensure coordination internally and with existing services, and be a point person for addressing any barriers that arise. The Project Manager will also ensure all proposed activities are implemented in a timely manner and work to identify and alleviate any identified challenges. The Project Manager will provide regular updates on project activities to the PI, the Project Director and to Central Hub leads. The Project Manager will also serve in a treatment role on this initiative, leading the coordination of the Central Hub training and support of MAT for OUD in partnership with The New Mexico

Behavioral Health Services Division. Her administrative duties combined with her role in the Central Hub ensures an expert in MAT treatment as a core part of the administration of the initiative and supporting its success and sustainability.

Community Based Research Specialist. This position funded at .50 FTE will provide administrative support to the Project Director/Data Lead and Project Manager to support data collection, development of reports, and dissemination of federal and local reporting.

Project Coordinator. 0.25 FTE will support the role of Project Coordinator to ensure all project requirements are met, data collected, reports provided to federal agency and local stakeholders.

Administrative Assistant. 0.50 FTE will support office administrative support to coordinate and process of travel, reimbursements; prepare copies of documents, materials and reports for distribution; as well as ensuring all training materials and resources are publicly available through the NM Network of Care website. He/she will also provide office duties in support of all administrative positions listed above.

Other administrative related costs: Fringe benefits for the above positions, in-state travel costs, and the following based on FTEs: Supplies, IT/Telecommunications, and rent to support the above personnel.

Prescription Monitoring Program (PMP) Data Analysis Support. The Board of Pharmacy (BoP) is developing enhanced reporting capabilities for the Prescription Monitoring Program (PMP). This will provide additional automatic reports that will be prepared for providers and accessed independently. Additional reporting capacity will increase the amount and timeliness of information about controlled substance prescribing available to interested parties and assist programs in making informed decisions. Administrative grant dollars (\$10,000.00 per year) will be used to upgrade the state's PMP computer system and support additional reporting capacity and preparation of reports for providers.

B.5. Prevention Activities To Be Implemented As Part Of Our Comprehensive Approach To Address The Opioid Crisis And Strategies To Accomplish The Required Activities

As per the FOA, the NM STR Opioid Initiative will *implement and enhance primary and secondary prevention using evidence-based methods defined by SAMHSA or CDC proven to reduce the number of persons with OUDs and OUD associated deaths*. The NM STR Opioid Initiative will further implement two prevention activities statewide: These are (1) A Dose of Reality (ADOR) an effective opioid prevention multi-media campaign, and (2) the PAX Good Behavior Game which is implemented as a primary prevention strategy in the 1st grade and which has demonstrated efficacy in putting children on a trajectory that builds resiliency and thereby reduces SUDs. The PAX Good Behavior Game will include implementation across 300 classrooms and a specific implementation plan to focus on tribal communities. Prevention activities will utilize the SAMSHA opioid overdose tool kit and the Strategic Prevention Framework. Details on the prevention activities and strategies to accomplish the goals of the NM STR Opioid Initiative are presented below.

A Dose of Reality (ADOR) Continuum of Care Media Plan. NM will, through its contractors PK Public Relations and Esparza Advertising, Inc., further implement an integrated public relations, social marketing, and advertising approach to educate and raise awareness about NM's

opioid misuse and overdose problem, build awareness of the state's prevention, treatment, and recovery support services, and create messages for the public that support and enhance the goals of those services. NM's existing efforts using the ADOR campaign have been recognized nationally. The "A Dose of Reality Cocaine" PSA received recognition by SHOOT Magazine (<https://www.shootonline.com/node/62237>) in their "Screenwork" section, a prestigious national marketing industry publication. This was the first time a NM advertising agency has been selected. This campaign has also received numerous other public relations and advertising awards and recognition. ADOR is focused on primary prevention to raise awareness that will: (1) support access to healthcare services, including services provided by Federally certified opioid treatment programs or other appropriate healthcare providers to treat substance use disorders; (2) address barriers to receiving treatment by reducing the cost of treatment, developing systems of care to expand access to treatment, engaging and retaining patients in treatment, and addressing discrimination associated with accessing treatment, including discrimination that limits access to MAT; and (3) support innovative telehealth in rural and underserved areas to increase capacity of communities to support OUD prevention and treatment. The integrated strategic communication approach proposed in this initiative will adapt and expand the existing "A Dose of Reality" (ADOR) campaign to promote a mix of public relations, marketing and advertising tactics (earned, owned and paid) around prescribed and illicit opioid prevention, treatment and recovery activities for opioid use disorders (OUD). The existing campaign that will be expanded is comprised of advertising, earned media, and a resource website. The primary target of the media plan originally included New Mexicans age 12 to 17 and a secondary focus on parents and caregivers of young people. The advertising campaign (launched in April 2015) included cable television, internet/mobile video and banners, movie theaters, billboards and prescription bags at pharmacies. Of the \$447,997 production and media budget, 88.9% went to paid media placements and 11.1% to production. The expansion of the ADOR campaign efforts will be coordinated to supplement and build upon the existing integrated marketing activities for SAMHSA PDO and SPFX prevention and treatment activities. Efforts will expand outreach statewide to supplement the four high-risk counties currently targeted by the PDO grant and educate and bring awareness to residents. The target audience for the expansion are people who encounter persons at risk for overdose, specifically first responders (e.g., law enforcement, EMTs, family members, friends, social networks and substance use treatment agencies). Local community coalitions can use the materials to customize their own messages against misuse. Messages will focus on opioid abuse prevention (prescription and/or illicit drugs); elimination of stigma associated with opioid use, access to treatment, and naloxone; where and how to find treatment for OUD, including telemedicine; what recovery options are available; and the concept that "we are all first responders in an overdose event". Since the campaign materials can be customized locally, the efforts are sustainable at this level through grass roots campaigns and the materials that can be used for many years. Social media campaign approaches will be taught to community coalition representatives, and their implementation built into provider scopes of work for work in FY 18, FY19, and FY20.

PAX Good Behavior Game. Many malleable risks of opiate and others addictions arise early in life, and the prevention of opiate and other addictions also can happen in these important years. Early childhood predictors of opiate use and abuse include having parents who use

opiates, along with some specific early psychiatric symptoms and behavioral constellations (e.g., conduct or oppositional defiance, depression, anxiety or other emotional problems). Verbal and cognitive deficits also place such children at risk. These predictors of opiate use are consistent with general prediction of early initiation and substance abuse in adolescence and young adulthood. Largely funded by the National Institutes on Drug Addictions (NIDA), the body of PAX Good Behavior Game longitudinal research is well documented to reduce and reverse these early behavioral and psychiatric predictors of substance abuse, as well as, having large positive impacts on academic outcomes over a child's lifetime. The PAX Good Behavior Game, provided to children in the primary grades has been found to prevent opiate addictions. Specifically, only 2.6% of young people who participated in the PAX Good Behavior Game in first grade started using cocaine, crack, or heroin, compared to 7.3% of the children who were not randomly assigned to receive PAX Good Behavior Game in first grade. The difference is a 67% lower use rate of opiates (Furr-Holden et al., 2004). Close to 10,000 teachers have now used the PAX Good Behavior Game in their classrooms since the publication of the 2009 Institute of Medicine *Report on the Prevention of Mental, Emotional, and Behavioral Disorders Among Young People*, which identified PAX Good Behavior Game as one of the most effective prevention programs. Multiple states and health-care organizations have funded the expansion of PAX Good Behavior Game (e.g., Ohio and Oregon), as well as through block grants in diverse states from NM to Montana. Two provinces of Canada have funded large efforts as well.

NM's OSAP supported a PAX Good Behavior Game implementation during Spring 2016 as a pilot to determine the potential of the program to impact student behaviors and success in New Mexico schools, and to study and solve the practical issues involved in the implementation of this innovative classroom model. The pilot trained 172 teachers and 27 administrators from 33 schools spread across three districts: Bloomfield Public Schools, Espanola Public Schools, and Santa Fe Public Schools. A brief recruitment period in February 2016 led to trainings in each of the three districts during March. The implementation period ranged from six to eight weeks during the remainder of the semester. The New Mexico Spring 2016 PAX Good Behavior Game implementation showed an average reduction of 60% in undesirable classroom behaviors. The FY17 implementation is expected to see similar reductions in problematic classroom behaviors, and increases in individual and group self-regulation. Reductions in problematic classroom behaviors predict increased academic and economic success of students. They also protect against lifetime addictions, crime and psychiatric disorders including suicide, and decreased opiate use disorders throughout the lifetime. During spring 2017, NM will sustain efforts from the 2016 implementation while adding at least 139 additional K-3 classrooms from high-risk Early Childhood Investment Zone communities around the state. That implementation, now in progress, will increase the original number of teachers trained (172) and the number of students previously reached (3,329) by the 2016 pilot by at least an additional 139 elementary school teachers/classrooms and 2500 students. *New funding from the STR grant will expand this campaign to create "whole school" programming to support the cohort of more than 300 elementary classrooms and support sustainability of the programming statewide.* This whole school programming approach will strengthen the capacity already created to impact student success and behavioral health outcomes by creating a PAX Good Behavior Game "environment" throughout the school site, not only in a few classrooms. In addition to training new teachers

within these school sites, the project will provide booster and demonstration sessions for third-year PAX Good Behavior Game teachers, coaching to teachers and school staff both in person and electronically, PAX Good Behavior Game Partner Training and supports, and offer Principal Trainings to each district. The infrastructure created during this period will allow school districts to maintain their PAX Good Behavior Game capacity without assistance in the future, needing only to budget for training new teachers. Summer training programs will be implemented in these districts during year one; and new infrastructure will be developed during year two regarding support functions to help schools become independent PAX Good Behavior Game sites.

PAX Good Behavior Game for tribal communities. New funding will also be used to develop and build a “whole school” programming approach specifically focused on Bureau of Indian Affairs (BIA) school classrooms across the state. The NM Indian Affairs Department, Secretary Kelly Zunie will partner in the expansion of PAX Good Behavior Game for tribal schools by identifying and recruiting participating schools, and supporting access to these school populations. This whole school programming approach will be used in these primarily rural, isolated small school settings to impact student success and behavioral health outcomes within a PAX Good Behavior Game “environment” throughout the school site. In addition to training new teachers within these school sites, the project will provide booster and demonstration sessions, coaching to teachers and school staff both in person and electronically, PAX Good Behavior Game Partner Training and supports, and Principal Trainings. The infrastructure created during this period will be designed to encourage school districts to maintain their PAX Good Behavior Game capacity without assistance in the future, needing only to budget for training new teachers. Summer training programs will be implemented in BIA schools during year one; new teacher training and numerous booster sessions and technical assistance will be provided and new infrastructure will be developed to help schools become independent PAX Good Behavior Game sites during year two. Six to 8 implementation school sites are planned, with all K-3 teachers participating. An important component of this tribal focused effort will be participation in Indigenous PAX Good Behavior Game, an international gathering held every six months to support Indigenous and Native American PAX implementation sites. This provides additional means to customize PAX Good Behavior Game to meet cultural and tribal needs and develop approaches that are welcomed in the community and by tribal parents.

Marketing and Outreach. MAT expansion will include marketing and outreach statewide to help build an environment that will be the most supportive for MAT implementation. This will include social marketing efforts focused on need for treatment, availability of providers’ statewide, benefits of the comprehensive approach of the MAT model (medications, psychosocial and community supports/services), and issues of stigma including toward persons with OUDs and use of medications to treat OUDs. Outreach and education efforts will also include provider agencies to address issues of stigma and concerns with providing treatment in non-OTP contexts as well as concerns with billing, staffing, workforce and similar practical concerns that may present barriers to adoption and implementation of MAT. The proposed “A Dose of Reality” campaign will be expanded, for example, to include other materials and messaging to support OUD prevention, treatment and recovery. This will include promotion of everyone as a “first

responder” encouraging wide-spread awareness of the value, acceptance and use of naloxone in communities and families. In addition, it will include development and distribution of stickers to be placed in the windows of community businesses statewide to advertise that they have naloxone on site and trained in its use.

B.6. Description Of The Treatment/Recovery Support Services That Will Be Implemented As Part Of Our Comprehensive Plan To Address The Opioid Crisis, Including Strategies To Accomplish The Required Activities

As per the RFA required grant activities, the NM STR Opioid initiative will *implement and expand access to clinically appropriate evidence-based practices for OUD treatment with a focus on use of medication assisted treatment (MAT) using FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine) in combination with psychosocial interventions and community based supports/services.* The NM STR Opioid Initiative will also purchase and encourage the use of naloxone as emergency treatment for opioid overdose. The following describes the implementation plan for New Mexico:

❖ *Medication Assisted Treatment for Opioid Use Disorder.* The NM STR Opioid Initiative will focus on the expansion of Medication Assisted Treatment (MAT), such as methadone and buprenorphine in combination with counseling and community supports to aid in retention in treatment and recovery. MAT has long been recognized as the most effective treatment for opiate addiction. The NM STR Opioid Initiative will greatly expand access to MAT for OUD statewide. These implementation approaches will ensure that a strong system for treatment of OUD using MAT is developed that is coordinated, reaches a wide range of providers statewide in both urban and rural areas, and simultaneously builds an OUD prevention, treatment and recovery workforce and a sustainable infrastructure for ongoing training and support. Expansion of MAT for OUD will occur statewide with training of primary care and behavioral health providers. Some in-person trainings for providers in buprenorphine/naloxone is already in place but will be greatly expanded statewide through current funding. MAT expansion will focus on areas of known high burden for OUD and overdose including Albuquerque which is the state’s most populated urban area. It will also focus on areas with high rates of OUD overdose. For example, Rio Arriba County for several years had the nation’s highest opioid death overdose rate but due to the successful distribution of naloxone in 2015, OD deaths for that year were reduced by 30%. Planned services related to training and support for MAT for OUD implementation will utilize the proposed needs assessment and strategic planning process required in this funding announcement to ensure all gaps/needs are identified and addressed in the focus areas for MAT expansion.

MAT training and support. All NM STR Opioid Initiative Services and activities will be organized and initiated through the Collaborative Hubs model. The model will have one Central Hub for training and support, and agencies across New Mexico will act as Regional Hubs implementing these services. This will support the development of a sustainable infrastructure for ongoing training and support to tackle the OUD epidemic. The model used in New Mexico is based on the **Hub/Spoke model** developed in Vermont (Chen, 2014; Patient-Centered Primary

Care Collaborative, 2015; Vermont Agency of Human Services, 2012). Our model is described fully and in detail in the appropriate section C.1. (*C.1. System design and implementation models used to increase availability of services to prevent and treat OUD*). The Central Hub in the NM STR Opioid Initiative is a partnership between BHSD and UNM's Consortium for Behavioral Health Training and Research (CBHTR). The Central Hub has expertise to guide MAT expansion through professionals at CBHTR with experience training on MAT; naloxone purchase and training through the BHSD Office of Substance Abuse Prevention (OSAP), and development of peer workforce and recovery supports for OUDs through the BHSD Office of Peer Recovery and Engagement (OPRE). This training and support model will provide standardized, centralized processes that are monitored by the state to ensure providers have up-to-date information on EBPs, regulatory requirements, resources, and best practices and ongoing support for implementation of MAT. The Collaborative Hubs model ensures that systems develop peer support and care coordination personnel that are embedded in the community to increase sustainability of recovery support services and that these systems are linked to the Central Hub and to other forms of support via consultation, training and related materials and resources. The Central Hub will organize and train providers, clinic staff, and peers in MAT implementation. For the NM STR Opioid Initiative, this will be supported by 16 trainings across New Mexico for the buprenorphine Waiver. The Central Hub will also coordinate trainings for community members, law enforcement, criminal justice, pharmacists, peers and all identified training populations in this proposal to support them in addressing the OUD crisis in NM.

Naloxone. The NM STR Opioid Initiative will purchase naloxone for distribution in high need communities to reduce heroin and prescription drug opioid overdose-related deaths and adverse events in NM. Naloxone is a medication designed to rapidly reverse opioid overdose. As an opioid antagonist, it binds to opioid receptors and can reverse and block the effects of other opioids. This medication helps save lives and provides an opportunity to begin the process of involving someone in starting or returning to treatment. Grant funds will be used to purchase naloxone for distribution across NM, starting with a focus on communities, and regions identified in the needs assessment as those with highest need and/or burden from OUD and overdose deaths. Naloxone purchase will include expanding the membership of the Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) Grant Advisory Council that is currently in place to add additional state and local agencies to pursue an interagency, interdisciplinary strategic plan to create new mechanisms to work within law enforcement, corrections and jail settings, and hospital emergency departments, and to recruit those agencies across the state with high overdose rates or rapidly increasing numbers of overdoses (a.k.a. hot spots). Dr. Wayne Lindstrom, CEO of the NM Behavioral Health Purchasing Collaborative, Director of BHSD, and PI for the current initiative, chairs this Advisory Council and will be instrumental in bringing together all additional key Advisory Council members. The new mechanisms identified will result in improved engagement with follow up, treatment and recovery programs that are patient-centered and low threshold. Outcomes of the interagency planning committee for this initiative include: a comprehensive statewide plan to implement overdose prevention education efforts, and a naloxone distribution plan, with a special emphasis on sub-populations with the highest overdose death rates. OSAP will purchase 13,333 naloxone

rescue kits annually to supplement and expand upon purchases funded by NM's Grant to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO). Naloxone will be stored, distributed, tracked and monitored through the Naloxone Coordinator. Naloxone purchased through this effort will complement the current PDO grant project of BHSD. That project is purchasing and distributing a smaller amount of naloxone each year to be used in the four counties of the state with the highest burden of deaths. However, 29 other counties suffer from the consequences of overdose and have little or no options available to reduce overdose deaths in their communities. The NM Opioid STR purchase effort will allow distribution to first responders and others in the remainder of the state, and supplement the need in the four highest burden counties. The naloxone purchase activity will include developing MOUs with first responder organizations that build toward a sustainable local naloxone supply by the end of the grant project and coordinate and leverage naloxone distribution with local public health offices and other naloxone providers.

Naloxone Coordination and Training. Naloxone first responder training will be provided by an experienced overdose prevention educator who will train lay people and professional first responders, social workers, counselors, medical providers, substance use treatment providers, and other health and social service providers who may be able to respond to an opioid overdose, or teach others how to prevent, recognize, and respond to an opioid overdose. The trainer will develop overdose prevention, recognition, and response trainings tailored to specific target populations such as health and social services providers, drug treatment and prevention providers. The trainings will be based on SAMHSA's Opioid Overdose Prevention Toolkit and will include a module on opioid prescribing practices and the CDC's prescribing guidelines. Year 1 trainings will focus on statewide providers such as the Department of Corrections, Probation and Parole, and State Police, and the 29 counties not included in the NM PDO grant, while Year 2 will continue those target populations and also add intensive training in the four demonstration counties of the NM PDO grant (Bernalillo, Dona Ana, Santa Fe and Rio Arriba). New Mexico will train health and social service providers working with people with opioid use disorders/opioid dependency.

NM's training guidelines are based on the content of the SAMHSA Opioid Overdose Prevention Toolkit and contain SAMHSA's Five Essential Steps for First Responders. This project will utilize numerous trainings tailored to a range of audiences. For example, a training targeted to physicians with clinical expertise regarding opioid overdose, will be different than a training conducted for mental health counselors who may not be as familiar with opioid overdose recognition and response. This initiative will also develop train-the-trainer modules to build sustainability and maximize resources. All trainings will be reviewed by multiple content experts and receive final approval by a multidisciplinary advisory board before implementation. The general purpose of trainings will be to give community members the informational and physical tools to *prevent, recognize, and respond* to an opioid overdose. More broadly, the trainings will include messaging to raise public awareness about naloxone, normalize its use in multiple settings, decrease stigmatization associated with naloxone and people who use legal and illicit drugs, and most importantly, decrease mortality and morbidity resulting from opioid overdose. Learning objectives will vary depending on the target audience and include, but are not limited to, gaining knowledge about: NM's overdose prevention statute; NM overdose mortality data; harm reduction theory and practice; overdose prevention education with an emphasis on

overdose risk-reduction behaviors related to drugs and alcohol; opioid prescribing practices and CDC guidelines; recognition of risk for overdose; naloxone administration, duration of effect and safety; overdose response plans; signs and symptoms of an opioid overdose; activating 911 emergency help; rescue breathing; post-resuscitation precautions and recovery position demonstration; and what not to do during an opioid overdose event.

All trainees will derive multiple benefits from the project's trainings. Giving health and social service providers the tools to respond to an overdose and how to teach others to prevent, recognize, and respond, will enhance professional self-efficacy and increase community capacity to decrease overdose mortality through education and enhanced naloxone distribution. As previously highlighted, trainings will be targeted to a variety of audiences for multiple settings. In general, trainings will be tailored to all community members in a position to recognize and respond to an opioid overdose. Specifically, this includes, but is not limited to, professional first responders, school nurses, primary and urgent care staff, social workers, teachers, emergency department staff, probation and parole officers, and others as identified during project planning and implementation. Course effectiveness will be measured by direct observation of learned skills and participant self-evaluation of their confidence to recognize and respond to an opioid overdose. All aspects of training effectiveness will be evaluated on an ongoing basis and any identified gaps will be immediately addressed by project experts. The PDO Quality Improvement Committee will work with this project and routinely examine training reach and effectiveness and make recommendations as needed. NM will provide linkage to a harm reduction-based system of aftercare for people who experience an overdose reversal by law enforcement and other emergency responder. This system will be designed to prevent future overdose events and provide appropriate and culturally competent health and social services, including opioid replacement therapy, and community referrals to enhance overall opioid user health.

- ❖ Central to the NM STR Opioid Initiative to support expansion of MAT is to ensure sufficient clinic support for conducting and coordinating all required MAT services, and ensure a peer-based and sustainable approach to MAT expansion. These two components are presented below and will be the responsibility of the Regional Hubs:

MAT Support Services Specialists (MSSS). The lack of a team approach and coordinated staffing to support MAT implementation has been identified as a barrier to its expansion. Key to NM's success will be to build an interdisciplinary, specialized workforce that is familiar with MAT in order to facilitate its implementation. The Central Hub will approach this in three ways: 1) create MAT Support Service Specialists positions, 2) provide specialized training to nurses and physician assistants at Regional Hubs, and 3) provide specialized training to Certified Peer Support Specialists at Regional Hubs. Training for nurses and physician assistants will focus on services reimbursed through Healthcare Common Procedure Coding System (HCPCS) code H2010 that support the implementation of MAT. In NM, the H2010 service includes medication assessment, administration, monitoring and education for medications prescribed by a licensed NM prescriber.

Peer Support Specialist Training. The NM STR Opioid Initiative will enhance and support the provision of peer services designed to improve treatment access and retention and support long-term recovery. Peers will be trained and supported in NM to serve in the role of

MSSS. This will ensure recovery-based services with a focus on OUDs and development of a sufficient workforce to fill the MSSS position as MAT expands statewide. For many years, NM has been developing strong peer support services workforce. This workforce will be a focus of MSSS training in order to support peers as they become members of interdisciplinary teams providing MSSS and ensure that the voices and experiences of persons in recovery are fully represented within our service system. These trainings will be led by the Central Hub's Office of Peer Recovery and Engagement (OPRE). Training of peers as MSSS's will ensure the ability to meet provider needs in MAT implementation, ensure peer-focused recovery services, and sustain MSSS positions over time. Support for the development and implementation of peer trainings will include technical assistance support from Dr. Annette Crisanti. She has worked for many years in behavioral health treatment involving peers and has developed a peer training manual. She is described in detail in Section D: Staff and Organizational Experience. The Office of Peer Recovery and Engagement (OPRE) at the Central Hub will work with Dr. Crisanti to create a training for peers to develop advanced understanding of the benefits and processes of MAT. Peers who receive this training will be available to provide recovery support services to individuals with OUDs and help engage them in a range of services including recovery, individual support, and the psychosocial aspects of MAT. Currently recovery services provided by peers with lived experience of behavioral health conditions are a Medicaid reimbursable service in NM. By creating an interdisciplinary team of MSSS including peers, nurses and physician assistants, we aim to increase the implementation of MAT throughout all regional hubs. Depending on their role, MSSS team members will be trained through the Central Hub in a wide range of MAT support services including screening, monitoring (UDS, PMP, etc.), educating, coaching, and engaging individuals to support their efforts to obtain therapy and community resources and services for ongoing treatment and recovery. MSSS team members will provide support services both within their home agency and will facilitate coordination across regional hubs by providing education to individuals and families about the range of services available.

Agencies Providing Treatment and Recovery Services: Regional Hubs

In support of MAT expansion, NM providers statewide have been identified that will collaborate in the statewide effort to combat OUD. These organizations are recognized locally and statewide for their existing efforts in behavioral health, integrated primary care and their interest and capacity to participate in the current initiative. These agencies have been identified to serve as these **Regional Hubs**. Each has current specific expertise that will be emphasized in their role as Regional Hubs. Most will be directly implementing MAT. Others are focused on naloxone training and distribution in their community. Many will additionally provide peer support and recovery services. All Regional Hubs will have a dedicated MSSS position to support regional providers in MAT implementation. These Regional Hubs will enhance or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery.

Rio Arriba Health and Human Services (RAHHS). The Rio Arriba Health and Human Services Department worked closely for years with the BHSD to provide treatment services for persons with OUD. RAHHS shares office space with the local Federally Qualified Health Center (FQHC) and the local public health office which currently provide MAT through buprenorphine treatment and naloxone distribution. RAHHS will act as one of the NM STR Opioid Initiative spokes/regional hubs with a focus on providing MAT for OUD treatment. Rio Arriba County is designated as a Behavioral Health Investment Zone (BHIZ) by BHSD and it is providing county-wide care coordination using Pathway's automated care coordination tools. As a result, this County is uniquely positioned to operate as a Regional Hub which will have a MSSS via the coordinated and centralized Collaborative Hub model proposed in this initiative. RAHHS will work closely with the peer run recovery oriented agency Inside Out to tackle the OUD epidemic in this region.

Inside Out; Recovery is one of New Mexico's strongest peer run recovery agencies. In their role as regional hub, Inside Out will provide distribution and training in naloxone use throughout Rio Arriba County. As a peer run organization, peers will participate in coordinated naloxone training and take the lead in distributing naloxone and training first responders, law enforcement, community organizations, and family members in use of naloxone to save lives. Inside Out will have a dedicated peer support staff member trained as a MSSS to provide support to local agencies and providers that are implementing MAT for OUD as part of this initiative. Training of the MSSS will be conducted by the state's Office of Peer Recovery and Engagement.

Mora, San Miguel, and Guadalupe Local Collaborative (MSG LC4). The MSG LC4 is a collaborative partnership among a wide range of health services providers, law enforcement, schools and community members. It has a focus on behavioral health and recovery and integrates providers working in a collaborative approach to provide prevention, treatment and recovery to persons in this tri-county area located to the east of Rio Arriba County. One agency will house the MSSS position that will serve multiple providers practicing MAT for OUD in this region. Providers and an identified MAT Support Services Specialist will be trained via the Collaborative hub model.

Santa Fe Mountain Center. Located in the State's capital City of Santa Fe, the Santa Fe Mountain Center provides behavioral health services focused on adolescents and youth. It is home to one of the state's most innovative therapeutic adventure programs using a strength-based experiential approach to provider intervention and prevention services for youth seeking substance abuse treatment. Santa Fe Mountain Center works closely with recovery centers to support youth in recovery and is a state leader in serving LGBTQ adolescents and young adults. The SF Mountain Center has been using SAMHSA's Opioid Overdose Prevention Toolkit Strategies for over 10 years and is well positioned to participate as a regional hub in the current initiative. The Santa Fe Mountain Center will be trained in MAT for OUD and will have dedicated staff providing MSSS for their area. They will participate in Naloxone training and will provide coordinated distribution and training to first responders, community members, consumers and families in their region which includes Santa Fe, Rio Arriba County and surrounding communities.

Serenity Mesa Youth Recovery Center. Located in Albuquerque, the state's largest urban area, Serenity Mesa Youth Recovery Center is a sober living facility with a focus on adolescents and young adults ages 14-21 who are struggling with addiction. Services include housing, individual, group and family therapy, life skills, education (high school and college), job placement and job training, education on living a healthy lifestyle, community engagement and direct services. Goals of Serenity Mesa are to connect youth to a sense of purpose, support sobriety and help young people re-enter communities as strong, independent members. Serenity Mesa will serve the NM STR Opioid Initiative as a regional hub to provide distribution and training in naloxone use to expand efforts currently in place in the city. They will have a dedicated staff person as an MSSS to provide support to providers of MAT in the greater Albuquerque area. Staff will support statewide distribution and training in use of naloxone. As with other sites, Serenity Mesa will receive naloxone for distribution from the centralized purchase requested in this proposal. All distribution activities will be done in coordination with the Central Hub.

Santa Fe Recovery Center. The Santa Fe Recovery Center provides drug and alcohol treatment to men and women 18 and over, who are seeking a high quality, effective recovery program. Treatment programs include detox/assessment, 30 day residential treatment and outpatient services. The Santa Fe Recovery Center works with individuals to sustain lifelong recovery from alcoholism, addictions and related mental health issues by providing culturally relevant, evidence-based treatment and education in partnership with other community organizations. The program blends the traditional 12-step philosophy with current state of the art, empirically based treatment practices. The Santa Fe Recovery Center will support the goals of the NM STR Opioid Initiative as a Regional Hub. It will also support peer training in MSSS in support of statewide expansion of MAT for OUD. These trainings will be coordinated via the Central Hub and its Office of Peer Recovery and Engagement. The allowable funds of 75,000.00 described in the FOA will be used to upgrade the existing Santa Fe Recovery Center facilities as the facility is in need of repair to better serve consumers and support recovery (details provided in budget justification).

Dona Ana Health and Human Services. DAHHS is a county based agency that facilitates programs across primary care and the local hospital in Doña Ana County. Doña Ana County is a county located south of New Mexico and borders Mexico. Its county seat is Las Cruces, which is the second-most populous municipality in New Mexico and is the home to New Mexico State University. The Doña Ana Board of County Commissioners created the Doña Ana County Health and Human Services (HHS) Department in 2001. The HHS Department employs over 45 staff, utilizes over 35 volunteers, and administers close to 40 service contracts. The HHS Department is comprised of three divisions: 1) Court Compliance, 2) Outreach and Education, and 3) Program Operations. Collectively the divisions are responsible for programs aimed at addressing border-area health status indicators. Programs are offered county-wide through the six community resource centers operated by the department. Community centers are located in New

Mexico communities of Rincon, Radium Springs, Doña Ana, Organ, Vado/Del Cerro, and Chaparral.

New Mexico's Health Homes/Care Link Initiative

In addition to the agencies identified above, NM has identified several agencies across the state that will serve as regional hubs that are also part of NM's Medicaid behavioral health "Health Homes" called Care Link. The goal of Care Link is to provide health care, health promotion and care coordination to individuals with serious mental illness, serious emotional disturbances and co-occurring substance use disorders. These agencies integrate and coordinate primary care and behavioral health care under a "whole person philosophy" and have longstanding roots in local communities in the region. Two of the following provider organizations have been operating as Care Link sites while the others have been participating in NM's Certified Community Behavioral Clinics (CCBHC), a SAMHSA funded planning initiative. Since NM was not selected for the CCBHC demonstration, the CCBHC sites are now becoming Care Link operations. These Health Homes will also serve as Regional Hubs statewide, working in concert with the agencies identified above through the training and coordination of MAT expansion and related services via the Collaborative Hub model proposed. All Health Home agencies identified below will have prescribers trained in MAT for OUD and have dedicated support staff trained to support MAT implementation as *MAT Services Support Specialists (MSSS)*. If more than one location exists, the MSSS position will be placed in the community identified as highest need based on the needs assessment data. The MSSS will provide support to all MAT providers in their region.

- *Presbyterian Medical Services (PMS)*. One of New Mexico's largest health services providers is Presbyterian Medical Services. PMS has identified two FQHC facilities that will act as Health Homes to serve two of New Mexico's largest population areas and provide comprehensive integrated primary and behavioral health care. One is located in Rio Rancho, just north of Albuquerque, and serves the entire Albuquerque and surrounding metropolitan area as well as smaller counties/communities located in the Albuquerque/Rio Rancho vicinity. The second PMS facility is located in Farmington, NM in the states northwest region. Farmington is not only one of the most populated cities in the state, but is also home to a large native population, specifically many persons from the Navajo Nation, which borders the city.
- *University of New Mexico Hospitals (UNMH)*. With 6 locations across two counties (Albuquerque's Bernalillo County and adjacent Sandoval County), UNMH is the largest hospital in New Mexico providing primary, behavioral health, and a wide range of specialty care services for all New Mexicans. UNMH is New Mexico's only Academic Medical Center and Level 1 Trauma Center with 13 pediatric subspecialties. UNMH provides services to a large, diverse population with complex and urgent health needs, providing more than \$135 million of uncompensated care per year. UNMH's core facilities are UNM Hospital, UNM Children's Hospital, UNM Carrie Tingley Hospital Outpatient Services, UNM Sandoval Regional Medical Center, UNMH Psychiatric

Center, and UNMH Children's Psychiatric Center. A core UNMH program is the Addiction and Substance Abuse Program (ASAP) with expert staff that provide diverse evidence-based substance abuse and mental health treatment, including specialized services for women. ASAP provides services to adults and adolescents with a primary substance use disorder and to individuals who have a substance use disorder along with co-occurring mental health issues. Core ASAP staff have key roles in the proposed initiative including the Project Manager (Dr. Maley) who will lead hub training coordination statewide. Also experts in addiction and co-occurring disorders with adult and youth populations (Dr. Bhatt and Dr. Foster) will provide training in MAT to providers in primary care and behavioral health statewide via the Collaborative Hub's reach to Regional Hubs.

- Hidalgo Medical Services (HMS). Located in the southwest region of the State, HMS provides integrated services in primary care and behavioral health in six FQHC sites across a large 3 county area near the state's southern border. HMS has 13 community clinics including school-based health centers and a senior and Wellness Citizens Center. HMS is a nonprofit healthcare organization providing comprehensive medical, dental, mental health, and family support services to more than 16,000 patients per year. HMS serves as the only Federally Qualified Health Center (FQHC) in both Hidalgo and Grant counties. HMS is accredited by the Health Resources & Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services (HHS). HMS provides comprehensive, integrated, affordable healthcare and education of patients and healthcare professionals.
- La Clinica de Familia, Inc. (LCDF). La Clinica de Familia is a private, not-for-profit Federally Qualified Health Center (FQHC) in Doña Ana County, in the central, southern portion of the New Mexico. LCDF provides quality health care for the entire family through a system of seven medical clinics, five dental clinics, three school based clinics, behavioral health services, an Early Head Start program, a Healthy Start program and a Promotora program that employs community members to provide basic health education for community members in home and other community settings. LCDF health and social services programs are funded by grants, contracts, and fee-for-service. LCDF empowers and enriches families, individuals and communities by providing quality medical, dental, behavioral health and educational services for people of all cultures.
- Guidance Center of Lea County (GCLC). The Guidance Center of Lea County is a non-profit community mental health center that will provide Health Home services to clients in Lea County. It is the sole provider of a comprehensive array of family-centered services including mental health and substance abuse services for more than four decades. The Guidance Center serves over 1000 clients a month, and responds to approximately 66 crisis intervention events per month. The Guidance Center of Lea County is committed to using the trauma informed care as a guide for creating a safe and non-violent environment where healing can occur.

- *Mental Health Resources (MHR)*. Mental Health Resources, Inc. is a behavioral health agency that will provide Health Home services to Roosevelt and Curry counties in southeastern New Mexico. In June 2010 MHR was designated as the adult core service agency for the five counties and began to offer Comprehensive Community Support Services, a strengths oriented case management service. MHR provides a variety of treatment services in the community. MHR provides comprehensive outpatient services as well as residential treatment for boys ages 7-12 who have a history of behavioral health issues that have not been adequately addressed through outpatient services. It is the philosophy of MHR to employ the least confining measures while meeting individual behavioral health needs. MHR employs a staff of over eighty professionals and support staff. All therapists employed have masters' degrees and licensure by either the New Mexico Counseling and Therapy Practice Board or the New Mexico Board of Social Work Examiners.

Agencies Providing Additional Treatment Services

The agencies listed below will contribute to the NM STR Opioid Initiative providing direct services, trainings, and building of peer recovery workforce. These activities will all be coordinated through the Central Hub to ensure organization of these activities to target identified needs/gaps according to the finalized state strategic plan. These will not act as Regional Hubs, but will conduct needed additional activities supporting prevention, treatment and recovery statewide that will be incorporated into the Central Hub efforts around expanding OUD services (prevention, treatment and recovery) and MAT.

New Mexico Children Youth and Families Department: American Society of Addiction Medicine (ASAM) Training and Training-of-Trainers.

The American Society of Addiction (ASAM) is a nationally recognized substance use and co-occurring disorders assessment protocol used to determine severity of need and level of care placement. Training will include: One ASAM training each year of the grant; include recent changes and updates in the Criteria with special emphasis on the adolescent population; incorporate the recent changes in DSM-5 that impact assessment; address the opiate crisis and how to assess and shape treatment recommendations and level of care placement for New Mexico youth and adults. The training and TOT will pay special attention to the extent of the problem and promote evidenced-based practices for overdose prevention and treatment using the combination of various medically assisted treatments (MATs) combined with psychosocial approaches. A framework for developing a "Training of Trainers" (TOT) that will enhance fidelity to the Criteria, reduce "drift" as a result of any staff turnover and thereby reduce unnecessary utilization of limited resources. This framework will consist of: Two, 2-day ASAM trainings, in each of two years, for 50-60 clinicians; two, 2-day ASAM TOT trainings, for 20 clinicians; 16 hours of follow-up consultation by phone with Trainers; one day on-site follow-up consultation.

New Mexico Children Youth and Families Department: Motivational Interviewing and Community Reinforcement and Family Training.

Working with opiate/opioid users and their families requires a workforce that has a high level of proficiency in evidence based practices (EBPs). Two evidence based practices in particular have demonstrated efficacy in combating the epidemic of opiate addiction, Motivational Interviewing (MI) and the Community Reinforcement and Family Training (CRAFT). Dr. William R. Miller is a prolific writer, researcher and co-creator of MI. He has spent a significant portion of his career studying the best approaches in disseminating evidence based practices so that there is a meaningful and measurable change in clinician behavior. He has demonstrated that single workshops alone are not effective in significant changes in counselor behavior (Miller & Mount, 2001). The research points to the need for personal feedback of performance and coaching. This proposal seeks to deploy two evidence based practices with these principals in mind.

MI Training: Phase I: Designed to provide high quality Motivational Interviewing basic through intermediate training to front line clinicians and MAT prescribers around the state. There will be six trainings across the state in this approach, focusing on population centers and rural areas that have been underserved in regards to EBP training. (12 CEUs will be provided upon successful completion) Phase II: Designed for clinical supervisors, treatment team leads and agency identified MI Champions. This will provide the rarely offered advanced level training of Motivational Interviewing, including tools to supervise this EBP. There will be two of these trainings offered. Prior MI training is a pre-requisite as verified with a completion certificate. Phase II graduates will be given the tools needed to supervise and offer on-site training for their staff in this approach. (12 CEUs will be provided upon successful completion). Phase III: There will be coaching onsite, online or over the phone to agencies and/or individual clinicians provided by the trainer to assist with implementation for six months post training.

Community Reinforcement and Family Training: Phase I: Designed as an introduction to this approach, will focus on skill acquisition in eight core procedures. There will be six trainings across the state in this approach, focusing on population centers and rural areas that have been underserved in regards to EBP training. (12 CEUs will be provided upon successful completion). Phase II: Focus on clinical supervision with fidelity and strategies of implementation. There will be two of these trainings offered. Prior CRAFT training is a pre-requisite as verified with a completion certificate. (12 CEUs will be provided upon successful completion). Phase III: There will be coaching onsite, online or over the phone to agencies and/or individual clinicians provided by the trainer to assist with implementation for six months post training.

New Mexico Children Youth and Families Department: Youth Support Services Life Skills Coach Curriculum Training.

Youth Support Services (YSS) are designed to promote resiliency and enhance wellness for all of New Mexico's youth and young adults, especially for those with substance use issues. YSS provides experiential and developmental supports intended to replace or enhance natural support deficits and result in acquisition of skills and capabilities to aid the individual in living a

fulfilling life. Support Coaches are peers who deliver YSS directly to the youth and young adults they are serving. This training focuses on establishing and/or enhancing statewide and community-based recovery support systems, networks, and organizations to develop capacity at the state and local levels to design and implement peer and other recovery support services as vital components or recovery-oriented continuum of care. The purpose of this training is to develop a curriculum and certification process for peer youth and young adults to become Support Coaches. The Support Coach will address the needs of young people who otherwise would drop out of services. Based on claims data there is a significant drop in behavioral health serviced beginning at the 18th birthday. Services begin to increase again around age 26 according to data presented by the BHSD Statewide Epidemiology and Outcomes Workgroup using 2010-2012 claims. CYFD-BHS proposes the following foundational activities: Develop a comprehensive training curriculum; train youth and young adults with “lived experience”; create a certification process for the youth and young adults who successfully complete the training; and support monthly trainings/refresher courses to Support Coaches. CYFD will collaborate with the state’s Medicaid authority service provider to include a definition of Support Coaches which includes reimbursement structures for services performed to ensure sustainability. CYFD will identify organizations and agencies which will commit to hiring certified Support Coaches. This activity will support youth and young adults who achieve certification with job placement opportunities, provide ongoing trainings, offer emotional support, and facilitate monthly meetings and discussions to gain feedback about youth’s experiences.

Project ECHO. Supporting best practices in chronic pain treatment, addictions and MAT implementation.

The Extensions for Community Healthcare Outcomes (ECHO) was developed at the University of New Mexico. It is a critical model for training and supporting particularly rural providers in a range of treatments and best practices. It uses tele-video to facilitate reaching providers in rural areas and uses an innovative combination of didactic and case-based learning. As a NM STR Opioid Initiative partner, Project ECHO will facilitate training/support in two main areas of OUD treatment and recovery using the ECHO model approach. Currently, existing ECHO clinics include integrated addictions ECHO and chronic pain ECHO. These will continue alongside the current grant with the focus on promoting ECHO clinics among providers to support best practices in these critical areas that will help NM address the OUD epidemic. Second, grant funds will be provided to ECHO to expand the Addictions clinic to include specific focus on continued education and support on MAT for OUD implementation. This will include bringing a licensed psychiatrist expert in MAT for OUD to lead these clinics. Increased recruitment for ECHO clinic sessions will include a full range of providers and clinic support staff and will be a component of both the statewide 1/2 and 1/2 buprenorphine waiver trainings, and promoted through the Central Hub as the Regional Hub system is developed and sustained. ECHO clinics (both existing and the new addition of MAT for OUD clinics) will be conducted at the Project ECHO facility in Albuquerque. Use of the ECHO model and facilities to support the expansion of these valuable ECHO clinics will be instrumental for training and support of providers including criminal justice staff as the state expands MAT for OUD.

Law Enforcement Assisted Diversion (LEAD). Jail Diversion.

The Law Enforcement Assisted Diversion (LEAD) program is an innovative model that brings together diverse stakeholders seeking to achieve better outcomes in public health and safety by diverting people from jail to services. It is currently in place in Santa Fe, New Mexico. The NM STR Opioid Initiative will support the LEAD program to provide additional outreach and training on jail diversion. Under LEAD, police divert individuals who commit low-level drug offenses to harm reduction based case management services and treatment and social supports. An independent evaluation found that it reduced the likelihood of reoffending by nearly 60% compared to a control group that went through the criminal justice system “as usual.” In 2014, Santa Fe, became the second jurisdiction to replicate LEAD. Albany, NY and Fayetteville, NC have followed suit. Numerous other cities around the country – including Baltimore, Portland, OR, San Francisco, Ithaca (NY) and Los Angeles are in the process of replicating LEAD. And in July 2015, in a remarkable indication of both the growing interest in LEAD as well as the rapid evolution of the Office of National Drug Control Policy (ONDCP), the White House held a national convening to discuss and promote LEAD, with the participation of representatives from over 30 cities, counties and states. For LEAD in Santa Fe, law enforcement officers referred 105 clients to LEAD. Of these, 87 clients were engaged in LEAD and *approximately a third of these are participating in medication-assisted treatment: 26 are on Suboxone and 8 are on methadone.*

The following outreach activities on jail diversion will be conducted by LEAD to support the NM STR Opioid Initiative: Set-up on- on-one meetings to cultivate local champions: Mayor, DA, Police Chief, City Councilors (essential for the model to work); Community Presentation on the LEAD model; Develop planning task force – suggested members: (those named above); treatment professionals, harm reduction advocates, immigrant rights groups, business leaders, families of problematic drug users, tribal reps, public defenders, social justice organizations, neighborhood watch groups, local foundations, etc. Develop a community assessment re: drug use, incarceration, costs, etc. (model it off of Santa Fe’s Cost Benefit Analysis) Identify local funding streams, i.e. city, county, private foundation support; suggest the city assign a staff person to facilitate the outreach/planning phase; work with Santa Fe LEAD representatives to create the initial outreach plan and to support implementation of this phase – meetings, community presentation, and provide technical assistance to city staff.

UNM Department of Family and Community Medicine (DFCM). Expansion of Academic Detailing for treatment of non-cancer chronic pain.

Robert Rhyne, M.D., with the UNM DFCM has successfully supported rural primary care agencies in NM to improve implementation of chronic pain treatment through best practices in opioid use, use of non-opioid medications, and non-pharmacological treatment. Dr Rhyne’s work in this areas has been funded by the Agency for Healthcare Quality and Research (AHRQ). Dr. Rhyne will continue this effort with a focus on the Health Homes identified in this proposal to ensure they receive training and support in best practices for non-cancer chronic pain treatment. This will support the NM STR Opioid Initiative by ensuring the developing Health Homes have the expertise and specific training and support that will support the proper and effective use of

opioids in combination with other treatments to reduce development of OUD, diversion, and opioid overdose.

UNM Department of Neurosurgery, New Mexico Pain Center: Naloxone Distribution and Training for OTPs

The UNM Pain Consultation and Treatment Center, headed by Dr. Joanna Katzman, plays a vitally important role in the HOPE Initiative. As we know, many people often develop opioid dependencies after being prescribed analgesics for chronic pain. The Pain Center, which cares for more than 8,000 patients each year, takes an integrative approach to pain treatment that includes a behavioral component, addiction psychiatry, rehabilitation services, and interventional pain management. The UNM Pain Center aims to: 1) Provide clinical pain outreach to all four corners of the state, 2) Provide continued state- mandated CME pain and addiction training, which is now required for all New Mexico clinicians with an active DEA license; 3) Increase access to care for patients suffering from pain and addiction by reducing the first available wait time at the UNM Pain Center to less than three weeks; and 4) Continue collaboration with the NM Department of Health to monitor health outcomes and decrease the unintentional opioid overdose death rate in NM. In support of the goals of the NM STR Opioid Initiative, Dr. Katzman will provide education and training in best practices in opioid prescribing in chronic pain directly with providers in NM's opioid treatment programs (OTP) statewide. Her training will include education around the benefits and use of naloxone with OTP providers. Dr. Katzman's trainings will be coordinated with OSAP at the Central Hub to ensure no duplication of efforts and ensure trainings align with the needs assessment and strategic plan. At her trainings, she will provide naloxone kits to the OTPs for distribution. Naloxone will be provided to Dr. Katzman through the main naloxone purchase requested in this proposal.

New Mexico Crisis and Access Line (NMCAL). Training of Warmline Peers.

NMCAL is a BHSD funded resource to help address the opioid crisis. NMCAL offers evidenced based, trauma informed, and culturally sensitive clinical and peer services that ensure that all New Mexicans, even those in the underserved rural and frontier areas, are able to access help anytime. The Crisis and Access Line is a free and confidential service that is available 24 hours a day, 7 days per week all year and is staffed by Masters-level or higher mental health clinicians to support individuals experiencing a mental health/substance use crisis, or people concerned about the well-being of a loved one. People can call NMCAL to receive immediate emotional support, de-escalation, and referrals that will allow for further treatment beyond the call. The NM STR Opioid Initiative will fund NMCAL to have their warm line peers participate in additional training specific to OUD and MAT for OUD and related services. The purpose is to expand the expertise of warm line staff to ensure they can provide the best support and referrals for persons with OUD as we expand services for OUD statewide via the NM STR Opioid Initiative.

Office of Peer Recovery and Engagement (OPRE). Establish and Enhance Peer Support Worker Networks in NM to Target OUD.

Peer support is evidence-based, effective and proven to reduce overall treatment costs. Our proposal involves enhancing our existing statewide peer networks, and forging new ones where needed. OPRE will expand the peer workforce by enhancing existing networks, create specialty trainings to improve the skills of peer supporters who work with those in recovery from opioid dependence, increase access to existing trainings, improve our certified peer support worker training, and increase our number of trainers. We will lead all peer trainings related to OUD in support of the current NM STR Opioid Initiative to ensure coordinated messaging, materials, and support as New Mexico expands its peer workforce to address the OUD crisis. Efforts in this regard will include marketing, trainings, outreach, ongoing needs assessments, and two annual peer summits. OPRE will offer opioid-specific trainings and professional and leadership development for peers to work in OUD including trainings about treatment of opioid addiction, peer leadership, supervising peers with an emphasis on disseminating that information throughout the state.

Recovery Communities of New Mexico (RCONM). Expanding Recovery Supports for OUD.

The mission of RCONM is the support local recovery advocates to improve, empower, and support communities to implement recovery initiatives. It seeks to develop local partnerships of natural supports, recovery organizations, community service providers, and governmental agencies on behalf of individuals and families who seek to start and sustain long term recovery from substance abuse and addiction. These local networks, including prevention and early intervention services, will address the needs and preferences of the whole person in achieving long term recovery. RCONM will support the NM STR Opioid Initiative through recovery celebrations that include orientation and training in MAT for OUD, and training peers in the MAT Services Support Specialist position. RCONM will work closely with the OPRE to plan and implement all peer related trainings.

UNM Department of Psychiatry and Behavioral Sciences & University of New Mexico Hospitals, Addictions and Substance Abuse Programs. Statewide Buprenorphine/naloxone Waiver Trainings & Transition from Criminal Justice.

Buprenorphine/naloxone Waiver Trainings: Under the Drug Addiction Treatment Act of 2000 (DATA 2000), physicians are required to complete an eight-hour training to qualify for a waiver to prescribe and dispense buprenorphine. ASAP Medical Director and program's attending addictions psychiatrist, Dr. Snehal Bhatt, will provide buprenorphine half and half trainings across New Mexico over the course of the two years of the NM STR Opioid Initiative. Dr. Bhatt is identified by SAMHSA as being qualified to lead these trainings. Over a two year period, a total of 16 such trainings would be conducted. This will greatly expand access to these trainings to providers since only three such trainings occurred in New Mexico in 2015. These trainings are central to the focus of the NM STR Initiative and SAMHSAs goals in the current funding announcement. Trainings would be held in all major geographic areas of the state, including, but not limited to, Albuquerque, Gallup, Farmington, Roswell, Taos, and Las Cruces. Through use of the ECHO facilities and model (describe above) all waived providers will be linked to ongoing mentoring, education, and case consultations via this televideo platform. This would help address two major barriers to buprenorphine prescribing within the state, and help build up capacity for buprenorphine around the state. These trainings and ECHO support will be coordinated in the

Central Hub model to ensure full support for providers as they expand MAT. Importantly, having more buprenorphine trained providers across the state would help connect individuals in the criminal justice system to MAT. Dr. Bhatt and the Central Hub will ensure that Indian Health Services providers are invited and encouraged to attend these trainings. Dr. Bhatt currently provides direct clinical care, trainings and case consultations for IHS and tribal programs in New Mexico and he will use this platform to advertise these trainings along with IHS internal systems to promote trainings for providers.

A required activity in the present FOA is *to provide assistance to patients with treatment costs including developing other strategies to eliminate or reduce treatment costs for under- and uninsured patients, and* Regarding coverage, as a Medicaid Expansion state with high economic challenges, nearly half of New Mexicans are already covered under Medicaid. Additionally, in New Mexico Health Homes are located within agencies that required to provide behavioral health treatment regardless of ability to pay. Both Medicaid and New Mexico's Health Homes therefore will ensure that MAT services are covered and, when not, these services are provided regardless of ability to pay. The main barrier to MAT treatment in NM is not having enough providers that are implementing MAT. The ½ and ½ trainings provided, along with the ongoing support and coordination of the Central Hub will increase the provision expansion of MAT services statewide.

Transition from Criminal Justice: A required activity in the present FOA is *to provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.* Given New Mexico's high Medicaid enrollment and coverage provided under the Health Homes initiative, the main focus for the NM STR Initiative is providing transition from criminal justice settings or other rehabilitative settings into treatment. In order to address this issue, UNM ASAP addiction psychiatrist, Dr. Romo, will work with criminal justice facilities to develop a comprehensive and sustainable plan to improve transition from criminal justice settings or other rehabilitative settings. Dr. Romo will meet with criminal justice staff at the Metropolitan Detention Center (MDC) to identify barriers and develop a protocol to address these and ensure sustainability. This will include developing preliminary steps to address global screening for OUD, methadone vs. benefits of buprenorphine in treatment transition, process of determining eligibility and enrollment to Medicaid, and workforce needed to support transition positions to ensure warm handoff to treatment upon community re-entry.

UNM, Department of Psychiatry and Behavioral Sciences & University of New Mexico Hospitals, Addictions and Substance Abuse Programs. Adolescent Statewide Coordination of Care.

The goal of this project is to reduce the treatment gap for youth and adolescents who receive their care across multiple systems through the identification and increased coordination of programs that provide education, screening, and primary care services to individuals under the age of 18. Currently, the FDA has approved buprenorphine/naloxone for treatment of opioid use disorder with individuals under the age of 18. Along with several recommended behavioral and family interventions, these medications have shown good ability to decrease opiate use and dependence with the adolescent population. This project will create a statewide coordination of

care program for youth and adolescents to identify target at-risk groups, specifically youth involved with CYFD, school based health clinics, the Bernalillo Youth Detention Center, Job Corp, Children's Psychiatric Hospital and Programs for family, children and adolescents, and coordinate best practice treatment to increase access to medication assisted interventions and other recommended recovery services. This project will be led by Dr. Bellelizabeth Foster, Medical Director of the UNMH Adolescent Substance Use Disorders Clinic. NM STR Opioid Initiative funding will be used to design and implement a training program, as well as develop a centralized system of adolescent specific assessment and treatment referrals. This would be done in coordination with the NM STR Opioid Initiative's Centralized Hub to ensure activities are initiated in accordance with the developed needs assessment and strategic plan. Staff at existing treatment programs will receive training in gold standard screening, assessment, and treatment approaches specific to opioid use disorder, as well as facilitate improved communication between treatment and referral entities to increase appropriate treatment referrals, decrease wait times, and increase access to behavioral health, family and other recovery oriented services within their communities. Once trained on the gold standard assessment and treatment protocols, existing staff within the identified agencies and school based health clinics would continue the program per routine standard of care duties.

Southwest Care Center Pharmacy Expansion of Chronic Pain Training

Southwest Care Center Pharmacy is a full service pharmacy that accredited by URAC and the American Association of HIV medicine and has developed expertise in training pharmacists to prescribe naloxone according to the NM Board of Pharmacy protocols. The Southwest Care Center Pharmacy is affiliated with Southwest Care Center which provides primary care, reproductive health, and Infectious Disease care with a special focus on HIV and Hepatitis C treatments. The Southwest Care Pharmacy team have become state experts in providing pharmacist training and education in the distribution and dispensing of naloxone. They have trained 242 pharmacy staff at 43 pharmacies across the state including 68 pharmacists, 78 technicians, 4 pharmacy interns, 83 graduating pharmacists, and 9 pharmacy technician students. Since 2014, Southwest Care Pharmacy started a co-prescription initiative that was funded by the Department of Health Injury Prevention Epidemiology Division and provided naloxone rescue kits to patients who were considered to be at high risk for opioid overdose. They have provided 144 naloxone rescue kits to individuals and family members over the past two years. Southwest Center for Pain Management will support the NM STR Opioid Initiative through training of pharmacists and pharmacy technicians in best practices for the distribution of naloxone to individuals at risk of an opioid overdose and their friends and families. Southwest Care will also train mental health and substance abuse providers in their region on best practices in use of opioids and other treatment options for treatment of chronic pain.

Holy Cross Hospital (HCH). Use of Emergency Department Information Exchange System (EDIE) for Patient Identification of OUD and Referral to Medication Assisted Treatment.

Holy Cross Hospital is located in Northern New Mexico, in Taos County that borders Colorado. Holy Cross Hospital will provide much needed referral to treatment in this northern New Mexico region through its use of the Emergency Department Information Exchange System

(EDIE) to identify patients in need of OUD services and referring them to MAT Treatment. Providers at HCH and surrounding clinics will be trained in MAT via the Central Hub trainings and led by Dr. Bhatt (described above) to ensure availability of MAT services and ongoing support for MAT implementation. HCH will also distribute naloxone and provide training in its use, coordinated via the Central Hub. EDIE is being implemented in all of NM's EDs through funding made available through NM's Medicaid Managed Care Organizations.

B.7. Describe how you will identify, recruit, and retain the population(s) of focus, and how this approach will take into consideration the language, beliefs, norms, values, and socioeconomic factors of this/these population(s).

The NM Opioid STR Initiative will use the **needs assessment** process to help identify populations that will be a focus for the initiative. As per this FOA, The NM STR Opioid Initiative will *develop a needs assessment using statewide epidemiological data and work with local, state, or tribal epidemiological outcomes workgroup to enhance and supplement the current process and its findings. The needs assessment will identify (1) areas where opioid misuse and related harms are most prevalent, (2) number and location of opioid treatment providers in the state, including providers that offer opioid use disorder services, and (3) all existing activities and their funding sources in the state that address opioid use prevention, treatment, and recovery activities and remaining gaps in these activities.* The NM STR Opioid Initiative will conduct a comprehensive needs assessment using statewide epidemiological data and existing needs assessment data already compiled and in use to guide the State's DOH and BHSD's current strategic planning efforts around substance use disorders and addictions. The needs assessment developed in the NM STR Opioid Initiative will include working with the existing epidemiological outcomes workgroups to enhance and supplement the current process and its findings. A core component of the needs assessment will be to assess the needs of their tribal communities and ensure these needs are included in the strategic plan developed. This will include the Southwest Epidemiological Outcomes Workgroup (SEOW) with meetings focused on treatment and prevention that is coordinated by the NMBHSD and the Albuquerque Area Southwest Tribal Epidemiology Center that collaborates with 27 American Indian communities in the Indian Health Service Albuquerque Area, which spans across New Mexico, Southern Colorado, West Texas, and Southeastern Utah. The grantee, BHSD and the NM Children Youth and Families Department have a number of SAMHSA funded initiatives statewide involve tribal communities including systems of care expansion, previous circles of care grants, suicide prevention initiatives. The state has a cultural and linguistic competency expert and BHSD Native American Liaison to help ensure the needs of tribes are included in a meaningful way and included as a central part of the developed strategic plan. The Native American Liaison will participate in the NM STR Opioid Initiative Advisory Council. Tribal community input will include assessment of existing needs, current programs/resources, and gaps. Priority will be on use of EBPs that are currently well-received in tribal communities with the goal of expanding these programs and improving access and retention to increase access and reduce disparities.

The NM STR Opioid Initiative will *use the completed needs assessment to develop a comprehensive state strategic plan to address the gaps in prevention, treatment, and recovery identified in the needs assessment.* The strategic planning process will be used to develop

activities to recruit and retain the populations of focus. It will include assessment of findings to identify counties/communities in highest need to prioritize immediate involvement in MAT training and ongoing support. This effort will include ensuring culturally appropriate recruitment and retention strategies that will take into consideration the language, beliefs, norms, values, and socioeconomic factors of this/these population.

The NM STR Opioid Initiative will ensure that demographics of the population, including age, race, ethnicity, culture, language, sexual orientation, disability, literacy, gender, and SES are addressed in needs assessment and strategic planning process. The target population includes persons with OUD, including youth 14+ through adults, and prevention of OUD for persons of all ages. The New Mexico Behavioral Health Services Division staff, and specifically identified offices working on substance abuse prevention, peer recovery and treatment coordination (ASAP) in the project Central Hub work currently in many diverse communities statewide. Staff on this project reflects the demographics of New Mexico and all have extensive experience working with members of these target populations statewide. NM STR Opioid Initiative will employ bilingual and bicultural staff, and ensure that trainings, educational and other materials are languages appropriate for populations of focus statewide. Advisory Council members already include diverse cultural and ethnic representation, including membership of peers, consumers, and youth advocacy groups. The Project Director, a trained cultural anthropologist, will work with the Central Hub to ensure all activities statewide are culturally and linguistically sensitive and that the Initiative's efforts focus on reducing disparities in OUD prevention, treatment and recovery. Active involvement in the Central Hub of the Office of Peer Recovery and Engagement will provide a leadership role in developing recruitment and retention plans that are culturally and linguistically competent and support the goals of the initiative. New Mexico is home to many diverse cultures and Regional Hubs and local agencies identified will play key roles in determining culturally appropriate strategies for identification, engagement, enrollment and retention of the populations of focus. The Advisory Council, Central and Regional Hubs will review the treatment, prevention and recovery activities identified herein and developed in the strategic plan. Decisions regarding cultural adaptations or adjustments to fit local norms and customs will be made based on received input and will be ongoing as part of continuous quality improvement. All grant-related office space will be ADA compliant, with building layouts allowing people to obtain services and access public restrooms and drinking fountains.

B.8. Unduplicated Number Of Individuals To Be Provided Treatment And Recovery Support Services (Annually And Over The Entire Project Period)

Annual Numbers of Individuals to Be Provided Services and Types of Services

	Type of Services	Annually	Entire Project Period

MAT Treatment	MAT	330	660
Naloxone Treatment	Naloxone	9,000	18,000
Recovery Supports Services	Recovery	520	1,040
TOTAL		9,850	19,700
Trainings related to services	Treatment and Recovery	3,250	6,500

The NM STR Opioid Initiative will provide **treatment and recovery support services** (annually and over the entire project period) with grant funds to **18,460 unduplicated individuals**. This number is based on the following:

New MAT for OUD patients with new Prescribers:

1, The NM STR Opioid Initiative will conduct a total of 20 buprenorphine Waiver trainings. This includes 16 in-person trainings and an additional 4 trainings provided in an available online format for persons that are not able to attend in person or prefer the online mechanism. We anticipate 10 new providers trained at each event, resulting in a total of 200 new prescribers. Based on review of the current number of prescribers with Waivers in New Mexico (247) and the number that are actively prescribing to at least 10 patients (108) we anticipate at least 1/3 of prescribers that receive the training will go on to provide MAT. Therefore we expect 66 new and active MAT providers. Using this conservative estimate, we expect that these 66 providers will have seen at least 10 patients by the end of Year 2 of this grant. **This will result in minimum 660 new patients receiving MAT services.**

OUD Peer Recovery supports: The NM STR Opioid Initiative will also provide training specific to MAT for OUD to enhance peer support services. These peers will provide MAT support services to the new patients of MAT identified above. In addition, these peers will provide enhanced peer support services specific to OUD. Our goal is for each Regional Hub (13 Regional Hubs) will have at least one peer trained in OUD supports. We estimate they will each provide support to 40 unduplicated individuals per year (80 over the two years). **The total unduplicated patients that receive enhanced peer support for OUD each year is 520; over the two years, 1040.**

Naloxone distribution and training: The NM STR Opioid Initiative will purchase 1 million dollars of naloxone each year of the initiative. Distribution and training will focus on first responders, community entities, families and consumers. Additionally, 100 pharmacy staff will receive specific pharmacist training in naloxone and receive naloxone rescue kits. We estimate

the 13,333 naloxone kits per year (total: 26,666 kits over the two years) will be provided to a minimum of 18,000 unduplicated individuals to be used in an emergency overdose. This number is based on the recognition that some individuals will receive two kits. This is due to the fact that in rural areas in New Mexico, some individuals may require two kits of naloxone to successfully reverse an overdose and remain conscious until they arrive at the closest emergency facility. **Total unduplicated persons served with naloxone kits: 18,000 (minimum).**

Trainings to Support Services: The NM STR Opioid Initiative will provide a host of trainings related to expanding and enhancing OUD treatment, with a focus on MAT. This includes buprenorphine Waiver, therapy (MI and CRAFT), ASAM, peer support for OUD, naloxone trainings; practice improvement and strategies including ECHO clinics, academic detailing focused on MAT, Addictions, and best practices in opioid prescribing. We will encourage individuals to attend multiple training opportunities to enhance their knowledge and skills in the full range of OUD treatment and recovery services. We anticipate at least 10 unduplicated persons in each Regional Hub will participate in at least one training per year, for a total of 130 people trained. Caseloads for each trainee will range between 20 and 100 clients/patients based on their scope of practice (e.g., physician, nurses, social workers, peer support workers, psychologists, etc.). **Therefore, the total unduplicated persons that receive enhanced from these providers is approximately 3,250.00 per year, based on an average case load of 25 per year.**

SECTION C: PROPOSED EVIDENCE-BASED SERVICE/PRACTICE

C.1. Describe The System Design And Implementation Models That You Will Use To Increase Availability Of Services To Prevent And Treat OUD

NM will utilize two inter-related implementation models that will support the expansion of Medication Assisted Treatment (MAT) and related services, including naloxone training and support in high need areas and across the state: A Collaborative Hubs model and the Extensions for Community Healthcare Outcomes (ECHO) model.

1. Collaborative Hubs Model. This coordinated, centralized approach based on the “Hub and Spoke” model ensures that a coordinated system of care will be established to support MAT in each community and an infrastructure developed to support sustainability (Chen, 2014; Patient-Centered Primary Care Collaborative, 2015; Vermont Agency of Human Services, 2012). The Collaborative Hubs model supports standardized processes that are centralized in a recovery referral program monitored by the state to ensure providers have up-to-date information on EBTs, regulatory requirements, resources, and best practices. The Collaborative Hubs model ensures that systems develop peer support and case management personnel that are embedded in the community to increase sustainability of recovery support services; and that these systems are linked to the Hub and other forms of consultative/training and support resources (e.g., ECHO).

The Central Hub will organize and provide all tools and protocols for conducting comprehensive assessment, MAT inductions and ongoing treatment. In the NM STR Opioid Initiative, the Central Hub will organize all training for providers to implement MAT. This

includes all related prescriber training, training for entire clinic/agency staff to support full MAT implementation such as screening, monitoring; therapy models such as CRAFT, MI; links to psychosocial treatments and community supports; reimbursement, clinic staffing and workflow), and recovery and peer support training. Training coordinated through the Central Hub ensures similar language is used, consistent billing training/skills developed, and up-to-date information and relevant resources are promoted and available statewide. The Central Hub will ensure all materials to support MAT implementation are gathered and available to providers in an accessible web-based platform. By ensuring information, training, processes and similar are consistent, this supports the transition of patients between providers, and between systems such as criminal justice and juvenile justice and protective services. The Collaborative Hubs model facilitates integration and coordination of prevention, treatment and recovery services/supports. It supports the building of state workforce around OUD prevention, treatment and recovery within a framework that supports consistency, communication, and sustainability.

Regional Hubs are the local systems of care for OUD treatment. In the NM STR Opioid Initiative, most Regional Hubs will have a prescriber for MAT and collaborating health and addictions professionals who monitor adherence to treatment, coordinate access to recovery supports, and provide counseling. New Mexico has also included Regional Hubs that focus on peer supports and recovery to ensure these important elements are included in the system of care. The types of agencies that make up Regional Hubs includes behavioral health providers, primary care settings, integrated behavioral and primary care providers, and recovery providers. The Collaborative Hubs model ensure that providers, clinic staff, peers supporting MAT, community members, law enforcement, criminal justice and all stakeholders obtain centrally developed training information, materials, and procedures that are consistent statewide. Regional Hubs with prescribers will provide all MAT components from induction of buprenorphine to provision or links to therapy and community-based supports. Regional Hubs will have access to the Central Hub for clinical consultation for challenging or complex treatment, as needed.

The Central Hub is a partnership between the New Mexico Behavioral Health Services Division (NM BHSD) Office of Substance Abuse Prevention (OSAP), the NM BHSD Office of Peer Engagement and Recovery (OPRE), and UNM CBHTR. These three entities will provide leadership within the Central Hub for the NM STR Opioid Initiative, including: (1) prevention activities, naloxone purchase and distribution (OSAP), (2) peer engagement and workforce development (OPRE), and implementation of MAT for OUD (CBHTR). All activities will be overseen by the Project Director (Dr. Salvador), Project Manager, (Dr. Maley), and project Principal Investigator, Dr. Lindstrom (Executive Director for NM BHSD). Regional Hubs have been identified and are described in Section B along with the description of the related prevention, treatment and recovery services they will be providing in support of the NM STR Opioid Initiative. The NM STR Opioid Initiative Advisory Council and the strategic planning will focus on developing marketing strategies and explicit protocols including roles and responsibilities for providers as they begin orientation to the Collaborative Hubs model in order to ensure clear and consistent role out. With input from the Advisory Council, a provider survey will be developed to ensure feedback on the roll-out process to inform continuous quality improvement to identify and resolve any barriers in implementation of the Collaborative Hubs model as well as MAT for OUD and naloxone distribution activities.

Additional tools are in place in NM to ensure coordination of data and information to support OUD treatment and recovery and the Collaborative Hubs model. One tool is the Emergency Department Information Exchange “EDIE” system that facilitates coordination of patient care. This information exchange platform is currently being funded by Medicaid via the four Managed Care Organizations in the state. It allows any caregiver involved with a patient to contribute to the existing plan of care and provides details such as current providers, medications, and other aspects of the full treatment plan. EDIE will be a strong component of the development of the patient information sharing system that will support MAT expansion, coordination, and sustainability. It will also allow for increased efficiency and patient centered care when transferring patients across services on the continuum, and helping to eliminate redundancy, waste, and potential for error.

A second tool is New Mexico’s prescription drug monitoring program (PDMP) is currently in place for prescribers to access updated information on all of their patients that are prescribed controlled substances. The PDMP will be enhanced to support quality improvement of treatment of patients on opioids to enable provision of additional and more frequent reports to providers to support review of PDMP data in client care. This upgrade will allow for improved PDMP utilization and integration by prescribing providers outside of the OUD treatment continuum of care, thereby acting as a prevention tool for improved opiate prescribing practices.

A third tool is the New Mexico Network of Care website for behavioral health. The Network of Care is. The Network of Care hosts a community calendar which will provide information regarding upcoming trainings. It will also serve as a platform to share training materials and resources such as standardized assessment tools, MAT service protocols, quality improvement recommendations and procedures for increased access and open access models, risk stratification and decision trees for crisis and treatment referral, and billing and regulatory procedures.

2. ECHO model. The ECHO (Extensions for Community Healthcare Outcomes) model, developed at the University of New Mexico (Arora, 2011) will provide training in MAT and related services and provide ongoing support and opportunities for consultation via a televideo-based format. This model uses both didactic and case-based learning approaches to build knowledge, skills and self-efficacy for providers as they learn and develop competency in novel and/or specialty treatments. These training and support sessions are called ECHO clinics and are conducted in a tele-video format accessible via any computer or mobile device. ECHO clinics will ensure ongoing access to MAT trainings, provide opportunities for consultation, and support group learning. Rural primary care providers, behavioral health providers, and private practice providers will all be encouraged to participate in ECHO for Addictions specific to Opioid Use Disorders. This will enhance the Hub and Spoke model by providing wide coverage and access to experts statewide, particularly as local providers take on the role of ongoing care of new patients and as providers continue to develop their own skills and practice in full MAT implementation, from screening, induction of buprenorphine, monitoring and linking patients to psychosocial supports and community based services for recovery.

The Strategic Prevention Framework. All prevention activities will be conducted according to the Strategic Prevention Framework for implementation. The SPF is not a new model being

implemented for this initiative, but rather a model in OSAPs prevention work that will be applied for implementation of all the prevention activities described in this application. The SPF has been in place within the Office of Substance Abuse Prevention (OSAP) for many years and is the guiding implementation model for all of OSAPs efforts. The SPF has five steps and two guiding principles ensuring a comprehensive process for addressing the substance misuse and related behavioral health problems. (SAMHSA: Applying the Strategic Prevention Framework).

C.2. Opioid Use Prevention And Treatment EBP(S) That Will Be Used. Document How Each EBP Chosen Is Appropriate For The Outcomes You Want To Achieve. Justify The Use Of Each EBP For Your Population Of Focus. Explain How The Chosen EBP(S) Meet SAMHSA's Goals For This Program.

Prevention: The NM STR Opioid Initiative will implement (1) A Dose of Reality (ADOR) continuum of care media plan, and (2) the PAX Good Behavior Game. Prevention activities will utilize the SAMSHA opioid overdose tool kit and the Strategic Prevention Framework.

❖ **A Dose of Reality (ADOR) Continuum of Care Media Plan. ADOR meets SAMHSA's goals for this program** because it is focused on primary prevention to raise awareness that will: (1) support access to healthcare services, including services provided by Federally certified opioid treatment programs or other appropriate healthcare providers to treat substance use disorders, (2) address barriers to receiving treatment by reducing the cost of treatment, developing systems of care to expand access to treatment, engaging and retaining patients in treatment, and addressing discrimination associated with accessing treatment, including discrimination that limits access to MAT, and (3) support innovative telehealth in rural and underserved areas to increase capacity of communities to support OUD prevention and treatment. This EBP was chosen because it has already had good traction in New Mexico as a part of OSAP's New Mexico programming in substance abuse prevention. **It is appropriate for the outcomes we want to achieve:** There is emerging evidence that environmental strategies including communication and marketing are critical components of primary prevention campaigns to reduce adverse substance use (DeJong & Langford, 2002). **It is appropriate for our population of focus.** ADORs media campaign was specifically tailored to meet the needs of New Mexico's rural, ethnically and culturally diverse population. The ADOR media campaign is appropriate for the population of focus for prevention based on SAMHSA's Stages of Community Awareness (<http://captus.samhsa.gov/access-resources/stages-community-readiness>). The model identifies nine stages of community readiness to address an issue. Much of New Mexico has only a vague understanding of the opioid crisis, which results in low community capacity to address this problem and places them in Stage 3. Thus, the ADOR campaign is a way to raise awareness and meet that state where they fall in terms of community readiness to address the Opioid issue. As a media campaign, ADOR meets SAMHSA's primary prevention goals for this program by increasing awareness of the dangers of opioid misuse, the necessity of safe storage and disposal of prescription opioids, the availability of naloxone to reduce overdose deaths, the presence of NM's Good Samaritan Law, reducing stigma associated with opioid use, the need for safe prescribing practices, where and how to find treatment. ADOR meets the criteria as recommended strategy for Stage 3 communities.

❖**PAX Good Behavior Game.** The PAX Good Behavior Game, provided to children in the primary grades prevents opiate addictions by reducing early childhood predictors of opiate use and abuse. PAX Good Behavior Game is **appropriate for the outcomes we wish to achieve** as research demonstrates the EBPs ability to reduce and reverse early behavioral and psychiatric predictors of substance abuse as well as having large positive impacts on academic outcomes over a child’s lifetime. The PAX Good Behavior Game, provided to children in the primary grades has been found to prevent opiate addictions. Specifically, only 2.6% of young people who participated in PAX Good Behavior Game in first grade started using cocaine, crack, or heroin, compared to 7.3% of the children who were not randomly assigned to receive PAX Good Behavior Game in first grade. The difference is a 67% lower use rate of opiates (Furr-Holden et al., 2004). Additionally, close to 10,000 teachers have now used the PAX Good Behavior Game in the real-world since the publication of the 2009 Institute of Medicine *Report on the Prevention of Mental, Emotional, and Behavioral Disorders Among Young People*, which identified PAX Good Behavior Game as one of the most effective prevention programs. Multiple states and health-care organizations have funded the expansion of PAX Good Behavior Game. **The PAX Good Behavior Game is appropriate for the population of focus** as it is a primary prevention strategy for elementary age youth to prevent future opioid addictions. New funding will specifically be used to develop and build a PAX Good Behavior Game for Bureau of Indian Affairs (BIA) school classrooms across the state, a main focus of our population of focus. **This EBP meets SAMHSAs goals for this program** by reducing the number of New Mexico youth who initiate use and abuse of opiates.

Treatment: The NM STR Opioid Initiative will implement Medication Assisted Treatment for Opioid Use Disorder; MI and CRAFT

❖**Medication Assisted Treatment for Opioid Use Disorder.** Medication-assisted treatment (MAT) is the use of FDA-approved opioid agonist and antagonists medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. MAT includes screening, assessment (which includes determination of severity of opioid use disorder, including presence of physical dependence and appropriateness for MAT), initiation, maintenance, and on-going support for recovery. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies, as provided in MAT, is most successful. **Use of MAT for OUD is appropriate for the outcomes to be achieve in the NM STR Opioid Initiative** because it is a comprehensive approach to OUD treatment and recovery and is a central element in the Health and Human Services Secretary’s Opioid Initiative (<https://aspe.hhs.gov/basic-report/opioid-abuse-us-and-hhs-actions-address-opioid-drug-related-overdoses-and-deaths>). MAT for OUD is appropriate for the population of focus both through its effectiveness and through the combination of appropriate therapies and community based services/resources that are selected based on client needs and preferences. Through our Collaborative Hubs model, this treatment can be widely trained, supported and sustained in New Mexico. **It is appropriate for NM** given the extremely high rates for opioid overdose and the capacity for naloxone to be used by families and members of the community who are often the first responders in opioid overdose. **MAT for OUD meets the goals of the NM STR Opioid Initiative** by expanding access to this

highly effective evidence-based treatment for opioid use disorders. The NM STR Opioid Initiative will expand access to clinically appropriate evidence-based practices for OUD treatment with a focus on use of medication assisted treatment (MAT) using FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine) in combination with psychosocial interventions and community based supports/services. The NM STR Opioid Initiative will also purchase and use naloxone as an emergency treatment for opioid overdose with attention to high need communities to reduce heroin and prescription drug opioid overdose-related deaths. This medication helps save lives and provides an opportunity to begin the process of involving someone in starting or getting back into treatment. This meets the goals of the project by reducing deaths from opioid overdose and providing an opportunity to link recipients to MAT treatment.

❖Motivational Interviewing is one of the most heavily researched interventions in the fields of addiction, behavioral health and medicine. Study after study has reliably demonstrated that implementing this practice with proficiency and consistency will improve outcomes for consumers of behavioral healthcare including those with opioid use disorders (Bohnert et al. 2016 and Chang, Compton, Almeter, & Fox, 2014). Furthermore, MI has been utilized in the medical arena to increase compliance with medications. By offering MI training to prescribers we can improve outcomes for those utilizing Medication Assisted Treatment (MAT) approaches.

❖CRAFT is the only EBP recognized by the National Registry of Evidence Based Programs and Practices (NREPP) to assist the family members of a substance user. Too often the families of drug users are not engaged in the recovery process and are in fact pathologized. CRAFT takes a skills-based approach that empowers families to effectively influence the behavior of a person struggling with opiates. In numerous clinical trials CRAFT has reliably demonstrated efficacy in getting resistant drug users to willingly enter treatment, reduce their use, and increase compliance with pharmacotherapy (Roozen et al. 2004). Though CRAFT has prolific evidence that it is more efficacious than conducting a Johnson Institute based “Intervention”, general mental health counseling or AI-Anon based approaches, it is vastly underutilized.

Both MI and CRAFT are appropriate for the outcomes to be achieved in this initiative and SAMHSA’s goals for this program because they are evidence based psychosocial interventions that are evidence-based and are part of the comprehensive MAT model approach to treatment of OUD. These are appropriate for our population in New Mexico because both were initially developed and tested in New Mexico populations.

C.3. How Chosen EBPs Will Help Address Disparities In Service Access, Use, And Outcomes For Your Population Of Focus

New Mexicans face many disparities in access, use, and outcomes related to primary and behavioral healthcare. The rurality of this large state combined with poverty and limited access to providers means that many New Mexicans do not receive the integrated healthcare they need. Opioid Use Disorders, and substance use broadly, is a devastating problem for New Mexicans that will be addressed through the EBPs we have selected. The prevention EBPs selected will expand messaging in our schools and work with school-age youth to instill the knowledge and skills to prevent future opioid addictions. In addition, the media prevention campaign will target areas throughout our state to address the problem of prescription opioids. Implementing MAT via the Collaborative Hubs model and distributing/training on naloxone in New Mexico will ensure providers have the knowledge, skills and support to provide MAT to patients and clients in their

local communities. Spreading MAT availability statewide across the Health Homes and other Regional Hubs identified in this application will improve access locally to MAT providers even in our most rural, high need and low resource communities. The focus on supporting a wide range of providers in MAT for OUD, from primary care physicians, nurses, PA's, clinic support staff, and behavioral health providers and recovery centers will promote broad access to MAT availability. This will enhance the ability for a person to be screened, introduced and start services in a range of clinic settings and with providers that they may already access for their primary health care. This will result in increased use of services, and increased positive outcomes for individuals served, thereby reducing disparities in care.

C.4. Modifications That Will Be Made To The EBPs And The Reasons The Modifications Are Necessary

There are no planned modifications to the EBPs. The exception is enhancement of the PAX Good Behavior Game for Indigenous populations. As described under prevention activities in section B.5, we will gather input to ensure the program meets the needs of Native American parents and local tribal communities in NM that will participate in the PAX Good Behavior Game. We also are committed to ensuring that implementation of all EBPs are in keeping with the culture and norms of the populations of New Mexico. Our efforts in this area would not alter the core components of MAT, use of naloxone, or the prevention programs ADOR and PAX Good Behavior Game. The proposed project does not anticipate the need to modify MAT services or other evidence based practices from standard best practice protocols for the following reasons: 1) MAT practice standards and interventions have been normed and/or shown to be effective with diverse populations, including Hispanic, Latina/o, and Native populations; 2) all available MAT and support materials that are available in Spanish will be made available to Regional Hubs; 3) The MAT toolkit already provides information on implementation strategies for use in rural communities, 4) trauma-informed care training will be provided through the ECHO model so all agencies within the Collaborative Hub model will have access to best practices for traumatized populations; 5) manualized content when applicable will be provided with links to content experts at the Central Hub for increased adherence to the intervention guidelines/exercises; and 6) best practice guidelines and trainings for integrating family and family support services will be provided through the Central Hub to better address the specific needs of women and children. We will, however, ensure that trainings and the EBPs are culturally appropriate and respectful of the populations of focus. If any modification is determined necessary as per the data from the needs/gaps assessment, development of the strategic plan, or during implementation, we will work with experts in the field including the SAMHSA project officer for this program to discuss possible modifications prior to implementation. If modifications are needed, the *“Toolkit for Modifying Evidence-Based Practices to Increase Cultural Competence”* will be used to review and modify practices in terms of their cultural applicability to the unique populations in New Mexico.

C.5. Explain How You Will Monitor The Delivery Of The EBPs To Ensure That They Are Implemented According To The EBP Guidelines

A core component of the Collaborative Hubs model is both the provision of training, but also ongoing support and consultation to providers as they implement their EBPs to ensure these are being conducted with fidelity to the EBP guidelines. Providers of MAT will receive ongoing support through the ECHO model to keep providers engaged in implementation, provide access to updated information and resources, and ensure there is opportunity to ask questions and receive free expert consultation to ensure practice fidelity. Further, the Project Director/Data Lead will be contacting all trained providers in MAT (completion of Waiver training) to ask for feedback on their successes to date in prescribing MAT and retaining patients over time. This communication will be used to inquire about any challenges they are having with implementation and to offer support from the Central Hub, ECHO, or as needed for a personal on-site clinic visit from trained staff. During this discussion, a fidelity measure will be utilized to determine the degree to which providers are conducting MAT with fidelity.

The prevention programs will be conducted according to SAMHSA's Strategic Prevention Framework guidelines (assessment, increase capacity, strategic planning, implementation, and evaluation incorporated with sustainability and cultural competence) and with ongoing support and technical assistance from the Office of Substance Abuse Prevention (OSAP). Part of OSAP's current implementation support is providing ongoing training updates and related data collection to help identify any aspects of implementation that are being conducted outside of the planned intervention guidelines. Regular reporting back to OSAP as required by funded providers is used to identify any discrepancies with implementation and to provide targeted support. Thus, assessing fidelity to the prevention models is a standard operating procedure. Additionally, data will be reviewed regularly through the State Epidemiological Outcomes Workgroup and the PDO Quality Improvement Committee for input and feedback. This data will be used to monitor fidelity to EBPs and identify challenges in meeting EBP guidelines.

SECTION D: STAFF AND ORGANIZATIONAL EXPERIENCE

D.1. Capability And Experience Of The Applicant Organization With Similar Projects And Populations

New Mexico has a wealth of experience with similar projects and populations, demonstrated linkages to the population of focus and ties to community-based organizations rooted in the cultures and languages of the population of focus. The **NM Behavioral Health Collaborative** has served as the oversight team for behavioral health since 2004, and is composed of the Cabinet Secretaries and agency directors of every state department and agency that receives behavioral health dollars. The primary objective of the Collaborative is to link departments, local family and peer advocacy groups, and grassroots/community-based organizations involved with behavioral health throughout NM. As the CEO of the Collaborative, the Principal Investigator, Dr. Wayne Lindstrom, reports regularly to the Collaborative, ensuring that this proposed project is embedded statewide. Dr. Lindstrom is also the Director of the Behavioral Health Services Division (BHSD). BHSD has significant prior experience overseeing large SAMHSA grants including being the current SBIRT, Suicide Prevention, and Supportive Housing grants. This previous work includes overseeing the all contracts as well as ensuring the provision of evidence-based trauma-informed care to adults with SUDS. BHSD has been working diligently

to develop effective solutions to expand access to behavioral health services, including tremendous workforce development efforts. Core to BHSD's approach are community-based, consumer informed, recovery-oriented and culturally competent values.

The NM Behavioral Health Services Division's, **Office of Substance Abuse Prevention (OSAP)** will be one of the Central Hub leads in the area of prevention, related-training, and for purchase and distribution of naloxone. OSAP is the National Prevention Network (NPN) under the supervision of NM's SSA. OSAP has worked with the diverse local communities throughout NM to adapt and implement strong evidence based approaches within culturally competent contexts, working in most of the Native American, traditional Hispanic, new immigrant, and LGBTQ communities across the state. OSAP has successfully bridged barriers to working successfully in many populations throughout the state, using local leaders as champions for implementing new and innovative prevention programming. OSAP's work includes overseeing several federal grants, resulting in OSAP being very experienced in implementing substance abuse prevention grant initiatives. All of OSAP's projects have included community advisory and governing boards, and most utilize community-based collaboratives to achieve the goals of the project. Thus, OSAP has extensive ties to grassroots/community-based organizations rooted in the cultures and languages of the populations of focus for the NM STR Opioid Initiative.

The NM Behavioral Health Services Division's **Office of Peer Recovery and Engagement (OPRE)** will also serve as a Central Hub lead, spearheading efforts around peer training to support MAT for OUD, community training in naloxone, and building of the New Mexico peer workforce. OPRE was created to advance peer, consumer and family driven services through training and education that support and empower individuals in the recovery process. OPRE works statewide with local grassroots and community organizations and with the unique cultures and communities in New Mexico to ensure that consumer and peer voices are included in the development of behavioral health planning and policy development. OPRE collaborates with local communities in training, program development, advocacy, and information dissemination and ensures these efforts are respectful of local norms, customs and languages. As a part of the BHSD, OPRE has also been involved in many federal grants and state initiatives to build peer workforce and has the expertise and experience to continue this role with the NM STR Opioid Initiative. OPRE currently oversees all training for Certified Peer Support Workers in the state.

The **Consortium for Behavioral Health Training and Research (CBHTR)** is a virtual institute drawing on the strengths and resources of NM's colleges and universities, providers, consumers, families, and the Collaborative. CBHTR is designed to respond to the unique behavioral health challenges of NM, focusing on training and research to increase access to quality culturally competent behavioral health care. Efforts include workforce development, disseminating recovery oriented and evidence-based and/or promising practices, and coordinating the State's evaluation and research. CBHTR will provide ties to its member agencies at local, state, and national levels, allowing the project to capitalize on the capabilities and knowledge of a full range of institutions of higher education. **UNM's Division of Community Behavioral Health (CBH)** is the CBHTR partner that will lead the evaluation and training activities. CBH seeks to: strengthen behavioral health services research capacity, and provide training and workforce development and community-oriented psychiatric services to traditionally underserved populations. For the past 25 years, CBH has been providing recovery-

oriented and culturally competent community consultation, training, services research/ evaluation, and direct service throughout the State, including serving as the lead evaluators and clinical trainers on a number of state and tribal SAMHSA grants, such as Healthy Homes, SBIRT, Jail Diversion, Systems of Care, and Suicide Prevention. Its 30 faculty and staff have a variety of expertise including public behavioral health, cultural competency, EBP implementation, tele-psychiatry, recovery, and services research. CBH's current work on similar projects ensures a strong ability to conduct SAMHSA evaluations and provide training. CBHTR's current work on similar projects ensures a strong ability to provide project direction and ensure data collection and reporting, and trainings in buprenorphine for required waiver statewide. Dr. Salvador, Project Director and Dr. Bhatt, Waiver trainer, are both faculty within CBH, and Dr. Maley is a staff psychologist. Dr. Bhatt is also Medical Director of the project partner ASAP (described below).

UNM, Department of Psychiatry and Behavioral Sciences & University of New Mexico Hospitals, Addictions and Substance Abuse Programs (ASAP). ASAP will serve as a Central Hub lead focused on MAT training, support and expansion statewide. Dr. Maley, acting as Project Manager will also lead efforts in the development, roll out and coordination of the Central Hub. She currently provides direct services in opioid and substance abuse treatment at ASAP, and has significant experience providing substance abuse training. ASAP provides services to adults and adolescents with primary substance use disorders and to individuals who have co-occurring mental health issues. Through ASAPs current provision of MAT, providers work closely with community-based services and supports providing linkages for patients in treatment and assisting with recovery. ASAP serves a large, diverse metropolitan area and is very knowledgeable and skilled in working with diverse cultures of New Mexico. Additionally, the Medical Director, Dr. Bhatt works statewide and nationally helping to train and support providers implementing MAT, including Indian Health Service providers.

D.2. Discuss The Capability And Experience Of Other Partnering Organizations

All Regional Hubs identified in this application have worked with similar projects and populations. They were identified and contacted in the development of this application to serve as partners in addressing the OUD epidemic in New Mexico given their extensive work in their local communities and regionally in addressing substance use and in particular OUDs. The identified partners all have longstanding community ties and relationships with the communities they serve. To ensure continued linkages with community-based organizations, part of the Health Homes model in New Mexico requires that all Health Homes have Community Liaisons that work with local grassroots and community-based organizations. Regional Hubs similarly will be required to have a Community Liaison at their agency. The 13 Regional Hubs include:

- Presbyterian Health Services (& Health Home)
- Guidance Center of Lea County (& Health Home)
- University of New Mexico Hospitals (& Health Home)
- La Clinica de Familia (& Health Home)
- Mental Health Resources (& Health Home)
- Hidalgo Medical Services (& Health Home)

- Rio Arriba Health and Human Services
- Inside Out
- Santa Fe Recovery Center
- Serenity Mesa Recovery
- MSG Local Collaborative 4
- Santa Fe Mountain Center
- Dona Ana Health and Human Services

D.3 Complete List Of Staff Positions For The Project

Project Principal Investigator, Wayne Lindstrom, Ph.D., (.10 FTE) is the CEO of the New Mexico Behavioral Health Collaborative and Director of the New Mexico Behavioral Health Services Division. As the current head of the Collaborative and the Director of BHSD he has 45 years of experience in public behavioral health, nationally, statewide, and at the local level, and demonstrated abilities in planning and building service systems, management, policy analysis and strategic thinking. Dr. Lindstrom will be responsible for fiscal and administrative oversight of the NM STR Opioid Initiative to ensure integration of services and infrastructure development and oversight of the project budget and contracts While Dr. Lindstrom will not utilize any grant administrative funds, he will oversee grant administration in his role as head of the NM Behavioral Health Collaborative. He will serve as chair of the NM STR Opioid Initiative Advisory Council and work closely with and provide supervision to the Project Director to ensure all project activities are successfully completed. Dr. Lindstrom's lead role as CEO of the Collaborative ensures that policy and broad funding decisions support success of the proposed initiative.

Project Director & Data Lead, Julie Salvador, Ph.D. (0.35 FTE) Project Director and Data lead, Dr. Julie Salvador, Ph.D., is a cultural anthropologist and faculty at CBH. Dr. Salvador was the lead evaluator for a SAMHSA initiative on residential treatment for Pregnant and Post-Partum women with SUDs, and a NIDA study with over 300 NM substance abuse providers statewide to improve implementation of EBPs, She was also the lead evaluator for a multi-site state funded substance abuse prevention, treatment and recovery initiative. Her experience includes rural, and ethnically diverse consumer, provider agency and state agency populations. Dr. Salvador has ample experience leading federally funded research and evaluation projects, and she will ensure all aspects of the initiative and required evaluation are completed in a quality and timely manner. Dr. Salvador will work directly with the PI, New Mexico Behavioral Health Services Division staff, and administrative staff on the proposed initiative to ensure its success. Dr. Salvador will also ensure data collected are used to develop process reports to support ongoing quality improvement. This will support program success by providing ongoing reporting of project data on progress for each of the proposed activities and any obstacles identified to ensure these are brought to the attention of the PI and project staff. Dr. Salvador will work closely with the Project Manager to use data collected to prepare SAMHSA required reports and provide updates for stakeholders statewide. In addition, Section E provides further description of evaluation activities as required in this RFA that will be led by Dr. Salvador. 0.25 FTE will enable Dr. Salvador to serve as Project Director and simultaneously oversee required data collection and reporting. Dr. Salvador will have support for data collection from the BHSD

Department of Health, the Office of Substance Abuse Prevention, and staff at CBH with experience in statistics, data collection, data management and reporting. This staff person is not key personnel but is detailed in the budget and justification.

Project Manager and Central Hub Lead, Larissa Maley, Ph.D. (0.80 FTE) will work closely with the Project Director, Dr. Salvador, to ensure strong coordination of all project activities with each other and with other initiatives aimed at targeting OUD prevention, treatment and recovery. Dr. Maley is a clinical psychologist who is the Chief of Clinical Programming at ASAP where she develops and evaluates trauma informed, evidence based clinical programming and provides comprehensive assessment and clinical services to people with dual diagnoses. She has considerable curriculum development and training experience, and will provide day-to-day oversight of the project under direction of the Project Director. Dr. Maley is essential to the success of this large and comprehensive initiative to ensure coordination internally and with existing services, and be a point person for addressing any barriers that arise. She will ensure all proposed activities are implemented in a timely manner and work to identify and alleviate any challenges that may arise. Dr. Maley will provide regular updates on project activities to the Project Director, the Principal Investigator and to programmatic staff at BHSD, OSAP and OPRE. The Project Manager will also serve in a treatment role on this initiative, leading the coordination of the Central Hub training and support of MAT for OUD in partnership with the BHSD. Her administrative duties combined with her role in the Central Hub ensures an expert in MAT treatment is a core part of the administration of the initiative and supporting its success and sustainability. The 0.80 FTE for the Project Manager will ensure 0.20 FTE is dedicated to supporting administrative, data and reporting requirements as needed by Dr. Salvador. It will ensure 0.60 FTE is dedicated to development of the Collaborative Hubs model and associated training and support for MAT for OUD statewide. Dr. Maley and Dr. Salvador will also have support from a 0.50 FTE Community-Based Research Specialist. While not listed by name as key personnel, this position will provide needed support in project administration activities and Collaborative Hub model implementation of MAT for OUD.

Peer Recovery Consultant, Annette Crisanti, Ph.D. (0.10 FTE). Dr. Crisanti is an epidemiologist and the Research Director at CBH who has over 15 years of direct experience as the lead evaluator for multiple SAMHSA grant initiatives in collaboration with local peer support agencies, community behavioral health organizations and in partnership with the state. Recent work includes serving as the Evaluation Director for two CSAT grants aimed at enhancing the capacity of NM's behavioral health system to provide Permanent Supportive Housing to homeless adults with SMIs and CODs. She is also the PI of a Patient Centered Outcomes Research Institute (PCORI) grant where she partnered with a peer opioid addiction recovery agency to test differences in implementing an EBP (Seeking Safety) provided by peer support workers vs. behavioral health clinicians, and has developed significant expertise in recovery and peer workforce development. Dr. Crisanti will provide technical assistance and consultation for peer recovery workforce development, including the training of peers to serve in the role of MAT Services Support Specialist (MSSS). Dr. Crisanti has worked closely with the Office of Peer Recovery and Engagement (OPRE) and in conducting research and services projects with peer run treatment organizations including Inside Out who is named as a Regional Hub in this proposal. Dr. Crisanti has ample experience working with peers and developing training

curriculums that support peer workforce development. 0.15 FTE will provide her sufficient time for consultation, materials review, and technical assistance to support the work of OPRE in peer workforce development to meet the goals of the NM STR Opioid Initiative.

D.4. How Key Staff Have Demonstrated Experience And Are Qualified To Serve The Population(S) Of Focus And Are Familiar With Their Culture(S) And Language(S)

All key staff has demonstrated experience and qualifications to serve the populations of focus and are familiar with their cultures and languages. In his role as Executive Director of the BHSD, Dr. Lindstrom, Project Principal Investigator, has worked statewide in New Mexico with local primary care and behavioral health providers, and consumer and peer organizations. He has served as the Principal Investigator on several behavioral health services grants that have worked with tribal and other local ethnically and culturally diverse communities. As CEO of the NM Behavioral Health Collaborative, Dr. Lindstrom organizes and participates in numerous subcommittees and Department Offices that outreach statewide to incorporate the cultures, languages and preferences of local providers and communities in behavioral health treatment. Dr. Salvador, Project Director, is a cultural anthropologist receiving her degree from the University of New Mexico. This training has provided her extensive understanding of the histories, politics, economics and cultures of New Mexico's diverse populations. She has also worked internationally with the San Diego/Tijuana Border Health Initiative on drug prevention and has providing training in evaluation in the US and Mexico, and has worked with CBHTR for the past nine years providing services research with local communities statewide. Over the past 20 years she has worked with New Mexico's pueblo communities, the Navajo Nation, and diverse rural and urban communities statewide. She has worked directly with over 300 rural providers in a study of EBP implementation targeted at substance abuse prevention, treatment and recovery. Her training and experience ensure her ability to serve and work with the populations of focus for the NM STR Opioid Initiative. Dr. Larissa Maley was raised and educated in New Mexico. She has been providing direct services to a culturally, ethnically and economically diverse population for many years with ASAP. She has provided trainings to providers statewide. Her experience provide her with the ability to serve as Project Manager, lead for Collaborative Hub expansion, and to work with diverse cultures and communities that make up the populations served in the NM STR Opioid Initiative. Dr. Crisanti has worked with diverse populations, peer organizations, consumers, and mental health providers across New Mexico including many rural areas and the Navajo Nation, as well as peer run agencies such as Inside Out. Her local work ensures her familiarity with the languages, cultures and norms of the populations of focus for the present grant.

D.5. How Staff Will Ensure The Input Gathered From Consumers, Clients, And Families In Assessing, Planning And Implementing the Project

With a core role in the NM STR Opioid Initiative Central Hub and the development of peers to support MAT expansion, the Office of Peer Recovery and Engagement (OPRE) will work with project staff to ensure input is gathered from consumers, clients, and families in assessing, planning and implementing this critical Initiative. OPRE leadership will participate on the Initiative's Advisory Council and in the conducting of the study needs assessment and strategic

planning process to ensure input from consumers is gathered and included in these key grant activities. As a core Central Hub component relating to expansion of peer workers to support MAT implementation (MSSS workers), OPRE will participate in monthly project meetings to provide guidance to the Initiative. The OPRE peer workforce development training presented in this application and training of MSSS workers will all include gathering of feedback to guide the proposed initiative.

SECTION E: DATA COLLECTION AND PERFORMANCE MEASUREMENT

E.1. Ability To Collect And Report On The Required Performance Measures

Dr. Salvador, has served as the lead evaluator on several SAMHSA grants to support service expansion and infrastructure development both for the state and for various tribal communities in NM. She is familiar with the necessity of reporting data to fulfill GPRA requirements, and the process of entering data via the web-based system. She will ensure that all mandatory data collection components are completed in a thorough and timely manner. This includes ensuring that the standard reporting requirements for the Substance Abuse Prevention and Treatment Block Grant (SABG) are completed. Additionally, grantees will report performance on the following performance measures specific to this program: (1) Number of people who receive OUD treatment; (2) Number of people who receive OUD recovery services; (3) Number of providers implementing MAT; (4) Number of OUD prevention and treatment providers trained, to include NPs, PAs, as well as physicians, nurses, counselors, social workers, case managers, etc.; (5) Numbers and rates of opioid use; and (6) Numbers and rates of opioid overdose-related deaths. All GPRA data will be entered into the approved SAMHSA web-based reporting system within 7 days of data collection. Dr. Salvador was a lead local evaluator on a recently completed Systems of Care grant in NM that had one of the highest follow-up rates in the country (compared to other Systems of Care sites), and therefore has strong knowledge of best practices for follow-up data collection. She has also served as the lead evaluator on several other SAMHSA-funded grants, including a CCBHC planning grant, a current SBIRT Training grant, and evaluation of a pregnant and post-partum residential treatment grant. Dr. Salvador has participated in SAMHSA funded follow-up webinar trainings and is very knowledgeable and practiced in skills and strategies needed to ensure data are collected fully and in a timely manner in keeping with SAMHSA expectations and requirements. Dr. Salvador will have dedicated support from CBH staff, identified in the budget justification, to assist with data collection and reporting. This includes a project statistician with direct experience working with New Mexico Department of Health and familiar with the state's data collection systems. Additionally data collection will be supported by a Community-Based Research Specialist with particular focus on gathering data from providers identified in this proposal in terms of provision of MAT and services provided.

E.2. Plan for Data Collection, Management, Analysis, and Reporting

Data Collection will be performed by Dr. Salvador with support from CBH staff. Data collection, management, analysis and reporting will be conducted with direct oversight from the

Project Director/Data Lead, Dr. Salvador. Data will be collected for the NM STR Opioid Initiative on: (1) Number of people who receive OUD treatment; (2) Number of people who receive OUD recovery services; (3) Number of providers implementing MAT; (4) Number of OUD prevention and treatment providers trained, to include NPs, PAs, as well as physicians, nurses, counselors, social workers, case managers, etc.; (5) Numbers and rates of opioid use; and (6) Numbers and rates of opioid overdose-related deaths. The NM Department of Health already collects data on opioid use and related deaths and they will assist in providing this data for the Initiative. Additionally, the Office of Substance Abuse Prevention collects data on the number of prevention providers trained (as well as other prevention services numbers) and this data will be provided in support of the Initiatives data reporting requirements. Data on treatment and recovery will be collected by the Project Director/Data Lead and her staff at CBH. CBH has ample experience gathering and collecting services-related data for numerous grants and utilizes paper, in-person and online reporting systems to ensure timely and accurate data collection. Furthermore, NM BHSD has a services related data reporting and billing system called BHSD Star that can provide additional means for data collection of required data, as needed.

Data will be entered into SAMHSAs data collection and reporting system within 7 days of data collection or as otherwise instructed by the Federal Project Officer. **Data Management.** The Data Lead, Dr. Salvador, will have oversight of all data activities to ensure timely and appropriate data collection, transfer, and submission. Measures will be enacted to ensure confidentiality, including the assignment of an identifier to each participant, so that names are not associated with responses. Computer databases will be stored on a password-protected web-based server. All data will be presented in the aggregate complying with the HIPAA rules of data management (e.g. appropriate cell size). **Data Analysis.** All project data will initially be analyzed using descriptive statistics cross tabulated with gender, age, and ethnicity. CBH dedicated statistical staff will support all data analysis processes. **Data Reporting.** The Project Director/Data Lead with support from project staff at CBH and input from the Project Manager will prepare bi-annual reports and/or presentations of all qualitative and quantitative data. These will be submitted to the Principal Investigator, Advisory Council, and other stakeholders as determined by the Council. Interpretation of the findings will occur in a participatory manner with Project Director/Data Lead facilitating discussion of the performance data collected. Study reports will be provided to SAMHSA as per reporting timelines, and additionally as requested.

E.3. Process To Track Performance Measures, Objectives, And Make Adjustments

Data will be used to manage the project and assure a data driven quality improvement process. Data from the performance assessment will be used to develop regular brief reports aimed at providing critical information to guide the Initiative and ensure achievement of identified goals and objectives. The Advisory Council, Central Hub leads, and Regional Hub providers will provide feedback to assessing the degree to which objectives are being met and needed adjustments are made. Regional Hubs will be sent all reports prepared on the project and will participate in quarterly meetings via the Central Hub to ensure opportunity to present feedback about the Initiative to guide its success. This will be facilitated by Central Hub's cores (BHSD's OPRE & OSAP, and UNMs ASAP) regarding input from peer efforts, prevention and

treatment. Updates on performance data will be reported regularly and written quality improvement reports will be prepared on a quarterly basis. These reports will be used to supply data to manage the project and assure data informed decisions by identifying successes and challenges in the following areas: (1) The purposes for which the grant funds received by the grantee were expended and a description of the activities under the program; and (2) the ultimate recipients of amounts provided to the grantee in the grants. These reports will inform where additional efforts need to be targeted to reach programmatic goals. All project staff and other stakeholders will review reports to track progress and develop plans and remedies when data indicates barriers to goals. A FOCUS-PDCA format currently utilized by health care organizations will be used to ensure a data driven process. The FOCUS stage of this model includes: (1) **F**inding a process to improve, (2) **O**rganizing to improve a process, (3) **C**larifying what is known, (4) **U**nderstanding variation, and (5) **S**electing a process improvement strategy. This is followed by the PDCA stage, which includes: (1) **P**lan: create a timeline of resources, activities, training, and target dates. Ensure a data collection plan and tools for measuring outcomes are in place, and milestones for determining when targets have been met, (2) **D**o: implement changes and collect data, (3) **C**heck: analyze data and evaluate reasons for variation, and (4) **A**ct: act on what is learned and determine next steps. This model will help ensure the data examined is effectively used in a timely manner to develop plans for improvement and adjustments, tracking the impact of changes, identifying potential disparities in care, and ensuring data-informed decision making.