SECTION A: POPULATION OF FOCUS AND STATEMENT OF NEED

A.1. Population of focus, geographic area & coordination of funding streams.

New Mexico (NM) is a geographically and culturally diverse state. It is the fifth largest state by land mass and is predominantly rural, with only four cities with 50,000 persons or more. Twenty-six of NM's 33 counties are rural or mixed rural/urban (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 in NM as well as a robust urban off-reservation population (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 residents over the age of 5 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 25 and 64 years old, and 50% are male. An estimated 10.5% of high school students and 3.0% of adults are gay, lesbian, or bisexual (NMDOH YRRS, 2016; NMDOH, 2013), and 11,750 NM adults identify as transgender (0.75%). Significantly, 15.8% of residents over age 25 have no high school diploma, 9.2% are unemployed, and 21.0% are living below the poverty level (ACS, 2011-2015).

NMSOR will ensure coordination with funding streams that seek to address the opioid crisis in NM. A new position, the Statewide Opioid Coordinator (SOC), will be created through NMSOR and housed at the SAA (NM Behavioral Health Services Division). The SOC will ensure coordination of services without duplication and will effectively leverage funding streams. The SOC will maintain the Network of Care (NOC) website, developed through STR, to serve as a centralized virtual hub for providers, consumers and families, providing resources on OUD prevention, treatment and recovery support services. The SOC will ensure all available programs and services (regardless of funding) are promoted and coordinated statewide. This includes services supported through other federal funding mechanisms (AHRQ and HRSA) that are targeted to support providers starting or expanding Medication Assisted Treatment (MAT) for opioid use disorders (OUD). The SOC will ensure partnerships statewide, including those organized by the NMDOH and NM Governor's Opioid Task Force.

A.2. Extent of problem, service gaps and barriers, and extent of need.

The consequences of opioid abuse have been a burden on NM for decades. The drug overdose death rate in NM increased by 80% between 1999 and 2014, and was at least 50% higher than the national rate for the duration of that time period (CDC 2017). In 2016, NM had the thirteenth highest drug overdose death rate in the nation (CDC 2016a), and one third of NM's counties had rates twice the national rate (NMDOH 2017). From 2012 to 2016, prescription opioids (49%) and heroin (33%) were the most common drugs causing unintentional overdose death (NMDOH 2017). Between 2010 and 2016, the rate of opioid-related overdose emergency department visits in NM increased by almost 60% (NMDOH 2017). The National Survey on Drug Use and Health estimates that 4.7% of adults in NM have misused pain relievers in the past year, and 0.6% have a pain reliever use disorder (SAMHSA 2015-2016). In 2016, 133,000 NM adults needed but did not receive treatment for substance use in the past year. NM continues to have a shortage of behavioral health providers, and this shortage is acute for those providing MAT. In 2018, there were 555 practitioners with a waiver to prescribe buprenorphine in NM, but only 153 were actively treating 10 or more patients (NMDOH, 2018). Eight of NMs 33 counties have no buprenorphine practitioner, and only 19% of outpatient substance abuse treatment facilities offered buprenorphine maintenance (SAMHSA 2017).

SECTION B: PROPOSED IMPLEMENTATION APPROACH

B-1. Goals and Objectives of NMSOR (see Table 1)

Table 1. NMSOR Goals and Objectives

GOAL 1: Increase access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder.	1.1 Expand number of MAT Treatment Hubs by 10, starting treatment by month 4 Y1. 1.2 Y1, mo.4, 100% of Treatment Core Hubs (TCH) are providing MAT to new clients. 1.3 Y1, mo.12, 100% of TCH reach minimum of 25 new MAT clients each. 1.4 Y1, mo.8, 100% of Treatment Startup Hubs (TSH) have 1 waivered prescriber (min.) 1.5 Y1, mo.12, 100% of TSH will have started prescribing MAT. 1.6 Y2, mo.6, 100% of TSH will have prescribed MAT to at least 5 patients. 1.7 Each grant year, 2 RTCs and 4 AOTPs will be Medicaid accredited for MAT. 1.8 Y1, mo.4, begin MAT expansion in min 1 detention facility; prescribing by mo.8. 1.9 Each grant year, train 50% of state detention centers in MAT (100% by Y2 end). 1.10 End of each grant year, 80% of tribes will have at least 1 provider participating in a MAT training (waiver, therapies, recovery supports). 1.11 Each grant year, OUD related training provided to 100% of tribes who request support. 1.12 Y1, mo.8, continue pharmacist naloxone training and co-prescribing practices. 1.13 Y1, mo.4, all eligible prescribers partnering with NMSOR have DATA waiver.
GOAL 2: Ensure MAT services are comprehensive (medications, therapy, recovery).	2.1 Y1, mo.4, schedule 3 large, in person regional waiver trainings (Zoom© access also); 4 regional trainings on therapies and psychosocial supports (2 Motivational Interviewing and 2 Community Reinforcement Approach). Host all by end of Y1; duplicate in Y2. 2.2 Each grant year, provide 4 CPSW trainings statewide to min of 50 peers per year. 2.3 End of Y2, 100% of NM OTPs are trained in MAT (medications, therapy, supports), improved clinical care & referrals (50% of OTPs complete training each year). 2.4 Collect post-training evaluations to track increases in knowledge, skills, self-efficacy.
GOAL 3: Expand access to evidence-based prevention activities.	3.1 Y1, mo. 4, implement PAX in 100% of targeted districts (24 school districts). 3.2 Y1, mo. 4, implement Nurtured Heart among CYFD workforce in 3 counties. 3.3 Y1, mo. 4, implement Positive Action with 160 youth. 3.4 Y1, mo. 8, implement A Dose of Reality MAT & harm reduction campaign. 3.5 Y1, mo.4, implement LETI (law enforcement naloxone training) to 4,500 officers/year. 3.6 Y1, mo.4, implement MIHO; complete expansion by Y2, mo.12. 3.7 By Y1, mo.6, purchase and distribute fentanyl testing strips for use by consumers, county agencies, DOH, homeless shelters.
GOAL 4: Increase safer opioid prescribing skills.	4.1. Y1 mo.4, host safer opioid prescribing trainings in treatment of non-cancer chronic pain (4 per year and via Zoom©). 4.2. By Y2 end, have hosted a minimum of 6 trainings to a min. of 200 prescribers; collect post training evaluations.
GOAL 5: Expand recovery services & peer supports.	5.1. Each grant year, provide 4 CPSW trainings statewide to min of 50 peers per year. 5.3. Y1, mo.8, 100% of NMSOR Recovery Core Hubs will be providing recovery services to new MAT clients. 5.4 By end of Year 2, 100% of NMSOR Hubs will have provided recovery services to all MAT clients (goal is 900 new MAT clients over life of grant).
GOAL 6: Ensure CQI through quality data reporting & evaluation.	6.1. Y1, mo.4, 100% of Hubs are trained in GPRA collection and begin with 100% of new MAT clients. 6.2. Each grant year, 80% min. of new MAT clients complete 3 and 6 month follow-ups. 6.3 Monthly, SOC and Evaluation Coordinator (EC) prepare brief data highlights and facilitate governance council presentation and discussion of NMSOR implementation.

Note: Services to be NMSOR supported in Y1 mo.8 is due to overlap of STR funds that support some of the identified services. There will be no duplication of services across the two grants.

B-2. Implementation of Required Activities & Sustainability

Using epidemiological data from the STR needs assessment, we identified critical gaps in availability of treatment for OUDs, which will be supported by NMSOR. Expansion of the current NM Collaborative Hubs (NMCH) model will support implementation of NMSOR

required activities, all of which align with the STR strategic plan.

NMSOR will continue to assess the needs of tribes in NM and include strategies to address these needs. STR hosted two large-scale, 2-day tribal summits focused on OUD and MAT to identify local needs and resources, and begin development of tribe-specific strategic plans. The SOC will ensure that NMSOR continues to work with tribes to prioritize strategies identified, such as hosting local trainings about OUD, MAT, prevention and harm reduction. The SOC will also support agencies to begin MAT treatment through learning collaboratives, and additional tribal summits will be conducted to develop new strategies to address OUD that are tribally informed.

NMSOR will also implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery. This includes continuing the NMCH. Given NM's rurality and expansive geography, aspects of the standard hub and spoke model (e.g., providing treatment in a main agency followed by discharge to a rural site) are not ideal due to long distances and lack of transportation. Therefore, NMSOR will use the televideo based Extensions for Community Healthcare Outcomes model (ECHO) to build the knowledge, skills and self-efficacy of providers to start or expand MAT services locally. Under the oversight of the SOC, NMSOR will also expand the Behavioral Health Network of Care (NOC), which is a virtual hub that provides information on OUD and MAT resources for community members, consumers and providers in prevention, treatment, recovery, and harm reduction services available in NM. Under the oversight of the State Opioid Prevention Services Coordinator (SOPC) NMSOR will also develop a new site for the innovative Mobile Integrated Health Office project (MIHO), which is a fire department-based effort to address opioid overdose and link persons who present with overdose to MAT services. Fire department paramedics and licensed clinical social workers provide overdose prevention education, naloxone, short-term intensive case management, and treatment referrals. The SOPC will also oversee implementation of naloxone training by Law Enforcement Training International (LETI), which uses a peer-to-peer model to train officers to respond more effectively to opioid overdose.

NMSOR will also **promote and support expansion of MAT including all FDA approved medications**. Efforts described in Table 1 include supporting regional hub agencies to expand MAT services or begin these services. These efforts will be overseen by the PD and the State Opioid Treatment Services Coordinator (SOTC). The Hub and Spoke model connects rural providers to experts in MAT treatment at a hub location. Providing MAT to new patients with OUD is the main goal of the regional hubs (e.g. "spokes"). Treatment Core Hubs are spoke agencies that have a waivered prescriber and are currently supporting STR efforts. Their goal is to expand MAT treatment to more patients. Treatment Startup Hubs are spoke agencies that have potential prescribers (NP/PA/MD/DO) but have never prescribed MAT. Their goal is to start providing MAT services. By working with agencies at both ends of this spectrum, NMSOR will increase access to MAT statewide. The resources, training and supports described in Goal 2 will be provided by the training staff located in the Hub, and ensure MAT is comprehensive, providing medications, therapy, and community recovery supports. Hub agencies include **behavioral health, primary care, Health and Human Services, Department of Health, health councils, Opioid Treatment Providers (OTPs) and recovery providers**. Access to MAT will also be expanded by supporting **OTPs and Residential Treatment Centers (RTCs)** to rapidly become Medicaid accredited. This effort, overseen by the PD and SOTC will help address financial barriers to MAT by ensuring individuals have access to Medicaid-covered

MAT services. NMSOR will support naloxone education to pharmacies, with trainings that are pharmacist-led, and aimed at providing education and support to patients. To ensure that **all appropriate providers associated with NMSOR are DATA waivered** (NP/PA/MD/DO) we will include the DATA waiver as a requirement for NMSOR funding. DATA waiver trainings will be provided to current locales through STR funding and expanded to sites through NMSOR.

NMSOR will also expand implementation of community recovery support services with a focus on peer support. NM STR expanded certification of peer support workers (CPSW) in NM. NMSOR will continue this work with the Office of Peer Recovery and Engagement (OPRE), a peer-led division within BHSD that oversees peer training statewide, ensuring individuals in recovery have a meaningful role in the development of appropriate services and supports. Under NMSOR and overseen by the SOTC, OPRE will hold additional CPSW trainings focused on OUD and MAT. NMSOR will also host peer-specific trainings in Motivational Interviewing, Historical Trauma, and HIV/AIDS.

NMSOR will implement prevention and education services. This includes the training of healthcare professionals on assessment and treatment of OUDs. Overseen by the SOC, NMSOR Hub trainers will provide comprehensive MAT training for all types of providers focused on practical implementation (e.g., DATA waiver, workforce, staffing, billing, stigma, screening, monitoring, provision of therapy and recovery services, SBIRT model, and clinical forms for start-up). NMSOR will collaborate with other programs that offer the DATA waiver training statewide. Thus, NMSOR will ensure comprehensive education services on OUD identification, referrals, engagement and retention in treatment and recovery. NMSOR will also expand its media campaign to further address myths and stigma regarding OUD and MAT, with oversight by the SOPC. These messages will be aimed at providers and community members. Also with SOPC oversight, NMSOR will implement and expand the following: The PAX Good Behavior Game currently supported by STR will expand into additional schools, including tribal schools. The Nurtured Heart Approach will be implemented with the NM Children, Youth and Families Department, and a pilot of the Positive Action program will be implemented with Santa Fe Boys and Girls club youth.

NMSOR will ensure that **all applicable practitioners (e.g., physicians, NPs, PAs) associated with NMSOR obtain a DATA waiver** by mandating it as a requirement by month 4 in NMSOR partner contracts. All NMSOR hubs will have prescribers DATA waiver-trained by month 4 of the grant. Accomplishing this will be overseen by the PD. NMSOR will also provide training in therapy and recovery supports (see Goal 2) to strengthen clinical care. Under the SOC and SOPC, NMSOR will **purchase and distribute naloxone and train on its use**, and will continue statewide naloxone first responder trainings provided by the NMSOR training team. NMSOR will **support evidence-based community prevention efforts including evidence-based strategic messaging on the consequences of opioid misuse.** For instance, NMSOR will expand the evidence-based A Dose of Reality campaign developed through the STR in order to address issues of stigma toward OUD and MAT at the community and provider levels. The SOC will ensure that **community prevention efforts are coordinated with federal efforts**, by coordinating all funding streams and efforts.

Additionally, **NMSOR will provide assistance to patients with treatment costs and develop strategies to eliminate or reduce these costs for uninsured or underinsured**

individuals. In keeping with NM's efforts to eliminate financial barriers through its Medicaid expansion and use of state general funds to support MAT, NMSOR will support OTPs and RTCs to become Medicaid accredited to further address financial barriers.

NMSOR will provide treatment transition and coverage for patients reentering communities from criminal justice or other rehabilitative settings. NMSOR will expand MAT in detention facilities, including treatment, availability of naloxone, and case management to link to community providers post release. Additionally, the NMSOR training team will expand education efforts with all NM detention centers by bringing in local and national experts that have successfully implemented MAT for OUD in criminal justice settings and sharing lessons learned and steps for implementation.

NMSOR will also use SAMHSA-funded Opioid TA grantee resources to assist in providing training and technical assistance on EBPs to healthcare providers. In particular, TA will be sought on how to train providers on the following EBPs: MAT (all FDA approved medications), related therapeutic approaches including CRAFT, MI, CRA, and the following prevention approaches: PAX Good Behavior Game, Positive Action, and Nurtured Heart Approach.

These **NMSOR activities will coalesce, thereby building a sustainable approach for addressing OUD through foundational and lasting changes that extend well beyond SAMHSA funding.** NMSOR aims to change standards of care for OUD by building a strong, statewide cadre of MAT providers; expanding safer prescribing of opioids; expanding recovery services; increasing prevention efforts, and increasing use of naloxone by consumers, family members, first responders, and providers to reduce overdose death and support persons to seek treatment.

B-3. Realistic Timeline for 2 Years: Key Activities, Dates, and Responsible Staff

Interim Project Goals	Person	Activities	Timeframe
Startup activities	PD	Review Timeline; Assign tasks for completion	Y1 Mo.1
Opioid coordination	SOC	Establish protocol to ensure ongoing coordination and leveraging of opioid related activities	Y1 Mo.1
Contract with hubs & other partners	PD/TC/PC	Develop scopes of work and complete contracts with hubs and other partners	Y1. Mo. 1-3
Hire key personnel	PD/SOC	Hire staff, and finalize start dates	Y1, Mo. 1-3
Support partners to begin implementation	TC/PC	Get all contracts signed & all agencies in billing structure; support to implement & collect data	Y1, Mo. 4-ongoing
Establish EBP training schedules	SOC	Develop training schedules statewide, logistics, outreach/advertising	Y1, Mo. 2
Establish protocol & start evaluation	LE	Develop protocol for GPRA; training of all treatment hubs	Y1, Mo. 3
State and Federal Reporting	LE	Monthly to advisory board; monthly GPRA; required reports to SAMHSA	Y1, Mo.1; ongoing
Train on EBPs	TC/PC/PD	Implement MAT, therapy, recovery, harm reduction and prevention trainings	Y1, Mo. 4-ongoing
Initiative services and data collection	PD, LE	Begin enrollment in MAT and other services & collect, analyze & disseminate related data	Y1, Mo. 4-ongoing
Ensure sustainability	PD/SOC	Identify where MAT and all EBPs are part of standard of care & strategies to address gap areas	Y1, Mo.4 - ongoing
Engage in CQI	All	Review data ongoing basis; disseminate to impact practice & policy	Y1-Y2

PD= Project Director; SOC= State Opioid Coordinator; TC = State Opioid Treatment Coordinator; PC = State Opioid Prevention Coordinator; LE= Lead Evaluator

SECTION C: PROPOSED EVIDENCE-BASED SERVICE/PRACTICE (EBPs)

C.1. EBPs to be Used, Appropriateness for Outcomes and Populations of Focus

NMSOR will implement evidence-based practices including MAT, CRAFT, MI, CRA, PAX Good Behavior Game, Positive Action, and Nurtured Heart Approach. These EBPs will be implemented using three evidence-based implementation models. First, the NMCH is a modified version of the evidence-based hub and spoke model. Hub and Spoke models support the development of a coordinated system of care that supports MAT, through a sustainable infrastructure (Chen, 2014; Patient-Centered Primary Care Collaborative, 2015; Vermont Agency of Human Services, 2012). As such, the **NMCH is appropriate for the outcomes and population of focus** (MAT expansion, reduction of OUD and associated overdose deaths among New Mexicans). The NMCH supports providers statewide to learn skills, knowledge and develop the self-efficacy to implement MAT for OUD in local areas. The NMCH model was developed in the first year of STR and provides a coordinated, centralized approach to MAT expansion. It is the guiding structure for NMSOR implementation in treatment and recovery services. NMSOR uses a virtual hub (web-based) to give providers and community members access to information about OUD prevention, treatment, recovery, and harm reduction that is comprehensive and easily accessible. As such, the NMCH model supports standardized and centralized processes monitored by the state to ensure providers have up-to-date information on EBPs, regulatory requirements, and resources. Regional Hubs (both treatment core hubs and start up hubs) have access to the Central Hub for clinical consultation for challenging or complex treatment. This NMCH will ensure coordinated and sustainable expansion of evidence-based prevention, treatment, recovery and harm reduction services. Second, NMSOR will use the Extensions for Community Healthcare Outcomes model (ECHO) to support implementation of treatment EBPs, in particular MAT. **ECHO is appropriate for the outcomes and population of focus** as it has been shown to be an effective model for supporting providers in rural areas to learn evidence-based practices (Arora, 2011) and was developed and tested with New Mexico providers. ECHO will be implemented without modifications. Third, SAMHSA's Strategic Prevention Framework will be used to ensure a comprehensive approach to planning, implementation and evaluation of prevention programs implemented in NMSOR. The SPF model has been the guiding approach for NM prevention activities for many years and will continue to guide all NMSOR prevention activities. It is appropriate for the outcomes and population of focus for NMSOR prevention as it is designed specifically for prevention work and has been used successfully in previous and current NM prevention program development and implementation. The PD and SOC will provide oversight and management of implementation approaches and EBPs described below.

Evidence-Based Treatment and Prevention Modalities

MAT. 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 OUDs. MAT includes screening, assessment (i.e., determination of severity of OUD, presence of physical dependence and appropriateness for MAT), initiation, maintenance, and on-going support for recovery. Research shows that when treating OUDs, a combination of medication and behavioral therapies is most successful. **Use of MAT for OUD is appropriate for the outcomes of focus** 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.gove/basic-report/opioid-abuse-us-and-hhs-actions-address-opioid-drug-related-

overdoses-and-deaths). M**AT 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. It is appropriate for NM given the extremely high rates of 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. This EBP will be implemented without modifications. The SOTC will oversee MAT implementation.

MI. 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 improves outcomes for consumers of behavioral healthcare including those with OUDs (Bohnert et al. 2016 and Chang, Compton, Almeter, & Fox, 2014). Furthermore, MI has been utilized in the medical arena to increase compliance with medications. MI was developed in NM and has therefore been found **effective on the population of focus.** By offering MI training to prescribers, we can **improve outcomes** for NMSOR for those utilizing MAT approaches. NMSOR will train in MI without modifications. The SOC will oversee implementation.

CRAFT. Community Reinforcement and Family Training takes a skills-based approach that empowers families to effectively influence the behavior of a person struggling with opioid addiction. In numerous clinical trials, CRAFT has demonstrated efficacy in engaging individuals in treatment, reducing use, and increasing compliance with pharmacotherapy (Roozen et al. 2004). CRAFT is **appropriate for the outcomes to be achieve**d in this initiative and SAMHSA's goals for this program because it is an evidence based psychosocial intervention and is part of the comprehensive MAT model approach to treatment of OUD. Similar to MI, it was initially developed and tested with NM populations, and therefore **appropriate for the target population**. NMSOR will train in CRAFT without modifications. Implementation will be overseen by the SOC.

ADOR. A Dose of Reality (ADOR) Continuum of Care Media Plan is an award winning communications and media campaign that **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, the need for safe prescribing practices, where and how to find treatment, and reducing stigma associated with opioid use. 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). **ADOR is appropriate for our population of focus,** as the media campaign was specifically tailored to meet the needs of NM's rural, ethnically and culturally diverse population. The ADOR media campaign is appropriate for meeting the NMSOR outcomes for prevention based on SAMHSA's Stages of Community Awareness (http://captus.samhsa.gov/access-resources/stages-community-readiness) because it raises awareness and improves community readiness to address the Opioid issue. The SOPC will oversee ADOR implementation.

PAX Good Behavior Game. The PAX Good Behavior Game (PAX) is an EBP **appropriate for the outcomes of NMSOR** by addressing opioid addiction by reducing early childhood predictors of opioid use and abuse. Research shows that PAX reduces and reverses early behavioral and psychiatric predictors of substance abuse, and has large positive impacts on academic and substance use outcomes over a child's lifetime. For example, only 2.6% of young

people who participated in PAX in first grade started using cocaine, crack, or heroin, compared to 7.3% of the children who were not randomly assigned to receive PAX in first grade, a 67% lower use rate of opioid use (Furr-Holden et al., 2004). The PAX Good Behavior Game **is appropriate for the population of focus**. NM has high rates of OUD and primary school age youth at risk of developing OUD. PAX has been implemented in NM with positive outcomes in the existing STR initiative. PAX is not being modified for implementation. Is will be customized for implementation in tribal schools in STR to ensure cultural appropriateness. This will be done with guidance from PAX developers and tribal community partners to ensure effectiveness. The SOPC will oversee PAX implementation.

Positive Action. Positive Action is an EBP that is **appropriate for the outcomes of focus** as it is shown to reduce drug, alcohol, and tobacco use by 71% (Flay & Allred, 2003). It is widely recognized as an evidence-based model by agencies that include the US Department of Education's What Works Clearinghouse, and the office of Juvenile Justice and Delinquency Prevention. **It is appropriate for the population of focus**, which is youth in the Santa Fe Boys and Girls club. It will be implemented without modifications. The SOC will oversee implementation.

Nurtured Heart Approach. NHA is shown to promote effective parenting practices (Hektner, Brennan, & Brotherson, 2013) and is currently an Evidence Informed Practice. In NMSOR, NHA will be implemented to ameliorate the negative impact of substance use disorders including Opioid Use Disorder on New Mexico's Children, Youth, and Families. CYFD staff, children's behavioral health providers, foster parents, biological parents, and other key partners will receive NHA training and coaching to support development of a trauma informed system of care. It is **appropriate for the population of focus** as the majority of CYFD youth experience trauma and 2,638 children in NM foster care 1204 (46%) had parental drug abuse as the reason for removal, according to 2018 CYFD Protective Services data. NHA creates opportunities for success for children and youth who display intense behaviors resulting from trauma and interrupting the intergenerational cycle of substance use. Implementation of the NHA will be overseen by the SOC.

SECTION D: STAFF AND ORGANIZATIONAL EXPERIENCE

D.1. Experience of organization and those providing services to the population of focus.

Behavioral Health Services Division (BHSD) currently oversees several large SAMHSA grants including the Opioid STR, SBIRT, Suicide Prevention, and Supportive Housing. BHSD has been working diligently to develop effective solutions to address the OUD epidemic in NM including MAT expansion. NMBHSD's **Office of Substance Abuse Prevention (OSAP)** will lead efforts in the area of prevention, training, purchasing and distribution of naloxone. OSAP has worked with diverse local communities throughout NM to adapt and implement evidence-based approaches within culturally competent contexts. BHSD's **Office of Peer Recovery and Engagement** (OPRE) will lead activities in peer training to support MAT. OPRE works statewide with local grassroots and community organizations with an eye towards the unique cultures and communities in NM. OPRE will ensure that consumer and peer voices are meaningfully included in developing the NMSOR service array. The **University of New Mexico's Division of Community Behavioral Health (CBH)** has worked on many SAMHSA projects in collaboration with BHSD for over 10 years, serving as lead evaluators, trainers, and project coordinators. CBH's current work on similar projects ensures a strong ability to provide project direction, data collection, reporting, and implementation.

D.2. Complete List of Staff Positions for the Project

NMSOR Executive Statewide Oversight, Wayne Lindstrom, PhD (.10 FTE in kind). Dr. Lindstrom is the Director of BHSD, the SSA for Substance Abuse Services. He will have oversight on project implementation and financial decisions. He will serve as chair of the NMSOR Opioid Initiative Advisory Council and work closely with the PD to ensure all project activities are successfully completed.

Project Director, Julie Salvador, PhD (.25 FTE). Dr. Salvador has been PD/PI on federal grants including SAMSHA, AHRQ, and NIDA with experience in OUD and implementation of EBPs. She is currently PD on the NMSTR initiative. She will provide direction on daily project implementation and will address any challenges to implementation. She will ensure all aspects of the initiative and evaluation are completed. She will supervise NMSOR staff and work closely with Dr. Lindstrom to support success of NMSOR.

State Opioid Coordinator, Tiffany Wynn (1.0 FTE). The SOC will coordinate the various funding streams in NM that are targeting the opioid crisis. This state-level position will support the PD and assist with daily oversight of the NMSOR project. The SOC will ensure timely implementation, address barriers, and complete all federal and state level reporting. The PD will supervise the SOC.

State Opioid Prevention Services Coordinator, Rebecca Leppala (1.0 FTE) will coordinate all the prevention work in the grant, including the PAX Good Behavior Game; A Dose of Reality media campaign, and all services around training and distribution of naloxone for overdose reversal. This person will ensure that required prevention data is collected for the grant and provided to the Evaluation Coordinator for the purposes of federal and local reporting and CQI and will be supervised by the SOC.

State Opioid Treatment Services Coordinator, Lee Ann Ratzlaff (1.0 FTE) will coordinate services related to MAT treatment. This includes all direct services of MAT and trainings related to improving skills, knowledge and self-efficacy around starting and expanding MAT. This person will ensure that all required treatment data is collected for the grant and provided to the Evaluation Coordinator for federal and local reporting. Supervised by SOC.

Finance Specialist, Charmaine Espinosa (1.0 FTE) will be responsible for all financial aspects of the grant including reporting, contracting at state and federal levels for the NMSOR and partners and will be supervised by the SOC.

Evaluation Coordinator, Cynthia Killough (1.0 FTE) will support required data collection for the grant including the GPRA. The EC will work with the prevention and treatment coordinators to ensure all agencies are trained and supported to complete required data collection. The EC will ensure regular compilation of data, reports (federal and local), and present data to guide CQI, and will be supervised by the PD.

SECTION E: Data Collection and Performance Measurement

E.1. How Data Will be Collected & Used to Manage, Monitor & Enhance the Program

NMSOR will implement a comprehensive data collection and performance measurement protocol regarding program impact and progress. The EC will be responsible for tracking goals/objectives. **Data Collection** related to performance measures (Table 3) will be gathered monthly by the EC, with support from the SOTC. The PD has in place an access-based data collection system developed under STR that tracks performance measures called the Partner Reporting System (PRS). Data collection related to project objectives will be gathered using the same PRS system. The PRS will be modified to include reporting of data from each

NMSOR partner to be used to measure the degree to which the project objectives have been reached. In NMSOR each hub agency will receive training and support to ensure performance data are collected. Outcome measures. The EC will train provider partners (regional hubs) in collection of GPRA with clients receiving MAT. This data will be uploaded into SPARS by the EC in a timely fashion after collection (immediately or as soon as possible post collection). All data will be entered into the SPARS web-based data system within 7 days of data collection. All client level data (e.g. GPRA data) will be collected in accordance with SAMHSA requirements.

Table 3: Performance Measures

Performance Measures	Data Source	Data Collection Frequency	Responsible Data Collectors	Method of Data Analysis
# people who receive OUD treatment	PRS	Monthly	SOTC & EC	Frequency Counts
# people who receive OUD recovery services	PRS	Monthly	SOTC & EC	Frequency Counts
# providers implementing MAT	PRS	Monthly	SOTC & EC	Frequency Counts
# OUD prevention and treatment providers trained	PRS	Monthly	SOTC & EC	Frequency counts
# & rates of opioid use	DOH	Yearly	NM DOH	Frequency counts & Rates
# # rates of opioid overdose-related deaths.	DOH	Yearly	NMD DOH	Frequency counts & Rates

Data Management: The PD will have oversight of all data activities to ensure timely and appropriate data collection and submission. Data tracking systems will be developed and reviewed by the PD and EC. All patient/client level data will be replaced with a unique identifier to protect confidentiality. Raw data files will be kept in a locked file cabinet at the PD office at UNM, and computer databases will be stored on a password-protected computer. Only the PD and trained data collections staff will have access to the files, and all data will be presented in the aggregate, complying with HIPAA rules of data management (e.g., appropriate cell size). **Data Analysis**: All data will be analyzed using descriptive analysis and t-test as appropriate to identify demographic differences and inform project quality improvement. **Data Reporting:** The EC will prepare quarterly presentations of performance and outcome data for review by the opioid governance council (currently leading the STR project) and will be sent to all partners and stakeholders for CQI. Reports will be prepared by the EC and approved by the PD for dissemination to stakeholders and for incorporation into SAMHSA's required reporting. A FOCUS-PDCA format currently utilized by health care organizations will be used to ensure CQI. 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. All data will be used to identify disparate outcomes for different demographic groups and develop corrective action plans as needed.