Behavioral Health Collaborative CEO Report

October 13, 2016

1. **SAMHSA Monitoring Visit**

   The Substance Abuse and Mental Health Services Administration (SAMHSA) had selected NM as one of 10 sites for a federal FY 2016 combined Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant monitoring visit. The visit was conducted on August 2-4 and included staff from the Center for Mental Health Services, the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, and the Office of Financial Resources. The purpose of the visit was to assess NM's compliance with the authorizing legislation and implementing regulations governing the block grants, as well as, SAMHSA's statutory fiscal and financial management policy. In preparation for the visit, BHSD submitted requested pre-site visit materials. SAMHSA visited with staff from HSD and CYFD, OptumHealth and other contractors and stakeholders. Visits were conducted with a variety of BH provider organizations. BHSD received a teleconference debrief roughly four weeks after the onsite visit. Feedback overall was positive but a final report may take as long as a year and a half.

2. **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. Unfortunately, it does not appear that hospital staff was well represented. As a result, planning has been initiated to bring this training first to areas served by CCBHCs with Las Cruces designated as the 1st priority. In addition, 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. This meeting was followed by a meeting with the leadership at Holy Cross Hospital around the need to make medical detox more available and accessible.

3. **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). This taskforce was convened on June 28th by CYFD Cabinet Secretary Monique Jacobson. ASURT has representation and active collaboration with multiple state agencies, providers, research institutions and other community stakeholders to create a 3-year plan to improve behavioral health services for youth and families in our state. This taskforce has formed three subcommittees to focus efforts on the following areas: 1) Behavioral Health Workforce Mapping;

2) Financial Mapping; and 3) Strategic Planning. Each subcommittee has met and progressed with all three efforts. ASURE received Technical Assistance (TA) from SAMHSA onsite in July. This visit provided the project with feedback from the TA providers and from stakeholders who participated in the visit. The next meeting is scheduled for Oct. 18th and will provide ASURT with report from the three subcommittees. This meeting will provide another opportunity for stakeholders to provide input into the planning process. The BH Collaborative CEO attended the kick-off meeting on June 28th, the site visit in July, and intends to remain a contributor.

4. **NM SMVF In-State Policy Academy**
    Since 2008, the Substance Abuse and Mental Health Services Administration (SAMHSA) has been using the Policy Academy (PA) model to engage interagency teams from states and territories to support the development of strategic plans for strengthening the behavioral health systems for service members, veterans, and their families (SMVF). 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 veterans.

    The team has also initiated a Memorandum of Understanding (MOU) with the NM Corrections Department to facilitate warm handoff actions for those incarcerated veterans that were under BH clinical supervision. Work is also underway with New Mexico State University to utilize graduate students to analyze large data sets to determine where the greatest need for BH services for this population is in the State. The team has been aligned into three subcommittees: Administration, Health, and Education. The Policy Academy is constantly providing guidance and 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. A presentation is planned to the BH Collaborative at the next quarterly meeting.

5. **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 3nd 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: *Departmental interviews are underway to determine BH-related regulatory barriers.*

2) To increase the adoption of person-centered interventions: *The "Treat First" 6 month trial period and evaluation were completed. Please see the "Treat First" section of this report regarding Treat First adoption as a standard of practice.*

The Finance Workgroup Goals:

1) To increase the productivity, efficiency and effectiveness of the current provider network and 2) To implement a value-based purchasing (VBP) system that supports integrated care and reinforces better health outcomes: *VBP report was presented to HSD Secretary in July, 2016.*

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: *In August, a meeting was convened with County BH leadership to explore potential synergies. A special pre-conference day is being planned for the semi-annual Association of Counties meeting in January, 2017 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 being developed for Fall orientations to students enrolled in BH-related professional programs; and the BH subcommittee of the Health Workfoce Committee is reviewing findings on barriers to reciprocity.*
2) To build a more multidisciplinary and competent BH workforce; *A Medicaid Supplement related to Nursing has been drafted; and a gap analysis on BH EHR adoption has been completed.*
3) 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.*

6. **CareLink NM Health Homes**
   NM's health homes project CareLinkNM continues to develop. The Steering Committee for the project met with the two current health homes sites to identify lessons learned from their experience and areas in which future health home processes can be improved. Some of the areas identified for future improvement include: release of information processes and lack of familiarity with Memoranda of Understanding in small primary care practices, changes to the application process for new health homes, experiences with community liaison and health promotion staff, use of peer support, and a need for more flexibility in staffing. Providers also indicated that integrated care and the relationships with small providers is a culture change and will take time, though some progress in both communities has been made.

7. **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 BHIZ convened "Our Enterprise" Table Top Sim Day, October 4th, which included approximately 50 representatives from BHIZ partner agencies, MCOs and other community providers. The four-hour Sim Day began with an overview by RACHHS Director Lauren Reichelt and health planning consultant, Anne Hays Egan. The large group then divided into two small groups to work on a series of simulation scenarios.

The large group reconvened for further discussion to examine the different options available to someone needing detox resources – both services and gaps. Medical detox is available for a very small percentage of people seeking detox, based upon hospital admitting criteria. Social detox is available through a number of programs in nearby counties. In addition, short-term rehab services are available through the BHIZ network as well as other facilities that are working informally in collaborative relationships with the BHIZ Hub and partner agencies. The challenges which the BHIZ network core agencies will address is facilitating clients in their effort to be admitted to short-term detox or rehab, providing intensive case management support to clients as they access services. The also stressed the importance of intensive case management for clients at risk. BHIZ is using the Pathways outcome-focused system for tracking outcomes, which has been an important national model.

McKinley County BHIZ has redesigned their approach after recognizing the breadth of the challenges that those with BH challenges face. The GMCKBHIZ year two plan includes the following goals:
- Provide direct, 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 the continuum of services, and contribute toward sustenance of core operations of the Gallup NCI Sheltercare & Detox Center.
  - Identify the social detox clients with the highest annual rate of utilization of the NCI facility/program;
  - Establish a cost basis for providing both standard social detox/sheltercare services and intensive services to the "Top 200" clients;
  - Establish cost of "next step" residential treatment services for a pilot sample of 24 (12%) of the ''Top 200'' clientele; and
  - Establish BHIZ contribution to core therapeutic and paramedical operations of the Gallup Sheltercare & Detox Center.
- Continue to develop the Gallup-McKinley County BHIZ Network.
  - Establish of inter- agency agreements and protocols for ensuring continuum of services for BHIZ clients;
  - Design and implement case management database for use by the BHIZ Case Manager and case managers representing all participating providers;
  - Coordination and support for stakeholder working groups;
  - Monitoring and evaluation of the BHIZ program; and
  - Ongoing strategic planning and funding development for the BHIZ system.

8. **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.

Final results for the FY16 PAX GBG NM spring pilot across the following participating school districts were actually higher than preliminary data indicated:
- Bloomfield Public Schools: 62% reduction in disruptive behaviors (as compared to initial report of 41%)
- Espanola Public Schools: 57% reduction in disruptive behaviors (as compared to initial report of 44%); and
- Santa Fe Public Schools: 65% reduction in disruptive behaviors (as compared to initial report of 34%).

During fall 2016, two of the original school districts have committed to support the following trainings, with approximately 75 teachers new teachers enrolled. This is expected to result in an additional 2,331 NM students receiving PAX GBG without additional state funding (last year, 3,329 new students received PAX with state funding).

- Espanola Public Schools held a two-day PAX GBG teacher training September 30, 2016 with Claire Richardson of PAXIS Institute: Approximately 45 new teachers in grades K, 1, 2, 3, and 4 as well as all teachers in grades 5 and 6 participated in the training. With 25 teachers previously trained, the additional 45 brings the total teachers trained to 70. At approximately 14 students per classroom, we expect an additional 630 students will be reached. EPS used district funds of $17,445 to cover the training and materials.
- Santa Fe Public Schools has worked with Dr. Dennis Embry and PAXIS Institute staff to set up a 6-part series of web-based teacher trainings which began October 4th, 2016: 30 new teachers in 10 schools were selected to participate across the district, with 24 attending the first class (Schools: Aspen, Amy Biehl, Chaparral, Cesar Chavez, EJ Martinez, El Camino Real Academy, Kearny, Nina Otero, Salazar, Sweeney). Additional classes at 90 minutes each will be held on October 18th, November 1st, November 15th, December 6th, and January 10th. 90 teachers in these 10 schools have already been trained, bringing the new SFPS district total to 120, plus an additional 20 Special Ed staff. Student enrollment for the 30 new teachers will result in an additional 1171 students receiving PAX. SFPS used $6000 in district funding to support the trainings with unused materials donated from the spring trainings.
- Santa Fe Public Schools principals' training is scheduled for October 13, 2016 with Dr. Embry: Thirty principals and seven administrators throughout the district who are interested in supporting their teachers implementing PAX GBG are expected participate in this training.

Lastly, a PAX GBG Community Forum with Dr. Embry and several Farmington and Bloomfield teachers has been scheduled on October 12th at the UNM Dominici Auditorium in Albuquerque. The purpose of the Forum is to educate Albuquerque Public School District administrators and teachers about the opportunity PAX GBG presents to improve student performance and free up teachers' time to what they love most--to teach.

9. **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 both for facility licensing serving adults. The draft rules are currently under review by HSD. While the initial draft rules focus on adults, CYFD and DOH are expected to collaborate on drafting standards for facilities that would serve adolescents . Collaborative agencies will be notified when rules are available for public input.

10. **New Mexico Crisis and Access Line (NMCAL)**
   In September of 2016, the New Mexico Crisis and Access Line (NMCAL) handled 3,127 calls. This includes 1,174 calls on the Statewide Crisis and Access Line, 209 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 919 calls for the Peer-to-Peer Warmline, and 825 after-hours calls forwarded from New Mexico's Behavioral Health Core Service Agencies (CSA's).

   Anxiety, depression, and suicide are the top 3 presenting problems respectively. Bernalillo and Dona Ana counties had the highest access. For the Peer to Peer Warmline the top concern identified is "mental health".

11. **Network of Care (NOC)**
   The BH NOC is operating as the official website for the BH Collaborative. This portal can be accessed at: http://www.newmexico.networkofcare.org/mh/

   Development of the BH NOC is ongoing. There have been several provider additions and requests continue to come in. We continue to encourage provider participations in the Resource Directory, the Job Board, and the Community Calendar. For the period of July 1 to Sep 30, 2016 there were:

   Total Page Views: 8194

   Total Unique Views: 7614

   Total Landing Pages: 5717

   The top five keyword searches were: substance abuse, housing, employment, depression, and inpatient rehabilitation centers and OPRE. Trilogy continues to support NM communities by providing free Network of Care access and use training. For the BH site at our request they created Community Announcements and Statewide News on the home page. This allows BHSD to quickly add current events and announcements that occur statewide.

   The Veterans NOC continues to improve, 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 opted to become 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.

12. **Certified Community Behavioral Health Clinics (CCBHC)**
    The CCBHC demonstration application will be submitted at the end of this month. Each of the prospective CCBHCs submitted a Certification Application including action planning for continuous quality improvement. The Certification Review Team has reviewed these plans and the NM and SAMHSA certification checklist for each clinic and approved certification of the following providers:
    a. Guidance Center of Lea County
    b. Mental Health Resources
    c. Presbyterian Medical Services – Rio Rancho and Farmington
    d. La Clinica de Familia
    e. UNM Psychiatric Hospital

    Certification involved readiness assessments not only to determine the clinics' management and systems but also the leadership support required to implement and sustain transformational changes required to become a non-four-walls, trauma-informed care, new provider model that is intended as CCBHCs.

13. **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 below listed provider agencies, 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.

    During the six months, March 1, 2016 through August 31, 2016, the following agencies implemented the Treat First:
    A. Mental Health Resources (MHR) in Clovis;
    B. Presbyterian Medical Services (PMS) in Farmington;
    C. Presbyterian Medical Services (PMS) in Rio Rancho;
    D. Lea County Guidance Center in Hobbs;
    E. Life Link in Santa Fe; and
    F. Valle Del Sol (VDS) in Bernalillo

    Within the six months of the trial, close to 800 clients had been subject to the Treat First Model which demonstrated to be effective in enhancing client engagement, reducing the number of "no shows," increasing the quality of the assessment and treatment plans, and in some cases, escalating the case closure rate. As a result of this success, the Treat First pilot 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.

14. **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) attended the August 30th & 31st OSAP Recipient Meeting in Albuquerque. Grantees heard presentations on recent epidemiological data from the FY15 YRRS and FY16 NMCS, the FY16 PAX Good Behavior Game pilot, and OSAP funded provider program highlights; received updates on FY17 billing changes; and participated in the new BHSD STAR prevention platform training. A PFS 2015 grantee breakout session the second day included discussions on grant deliverables, coalition building, engagement and sustainability tips along with needs assessment methods, challenges and solutions.

During the summer, the grantees worked on coalition recruitment, needs assessment data collection and focus group interviews; implemented the Student Lifestyles Survey at the colleges and the Strategies for Success Survey at the high schools; and took substance abuse prevention courses working toward their Certified Prevention Specialist requirement. They received technical assistance visits in July and September to support the steps of the Strategic Prevention Framework, submitting Coalition Reports in July and Needs Assessment Reports in September. A Prevention Capacity Building Training will be held on October 18th with a report due in December, followed by a Strategic Planning Training in January. The nine project sites are on target to develop a prevention scope of work in spring, with strategy implementation to begin in May 2017.

15. **National Strategy for Suicide Prevention (NSSP)**
The NMSP physician and emergency department (ED) training series began in June 2016 and will run through grant year three (Oct 2016-Septmeber 2017). The trainings have been well attended and continue to gain momentum in regions outside of the pilot site areas. Completed trainings were held in McKinley, Colfax, Bernalillo, and Otero counties. The team continues to work with hospitals in other regions of the state to schedule additional physician and emergency department (ED) trainings.

The pilot site areas (Otero and Curry) completed the standardized screening, safety planning, and Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP) trainings. These trainings were primarily focused on BH providers and were also well attended. The refresher courses will begin January/February of 2017. Both pilot sites continue to provide gatekeeper trainings discussing other training opportunities and public awareness campaigns to continue to educate the community and make resources more available.

The NMSP was successful in embedding a University of New Mexico (UNM) resident training on the importance of standardized screening, safety planning, and Counseling on Access to Lethal Means (CALM). This training will be conducted for all UNM medical residents and is a part of the student curriculum.

The NM state suicide prevention plan is under review by the Department of Health (DOH) and the Human Services Department/BHSD. The state suicide prevention workgroup was revitalized and the first meeting is scheduled for 10/4/16.

BHSD in collaboration with DOH submitted the proposal to include the suicide module on the 2017 Behavioral Risk Factor Surveillance System (BRFFS). The BRFFS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. The proposal defense session was held 8/19/16. If approved, this is the second year the suicide module will be included. Evaluation plans to use this to measure social change within the pilot site areas.

The Otero pilot site (Esperanza Guidance Center) continues to collaborate with Gerald Champion Regional Medical Center on the ED follow up process for patients who present with suicidal ideation, that discharge from the ED. Esperanza has received discharged patient referrals from the ED and continues to work on refining the process. The referral process ensures that people are seen after crisis and are engaged in services after a crisis event. The referral model is in trial mode until all process flows can be worked out and finalized.

16. **Cognitive Enhancement Therapy (CET)**

CET is an evidence-based cognitive rehabilitation training program for adults with chronic or early-course serious mental illness such as schizophrenia or schizoaffective disorder who have prominent impairment in decision making, initiation of activities, and motivation associated with their illness. CET offers a combination of computer skills training, group sessions and individual coaching sessions to improve neuro-cognition, social cognition, and social adjustment and is associated with improvements in quality of life. Each week, clients participate in a weekly group education session, group computer skills training, and a weekly individual coaching session.

BHSD was represented at UNM's first CET graduation and the presentation of their new CET coaches. Most recently a CET graduate and coach presented at Recovery Communities of New Mexico to share their success. We will request updates from the other providers and bring the presentation to an upcoming BH Collaborative meeting.

17. **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 grant requires NM to:
- Form a PDO Advisory Council to provide ongoing advice and guidance to the project;
- Develop a needs assessment by October 31st to identify prescription drug/opioid overdose issues and their contributing factors, as well as assesses the available resources and community readiness to address these factors;

- Develop a naloxone distribution plan and training course by November 18th to distribute in the areas of high-need that are currently not receiving naloxone from pre-existing source;
- Work with Bernalillo County, Santa Fe County, and Rio Arriba to implement activities as communities of high need, as approved in the proposal; and
- Use SAMHSA's Opioid Overdose Prevention Toolkit as a guide.

The first PDO Advisory Council Meeting was held September 16th, introducing the grant's priorities and requirements. The Council is includes members from BHSD, DOH, PMP, Santa Fe Opiate Safe Coalition, Bernalillo County Opiate Accountability Initiative, Bernalillo County Health Council, Drug Policy Alliance, Board of Pharmacy, Coop Consulting, Esparza Advertising, and PK Public Relations. Presentations were provided on prescription drug and opioid consumption and overdose rates, current naloxone usage rates for Bernalillo County, Rio Arriba County, and Santa Fe County, and a summary of the NM naloxone regulations and state laws. The second meeting will be held on October 12th and focus will on identifying needs and gaps for naloxone distribution.

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

OSAO 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 grant requires NM to:
- Develop a strategic plan by March 2017 to effectively utilize PMP data and a plan to evaluate prescription drug efforts;
- Develop a public education plan by October 2017 to increase awareness of prescription drug misuse issues, the need for a coordinated statewide approach, and to promote increased use of PDMP data;
- Develop a local evaluation plan and implement evaluation activities by December 2017 based on year one and year two assessment and planning activities; and
- Implement the five steps of the Strategic Prevention Framework in Bernalillo County, identified as a community of high need, to bring grant prevention activities to the community level.

19. **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 and 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. Currently, UnitedHealthcare (UHC) has agreed to train their network pharmacies and initial preparations are being scheduled with Southwest CARE Center.

20. **Supportive Housing**

The Collaborative's Housing Leadership Group met on Friday, September 30th at the Mortgage Finance Authority (MFA) with the main agenda item being to identify what action is needed to establish a new Supportive Housing Plan for 2017 to recommend to the BH Collaborative. The 2007 Plan is attached for the Collaborative to review and to invite any comments or suggestions from Collaborative members. BHSD's partnership with MFA continues to grow in strength with regular communication. MFA and the Bernalillo Metropolitan Housing Authority have worked together to identify how to reduce spending where people with serious mental illness or chronic substance use disorders are not being served and how to ensure the continuing support of the Linkages program with its combination of housing and services. The "Hurry Home" (HHRHI) supportive housing grant has met its goals for the first grant year with St. Luke's in Las Cruces, St. Martin's in Albuquerque and The LifeLink in Santa Fe working to provide services and peer support to new clients and MFA working with us to ensure allocation of housing to those clients.