Behavioral Health Collaborative CEO Report

January 12, 2017

1. Administrative Services Only (ASO) Contract Transition

The current Administrative Service Organization (ASO) contract for non-Medicaid BH Services is held by Optum Health New Mexico (OHNM). This contract was effective January 1, 2015 – June 30, 2016 as an optional one year extension of the pre-existing contract with the BH Collaborative. The current contract will end effective June 30, 2017. A letter to OHNM to formally acknowledge contract end date was issued to OHNM on November 7, 2016. This was followed by a Letter of Direction (LOD) outlining contract run-out steps issued to OHNM on December 2, 2016. In addition, a letter has been drafted to be sent to Providers notifying them of upcoming ASO change and it is scheduled for distribution in mid-January.

A decision has been made to utilize NM's procurement exemption for the new ASO contract. HSD OGC delivered written opinion stating that procurement exemption was applicable (NMSA 1978, Section 13-1-98.1 (1989)) in this situation and HSD's OGC, ASD, and BHSD signed an exemption statement on. It is anticipated that CYFD will follow its own process in proceeding with the BH Collaborative's ASO contract.

Falling Colors Technology (FCT), as the BHSDStar system developer/administrator, will act as new ASO effective July 1, 2017. BHSDStar, which is owned by BHSD, already processes 60% of BH provider payments and provides program and grant management and reporting functions. Program oversight functionality will be brought in-house to BHSD and CYFD (for their respective programs). Some clinical quality oversight functions are anticipated to be contracted to UNM's Center for BH Training and Research (CBHTR) through amendments to existing BH service contracts.

FCT functions will include:

- BHSDStar Operations, End-User Trainings, System Modifications and Enhancements;
- Provider Registration, Credentialing, Contracting & Operation of Provider HelpDesk;
- Client Registration;
- Report Development and Delivery; &
- Claim & Invoice Processing, Verifications and Payments.

BHSD & CYFD functions will include:

- Client Issue Resolution
- Provider Scope of Work Development and Approvals
- Program Integrity and Quality Improvement
- Provider Corrective Action
- Client Data Report Reviews

UNM functions will include:

- BHSD's Prior Authorization Reviews, Clinical Quality Reviews & Utilization Management

Contract development is currently underway for the FCT ASO contract. A draft "Letter of Intent to Contract" has been developed along with a non-binding letter of commitment enabling us to begin contract discussions. HSD's OGC has reviewed/approved these documents and they are scheduled

for presentation to FCT in mid-January. In addition, a "Contract Responsibilities" matrix and an initial Project plan have been drafted. The Scope of Work for the contract is under development and the goal is to a draft contract to the BH Collaborative for review in advance of the next quarterly meeting in April with the final ASO contract executed in place by June 1, 2017 (with an effective start date of July 1).

2. Opioid Crisis State Targeted Response Grant (Opioid STR)

Purpose of the Opioid STR Grant is to:

- Increase access to treatment, reduce unmet treatment need, & reduce opioid overdose-related deaths through the provision of prevention, treatment and recovery activities for OUD (including prescription opioids, as well as, illicit drugs such as heroin);
- Supplement current opioid activities undertaken by the Single State Agency (SSA); &
- Support a comprehensive response to the opioid epidemic using a strategic planning process to conduct needs & capacity assessments.

Description of Opioid STR:

- The SSA targeted response is meant to supplement current opioid-related activities;
- Opioid STR activities are expected to be grounded in epidemiologic data & research & utilize evidence-based practices to ensure the quality of prevention, treatment, & recovery programming; &
- These grants are awarded to SSAs via a formula based on the unmet need for opioid use disorder (OUD) treatment & drug poisoning deaths: **NM will be receiving $4.8 million a year for two years.**

SAMHSA expects the BHSD to:

- Provide an array of prevention, treatment, & recovery support services to address the opioid misuse & overdose epidemic based on needs identified in a strategic plan;
- Spend up to 5% of the award on administrative/infrastructure costs to administer the grant;
- Spend at least 80% of the remaining award (after administrative/infrastructure costs) on OUD treatment & recovery services;
- Assess the needs of their tribal communities & include in the strategic plan;
- Report expenditures for all activities;
- Ensure all available resources for services are leveraged for prevention & treatment services & coordinate activities to avoid duplication of efforts; and
- Submit an application by February 17, 2017 to draw down these funds which means a final draft will have to be completed in about two weeks. Awards are not expected until May but can be carried over into the following FFY.

3. Villa Del Sol of New Mexico (VDSNM) Termination and Transition

VDSNM, on December 21, 2016, issued its 90 – 120 termination notice to cease operations in NM. The reasons given for this termination included "high rates of claims denial and continuing deterioration of rates paid for services." It was reported that VDSNM has been subsidized by its Arizona parent corporation in excess of $4 million and that this parent entity will no longer provide financial subsidies to VDSNM.

This termination notice was totally unanticipated. Therefore, the Board of the parent entity was queried to determine if there was any inclination to reconsider this termination, if solutions were

implemented to resolve the financial challenges experienced by VDSNM. The Board has expressed receptivity in response to this query and as a result, a follow-up discussion has occurred to understand the specific causes behind this pending termination. A meeting between HSD, CYFD, and the MCOs is pending to review what has been reported and determine whether or not this transition can be avoided. In the interim, BHSD, CYFD, and the MCOs are initiating the transition process in case the termination notice is not rescinded.

4. Strategic Plan

The Implementation Team continues to meet bi-weekly to identify appropriate steps and timeframes for all the activities under the Goals and Objectives, and identify individuals or groups to assume relevant tasks. An eighteen month Implementation Plan Matrix was developed which tracks progress on all the goals and activities in the three major goal areas.

A progress report will be presented at each quarterly meeting of the BH Collaborative, including at today's meeting, through the eighteen-month implementation period. An evaluation of the Plan will be completed at the conclusion of its implementation.

Some of the accomplishments, during the CY 2016 4nd quarter, are highlighted below:

The Regulations Workgroup Goal:

1) To identify, align and eliminate inconsistencies in BH statutes, regulations, and policies in order to allow for more effective and efficient operation of the publicly-funded service delivery system: The cross-agency Clinical Policy Committee is reviewing all service definitions & is making appropriate policy manual revisions to eliminate conflicts and service barriers. Final product due in February, 2017.
2) To increase the adoption of person-centered interventions: The Treat First model is being expanded to 6 additional provider locations within the original pilot sites and expand to three new provider organizations in southern NM. Please see the "Treat First" section of this report regarding Treat First adoption as a standard of practice.
3) Develop Adult Residential Treatment Center standards to prepare for probable Medicaid coverage and achievement of parity: A "deemed status" directive is being written by BHSD to accept national accreditation standards for state-funded Residential Treatment Centers. A similar directive is being drafted for Medicaid consideration.

The Finance Workgroup Goals:

1) To increase the productivity, efficiency and effectiveness of the current provider network: Joint meetings are being held between MAD, DHI/HSD and LCA/CYFD to modify/eliminate CCSS certification and modify the certification of CMHC's. Final decisions targeted for February, 2017. In addition, more flexibility in the delivery of Recovery Services is under consideration.

2) To implement a value-based purchasing (VBP) system that supports integrated care and reinforces better health outcomes: To continue to advance value-based purchasing initiatives, HSD has included new contractual requirements in its 2017 MCO agreements. In CY17, MCOs are required to spend a minimum of 16% of provider payments in VBP arrangements. Within the 16% HSD identified minimums across the spectrum of three VBP levels in order to ensure flexibility for providers that may not have the level of sophistication or resources needed to bear risk while providing opportunities for those providers that do. The MCO's must include

behavioral health community providers in its VBP arrangements and must include payments to behavioral health community providers in calculating the percentage of overall spend in its VBP arrangements.

3) To identify, develop and promote implementation of effective strategies for state, counties and municipalities to work together to fund the provision of better BH care, especially for high utilizers: On January 18, 2017, there will be a special pre-conference day for the semi-annual Association of Counties meeting entitled, *"Behavioral Health Innovations by/in Counties to Explore Accomplishments in Innovations Statewide."*

The Workforce Workgroup Goal:

1) To support the development of behavioral health practitioners: A survey of BH Providers for current BH intern placements has been completed; an inventory of graduate BH programs to determine intern candidates needing placements is underway; a BH Clinical Provider Guide is has been developed for orientations to students enrolled in BH-related professional programs; and the BH subcommittee of the Health Workface Committee is reviewing findings on barriers to reciprocity.
2) To build a more multidisciplinary and competent BH workforce: A Medicaid Supplement related to the inclusion of Medication Management Services to be provided by RN's has been completed; and a gap analysis on BH EHR adoption has been completed.
3) The Behavioral Health Subcommittee of the Health Care Workforce Committee's recommendations include:
    - Expedite professional licensure by endorsement for masters level clinicians;
    - Social Workers & Counselor should be eligible for NM's Rural Healthcare Practitioner Tax Credits.
    - Funding should be provided for Health Information Exchange and adoption of Electronic Health records for BH providers.
    - Support Medicaid funding for community-based psychiatry residency programs in Federally Qualified Health Centers.
4) To promote the future of excellence in the behavioral health workforce and prepare for integrated care: An Integrated Quality Service Review methodology has been developed and related Clinical Practice Improvement training has been provided to three FQHC's in southern NM. Intensive clinical case reviews were conducted in two of three agencies during the early winter. The third agency will be reviewed in January, 2017.

5. Behavioral Health Investment Zones (BHIZ)

BHSD received a $1 million allocation in FY16 for the establishment of BH Investment Zones. The two counties, Rio Arriba and McKinley Counties have submitted their year 2 plans and budgets for review.

The Rio Arriba County (RAC) BHIZ has hired three case managers dedicated to OUR Network clients, as well as, contracting an LPCC as hub manager. Client data from all RAC clients have been partially transferred from Athena to the Pathways portal; the remaining data will be entered by hand. All RAC staff, along with staff from El Centro, Hoy, PMS, Las Clinicas del Norte, Santa Fe Mountain Center, Las Cumbres and HOPE have been trained in the use of the web portal using real client data on the Tablets issued to them by participating agencies, and are all encrypted.

RAC has completed a data transfer from its jail to HSD, and a case manager from the jail has been assigned. A Presumptive Eligibility MOSSA certified re-entry specialist has been selected for hire. In addition, planning is occurring with PMS to determine what will be necessary for PMS to utilize the web portal and to become activated as a network member. Given all of these developments, network coordination services and jail re-entry are on target to go live this month.

Narcan continues to be supplied to the public, law enforcement and to Espanola High School, & will be distributed to inmates upon release from the jail this month as well. For 2015, OD is reported to be 30% down from the year previous.

McKinley County (MC) BHIZ continues its aim to provide intensive services to the "top 200" chronic & repeat protective custody/public inebriation clients, moving 25% from the abuse/shelter cycle into the path of recovery along a continuum of services. With the renovation of the Detox Center and the establishment of therapeutic services at this Center, along with the establishment of RMCCHS RTC and transitional living service, a continuum of services is now available. Funding challenges remain as do challenges associated with the structure of the collaborative body for this initiative.

6. PAX Good Behavior Game

The PAX Good Behavior Game (PAX GBG) has been found to reduce disruptive behaviors, hyperactivity, and emotional symptoms. Its long term outcomes include reduced need for special education services, reductions in drug and alcohol addictions, serious violent crime, suicide contemplations and attempts, and initiation of sexual activity with increases in high school graduation rates and college attendance. The most recent cost benefit analysis on the PAX GBG conducted by the Washington State Institute for Public Policy has shown that the program returns $57.53 for every $1 invested.

A PAX GBG workshop was presented by Dr. Embry and Dr. Lindstrom at the NM School Board Association Annual Conference in December. The purpose of the workshop was to inform school leadership about the benefits of PAX GBG to reduce and prevent mental, emotional, behavioral and psychiatric disorders among students, which impair academic achievement and dramatically increase special education, security, and staffing costs for school districts.

Lastly, a new Request for Applications is being developed and will be disseminated to school districts for spring, 2017 implementation at the end of January. This opportunity is expected to increase the original number of teachers trained (172) and the number of students previously reached (3,329) by the 2016 pilot with an additional 139 elementary school teachers/classrooms and 2500 students. The RFA will target two groups of schools who can apply: higher risk communities and school districts, using data aggregated for CYFD's Early Childhood Investment Zone project; and those districts participating in Phase One of the PAX pilot, Espanola, Santa Fe, Bloomfield, and Farmington.

In addition, as a result of PAX GBG Community Forum that was convened in October, we will be collaborating with Albuquerque, Bernalillo County Governmental Council (ABCGC) on the potential introduction of PAX GBG in community schools.

7. Crisis Triage and Stabilization Centers

Established by HB 212, a Crisis Triage and Stabilization Center is a health facility that is licensed by DOH with programmatic approval by BHSD. These Centers (CTCs) are not expected to be physically part of an inpatient hospital or included in a hospital's license. CTCs are intended to provide

stabilization of BH crises, including short-term residential stabilization. HSD has been working with DOH to establish the new standards for facility licensing and internally to establish the new level of care and program reimbursement mechanisms. Communities will be allowed to choose from a variety of models, including solely outpatient and also detox services that don't exceed medically monitored detox at ASAM level 3.7.

DOH has drafted rules for facility licensing serving adults. The draft rules have been reviewed by HSD. While the initial rules for promulgation focus on adults, CYFD and DOH are expected to collaborate on drafting standards for facilities that would serve adolescents at a joint or separate facility. Collaborative member agencies will be notified when rules are available for public input.

8. Medical Detoxification

As reported at the last BH Collaborative meeting, medically managed inpatient detoxification is a Medicaid reimbursable service if provided in general hospital settings. Standardized evidence-based protocols are available to systematically guide medically managed detoxification, but too often this has not been part of regular practice among general hospitalists and nurses in NM. In order to increase capacity within our healthcare system, it is important to disseminate best practices for screening patients who are risk for complicated withdrawal and treatment algorithms for medically managed detoxification.

The educational summit entitled, Demystifying Hospital and Ambulatory Based Detoxification and Withdrawal was convened on June 18, 2016 at UNM. It was co-sponsored by UNM Hospitals, UNM Department of Psychiatry and Behavioral Sciences, NM Behavioral Health Collaborative, Presbyterian Health Plan, the NM Hospital Association and UNM Continuing Medical Education & Professional Development. Subsequently, Dr. Carli Bonham and this CEO presented on this topic and the ASAM levels of social detox before a joint meeting of the Taos County Commissioners and the Taos City Council which was followed by a meeting with the leadership at Holy Cross Hospital.

The training program has also been delivered in Las Cruces and Gallup. Eighteen individuals attended the training in Las Cruces including hospital leadership, physicians, pharmacists, nurses and outpatient clinicians. Fifty individuals attended the training in Gallup including local hospital leadership, pharmacists, physicians, nurses and partners from the Indian Health Services and the Veteran's Administration. These trainings received positive evaluations with participants reporting that they learned new skills, and developed increased confidence in their ability to provide detoxification.

9. Opioid Treatment Programs (OTPs)

There are fifteen Opioid Treatment Programs (OTPs) operating in NM serving approximately 5,090 patients. Of these, nine are located in Albuquerque, including a courtesy dosing clinic at the Metropolitan Detention Center. Clinics are also located in Belen, Santa Fe, Espanola, Farmington, Las Cruces, and Roswell.

There are currently four provider organizations pending approval to operate as an OTP. Location identified for these prospective providers include Espanola, Rio Rancho, Taos, and Gallup. A Central Registry is being created to prevent patients from surreptitiously receiving medication from more than one OTP and can be utilized in the event of an emergency where a clinic may close. Dosing information for patients can be obtained through this system. All existing OTPs have received

registry related training and are downloading files to the registry. The Central Registry is expected to be fully operational by January 3, 2017.

The existing New Mexico Administrative Code (NMAC 7.32.8) Alcohol and Drug Abuse, Opioid Treatment Programs were last revised since 2005. As a result, potential revisions have been drafted to address issues that were not specifically defined in regulation. Planned changes align State regulations with SAMHSA's Federal Guidelines for Opioid Treatment Programs that promote optimal patient care. The regulations are currently under review by BHSD before initiating the promulgation process.

10. Adolescent Substance Use Reduction Effort (ASURE)

CYFD's BH Division has used the State Youth Treatment Planning Grant (SYT-P) to institute an Interagency Council called the Adolescent Substance Use Reduction Taskforce (ASURT). ASURE-TI will follow the Workforce Training Implementation Plan and the findings from the Workforce Competency survey to develop the workforce throughout the grant. CYFD will offer extensive trainings in the Seven Challenges, Seeking Safety, four MST variations (Externalizing Behaviors, Child Abuse and Neglect; Substance Use with Contingency Management; MST Emerging Adults), Community Reinforcement and Family Training (CRAFT), Motivational Interviewing, use of the Performance and Outcomes Reporting Tool (PORT) and other tools. The ASURT Workforce Development Subcommittee will align its plan with the Behavioral Health Planning Council (BHPC) - workforce training plan, so that the goals and objective of the ASURE-TI are fully aligned with the ongoing statewide development plan outlined in the following goals and objectives of the BH Collaborative's Strategic Plan:

Goal 1: Support the development of BH practitioners;
Goal 2: Build a more multidisciplinary and competent BH workforce;
Goal 3: Promote the future of excellence in the BH workforce and prepare for integrated care; &
Goal 4: Improve the public image of BH professions.

11. NM Service Members, Veterans, & Families (SMVF) In-State Policy Academy

The SMVF Technical Assistance Center (SMVF TA Center) has been working with state and territory teams providing technical assistance and training to PA graduates and supporting the engagement of new states and territories in the process. The NM In-State Policy Academy was convened by the NM Department of Veterans' Services under the direction of the Governor on June 21-22, 2016. Following the June Leadership Brief, the NM team has started a campaign to identify existing NM resources and assess those that have a mission to help the NM SMVF population.

Efforts to solidify the Memorandum of Understanding (MOU) with the NM Corrections Department to facilitate a process in which veterans that are close to being released and are under the care of a BH provider, is currently under review by NM Department of Veteran Services legal counsel. It is anticipated that the MOU will be in place by the end of January and will ensure that those veterans can go immediately into the care of either VA BH services or other BH services and not have a lapse in treatment. One of the main goals of the Policy Academy is to increase access to BH services to the veterans.

The Education Subcommittee headed by Professor Whittlesey-Jerome has met to discuss resources needed to implement a pilot project where veterans can acquire assistance in identifying BH resources through the use of social work graduate students who will man a bank of phones within their respective university Veteran Resource Centers. These students will be able to speak with veterans who may be

seeking BH services and can direct them to those resources, all while under the supervision of a licensed BH professor. This initiative is not designed to replace existing state & federal BH telephone resources but merely to be another avenue in which veterans can get assistance in securing services in their local communities. NM Department of Veteran Services is working on securing a dedicated phone system that will direct the veteran or his/her family member to a participating school, based on the callers' locations who can in-turn direct them to the resources they are seeking.

The Policy Academy is constantly seeking guidance & best practices from other states to help find solutions to the problems experienced by SMVF. The administrative team will be publishing the Academy's NM Action Plan, which will evolve as services are secured and other initiatives are implemented

12. Veteran Services

BHSD's Veterans Services program addresses the unmet needs of veterans and their families to include: housing, jail diversion and therapeutic support services. Three of the programs offer Equine Therapy specific programs. A supplemental program under the Second Judicial District Court is Warrior Canine Connection at Assistance Dogs of the West, providing a service dog to a veteran suffering psychological injuries. Total number of unduplicated veterans served annually is 1,459 and total BHSD funds expended are $860,925.

The Current Service Providers are:

- National Veterans Wellness & Healing Center in Angel Fire
- Equine Therapeutic Connections
- Horses for Healing, INC.
- Mesilla Valley Community of Hope/ Abode, Inc.
- New Mexico Veterans Integration Centers (VIC)
- Southwest Horsepower
- Goodwill Industries of New Mexico
- Second Judicial District Court

13. New Mexico Crisis and Access Line (NMCAL)

For October and November, 2016, NMCAL answered more than 6000 calls. This includes 2393 crisis calls, 399 NM calls from the National Suicide Prevention Lifeline (NSPL), 1969 calls for the Peer-to-Peer Warm Line, and 1562 after-hours calls forwarded from NM's Core Service Agencies (CSA's).

Anxiety, depression, and suicide continue to be the top 3 presenting issues respectively. Bernalillo and Dona Ana counties continue to have the highest of access; with Otero, Santa Fe, and Sandoval counties being the next top utilizers. For the Peer to Peer Warm Line the top concern identified is "mental health", with "relationships" being the next highest reported challenge, yet still a fraction of what is deemed "mental health".

NMCAL continues to report successful stabilization of the caller at an average rate of 95% or slightly higher. The Peer to Peer Warm Line is reporting nearly the same percentage of callers feeling supported during the call. Very few calls are transferred from the Warm Line to the Crisis Line.

14. Network of Care (NOC)

The New Mexico Behavioral Health Network of Care (NMNOC) is operating as the official website for the BH Collaborative. This website can be accessed at: http://www.newmexico.networkofcare.org/mh/ .

Development of the BH NOC is ongoing. We continue to encourage provider participations in the Resource Directory, the Job Board, and the Community Calendar. NMCAL continues to access this as their resource directory when referring callers to community providers & collaborates with BHSD in marketing NMNOC when attending community events. For the period of October 1 to December 30, 2016 there were: total visits: 15495, approximately 2000 more than last quarter and total page views: 27068, more than 3 times the number of last quarter The top five keyword searches were: substance abuse, housing, employment, depression, & inpatient rehabilitation centers and OPRE. Trilogy continues to support NM communities by providing free NOC access and use training. Trainings for both the BHIZs occurred this quarter, as well as, to the Albuquerque Police Department (APD). Trilogy, BHSD and APD are working to see where there can be further tailoring for the specific needs of APD.

BHSD and Trilogy are also working on the details of launching a bed registry service or dashboard, for all BH inpatient & residential facilities. This will allow anyone to search for admission criteria and availability of any inpatient facility or RTC that participates. Trilogy has added the "internships" to the Job Bank; allowing employers to post & seekers to search for intern possibilities. BHSD will also be creating a specific OHNM transition section for FAQs and updates for all information pertaining to the transition. This will include information for providers & all users of BH services.

The Veterans NOC continues to increase its provider network, as well as, sharing crucial information about services and opportunities with veterans, family members, active-duty personnel, reservists, members of the NM National Guard, employers, service providers, and the community at large. This site is available at: http://newmexico.networkofcare.org/Veterans/

The NM Department of Aging and Long Term Services has operationalized NM's 3rd NOC web portal for seniors and People with Disabilities with site.

Other BH Collaborative member organizations are reminded that Trilogy, Inc., has other portal domains available to serve NM and they include:, Children and Families, Developmental Disabilities, Domestic Violence, Public Health, Prisoner Re-entry and Corrections, and lastly, Foster Care. The BH Collaborative strongly supports adoption of additional portals by the respective agencies and is eager to assist with their development. Once NM launches a 4th NOC site, there is no annual maintenance fee for subsequent sites.

15. CareLink NM Health Homes

NM's health homes project CareLinkNM is implemented with the two health homes sites. Since NM was not awarded the CCBHC demonstration by SAMHSA, the plan is now to offer each CCBHC, the option of becoming a BH Health Home (see CCBHC section below).

16. Certified Community Behavioral Health Clinics (CCBHC)

The CCBHC demonstration application was submitted on October 27, 2016. The demonstration application included a program narrative, a description of the Prospective Payment methodology and scope of CCBHC services, and a Criteria Checklist rating NM's readiness to implement the

various CCBHC requirements. SAMHSA announced the demonstration States on December 21, 2016 and unfortunately, NM was not selected.

On October 31, 2016, BHSD was notified that its request for a No Cost Extension to complete CCBHC planning activities and expend remaining grant funds was approved. The No Cost Extension allows us to continue with stakeholder engagement, finalize the PPS rate (including actuarial certification), and continue to increase the capacity of the CCBHCs to meet the certification criteria. The CCBHC Ad Hoc Committee will continue to meet through June 30, 2017 and will provide input and guidance as planning activities are completed.

The CCBHC Implementation Team has held several meetings with the newly certified CCBHCs and is focused on activities that will be of benefit to NM and the clinics even though NM was not selected as a demonstration state. The Team is meeting with each CCBHC to review needs assessment findings and identify capacity building strategies and training opportunities that will take place through June.

17. Treat First

The "Treat First" model of care is an approach to clinical practice improvement. It has been in a pilot mode within the six provider organizations, and led by BHSD. The organizing principle has been to ensure a timely and effective response to a person's needs as a first priority in approach. It was structured as a way to achieve immediate formation of a therapeutic relationship while gathering needed historical, assessment and treatment planning information over the course of a small number of therapeutic encounters. One of the primary goals has been to decrease the number of members that are "no shows" for the next scheduled appointment because their need was not met upon initial intake.

As reported last quarter, the Treat First pilot was most successful and as a result, it has been extended by nine months to permit further expansion and the adoption of new rules so that Treat First can be recognized as standard clinical practice:

<u>Phase One: January, 2017</u>

Three FQHC's will be in the January 1st "Treat First" adoption cohort: Hildago Medical Services (HMS), La Clinica de Familia (LCDF), and La Casa Community Behavioral Health Services (La Casa). Each of these FQHCs are providing integrated CMHC services and have participated in recent system wide trainings in *Clinical Reasoning & Case Formulation*, and are currently collaborating in conducting Integrated Quality Service Reviews (IQSR) for their respective organizations.

These organizations will be attending an orientation to the "Treat First" approach in January. They are received training on the data collection requirements for implementing this approach. Subsequently, they will be joining the monthly Learning Community along with the original six origination sites.

<u>Phase Two: Late March, 2017</u>

BHSD anticipates offering an additional "Treat First" Orientation in March for the next wave of providers who want to strengthen their clinical practice improvement processes. We will be offering the training to any interested providers who have not attended *Clinical Reasoning & Case Formulation.* (a training schedule will soon be distributed).

Phase Three: June, 2017

BHSD will conduct another full quarter of "Treat First" adoption orientation and training for additional provider organizations interested in adoption. In addition, BHSD will assess ongoing adoption needs as FY18 approaches. Also, the established Treat First Learning Community is including the new sites.

18. **Integrated Quality Services Reviews** (IQSR):
BHSD has worked with Dr. Ray Foster to adapt the traditional QSR methodology to accommodate quality BH service delivery in integrated treatment environments. This has resulted in the establishment of Integrated Quality Service Review (IQSR) and its related trainings to support local clinical practice improvement across NM.

In SFY 16, close to 200 clinical supervisors, therapists and staff from nine community provider organizations, including four FQHC; s, the Navajo Nation, and three State agencies participated in IQSR based training on Clinical Reasoning and Case Formulation and Practice Development in Integrated Care Settings. In SFY17, BHSD will establish cross-practice IQSR Review Teams that are trained to examine clinical practice within respective practice sites. Participating provider organizations will select a sample of their cases to be assessed for the strengths and challenges in their clinical practice. Subsequently, findings will be used to improve their clinical practice processes.

19. **Prevention "Partnership for Success" Grant**
BHSD's Office of Substance Abuse Prevention (OSAP) has been awarded this SAMHSA grant of $1.68 annually for 5 years ($8 million total) to address underage drinking and youth prescription drug abuse. All nine PFS 2015 funded providers (Chaves, Cibola, Curry, and Roosevelt counties and the five schools of the Higher Education Prevention Consortium-- NMSU in Las Cruces, NM Tech in Socorro, Santa Fe Community College, San Juan College in Farmington, and UNM in Albuquerque) will attend the February 28th and March 1st, 2017 OSAP Recipient Meeting in Albuquerque. Grantees will hear presentations on recent epidemiological data, PMP data, evidence-based opioid overdose prevention strategies, naloxone administration training, and OSAP funded provider program highlights; and receive updates on billing changes and the Prescription Drug Overdose/SPF Rx pilot programs. A PFS 2015 grantee breakout session will be convened to hold discussions on grant deliverables, coalition building, utilizing needs assessment findings, strategic planning, challenges and solutions.

During the fall 2016, the nine grantee sites continued working on coalition building and needs assessment activities; participated in a Prevention Capacity and Readiness training on October 18th; and took substance abuse prevention courses working toward their Certified Prevention Specialist requirement. They received onsite technical assistance visits in October, November, and December to support the ongoing steps of the Strategic Prevention Framework, submitting Capacity and Readiness Reports in December and sharing the needs assessment findings with their coalitions. A Prevention Evidence Based Practices and Strategic Planning Training will be held on January 24th and 25th with draft strategic plans due in March. The nine project sites are on target to develop a prevention scope of work in spring, with strategy implementation to begin in May 2017.

20. **National Strategy for Suicide Prevention (NSSP)**
Year two (October 2015 – September 2016) of this grant implementation was dedicated to:

- Building on year one outreach and training efforts;
- Deploying established clinical and professional practices within the pilot sites;
- Expanding clinical and professional practice statewide;
- Utilizing pilot sites to embed and sustain suicide prevention;
- Embedding Zero Suicide practice components within the pilot that include screening, referral, treatment, and follow up;
- Utilizing evaluation data to gauge progress and identify areas for improvement;
- Planning for sustainability beyond the post grant cycle; and
- Documenting and implementing project improvements.

Two counties are now implementing suicide prevention strategies that did not exist prior to this grant. Community steering committees have membership that includes law enforcement, clinicians, non-clinicians advocates, emergency medical services, people with "lived experience", family with "lived experience", hospital staff, CSA staff, and gun shop owners. Steering committee members have worked on *collaborating* suicide prevention and reducing community suicide rates rather than working in a *fragmented* environment. More clinical and non-clinical staff (medical and behavioral health) are trained on suicide prevention strategies and evidence based practice than before the grant. Zero Suicide gained interest and momentum by organizations outside of the pilot site areas.

Gerald Champion Regional Medical Center (GCRMC) is currently reviewing and revising policy regarding care of suicidal patients in the ED and other units of care. As a result of collaborative grant work, they have created safe rooms in the ED specifically for suicidal individuals and are looking into color coordinated gowns to help with identification of high risk patients. The hospital is improving their system of mental health assessments and anyone brought into the ED is seen by a BH professional and given an assessment. The hospital staff is increasing staff training on how to better treat suicidal individuals.

The pilot site Esperanza Guidance Center in Otero County (Esperanza) has a very positive working relationship with GCRMC and continues to work with the hospital to guide the implementation of comprehensive screening, assessment, and treatment in a responsive and recovery oriented fashion. They are working closely together to improve discharge planning, outpatient care, and follow-up. Esperanza continues to develop the referral network in Otero County in order to continue to close the gap in follow-ups and individuals not receiving services upon discharge from the ED or inpatient unit.

As the grant moves ahead the core team and pilot sites will continue to identify opportunities to adapt policies that could nurture an embedded and sustainable suicide prevention model. These opportunities include the allocation of resources, the inclusion of screening in the treatment setting, the training of clinicians and gatekeepers, and the availability of means. The pilot sites continue to engage family members through the use of safety planning and CALM training. Family members create a trusting environment and allow the suicidal individual to be more open to the idea of involving others, rather than keeping it a secret. As the pilot sites increase public awareness they decrease stigma around suicide and mental health.

The NM Suicide Prevention Program team continues to evaluate the current budget, policies, & workforce needs to accommodate the area of suicide prevention, suicidality, referral, treatment, & follow up care. Future efforts to establish an all-inclusive model for suicide prevention is dependent on current budgets and projected fundi

16. Screening, Brief Intervention, Referral to Treatment

In August 2013, SAMHSA awarded BHSD with a five year, $10 million grant to implement Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT services integrate primary and BH within primary care and community health settings. Each medical partner site universally screens adult patients 18 years old or over at least annually to identify those at risk of or have a substance use disorder.

The pre-screen, Healthy Lifestyle Questionnaire (HLQ), includes questions from evidence based tools, such as the AUDIT 10, DAST, and PHQ-9. The HLQ also identifies if an individual is at risk of having or has depression, anxiety, and/or trauma. The HLQ pre-screen score identifies when a patient is considered positive for SBIRT, at risk or having substance misuse and/or a co-occurring disorder. Although the SBIRT grant is specific to addressing substance use, NM SBIRT screening includes anxiety, depression, and trauma questions.

A SBIRT BH Counselor and Peer Support Worker (PSW) are assigned to each medical partner site. Both practitioner roles actively engage with patients to address their needs. Screening information is entered into the Electronic Health Record (EHR). Each site varies in how a HLQ pre-screen is disseminated and scored; however, the sites maintain fidelity to NM SBIRT model.

The following are the seven NM SBIRT medical partner sites and their location that are currently operational: White Sands Family Medical Practice, Alamogordo; Aspen Medical Center, Santa Fe; Christus St. Vincent Entrada Contenta, Santa Fe; Christus St. Vincent Family Medicine Center, Santa Fe; First Nations Community Health Source Zuni Clinic, Albuquerque; Santa Fe Indian Hospital, Santa Fe UNM Hospital, Albuquerque.

NM SBIRT has made significant progress since the project's inception. As of late December 2016, a total of 29,979 individuals have been screened. There have been 17,809 negative screens and 12,171 positive screens. NM SBIRT has conducted 4,164 Brief Interventions, 1,726 Mental Health Brief Interventions, served approximately 4,000 individuals with therapy, and referred approximately 400 individuals to treatment services. Currently, NM SBIRT is focusing on sustainability measures to ensure services remain operational beyond the life of the grant which expires in August, 2018.

21. SAMHSA Grant to Prevent Prescription Drug /Opioid Overdose-Related Deaths (PDO)

BHSD's Office of Substance Abuse Prevention (OSAP) successfully applied for and received SAMHSA's competitive *Grant to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO),* winning this $1 million annual award for five years along with ten other states beginning September 1, 2016. The purpose of the grant is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older by training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention strategies, including the purchase and distribution of naloxone to first responders.

The PDO Advisory Council met on October 12th, November 10th, and December 14th, 2016. The meetings focused on providing guidance for the statewide project and dissemination of information regarding progress and required deliverables. The Department of Health's Epidemiology and Response Division contributed substantial data and technical support to the project during this time.

Doña Ana County was added to the project scope by recommendation of the Advisory Council, joining Santa Fe, Rio Arriba, and Bernalillo.

The following grant requirements were submitted to SAMHSA during the quarter as required by the terms of the grant award:

- The Needs Assessment Report was submitted on October 31st. It was approved and highly commended by the SAMHSA Project Officer. It covered the need for naloxone across the state, and provided the justification for adding Doña Ana County.
- The Naloxone Distribution Plan and Training Plan were submitted on November 18th and approved in December. The SAMHSA Project Officer complemented its comprehensiveness and its reach. It identified seventeen target populations or segments, prioritized by PDO membership through an electronic survey.

Contracts for implementation in the four counties were completed during the quarter, as well as for project coordination, naloxone training, evaluation, media development, social marketing and outreach programs, and interdepartmental agreements for data collection and analysis with the Department of Health, Epidemiology and Response Division.

22. SAMHSA Grant Strategic Prevention Framework for Prescription Drugs (SPF Rx)

OSAP also successfully applied for and received SAMHSA's competitive *Strategic Prevention Framework for Prescription Drugs (SPF Rx)*, winning this $371,616 award per year for five years along with 24 other states beginning September 1, 2016. The purpose of the grant is to raise awareness about the dangers of sharing medications and promote collaboration between states and pharmaceutical and medical communities to understand the risks of over-prescribing to youth and adults. SPF Rx will bring prescription drug abuse prevention activities and education to schools, communities, parents, prescribers, and their patients in a targeted community of high need. Lastly, the grant will track reductions in opioid overdoses and promote increased incorporation of Prescription Monitoring Program (PMP) data into state and community level needs assessments and strategic plans as indicators of program success.

The primary accomplishment of the SPF Rx project during the second quarter has been the finalization of contracts with parties involved in the project, including training & technical assistance, evaluation, data collection, media development and social marketing, infrastructure development with the Prescription Monitoring Program, & a demonstration pilot in Bernalillo County. The Bernalillo County Community Health Council has agreed to facilitate & support a local community coalition to implement the Strategic Prevention Framework & is in the process of hiring staff. In addition, interdepartmental data agreements with the Department of Health's Epidemiology & Response Division are being finalized to coordinate data requirements for DOH's CDC opioid grants and BHSD's SAMHSA opioid grants.

23. Naloxone Pharmacy Technical Assistance

BHSD's Office of Substance Abuse Prevention contracted with the Southwest CARE Center last fiscal year to provide technical assistance to NM pharmacies reimbursed by Medicaid to dispense naloxone, a medication used to reverse the effects of an opioid overdose. On-site technical assistance focused on increasing patient/customer access to naloxone, increasing the number of pharmacies carrying and dispensing naloxone, reducing pharmacy barriers to dispensing and billing for the medication, and provided pharmacists with CEUs for the training. OSAP's A Dose of Rxeality media campaign worked to coordinate with & supply this project with corresponding media

materials. Due to FY7 funding cuts, BHSD was no longer able to fund this initiative. However, a continuation of the project is being explored with the four participating Centennial Care MCOs that support education and training of network staff. In the interim, DOH's Epidemiology & Response Division is currently in the process of finalizing a contract with Southwest Care Center to provide 32 pharmacy trainings paid for with their CDC Prescription Drug Overdose/Prevention for States grant.

24. Supportive Housing

The Collaborative's Housing Leadership Group has begun work on the 2017 New Mexico Supportive Housing Plan with the identification of guiding principles and development of goals in two areas; 1) Increase Affordable Housing; and 2) Improve and Expand Housing Support Services. In addition to updating the 2007 goals, strategies and performance measures are currently being addressed.

The Pueblo of Zuni, Local Lead Agency (LLA) had their first Special Needs Community Stakeholder Meeting to provide information on the newly constructed LIHTC2 development. This development will provide two additional special needs units on the pueblo bringing the total number of special needs units to four. The lottery process for these units will begin in late January early February. Local Lead Agency training was also provided to the Pueblo of Acoma which will support six new special needs units in early 2018.

The LLA Operations Manual is currently under revision and will be available in February. This revision will supersede the 2015 manual. The 2016 SAMHSA Projects for Assistance in Transition from Homelessness (PATH) Annual Report was submitted in December. This will be the last year that the report will be submitted into the PATH database manually. Moving forward the report will be generated using data from the Homeless Management Information System (HMIS). The Supportive Housing program is currently working with the current PATH providers, the NM Coalition to End Homelessness (HMIS Administrator) and SAMHSA to ensure all data transition elements are achieved. A statewide **Supportive Housing Conference** has been set for **April 6 and 7 in Albuquerque**. This conference will provide valuable & much needed training for Linkages, LLA, Move-In Assistance/Eviction Prevention and Crisis Housing providers. The Conference will also provide a forum for networking of supportive housing providers across NM.

The SAMHSA-funded grant program, Housing Supports, Health, and Recovery for Homeless Individuals (HHRHI) completed its first year on September 29, 2016. The program operates in Santa Fe, Bernalillo, & Dona Ana counties and provides permanent supportive housing for chronically homeless individuals with substance use disorders, serious mental illness, or co-occurring disorders. HHRHI service providers met and exceeded their first year benchmarks, providing housing and support services to 125 individuals. HHRHI incorporates the use of peers in the recovery model, & integrates the evidence-based practices of Permanent Supportive Housing, Supported Employment, Seeking Safety, and Motivational Interviewing into project implementation. As HHRHI enters its second year, BHSD continues to work with service & housing providers, MFA, and NMCEH to support the grant's goal of accessible, effective, comprehensive, coordinated, & sustainable supportive housing services.