Update on Rocky Mountain Tribal Access to Recovery

Presentation at “Building Bridges for Equitable Access”
Fort Belknap, April 15, 2008
Kathy Masis MD

Rocky Mountain Tribal Access to Recovery (RMT ATR)

- Award to Montana-Wyoming Tribal Leaders Council (MT-WY TLC)
- $1.9 million per year for 3 years
- From Substance Abuse and Mental Health Services Administration (SAMHSA)
- Total awards: 19 states, 5 Tribal Organizations
Administration of RMT ATR

- MT-WY Tribal Leaders Council
  - Governing Board, Elected Tribal Chairs
  - Executive Director, Gordon Belcourt

- Rocky Mountain Tribal Access to Recovery (RMT ATR)
  - Project Director, Kathy Masis M.D.
  - Financial Officer, Marlene Hanify
  - Treatment Access Coordinator, Karla Two Two
  - Information Technology Administrator, Don Wetzel Jr.

- RMT ATR Advisory Team
  - Montana and Wyoming Native American Chemical Dependency Program Directors

Grant Application Process

- Competitive grant from Substance Abuse and Mental Health Services Administration (SAMHSA)
- Project description reflects needs of Tribal and Urban Indian chemical dependency programs
- National requirements translated to meet local priorities
Timeline for RMT ATR

- April 2007: Attend SAMHSA Technical Assistance on ATR RFA
- May 2007: Meet with Tribal CD Program Directors about ATR
- June 2007: Submit proposal
- September 2007: Award announced
- October 2007: Staff hired
- October 2007: Contracts awarded
- October 2007: Voucher contractor meets with Tech Adv Team
- December 2007: Report to Tribal Leaders Council
- December 2007: Training of Case Managers
- January 2008: SAMHSA tests voucher system
- January 2008: Training on voucher system; Tech Adv Team meets
- February 2008: First clients receive services
- February 2008: Report to Tribal Leaders Council
- February 2008: Report to Tribal Health Directors
- March 2008: First site visits: No. Arapaho, E. Shoshone, Conf. Salish-Kootenai, Missoula Indian Center, NAIA Butte

SAMHSA Priorities

Access to Recovery Grants

- Increase client choices for
  - substance abuse clinical treatment
  - recovery support services
- Expand access by including
  - faith-based programs
  - other “wrap-around” services
- Increase substance abuse treatment capacity
Emphasis of ATR Grants Nationally

- Cost-effective
- Successful outcomes
- Largest number of people
- Serve methamphetamine clients
- Offer Recovery Support Services

Elements of All ATR Grants

- Funds go to service providers via voucher system
- Client outcomes are monitored
- Costs are tracked
- Clients have genuine choice
- Flexibility in funding a continuum of care
Recovery Support Services

Examples:
- Transportation to treatment
- Job training
- Relapse prevention
- Child care
- Mentoring
- Spiritual support

Eligible Service Providers

- Public
- Private
- Nonprofit
- For profit
- Faith-based
- Community organizations
- Tribes and Tribal Organizations
Mission of RMT ATR

- Address the gaps and barriers that impede access for American Indians in Montana and Wyoming to a continuum of care for substance abuse that is cultural and effective.

Montana-Wyoming Tribal Leaders Council’s Mandate

- Increase the treatment services for meth and other addictions
- For American Indians in Montana and Wyoming
- Services must be culturally-competent
- Responsive to local needs
Gaps and Barriers findings from Native American Treatment Needs Survey

- Treatment programs are full
- Lack of transportation
- Type of treatment not available
- Placed on waiting list and changed mind
- Treatment facilities too far away
- Too much red tape
- No insurance
- Need to keep working
- Specialized services lacking
- Lack of American Indian counselors

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RMT ATR Tribal Partner Programs

- Crystal Creek Lodge, Blackfeet Tribe
- White Sky Hope Center, Rocky Boys
- Salish-Kootenai Behavioral Health
- Spotted Bull Treatment Center, Fort Peck Tribes
- Fort Belknap Indian Community Chemical Dependency Center
- Northern Cheyenne Recovery Center
- Crow Nation Wellness Center
- White Buffalo Recovery Center, No. Arapaho Tribe
- Eastern Shoshone Recovery Center

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NA Treatment Needs Survey, MT, 2001
Standards for Providers

- Clinical treatment providers must be
  - National accredited or
  - State certified or licensed or
  - I H S-approved
- Standards for recovery support providers (transportation, spiritual support, mentoring, child care, etc) are recommended by Technical Advisory Team

Funding Stream

- Tribal CD program recruits providers
- Clients are given choices for service providers
- Tribal CD program pre-authorizes services
- Voucher system obligates the funds
- Service provider invoices after services are delivered to client
RMT ATR  Electronic Web-based Voucher Management System

- Designed by the National Council on Alcoholism and Drug Dependency of New Jersey (NCADD-NJ)
- Follows SAMHSA requirements
- Training done in January 2008
- Started February 2008

RMT ATR Voucher System

- Secure electronic voucher system for pre-authorizing services, and payment
- Services to be funded are programmed into the system
- Each Tribal Program determines which services will be funded
- ATR-funded services payable by voucher system
- www.tribalrecovery.com
Case Example

- 18 year old
- Alcohol and methamphetamine problems
- Has assessment at Tribal Chemical Dependency (CD) Program
- Treatment recommendations made
- Client agrees to participate in RMT ATR
- Client makes choice from list of providers approved by Tribal CD Program

Case Example, con’t.

- RMT ATR Case Manager submits request for ATR voucher including:
  - outpatient treatment,
  - transportation services,
  - cultural mentoring services
- Services are pre-authorized via voucher management system
- Client accesses services
- Provider invoices via voucher management system
Referrals for treatment

- RMT ATR clinical treatment providers are selected by each Tribal/Urban Indian Partner program
- Provider applications have been reviewed by RMT ATR in Billings
- Standards: Licensure and accreditation required for Clinical Treatment Providers
- Tribal CD Programs are providers and receive reimbursement on a fee-for-service basis

Policies and Procedures

- Each Tribal and Urban Indian CD or Behavioral Health program will retain their own policies and procedures for clinical treatment services
- States of Montana and Wyoming Treatment Standards, CARF, and Indian Health Service are compatible with RMT ATR
Referrals for Recovery Support Services

- These are services that recovering people need to stay clean and sober
- Address needs that are not covered in current funding for chemical dependency
- Faith-based, spiritual and traditional cultural practices and counseling are important to some clients’ recovery
- Funding allowed with ATR grant project since 2004

Enrolled RMT ATR Providers
April 2008

- **18 Clinical CD Treatment** in Wyoming, Montana, and North Dakota
  - 3 Residential
  - 11 Outpatient CD
  - 3 Psychotherapy
  - 1 Medical clinic

- **21 Recovery Support** in Wyoming and Montana
  - 4 Transitional Housing
  - 2 Churches
  - 5 Traditional Tribal/cultural mentoring
  - 1 Recovery Support coordination
  - 1 Life Skills coaching
  - 1 Women’s Drop-In Center
  - 2 Acupuncturists
  - 2 Licensed Child Care
  - 1 Education Services
  - 1 Gas Station
  - 1 Alcohol and Drug Testing Program
Potential Providers

- Tribal Chemical Dependency Program
- Tribal Mental Health Program
- Tribal Public Health Nursing
- Vocational Rehabilitation
- Colleges
- Peers
- Mentors

RMT ATR Standards for Traditional Cultural Practicioners

- Technical Advisory Team recommends that each Tribe/Tribal program recruit traditional practitioners according to their particular tribal values and process.
- Expectation to follow traditional cultural standards of respect, non-exploitation, confidentiality.
- Client always has the choice to participate or not.
- Tribe/Tribal Program has the responsibility to recruit and offer the services that they choose.
- RMT ATR Partners and clients have autonomy and choices.
Administrative and Voucher Cost Breakout for RMT ATR

- Total award $5,623,000 for 3 years
- 20% allowed for administrative costs
- MT WY TLC negotiated rate with SAMHSA before award made
- Administrative costs $1,124,600 allowed
- Voucher expenditures $4,498,808 required

RMT ATR Voucher Funds Allocations

- Funding for services in vouchers $4,096,979 for 3 years
- Divided up among 10 Tribes and 5 Urban Indian Centers

- Year 1 $1,256,979
- Tribes 1,000,000
- Urbans 200,000
- Distribution pending 56,979
- Year 2 1,400,000
- Year 3 1,440,000
- Total 3 years $4,096,979
Administrative Costs Total 3 years

- RMT ATR Staff Salaries: $116,010
  - K. Masis, K. Two Two, M. Hanify, D. Wetzel
- Contracts:
  - Voucher management: 543,980
  - Westat, C. Love: 132,400
- Travel: 68,000
- MT/WY TLC Indirect costs: 202,652

Total Admin. $1,063,042

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Financial Summary Feb 2008

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<th>RMT ATR 10/07-9/08</th>
<th>Total</th>
<th>Admin TLC</th>
<th>Contracts</th>
<th>Travel and training</th>
<th>$ in Tribal and Urban Voucher Accounts for Client Services</th>
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<td>Indirect costs TLC</td>
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Role of MT WY TLC

- Administer grant according to grant requirements
- Consult with RMT ATR Technical Advisory Team
- Provide training/ technical assistance to Tribes and Urban Indian ATR Partners
- Manage provider application process
- Oversee voucher management system contract
- Facilitate communication with SAMHSA
- Monitor voucher utilization rates, expenditures, and follow ups to meet grant requirements
- Report to MT-WY Tribal Leaders Council

Key Points on RMT ATR

- Clients receive assessment at Tribal CD Program
- Given choices of providers
- Vouchers available for
  - clinical treatment
  - recovery support services
- Recovery support services emphasized
- Clients receive follow-up interview
Concerns raised at Fort Belknap meeting

- Liability issues for tribal traditional activities
- Ownership of data
- Tribal agreements to participate
- When will our Tribe get started with ATR?
- What are the standards to be followed?
- What are the expected outcomes?

Want more information?

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