ACCESS TO RECOVERY PROJECT QUARTERLY REPORT

CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

2014 ATR IV GRANTS

Grantee Organization	NC Department of Health & Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Project Name	NC ATR
Grant Number	TI025525
CSAT Project Officer	Enid Osborne, Ph.D.
Reporting Period	April 1, 2017 – June 30, 2017
Project Director	Mr. Martin D. Woodard
Submission Date	July 31, 2017

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1. PERSONNEL INFORMATION

Provide the information requested below and note any changes that occurred during the reporting period, including contact information, level of effort, salary, etc.

Note: Any changes to the Project Director or Information Technology Coordinator staff listed below require prior approval from the SAMHSA Grants Management Officer.

ATR Team Staff				
	Project Director	Information Technology Coordinator	ATR Services Director	Finance Coordinator
Mark with an X if any changes occurred				
Name	Martin D. Woodard	Cecily McDonald	James Jackson (ATR Services Director)	Jo Yarbrough
Organization	DMH/DD/SAS	RCNC	RCNC	DMH/DD/SAS
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Level of Effort	100%	100%	100%	50%
Annual Salary	$79,000	$34,000	$62,500	0
SAMHSA Funding of Salary	$79,000	$34,000	$62,500	0
In-Kind Contribution of Salary	0	0	0	

Name	Staff Hired this Quarter	Staff Vacancies that Occurred this Quarter
Position / Title		
Administrative assistant (Temp)		

2. JURISDICTION INFORMATION

a. Medicaid Expansion

Is your State a Medicaid Expansion State? Yes ☐ No ✓

(1) **If yes**: What impact has expansion had on ATR client services (e.g., increase in available treatment funding, increase in RSS vouchers, etc.). List specific BH/SUD treatments that have been expanded or included in your Medicaid expansion.

(2) **If no**: How does this affect your mix of clinical versus recovery support services?

North Carolina is not currently a Medicaid expansion state nor do we fund treatment services at this time with ATR funds. However, we continue to collaborate with treatment providers in order to better assure that individuals receive appropriate recovery supports to enable higher treatment participation. For example, recovery support services such as transportation and childcare reduce barriers to treatment.

Individuals with no source of funding or insurance may access treatment services either through North Carolina's Substance Abuse Block Grant (SABG) or state-funded services. The Division of MH/DD/SA Services offers a broad array of behavioral health services, including services not covered by Medicaid, such as residential supports, halfway houses, etc.

*Conversations have begun to discuss possible expansion of Medicaid to fund SU treatment services.

b. Environmental Status

Describe any changes to the community, service system, population that have or will have an impact on the ATR program. Such as increase in specific illicit drugs, civil unrest, suicide cluster, governmental regulatory changes, budget, etc. Include issues or concerns that may be under discussion but have not been acted upon.

Quarter 1

In November of 2016 a new Governor was elected. The impact of this win has begun to result in normal transitions of appointed positions becoming vacant and the previous Governor's task forces (MH/SU, Veterans) also being placed on hold until a decision is made to modify or discontinue them.

We have completed our final expansion efforts for our grant by commencing operations in Buncombe and Cumberland counties.

NC ATR has achieved its current expansion efforts with the signing of MOUs with both Buncombe and Cumberland County providers/vendors. Our anticipated "go live" date in both areas occurred in October. Training on the FEi-WITS software, Care Coordination, and the requirements of being an effective ATR partner was also completed. Meetings with the VAYA Health LME/MCO also continued to keep them abreast of

ongoing ATR progress. The Division is currently providing partial funding with SABG monies to a recovery community center in Asheville, which also delivers ATR services.

Quarter 2 (Update)

A new Secretary of Health and Human Services was confirmed by the NC General Assembly during this time frame. A major emphasis is being placed on addressing the Opioid epidemic which has resulted in a bill entitled the STOP Act. If approved as currently written, major changes will take place modifying Opioid prescribing practices. The bill also includes a request for 20 million dollars which is to be spent for treatment and recovery supports for individuals with an opioid use disorder. We have also applied to be a recipient of the CURES grant, and anticipate notification shortly. The Governor's Task Force for Military, Veterans and Families meetings has resumed under our new Governor who decided to keep this important meeting in place. Topics discussed range from updating on VA policies and programs to innovative partnerships/solutions to issues affecting Veterans.

Quarter 3 (Update)

Focused attention continues to center around how our state will address the Opioid epidemic. The North Carolina General Assembly unanimously passed legislation and Governor Cooper signed the STOP (Strengthen Opioid Misuse Prevention) Act into law -- an important step in fighting the opioid crisis. The STOP Act seeks to help curb epidemic levels of opioid drug addiction and overdose in North Carolina through several key provisions including the requirement for prescribers to check the Controlled Substances Reporting System (North Carolina's PDMP) prior to prescribing targeted controlled substances for the first time and then every 90 days thereafter if prescription continues.

This past session also enacted additional language to North Carolina's statewide standing order for naloxone, enabling the State Health Director to sign such, which has increased the public's ability to access naloxone through pharmacies. Since the law was passed in June 2016, over 1,300 pharmacies have signed on to dispense naloxone under the State Health Director's standing order. Currently 152 law enforcement agencies in North Carolina carry naloxone and have been trained to respond, reporting over 400 overdose reversals.

The N.C. Prescription Drug Abuse Advisory Committee (PDAAC) has been established. It is a collaboration among substance use disorder/behavioral health, LME/MCOs, providers, public health, healthcare systems, law enforcement, regulatory boards, local health departments, community coalitions and others to plan, implement and evaluate comprehensive strategies to prevent drug overdose and treat opioid use disorders. Over 200 agencies, organizations, and individuals participate in PDAAC work.

Our state has also been awarded Opioid STR/ Cures grant funding from SAMHSA. Conversations have begun within our legislature to consider possible Medicaid expansion opportunities which may assist the state's plan to address the opioid crisis.

Quarter 4 (Update)

c. Program Information

Describe any challenges the program successfully resolved this period.

Quarter 1

Solidification of a Veterans Plan for ATR and Medical/Dental/Vision services are now available in multiple counties. Participants in these areas report being pleased with the services.

We focused attention on the inadequate burn rate this quarter by decreasing the amount of authorizations and only vouching services that can/will be delivered within a 30-day period which has resulted in a stronger rate of service utilization.

We continue to stress the importance of the formulation of meaningful recovery plans for participants, and as such have revised the template. Monthly trainings with providers continue, and will expand to focus on Care Coordination staff and deliberate training on the recovery plan.

Training was provided to care coordinators and providers on the implementation and use of the recovery plan to incorporate a broader care approach for each participant. Care coordinators will focus on providing ATR resources to participants based on the area of need as well as setting goals from month to month for the participant's achievement. Care Coordination continues to be one of the focal points for NC ATR. Due to the holiday schedule, roll out of the new recovery plan began 1/2/2017.

Updated MOU's were sent out to all NC ATR providers/agencies. We updated and/or incorporated the following sections:

- Fraud, Waste, and Abuse
- Agency Performance
- Security and Privacy of Health Information
- Conflict of Interest

2nd GPRAs (Follow-up Interviews) are on – going. We wanted to focus on getting the 2nd GPRA numbers up so after taking a hard look at our procedures, it was determined that a clearer procedure for Care Coordinators was needed, as well as additional support from administrative staff.

Revised Follow-up GPRA Procedure:

1. Begin calls to participants at the 5-month mark to complete the follow-up interview.

    a. Call the participant twice and if they cannot be reached then move to the collateral contacts and call each of them twice. We call the participant on day one and day two then call the collateral contacts on day three and four. If the number is still valid, we give the participant longer to respond and call them at different times of the day and evening. Most participants may not receive calls at work or during group meetings so we want to reach them if possible.

    b. If no response is received within two weeks or the numbers are no longer valid, then complete a GPRA Follow-up without an interview and discharge without an interview.

c. If we reach the participant, complete the interview. If they have not received any resource in two – three months, we then complete the discharge also. The discharge may be completed with the same interview and that option is available upon completion of the follow-up interview in WITS.

2. If the participant is at the 5-month mark when we complete the follow-up interview and wants to remain engaged in the ATR program, a discharge is not conducted at this time. ATR participants may engage in resources for 6 – 8 months and we want them to stay engaged. If they want to re-engage, then we answer the question, "*Is the participant still receiving services?"* As "Yes." They have just engaged in a service by completing the follow-up interview. Otherwise we answer the question no if they are not receiving services.

3. Participation in ATR should end around 8 months. Additional requests for special approvals to continue beyond 8 months are submitted to James Jackson (ATR Service Director). All other participants are discharged with a Follow-up interview and Discharge through the WITS system.

Quarter 2

We are now in our final year of operation and are planning to shift our focus to serving the two populations (Veterans and higher education students) which we have underserved. There will also be a no-cost extension request submitted for a one year extension to focus exclusively on the above groups.

NC ATR providers/agencies are continuing to conduct 2nd GPRA's and have had improved success in locating and scheduling follow-up interviews with participants as a result of maintaining monthly contacts and keeping participants engaged with ATR services.

Quarter 3 (Update)

We are continuing to focus our efforts collectively to enroll Veterans and higher education students in the ATR program. Pipelines are currently being built to improve our outcomes for enrolling these 2 populations.

Our focus continues to be on achieving a higher rate of 2nd GPRA completion, deeper analysis of those supports proving to be most effective and serving more deliberately the identified populations with the lowest enrollment; i.e., Veterans and college students.

The follow-up rate continues to improve due to the deployment of newer strategies which involve closer communication, support and technical assistance to enrollment agencies through the usage of data and more frequent accountability checks to highlight the importance of achieving better results.

Quarter 4 (Update)

Indicate the number of providers of each type your project has enrolled and the number of providers of each type redeeming vouchers (complete tables).

Table 1: Enrolled Providers

	# of New Additions this Quarter	Total # at end of reporting period	Total # eligible to bill Medicaid	% of Enrolled Providers who are FBO/Secular
FBO / Spiritual	0	8	0	7.27%
Secular	0	102	0	92.73%
Total	0	110	0	100.00%

Table 2: Providers Who Have Redeemed Vouchers by End of Reporting Period (Active Providers)

	# of New Additions this Quarter	Total # at end of reporting period	Total # redeeming eligible to bill Medicaid	% of Active Providers who are FBO /Secular
FBO / Spiritual	1	4	0	5.26%
Secular	16	72	0	94.74%
	17	76	0	100.00%

d. Strategic Planning

Describe the plans in place to support the identifiable goals of enrolling new program participants and expending funds for the grant year.

(1) Identify the VMS your project is using. _____FEi WITS_____

Planning

(2) Discuss the strategic plan for reaching your annual client target and spending your grant dollars.

(Enter this year's plan in the area listed below. For each quarter, enter the changes / modifications to that plan and indicate the reason for such changes.)

Annual Plan

Quarter 1

Our current efforts to reach our participant enrollment goals will continue as previously demonstrated thus far. NC ATR is currently ahead of the enrollment schedule and is on target to meet the final 4000 participant's enrolled goal. We have expanded services for all counties and with the new service offerings we will begin to spend down available remaining grant funds for new and existing participants.

Quarter 2

Our current efforts to reach our participant enrollment goals will continue as previously demonstrated thus far. NC ATR providers/agencies have been briefed on the new focus of enrolling Veterans and college students. Expansion of ATR services for each county continues.

We are on track to exceed our target of enrolling 4000 participants, however have a plan to focus on and serve two groups under-represented (Veterans and higher education students) based upon our enrollment numbers. We are also planning to submit a one year no-cost extension to exclusively continue serving the above two groups.

Quarter 3 (Update)

As of the end of Quarter 3 we have enrolled 4215 participants, thereby exceeding our goal, but our focus to serve Veterans and higher education students remains intact, as those sub-populations have been under-served during this grant. We are working with the leadership of local colleges to determine how ATR can be introduced to their communities and to identify services that will be utilized.

Through the assistance of a TA provided by ALTARUM, a military & Veterans working group has finalized a plan to more effectively engage this population with a specific focus on women Veterans. This is important due in that many agencies who serve Veterans also report a significantly lower engagement with this population.

Quarter 4 (Update)

Activities

(3) Describe efforts made this quarter to recruit new clients, including those in the military/National Guard and their families (including active duty and prior service armed forces veterans). Include outreach to and partnership activities with referral sources (or agencies). Include achievements as well as challenges or delays.

Quarter 1

Each agency/provider that is authorized to enroll participants has their own unique way of recruiting. Some agency/providers partner with non-ATR agencies, some work directly in the local community where they serve, some are from speaking engagements at area functions to promote ATR. We have not experienced a decline for recruiting new participants, the word is out and about in the ATR counties we serve and monthly enrollment reports have shown the steady gains.

During this reporting period we focused on further engagement of organizations which currently serve Veterans by first educating them on the global impacts of ATR and how we see it having a synergistic impact through potential partnerships. Agencies contacted included the USO, Warrior Bridge, Army OneSource, Green Opportunities and Quaker House. All above agencies expressed an interest partnership agreements.

Quarter 2

We are seeing a significant increase of Veteran enrollment which is welcomed and a result of our providers located in heavily populated areas with a military presence. Final planning to widen the available services for this group will be completed by the end of April and put into place if our no-cost extension is approved.

Quarter 3 (Update)

The ATR Providers have made the shift to support Military Veterans and their family members and college students; however, we are using the summer months to develop a plan of action for enrolling college students beginning in early fall. Most college student will begin returning to their various campuses by the second week of August 2017.

Ongoing conversations are occurring with various higher learning institutions including at least two Historically Black Colleges/Universities (HBCUs) and community colleges in various ATR locations. We see this as important in that national data indicates a low engagement with minority populations. There are at least three institutions ready to move forward and sign MOUs. We are also using this opportunity to target Veterans who may also be enrolled on these campuses.

Quarter 4 (Update)

Enter in the appropriate box below the numbers pertaining to ATR participants enrollments.

Annual Target – Yr. 2	Current Quarter	Previous Quarter	Year 3 Total	Cumulative Total
1775	383	1026	1700	3184

GPRA Follow-up rate

Current Quarter	Previous Quarter	Cumulative Total
49.9%	48.4%	70.5%

(4) Describe efforts made this quarter to outreach, recruit, and/or train providers. Indicate any special activities for faith- and community-based organizations (FCBOs) and military providers. Include achievements as well as challenges or delays.

Quarter 1

North Carolina is the home of seven military installations and has a large veteran population in three of the counties in which ATR operates: Wake, Cumberland, and Buncombe. The ATR project numbers to date have not reflected proportional participation levels for this population. On December 20, 2016, we received TA with the purpose of evaluating and recommending possible options to improve existing plans as we expand ATR services to

military/Veterans within North Carolina. Former ATR project director from Washington State, Vincent Collins, facilitated the TA for us on working with veterans in the ATR program. Washington State ATR is regarded as a leader in engaging local communities to meet the needs of military veterans. To support this objective, the TA included:

- A review and discussion about existing activities for veteran outreach.
- Provider dialogue to identify strengths and challenges of existing activities and strategies.
- Initial consensus building regarding common goals and potential linkages for local community responses, with North Carolina ATR serving as community co-leader.

As NC ATR moves from county to county we have observed that each county has a common core of needed services but each county has varying service needs beyond the core services. We utilize the input received from the core agencies of each county to identify the needed services for a given community. Once identified, contact is made and after a brief meeting we determine if the prospective agency/provider is a fit for ATR. If we move forward with a prospective agency, we ask them to fill out our ATR Service Delivery form for each service proposed. After a successful review of the completed Service Delivery form, a MOU is sent and then completed by the prospective agency/provider. Once the MOU has been signed and received, we schedule training for each agency/provider. Training is comprised of the following: ATR Care Coordination; VMS training; and, ATR Billing. We have learned that education needs to continue after the initial training to ensure each agency/provider is successful as they begin offering services to participants. We currently have a mix of Life Coaches, Peer Coaches, Spiritual Counselors, and Financial Coaches for each county. As soon as a service need is identified, we investigate and work towards getting that agency/provider in place to address the needs of a given community. This process works best for us because of the relationships between participants and agency/provider and then the relationships between agency/provider and NC ATR. We are currently working with numerous veteran agencies/providers that are providing NC ATR services to the veteran communities.

Establishing ATR in Buncombe County, Cumberland County, and reviving the Lumbee Tribe relationships was the focus this quarter. The (new) Lumbee Chairman signed the MOU with RCNC regarding the continued participation of the Lumbee Tribe and providers in Robeson County in NC ATR. The Chairman and selected staff agreed to identify potential care coordination candidates to be interviewed to work with the Lumbee, Coharie and Waccamaw Siouan. We successfully trained over 25 individuals in the FEi WITS ATR voucher management system. We are actively collaborating with additional agencies that will provide ATR services. We added the following services this quarter:

Wake County = Dental, Vision (agreement for glasses only), Vision – Eye Exams, Job Readiness and Placement, Adaptive Sports, Recovery Supportive Housing

Durham County = Vision (exams only), Job Readiness and Placement, Lincoln Health (Medical, Dental, Vision), Spiritual Counseling, Peer Support Coaching

Orange County = Medical, Dental, Recovery Supportive Housing

Buncombe County = Job Readiness and Placement, Recovery Supportive Housing

Robeson County = Dental, Vision (full service)

Cumberland County = Adaptive Sports, Job Readiness and Placement, Gym Membership, Recovery Supportive Housing

Quarter 2

We have revised our "Referral/Authorization" process. Care Coordinators now play a pivotal role by overseeing all participant referrals and voucher authorizations. Our goal is to increase quality management throughout the participant's enrollment in ATR to 2nd GPRA and discharge. All ATR providers have been trained on this process.

The process is as follows:

a. Care Coordinator makes referral via (Warm handoff or email) to ensure provider availability
b. Care Coordinator creates referral in FEi WITS
c. Provider provides service.
d. Provider contacts Care Coordinator, stating service was completed.
e. Care Coordinator contacts participant utilizing callback form to confirm provided service.
f. Care Coordinator creates voucher authorization and applies additional units if requested. (Not to exceed what can be accomplished in a month)
g. Provider submits encounter in the FEi WITS voucher management system for billing.

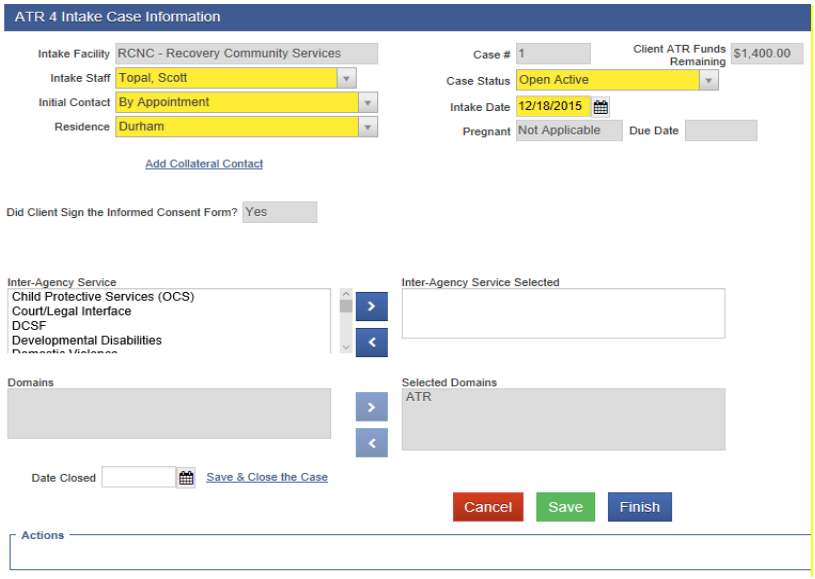
Quarter 3 (Update)

We have continued to increase our emphasis on Care Coordination and managing participant ATR funds. The following procedure was created, reviewed and distributed to all ATR Providers. Managing participant funds remains a high focus of concern for Care Coordinators as service are provided for our ATR Participants.

Procedure:

1. Upon ATR enrollment, $2,000 is allocated to the Participant for ATR services
2. The Care Coordinator will verify the participant's available funds for pending service(s) by checking the participant's remaining funds balance in WITS. (see below)

    a. Agency>Client List>Participant Name>Activity List> select Intake, the ***Client ATR Funds Remaining*** is located in the upper right corner.
    b. Funds must be reserved and available to complete participant ***Close Out Activities***.
    (i.e. 2nd GPRA, Discharge)



3. The Care Coordinator creates a referral in WITS if funds are available and follows the ATR ***Referral/Authorization*** procedure.
4. If Participant funds are exhausted the Care Coordinator must fill out the ATR ***Exception form*** with the requested amount and reason funds were not available (explain your oversight which resulted in having to request additional funds for a needed service).
5. The Care Coordinator will email ***Exception*** form with Participant's unique ID to the RCNC WITS Administrator for review.
6. The RCNC WITS Administrator will review Exception Form and then forward to the ATR Project Director for approval or denial (with explanation provided).
7. If approved, the WITS Administrator will increase Participant Cap in WITS and notify Care Coordinator of approved status.
8. If denied, the WITS Administrator will notify Care Coordinator of denied status.

Note** Care Coordinators are responsible for managing a participants ATR funds. Outside Agencies do not have the ability in WITS to create authorizations or increase units for a participant that has been referred.
** In adhering to HIPAA laws and requirements, never email participant names.

Through the assistance of a TA provided by ALTARUM, a Military and Veterans working group has finalized a plan to more effectively engage this population with a specific focus on women Veterans. This is important because most agencies who serve Veterans also report significantly lower engagement with this population. Highlights of the plan include the signing of MOUs with agencies who exclusively serve Women Veterans, a partnership with a national agency (NCSERVES) who also operate in the majority of ATR counties and offer complementary services we cannot provide. We have also sought out and signed agreements with Veterans to provide recovery related supports. Those who may not be Veterans, however still want to serve them, will be able to complete on line trainings regarding military culture, what not to say to a Veteran and other topics to increase their effectiveness. This is the result of a free partnership with a non-profit (PsychArmor) who specializes in military/family education for those providing services to this population.

Quarter 4 (Update)

(5) In the appropriate box below, enter the total grant funds expended to date for year 3.

Quarter Ending	Spending to Date	Anticipated Grant Year Unobligated Balance (UOB)
December 31, 2016	$2,527,524.78	$4,500,000
March 31, 2017	**$3,187,708.47**	$3,900,000
June 30, 2017	$3,626,867.75	$3,900,000
September 30, 2017		

Sustainability

(6) Does your ATR program leverage any block grant or other grant funding? Yes ✓ No ☐

If yes: Describe amount of funding and funding use.

Funds from the Substance Abuse Prevention and Treatment Block Grant are utilized in various ways to support North Carolina's Access to Recovery initiative. Three NC ATR Service/Care Coordinator positions are fully funded by the SABG. Additionally, the office that ATR staff operate out of, which is Recovery Communities of North Carolina's recovery community center, is funded with SABG dollars. This includes rent and utilities. SABG funds also support the ATR webpage, which is currently part of the RCNC website. Specific SABG funding amounts include the following:

- Service/Care Coordinators – 3 FTEs $135,000
- Fringe benefits for 3 Service/Care Coordinators $ 37,164
- Rent, utilities $ 83,200
- Media (webpage) $ 2,000
- Recovery community center (Asheville) $50,000

TOTAL $307,364

It should also be noted that North Carolina utilizes its SABG funds for prevention, treatment and recovery support services for those individuals with no other source of payment. While NC ATR does not fund treatment services, funds may be utilized to support individuals while they are in active treatment. For example, if an ATR participant is in need of transportation in order to keep appointments with his/her treatment provider, or needs child care in order to participate in treatment sessions, ATR would fund the recovery support services, i.e., bus passes, gas cards, child care, etc., while block grant funds would cover the formal clinical treatment services.

If no: Discuss attempts at collaboration with the block grant or other grant funding.

(7) What new ways (approaches, activities, etc.) have been identified to sustain ATR component networks / services past the life of the grant?

North Carolina recently received an additional grant to aid our efforts towards curbing the opioid epidemic in our state. The Medication Assisted Treatment-Prescription Drug and Opiate Addiction (MAT-PDOA) grant will provide services to individuals among the offender population including people under probation, parole/post-release supervision who have an OUD, as well as identified pre-release offenders incarcerated at Black Mountain and DART-Cherry. These services will include formal clinical treatment, including medications, as well as recovery support services. We will utilize data from the ATR grant, as well as service definitions and rates developed for ATR participants.

The inclusion of recovery supports is also a focal area in North Carolina's proposal for the 21st Century Cures Act – Opioid State Targeted Response funds.

e. Policy and Procedural Changes

Have there been any substantive changes to program policy or procedures this quarter? (Include any issues related to the question regarding B. Environmental Status.)

Yes ✓ No ☐

If yes: Identify any changes this quarter that relate to—

- Program Management.
- Administering or monitoring client choice.
- Administering or monitoring client satisfaction (including changes to survey instrument).
- Preventing and detecting fraud, waste, and abuse.

Quarter 1

In an effort to better clarify procedures related to fraud, waste and abuse, a new Fraud, Waste and Abuse policy was created. Revised MOUs were created for all providers to sign as well as an updated more clearly defined Fraud, Waste and Abuse policy. James Jackson and Martin Woodard reviewed the new MOUs and Fraud, Waste and Abuse policies and procedures at the November 2016 monthly provider meeting.

Quarter 2 (Update)

We continue to monitor and provide oversight with NC ATR processes, from implementing a change to the referral/authorization process to monitoring the provisional vouchers (Number of units) in the FEi WITS voucher management system. Continuing education for ATR providers regarding our NC ATR processes has proven to be a success along with monthly provider meetings and 1 on 1 training sessions.

Quarter 3 (Update)

We continue to monitor and provide oversight with NC ATR processes associated with the ATR Billing. We continue to encourage ATR Providers to submit their billing weekly. This process allows more time to review submitted charges and

follow-up with the participants to validate the services which were provided. If we discover discrepancies in the submitted billing we address those findings with the ATR Provider by gaining more insight regarding the discrepancy or by reversing the submitted charges.

Quarter 4 (Update)

f. Cultural Competency

Describe the following:

(1) Strategies for ensuring cultural competent services.
(2) How cultural competency training / staffing line up with your disparities impact statement. List all.

Quarter 1

Cultural Humility training was provided to Robeson County ATR Vendors/Providers on December 29, 2016. Topics included educating the audience on the differences between understanding Tribal culture and the lifelong self-evaluation of Indian cultures. The training was facilitated by a member of the Occanechi band of the Saponi Nation. Area clinicians, and volunteers of the Recovery Communities of NC also trained on the differences between cultural competence, humility, and trauma informed services available to heal.

Quarter 2

The RCNC Advocacy Day was an educational event hosted by RCNC for the state of North Carolina in which attendees had the opportunity to learn about recovery community culture, advocacy efforts and personal stories of triumph in NC. ATR participants were invited to attend to help promote self-efficacy and cultural understanding of recovery.

Quarter 3 (Update)

As stated earlier, we have partnered with an agency called PsychArmor who specializes in military/family education for those providing services to this population. They provide special training to individuals and agencies with a desire to serve Veterans, but who are not Veterans. PsychArmor provides on line trainings regarding military culture, what not to say to a Veteran and other topics to increase their effectiveness.

Quarter 4 (Update)

Have there been any changes to your cultural competency plan, challenges or achievements this quarter?

Yes ☐ No ✓

If yes: Describe below:

Quarter 1

Quarter 2 (Update)

Quarter 3 (Update)

Quarter 4 (Update)

(3) List all activities per special population.

Population	Activity
Native American Indians (Saponi Nation)	Cultural Competence session

g. Fraud, Waste, and Abuse

(1) Identify the type and number of programmatic monitoring efforts that have taken place this quarter to prevent or detect fraud, waste, and abuse.

Has the project done regularly scheduled desk audits of financial records, both internal and provider related?

Yes ✓ No ☐

If yes: Identify the number of record reviews conducted.

Quarter	Project Office (Desk) Reviews	On-Site Reviews
1	24	3
2	68	0
3	76	2
4		
Total	**168**	**5**

(2) Identify and describe ALL incidents that required investigations to determine whether fraud/waste/abuse occurred during this reporting period. Describe policy, program, or procedural changes, if any, that have been implemented due to the findings of this investigation.

Quarter 1

The focus during this quarter centered on follow-up with the three providers mentioned in our last report described below:

1. American Indian Mothers and Fathers Forever received weekly technical assistance to get them back on track with their billing and encounter issues.

2. The review of Greater Outreach Services (GOS) has continued based upon both billing and participant irregularities uncovered during last quarter's audit. During this quarter, while investigating more thoroughly, GOS has been prohibited from enrolling any new participants. An in depth analysis of the vouchers issued, compared to the services provided is ongoing, as well as contacting participants directly to obtain information about the services they received. All payments have been withheld and the ability of GOS to provide ATR services is on hold pending the outcome of these reviews.

Quarter 2 (Update)

Services previously offered by Holistic Recovery Resources, American Indian Mothers and Fathers Forever have been scaled back due to provider/agency performance issues. They are currently wrapping up previous service commitments to existing participants. Their next objective is to continue working on 2nd GPRA's and participant discharges.

All ATR providers/agencies have been notified of the ATR Grant wind down. We have shifted the focus for participant enrollments to enrolling only 2 populations for all counties, (Veterans and the collegiate communities). We are continuing care coordination activities and completing 2nd GPRAs/Discharges with existing ATR participants.

Quarter 3 (Update)

RCNC sent a letter to the American Indian Mothers at the end of February 2017 stating that we (RCNC) are ending our ATR relationship with them as of March 31, 2017. American Indian Mothers' billing submitted for March 2017 exceeded $50,000.00. We have challenged the submitted amount and have discovered it includes back billing from June 2016 to February 2017. Additionally, a significant sample size of participants listed as receiving services from their agency was telephonically contacted who indicated they were either not in recovery or did not receive the services billed for by American Indian Mothers. A second letter has been sent to American Indian Mothers to inform them of our findings and the amount we have verified for which they will be reimbursed.

RCNC sent a letter to **Fathers Forever** stating that their ability to provide ATR services as documented in their MOU will end on June 30th with the exception of 2nd GPRA's and Discharges. All other services have been removed from their WITS account.

Greater Outreach Services' access to ATR and WITS ended 10/2016 after escalating billing practices triggered a review. Audits were conducted both on-site at Greater Outreach Services and by way of selecting individuals from billing submitted through FEi-WITS and contacting them by phone to assure services were received as billed. Based on these findings, Greater Outreach Services was informed of the amount they would be reimbursed. They however did not accept this amount and have requested RCNC to conduct another site visit. This will be conducted; however, the attorneys for Greater Outreach Services and RCNC are currently in communication with one another regarding a final amount to accept. As stated, RCNC will conduct an additional reviews/audits, but then expect to provide Greater Outreach Services with the amount we will reimburse.

Quarter 4 (Update)

h. Partnerships/Collaborations with Other Programs

Identify and describe formal or informal partnerships, collaborations, MOUs, or other arrangements you have with Federal, State, or local agencies or other grant-funded programs. If few or none, describe your plan and timeline for establishing new partnerships

Quarter 1

We have new MOUs in place with ATR providers in Buncombe County, Cumberland County and Orange County. Our goal is to have Medical, Dental and Vision services in all ATR Counties.

Quarter 2

We have a new MOU in place for Medical services in Robeson County.
We have a new MOU in Fayetteville (City) for Medical and Dental services.

The NC Veterans Business Association featured ATR at their quarterly meeting. The Project Director provided a presentation on how effective partnerships with a for-profit company (SAS) and Veteran-owned agencies (a Staffing agency, two behavioral health organizations and a Solar/LED manufacturer) are resulting in employment of both business owners while also creating Veteran serving Veterans services.

Another presentation was requested by a regional Managed Care Organization (MCO) in Fayetteville which focused on educating the audience on the value of ATR and types of recovery supports available within their community.

Quarter 3 (Update)

We are currently working with St. Augustine University and Wake Tech Community College, to offer ATR services to their students.

Additional partnerships have been reached with a host of Military/Veteran organizations. We now have the PsychArmor Institute providing free on-line training for providers/vendors who require education on military culture and how to more effective engage with this population. We also have formed a major partnership with NCSERVES which is available in five of the seven counties we currently serve. They will complement ATR by offering their top three services which ATR cannot provide – funding for non-recovery housing, more job placement opportunities and financial assistance.

Quarter 4 (Update)

3. ACCOMPLISHMENTS

A. Share any press your program has received this quarter and provide attachments and / or web links.

Quarter 1

- A new Veteran organization's (NC Serves) newsletter highlighted our program in the provider spotlight section in Oct. Meetings were held with the lead Social Worker at the Fort Bragg Counseling Center who conducts SUD assessments on all soldiers prior to being discharged to develop an ATR pipeline. The two Veteran-owned counseling agencies (Asheville & Cumberland County) have signed MOUs, completed all required training and

are scheduled to begin operation as Veteran hubs next month. SAS (the analytical software company) continues to meet monthly with us with the latest possible employment opportunities for Veterans being at a pharmaceutical plant, training in welding, culinary arts, and manufacturing. An MOU was signed with a Veteran-owned Staffing agency who will provide pre-employment/employment services for Vets. Additional providers (fitness facilities, therapeutic racquetball, and Veteran Peer Support) have agreed to sign MOUs.

- Briefed attendees at the Ft. Bragg Behavioral Health Collaborative Meeting on the soon to be launched ATR program.
- Staffed a booth at the Fayetteville VA MH/SU Summit, which hosted an all-day event focusing on research and services available for Veterans.
- Attended a two-day SAMHSA Strategic Planning event focused on Veterans at the Governor's Institute.

Quarter 2

NC ATR/RCNC had local media coverage for the 2nd Annual NC Addiction Recovery Advocacy Day, which was well attended.
URL - Media Advisory

Quarter 3 (Update)

None this quarter

Quarter 4 (Update)

B. What promotional materials have been developed / used (e.g., flyers, e-alerts, FBO directory, PowerPoint presentations, videos, website, etc.) and routes and/or venues of dissemination.

Quarter 1

Veteran efforts – Our lead provider in Cumberland County advertised their launching of ATR services on local radio and television stations, the internet and through the printing and distribution of both pamphlets and flyers.

Flyers for Robeson and Buncombe counties were also created during the commencement of their service offerings as well.

Quarter 2

Flyers for the following events were created:

- NC Addiction Advocacy Day – Raleigh, NC
- Job Readiness – Fayetteville, NC

Quarter 3 (Update)

We are working with St. Augustine University to utilize a questionnaire via Survey Monkey as a needs assessment tool for surveying the student population. The goal is to identify students who may need recovery supports and identify

services that would assist in their recovery. (Sample survey https://www.surveymonkey.com/r/363W2LD) The final approved version is targeted for completion by the first week of August 2017.

Quarter 4 (Update)

C. Describe any challenges you successfully resolved this reporting period.

Quarter 1

We have taken steps to improve communications throughout the ATR agency/provider community by encouraging networking and building good work relations. We provide updated contact information for each agency/provider, developed one pagers in electronic format for each agency/provider, feature new agency/providers at each monthly provider meeting, and address issues and concerns at the monthly provider meeting. The monthly agency/provider meetings are well attended and have proven to be a good platform for communicating ATR goals and objectives.

Quarter 2

Quality assurance was a primary focus for all NC ATR providers/agencies during Quarter 2. We revisited the referral/authorization process, provider billing process (weekly billing), and care coordination activities. Care coordinators will manage remaining participant funds closer, and follow-up on all participant referrals to ensure services have been received and issue additional authorization units as needed.

An emphasis also remains in place for providers/agencies to continue making monthly calls to ATR participants and to complete 2nd GPRAs. RCNC WITS administrators generate 2nd GPRA activity reports for all applicable provider/agencies. These reports identify participants 2nd GPRA status (5th, 6th and 7th month eligibility) and non-compliance. These reports allow for planning and scheduling participant 2nd GPRAs.

Quarter 3 (Update)

While we have made improvements to our 2nd GPRA activity, the goal is to continue this effort. RCNC sends a monthly 2nd GPRA status report to each applicable ATR Provider by the first week of every month. The report identifies participants that are due for their 2nd GPRA and those that are approaching non-compliant status. A second report is also sent which captures the provider's compliance rate and the number of 2nd GPRA's completed the previous month. This level of detail will continue to assist ATR providers perform at a higher level.

Quarter 4 (Update)

D. "In Their Own Words" - Provide 1-2 participant or provider success stories, as related to you, from this reporting period. Please note that client success story submissions must include a release form signed by the client.

When answering please use the following questions as guidance;

What positive changes were you able to make because of participating in this program?

- *What components of the program did you find particularly helpful in achieving specific changes?*
- *How did the program prepare you to sustain the changes over time?*

Quarter 1

Success Story #1

Client Success Story – R. A. Assessment was completed by Fathers Forever and referred to Oasis for Life Coaching. The young lady came to Oasis after leaving an abusive marriage. Her two children were with their dad while she worked on getting her life together. She turned to alcohol after her husband fathered a child with another woman and forced her to babysit the child. She was resentful and hurt because they lived a good life with their own business, home and cars.

When we assisted her with resources and support, she turned her life around. She was referred to Dress For Success where she found support for job placement. She will start training on Feb. 1st at NC Dept. of Revenue in a temp to perm job. She is receiving assistance with housing through WCHS rental prep program. Her self-esteem is markedly improved, along with her hopes and dreams for the future. She is excited about her journey and doing great maintaining her sobriety.

Success Story #2

Client Success Story – K.N. Assessment was completed by Fathers Forever. The following is a statement that the client wrote*:*

"I started coming to Fathers Forever in October of 2016. I was unemployed, behind in my rent and child support. I needed support in every area.

Being part of Fathers Forever helps me deal with stress. Being able to talk about what's going on can take a lot off of you. Tommy and I have great communication. He helps me with employment opportunities, advice, and recovery support.

Every Saturday morning we have an all men group forum on lots of topics. It's a great place to be a man and to learn how to do better, how to be sober and feel better about yourself. Fathers Forever is also helping me get my license back."

Quarter 2

Success Story #1

One veteran in the ATR program, Travis, reports, "I got a second chance. It has really been a third and fourth chance at life." Travis is a young combat Veteran, having served in OIF and OEF with the Army Rangers. Having survived an injury from an improvised explosive device (IED), he is currently battling chronic pain and PTSD symptomatology. Like many returning veterans, Travis found himself addicted to the opioids prescribed to him by the hospital. After several years, Travis is now in recovery and motivated for change. Working in concert with the VA, the Veterans Court and the ATR SAMHSA Grant, Travis is able to generate new recovery skills, but even more importantly... he now has hope!

Speaking with Travis about his recovery and the ATR/community supports, it quickly becomes apparent the critical role community and peer-support services play in fostering recovery and stability. Travis asserts, "Community is everything! I find that when I can connect with another person who has gone through the same life experiences and has this understanding, I begin to see a different perspective. They can help me in ways I never thought. It is usually hard for me to trust people. But having peers I can talk to, that makes a difference." He continues, saying "What I like about the ATR program is that it focuses not just on recovery, which is big, but it also focuses on life-skills." He continues, saying "Sure. I know how to kill. The Army spent a lot of money on me, teaching me how to do that! But when it comes to life, that is much more difficult." The ATR program works to 'meet a client where they are at' and address their concerns and barriers

to success; ATR remains client-centered, supporting clients in their recovery journey. As Travis continues in his own dual journey (recovery from PTSD and addiction), he reports that "Just having that community, and a safe place I can go. I am learning new ways of thinking. And not going back to my old patterns. Not just using [substances]." Another powerful element of ATR is the positive impact it has on reducing stigmatization and shame regarding substance use and recovery.

By garnering community support with our partners, ATR is able to educate, empower and connect community services with our Veterans that are in recovery.

Success Story #2

Another veteran, Nick, shares with us how ATR has supported him.

Nick reports that being in the ATR "makes me feel like... Like, I have somebody that backs me up. Has my back. Supports me." The participant says that, "I went from nothing. Flat broke, homeless and using. To being in recovery, going to Groups, using spiritual counseling, trying to be about change." ATR is geared towards veterans like Nick. By building new support systems, and developing new coping strategies, participants are able to adjust to their transition into the civilian realm. Nick is a combat veteran, living with PTSD, as well as a traumatic-brain injury. He says, "Man, so much has happened because my time in the Navy. I am still reeling from it. But I think finally, I have hope. I am on a new path." ATR gives veterans the chance to learn, and to live, better ways of living.

Success Story #3

Another veteran Alex, shares how ATR is giving him the skills to manage his addiction and reduce his anxiety.

Alex reports that prior to being in ATR and the Veterans Court, he was "just an angry guy. Do you know much I cared? I didn't! I had no idea there was any other way to live. I was just making it. But now I don't have to just survive. I know you think...'well, yeah. When you live like I did, it ain't going to end well.' But I am doing great now. I need all the support I can get." As with all of our veterans, having the additional supports that are community-based gives a myriad of options for recovery support and growth. SAMHSA asserts that there is no 'single path to recovery.' ATR recognizes each individual person's strengths, passions, resources, and goals, and supports their attainment through community-support. As our veterans continue to return home from the theatre, it is vital that we explore recovery-options (that are widely available), and champion the continued support of ATR.

Quarter 3 (Update)

Success Story 1

David

I came to RCNC seeking help in December. I was living at a sober living house and was told by my housemates that I should go to RCNC. I did not know anything about them. The person that did my intake was very welcoming. We went through goal planning in the initial assessment. I expressed interest in participating in one of the peer support groups. I met with Charlie the next week to have my intake for group. I began to go to group that week. I made a commitment and followed through with it to go every week. It was very helpful. I also met with a care coordinator to help work towards my goals. RCNC provided help with housing, sent me to the dentist, helped me with clothes, and provided work

shoes for me. I have been sober for 9 months and am working towards celebrating a year in sobriety. It is great to have people in my life that understand.

Success Story 2

John

I came to RCNC when I was 7 months sober. I kept hearing about them and all the resources they could offer. They told me about NC ATR and how it could support me in my recovery. I told them my goals and they assured me I could achieve them with some help. I started attending the peer support group they facilitated and rapidly began to see my goals come to life. I wanted a job, to save money, buy a car and get certified as a Peer Support Specialist within 8 months. I met with the Care Coordinators and they assisted me with any barriers I faced. I had a job within weeks and immediately began saving money. Before long I had enough saved to purchase a car. I have just completed my Peer Support Certification and the Recovery Coach Academy. Within 6 months I have achieved my goals and I'm now applying for work as a Peer Support Specialist. I am for all the help they offered me and I still stop by to see them and even though I've completed my term with ATR they still welcome me and I feel part of their big family.

Quarter 4 (Update)

4. TECHNICAL ASSISTANCE (TA) NEEDS

A. Describe any challenges with which the program would like technical assistance. Possible topic areas include:

- Overall Program Management
- Partnership / Stakeholder development and maintenance
- Network Development / Coalition Building
- Fiscal Management
- Target Population or Target Area
- Service Array
- VMS Development/ Enhancement
- Marketing and Outreach—Providers
- Marketing and Outreach—Clients
- GPRA Data/Data Collection Systems
- Military Related Needs (Services, Clients, Providers, Data Collection)
- Needs Related to Faith- & Community-Based Organizations (FBCO)
- Partnership Outreach (with other Federal Agencies)
- Client Retention
- Assuring Client Choice
- Care Coordination
- Developing a ROSC

(These are ***only suggestions***; other topic areas may be requested.)

For any topic request, include the following:

(1) Define concern / challenge to be addressed.
(2) Describe TA being requested (purpose, expected outcome, etc.)

Quarter 1 How many providers attended the training? What were the topics discussed?

During this reporting period one of two requested/approved TA's have been completed (Military) with an attendance of 16 motivated participants. The event centered on how to best meet outreach goals to our Veterans by first conducting an evaluation of our plan to serve them. The remaining time was spent discussing outreach, marketing and sustainability planning which best would result in successful outcomes. At the end of the event a follow-up session was scheduled to keep the momentum moving forward. We are looking forward to our next one which has a focus on marketing and should take place in Feb 2017. This TA will be beneficial to both marketing ATR services while also allowing our Vendors/Providers the ability to learn how to market their individual programs on a much higher level of effectiveness.

Quarter 2

Our Marketing TA has taken place which was well attended and received. The presenter (Joanie) personalized her training which even allowed for "real-time" reviews of attendee's marketing material and websites. We continue to be in consultation with ALTARUM regarding the possibility of two final TAs. A program in the Midwest (Dry Hooch) provides a coffee shop environment for Veterans to collectively heal through receiving a variety of recovery supports. This model could have enough efficacy to not only serve our military, but also the rest of the recovery community.

Another item under consideration is having someone offer their insights on how to most effectively operate as a Recovery Community Organization which could provide statewide benefits post grant.

Quarter 3 (Update)

Our final requests for technical assistance have been submitted, approved and are pending delivery in July and August. One will focus on how to evaluate the need, start-up and sustainability of recovery community centers and recovery community organizations. The other which focuses on implementation and how to sustain a Recovery Café was originally requested to be offered locally, however after further assessment it will be delivered in a state which continues to have major success using this model.

Quarter 4 (Update)