

Behavioral Health Collaborative CEO Report

July 12, 2018

1. State Opioid Response (SOR) Grant

SAMHSA is providing a total \$930 million nationally in additional one-time only funding through SOR Grants as it continues its efforts to address the opioid crisis. This funding aims to address the opioid crisis by increasing access to evidence-based, medication-assisted treatment; reducing unmet treatment need; and reducing opioid-related overdose deaths. SAMHSA will award the grants to states and territories in support of their ongoing efforts to provide prevention, treatment, and recovery support services. State and territories will use the grants to design and implement plans which specifically meet their needs within a two year project period. Fifteen percent of the total funds are set-aside to provide extra support to ten states that have been hardest hit by the crisis, according to a specific formula. NM is not among those states eligible for the 15% set-aside. The good news is that NM will be receiving \$5.2 million in SOR funding in each of the next two years for a total of \$10.4 million. State applications outlining the proposed use of funds must be submitted to SAMHSA by August 13th. BHSD and CYFD, in concert with UNM, are drafting the application.

2. Delta Center Grant

The New Mexico Primary Care Association (NMPCA) has received a \$240,000 two year grant to implement value-based revenue models based on pay for performance, pre-established quality indicators, and integrated primary care and behavioral health services. The NMPCA has engaged the New Mexico Behavioral Health Providers Association (NMBHPA) as a grant recipient partner on the project, and the two Associations will collaborate on incorporating both behavioral health and primary care interventions and outcome measures. The grantee, the Delta Center for a Thriving Safety Net, received funding for this project from the Robert Wood Johnson Foundation. The four goals of the project are:

- Build internal capacity of state associations via Value-based Purchasing and Contracting Vision and Strategy Development, board and staff engagement, learning organization practices, and sustainability planning
- Build policy and advocacy capacity to advance value-based payment and care at state level
- Foster collaboration between primary care and behavioral health at state level
- Build capacity to provide TA and training to advance value-based payment and care at provider level.

Maggie McCowen and Brian Serna will participate on the grant team with the NMPCA, along with additional NMBHPA members TBD interested in serving as advisory committee to the project.

3. NM BH Provider Guide

A NM BH Provider Guide is being developed to bring together, in one place, the information that is relevant to current and interested providers and stakeholders. This guide is intended for several audiences. It is most specifically written to give current providers of publicly-funded BH services a global picture of the environment within which these services are administered, and

more importantly, answers to common questions and links to many detailed documents that address more technical issues. It is not itself a technical document.

It is also intended to provide potential new individual and provider organizations with a sense of the scope of services, sources of funding, contracting and payment mechanisms, and oversight expectations for publicly-funded behavioral health. With the growth of more local – city, county and regional – BH systems, this guide may also serve as a support for expansion planning and integration with the larger state system. Finally, the document has been written to be accessible to an informed public, policy makers, advocates for expansion and improvement of a broad range of human services, private funding entities, and others with an interest in BH issues.

Such a guide is, of necessity, reflective of the point in time at which it is written. There has been a great deal of planned and unexpected change in publicly-funded BH over the past decade, but the guidance and direction by NM BH leaders has not varied greatly from a progressive and evidence-based foundation over that time, and new programming has intentionally addressed gaps and disparities that have been identified and examined. This guide will be updated as significant changes occur.

Some highlights of the Guide include:

- An overview of the NM BH service system;
- The structure of BH at the state level - highlights of state agencies roles and responsibilities;
- A description of service supported by major payers;
- Presentation of major administrative rules and supporting clinical and other policies: what they are and how to find them; and
- Provider contracting and state oversight.

The final Guide will be presented at the October BH Collaborative quarterly meeting.

4. Medicaid BH Rule, Policy Manual and Rate Changes

The Medicaid Behavioral Health Rule, with its accompanying Behavioral Health Policy and Billing Manual, is currently under leadership review. It is scheduled for publication for comment in the August/September time frame with an effective date of no later than January 1, 2019. It aligns all policy with Children, Youth and Family Department policy, and contains many key changes developed with input from providers as well as State Departments.

The Medicaid fee-for-service fee schedule was posted for public comment on June 1, 2018. Responses to received commentary will be published in July with an effective date for changes to reimbursement of July 1, 2018. It includes rate increases made possible through legislative appropriation.

5. Administrative Services Organization (ASO) Transition

Falling Colors, Inc. (FC), is the current Administrative Services Organization (ASO) for The BH Collaborative, and is the payer of last resort for adult BH services funded by BHSD and CYFD. Services for members covered under Medicaid benefits must be billed to the Managed Care Organization (MCOs) or Fee for Service (FFS) Medicaid. Likewise, services covered by other third-party payers, whether public or private, must be billed to the appropriate payer(s).

Services covered by Medicaid or other payers that have been billed inappropriately to FC but paid, are being recouped. Also, non-Medicaid funds cannot be used to offset the unpaid portion of billing by another payer, such as deductibles, co-pays, or amounts exceeding treatment limits. The auditing of payments for non-Medicaid services is occurring on an ongoing basis. BHSD and CYFD conducted the first round of provider recoupments for clients that were found to be eligible for Medicaid, and the BHSD savings totaled \$555,302.89 for SFY18 services through May. BHSD was able to appropriately reallocate those funds intended for the uninsured. CYFD recouped \$74,840.54 over the same period.

6. Adolescent Substance Use Reduction Effort (ASURE)

CYFD's BHS is a recipient of a 4-year, \$760,000 per year grant award from SAMHSA. CYFD's BHS used the State Youth Treatment Planning Grant (SYT-P) to institute an Interagency Council termed the Adolescent Substance Use Reduction Taskforce (ASURT). The Taskforce will be reconvened in July, 2018. Currently, Youth Support Services (YSS) is being implemented in Bernalillo County, Rio Rancho, Santa Fe, Espanola, Las Cruces, and Los Lunas. Beginning July 1st BHS will add Farmington, Hobbs, and the Butterfly Healing Center of 8 Northern Indian Pueblos in Taos. Training will continue to focus on development of the YSS Life Skills Coach model, focused on developing coaching skills as transformative interactive skill building.

The primary recipients of this service are intended to be youth and young adults at risk or already engaged in the justice system, or who have active SUD and/or co-occurring MH disorders. BHS worked with the Praed Foundation, the developers of the Child and Adolescent Needs and Strengths (CANS) to develop the YSS Youth Support Assessment, titled the YSA/CANS. This tool will allow for aggregated data collection through both the CANS and the YSA/CANS. BHS will also work to host the Praed Foundation to train clinicians on the use of CANS and also as trainers for implementation of CANS. The Global Appraisal of Individual Needs Short Screen (GAIN-SS) and the Adolescent Engagement and Satisfaction Questionnaire (AESQ) are also being administered. The GAIN-SS has data that indicates a very high accuracy of identification of issues, and all tools are being used at multiple points to actively measure progress.

BHS will implement a Seven Challenges Brief 7 training for all ASURE providers currently implementing the Seven Challenges and will work to adapt both Motivational Interviewing and the Community Reinforcement and Family Training (CRAFT) as entry-level workforce trainings to encourage youth and young adults practicing the YSS Life Skills Coaching to develop para-professional skills to increase competencies and employability. This training will roll out in November or December of 2018 at all YSS sites across the state.

7. Behavioral Health Investment Zones (BHIZ)

Behavioral Health Investment Zones were established in 2016 in two NM counties: Rio Arriba and McKinley. Each county has created its own plan, based on strategic priorities.

Rio Arriba County BHIZ: Rio Arriba County Opiate Use Reduction (OUR) Network continues to serve and track clients. Outcomes-based contracts to providers were issued for the first time in 2018. Despite not starting the contracts until February, OUR Network providers were able to meet most of their targets. Rio Arriba focused on developing jail diversion at multiple intercept points: a re-entry specialist was added to the jail serving inmates upon release, and a case manager was dedicated to the Sheriff to pilot Law Enforcement Assisted Diversion into case management in lieu of arrest. Rio Arriba has formed a partnership with the District Attorney,

Law Office of the Public Defender, Espanola Police Department, Rio Arriba County Sheriff and Santa Fe County LEAD to develop the criteria and protocols to implement LEAD with fidelity to the evidence-based model. In addition, OUR Network continues to distribute Naloxone in partnership with member organization, Santa Fe Mountain Center.

Intensive Case Management has been added for pregnant women and families of small children through Las Cumbres Community Services. El Centro Family Health installed an interface between their VPR and Pathways. It was completed on June 15th, enabling them to use the web portal to jointly manage shared clients in the coming fiscal year. Rio Arriba is providing case management for Las Clinicas Del Norte, a new network partner, increasing their effectiveness and network access to MAT. Eighty-two percent of Network clients received two or more services within 30 days of intake.

Successful referrals from the jail into treatment have increased over 500% as of April from four referrals the previous year to twenty-one, and 50% had either completed or remained in treatment at the time of the report. OUR Network case managers made approximately 2,200 outreach contacts and provided intensive case management over 200 clients in FY 2018. The range of services provided included MAT, detox, residential, recovery support, medical care, transport, housing, legal assistance and BH care.

With the help of Sancre Productions, five TV-ad length professionally developed videos have been produced featuring local actors. The NM Community Foundation is acting as the campaign's fiscal agent, enabling us to seek corporate sponsors. Rio Arriba has secured two nationally known bands, Nosotros and Ozomatli, to play at a free public concert on August 17^h at Northern NM College in conjunction with the Rio Arriba Community Health Council Health Fair to kick off the campaign. The event will feature a career fair for high schools students throughout Rio Arriba and Taos Counties.

The overdose death rate in Rio Arriba County has dropped 30% since the inception of the BHIZ. While figures are not out yet for the current year, it appears that the OD death rate may show a small improvement again in the current year.

McKinley County BHIZ: McKinley County BHIZ had many successes this quarter which includes a presentation and tour of NCI to the Legislative Finance Committee. The BHIZ also presented to Congressional staff from Udall, Heinrich and Ben Ray Lujan's Offices.

- This quarter, April to May (June data will be available in July), NCI provided counseling sessions to 56 unduplicated clients and Case Management to 15 clients. There were 48 group sessions held at NCI with over 844 social detox clients in attendance (data missing from one counselor).
- Rehoboth McKinley Christian Health Care Services (RMCHCS) offered 589 adult education hours for clients in its 90-day treatment program who were seeking their GED.
- RMCHCS case management services were provided to 35 clients in the 90-day treatment program. Fifty clients enrolled in the 120-work rehab program and gained a minimum of three employment skills. Ten clients were placed in permanent employment.
- The City of Gallup, in collaboration with Gallup McKinley County Schools, hosted a Trauma Informed Care training with 46 local providers, Ethics with 28 providers, and a 12 Core Functions of Substance Abuse Therapy training with 28 providers. The City of Gallup will also

be hosting a cultural competence training and Social Determinates of Health Training in June.

- The City of Gallup is collaborating with the local Gallup Indian Medical, District Attorney's Office, Magistrate Judges, Public Defenders Office and Administration office of the Courts to bring a drug court to our community in FY20.

8. CareLink NM Health Homes (CLNM)

Five new BH providers launched CLNM Health Home services on April 1st and a sixth implemented services July 1st, bringing the total number of implementations to 8. By the end of 2019, the new Health Homes are expected to serve nearly 10,000 Medicaid beneficiaries with SMI/SED. The providers are: UNM Hospital Clinics and NM Solutions in Bernalillo County; Presbyterian Medical Services and Kewa Pueblo Health Corporation in Sandoval County; Mental Health Resources in three locations in Roosevelt, De Baca and Quay Counties; Guidance Center of Lea County; and Hidalgo Medical Services in two locations in Grant and Hidalgo counties.

CLNM providers are comprised of Federally Qualified Health Centers, Core Service Agencies, Behavioral Health Agencies, and a Tribal 638 Health Center. Some were already providing both physical and BH services and some have been developing agreements with outside providers to form integrated multi-disciplinary teams. HSD is collaborating with CYFD to implement High Intensity Wraparound to serve an anticipated 200 of the most vulnerable children and adolescents with SED, many of whom have been in out-of-state residential treatment centers. Providers implementing Wraparound are the Guidance Center of Lea County and Mental Health Resources in Portales. Because of the complexity of BH challenges in youth recommended for Wraparound, facilitator to youth ratios do not exceed 1:10, and Wraparound facilitators participate in a mandated 18-month training and mentoring process conducted by CYFD Behavioral Health staff.

The CMS State Plan Amendment has been submitted and follow-up questions are being addressed with CMS. Data collection for return on investment analyses and federally-mandated reporting has begun, and an oversight/monitoring process is being developed to help assess quality of Health Home services and to develop practice improvement strategies with providers.

9. Consortium for Behavioral Health Training and Research (CBHTR)

The SAMHSA/NAADAC NM Youth Workforce Forum occurred on April 14. This statewide event was a collaboration between numerous partners including ENMU-R, NMHU, NMSU, WNMU and UNM. It spotlighted the need for and benefits of addictions and mental health careers. The programming was live-streamed to partner schools and attracted between 80-100 high school and college students. Each site also had exhibitors – providers and other agencies – which whom youth could speak.

The event inspired the planning of a youth track for the upcoming NM Behavioral Health Workforce Summit slated for Oct. 25, 2018. Several workgroups, representing stakeholders around the state, met this quarter to begin discussing the overarching theme and content to ensure the summit is meaningful for attendees. Team members are also identifying youth to participate in planning this daylong event. Clinical supervision remains a high priority. We have added another interdisciplinary supervisor to the team. The goal is to increase the number of independently licensed professionals in NM and to improve quality of service provision. CBHTR-licensed professionals now provide supervision to approximately 23 LMSWs monthly. This

quarter that represents close to 100 hours of group or individual time. Finally, CBHTR provided one two-day Comprehensive Community Support Services training in Albuquerque, which served 25 staff from Five Sandoval, San Felipe; Albuquerque Healthcare for the Homeless; Circle of Life; BHSD and UNM ASAP, UPC, and Forensic services.

10. Crisis Triage Centers (CTC)

A CTC is a health facility that is licensed by DOH with programmatic approval by BHSD and CYFD. CTCs provide stabilization of BH crises and detox management, either in a 23 hour outpatient or a 24/7 short-term residential setting. They will provide emergency BH triage, evaluation, and admission, on a voluntary basis. CTCs may serve individuals 14 years of age or older who meet admission criteria. DOH has been working with BHSD and CYFD to draft the licensing regulations for CTCs. Following an amendment in SB220 this last Legislative Session, DOH has revised its previously posted rule on CTCs to cover both residential and outpatient forms of CTCs and held a public hearing on the adoption of the new rule. The final rule will be published following the review of public comments. Meanwhile, Medicaid's BH rule that includes payment mechanisms for services provided by CTCs is also expected to be promulgated this year.

11. Clinical Curriculum Development Initiative

Since the fall, 2017, the BHSD has been partnering with the faculty in New Mexico State University's Departments of Social Work and Counseling Psychology, the University of Texas-El Paso's Social Work Department and La Clinica De Familia's (LCDF) BH program in a Clinical Curriculum Development Initiative. The purpose of the Initiative is to co-design and deliver training materials for the Master's level students in these schools. Over the last few years, BHSD's training experts in *Clinical Reasoning and Case Formulation* have been sharing these materials with our clinical practitioners across NM.

Our experts, Ray Foster and Kate Gibbons, have restructured the *Clinical Reasoning and Case Formulation* 2-day training into a modular format suitable for classroom use. We believe the materials, in the newly restructured modular format, will be more useful for their Master's Social Work and Counseling Psychology Programs. As co-designers, the participants will experience the content and then strategize opportunities for delivery of the materials. We plan to establish a Task Force to continue learning about its use, improvement and effectiveness. This initiative will introduce these materials to Masters level students to strengthen their skills and strategies to be applied during their practicum field placements and/or after graduation when working in behavioral health treatment agencies.

Our newest partners are the Social Work and the Counseling Departments at Western New Mexico University. They have become our fastest "early adopters!" This fall, the Social Work Department will offer an on-line course in *Clinical Reasoning & Case Formulation*, taught by our experts. In addition, the materials will be incorporated into the teaching of the Pre-Practicum and Practicum courses for the Counseling Program. We will be consulting with their Chair to development measures of competency of the student participants.

12. Forensics

In the first 9 months of FY18, forensics providers rendered 1061 competency evaluations. In a first phase data analysis project the following has been found: Males are referred for and evaluated more often than females; ethnic identity Latino/ Hispanic plus another identity is the

most frequently evaluated; followed by white ethnic identity; almost half of the evaluations occur within 30 days of receiving the report; 74% of evaluations were returned to the court within 20 days of the evaluation; 69% of reports were delivered to court within 90 days of the order; however, 321 reports were delivered to the court between 91-500 days of the order being issued; and 51% were found competent. During this period, 540 individuals were deemed competent, while another 518 were found to be incompetent. Phase two of analysis will begin in the next quarter.

13. Intensive Outpatient Programs (IOP)

The Interdepartmental Council (IDC), made up of CYFD & BHSD representation in communication with the Medical Assistance Division of HSD (MAD), has been processing applications and conducting site visits. This quarter two provider organizations have received their final approval, and one has received provisional approval. Two provider organizations are working with the IDC on findings revealed during a final site survey. Four additional provider organizations are in the initial application process.

A retrospective review of all providers, approved for IOP, is occurring to determine when follow up site visits will be conducted. IDC is developing a learning community for providers rendering IOP, to create a space for providers to discuss challenges, barriers and successes in the provision of IOP services.

14. Naloxone Pharmacy Technical Assistance

BHSD's Office of Substance Abuse Prevention (OSAP) has contracted with the Southwest CARE Center (SCC) under the Opioid STR grant to provide technical assistance to NM pharmacies reimbursed by Medicaid to dispense naloxone for 100 pharmacy trainings over the two-year grant period, to be completed by September 2019. On-site technical assistance has focused on increasing patient/customer access to naloxone, increasing the number of pharmacies carrying and dispensing naloxone, and reducing pharmacy barriers to dispensing and billing for the medication. The two-hour, onsite training provides both pharmacists and pharmacy technicians with CEUs.

On June 23rd, SCC hosted a Naloxone Awareness booth for the New Mexico Pharmacists Association at Isleta Resort & Casino. They advertised the program, received feedback from the community, and conducted needs assessments for naloxone.

During this fourth quarter, SCC dispensed 109 Narcan® kits to 22 NM pharmacies previously trained under the program for patients without Medicaid or insurance. For the first year of the STR grant, SCC distributed a total of 339 kits to previously trained pharmacies and trained two new pharmacies.

15. Network of Care (NOC)

The NM BH 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. Organizations and/or individuals can now submit requests to post job vacancies, community events, or other public information relevant to those seeking behavioral health services. Requests should be submitted to

HELP.NMNOC@state.nm.us.

Under the Opioid STR grant, the site has been expanded to include specific information on Opioid Use Disorder and Medication Assisted Treatment. Providers can now find vital resources, treatment information and training opportunities. Development for the STR pages for year two of the grant will include implementing new functionality including: Mobile Search Function and increased targeted search words in search drop-down to include MAT services. Collaboration efforts among STR partners to share information and cross-promote is underway.

The Office of Peer Recovery and Engagement will be reformatting the section on OPRE for more ease in information and layout.

For FY2019, 3 major projects are anticipated:

- Trilog and ProtoCall services will be working collaboratively to study and potentially improve on navigating NMNOC's community resources.
- BHSD will have the contractor work with Trilog and OSAP on migrating its website content to NMNOC.
- BHSD is examining the potential installation of OpenBeds (a national in-patient bed registry).

For the period of April 01, 2018 to June 30, 2018, there were 37,348 total visits, up from 20,121 during the previous quarter. The top five keyword searches were: depression, substance abuse, health care, employment, and housing. The overall top five web page views were: Home, Find Services, Residential Treatment Facilities, OPRE, and Community Mental Health Agencies. The top five provider organizations for web page views were: Amancer Community Counseling Center, UNM Hospital Programs for Children and Adolescents, Connection Recovery Support Group, Alternative House Inc./La Posada Halfway House, and Courageous Transformations.

The NM Department of Veterans Affairs posts information for 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 posts information for seniors and people with disabilities. This site is available at: <http://newmexico.networkofcare.org/aging/>

16. New Mexico Crisis and Access Line (NMCAL)

As of May 31st, NMCAL has answered a total of 22,941 calls this year. This includes 9,937 crisis calls, 2,268 NM calls from the National Suicide Prevention Lifeline (NSPL), 5,805 calls for the Peer-to-Peer Warm Line, and 4,931 after-hours calls forwarded from NM's Core Service Agencies (CSAs).

Anxiety, situational stress, suicide, and depression were the top four presenting issues. Bernalillo, Curry, Santa Fe, and Dona Ana counties had the highest numbers of callers, with San Juan and Sandoval counties being the next top utilizers. For the Peer-to-Peer Warmline, the top concern identified is "mental health" at 90.9%, with "relationships" at 3.1% being the next highest reported challenge.

NMCAL continues to report successful stabilization of the caller at an average rate of 96.2%. The Peer to Peer Warm Line is reporting 97.8% of callers feeling supported during the call. Very few calls are transferred from the Warmline to the Crisis Line.

NMCAL now offers a texting services for its Warmline, in an effort to reach more youth, and has produced a flyer that describes how the service works. In addition, NMCAL has joined with HSD-BHSD and providers across the State to expand its focus to Opioid Use Disorders by providing specialized OUD training to all Crisis Line Counselors and Warm Line Peer Support staff. NMCAL has also partnered with the Dose of Reality, NM's social media opioid campaign, to promote NMCAL's availability. NMCAL is operated by ProtoCall Services, Inc. and is funded by BHSD.

17. 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 Policy Academy 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.

The New Mexico Department of Veteran Services (DVS) continues to meet with local city and county probation/parole officers to ensure they are aware of the behavioral health resources available to their parolees. The proposed MOU between DVS and the Corrections Department has been signed and DVS personnel will be attending training to be able to gain access into the state facilities to identify those veterans that are coming up to be released and to determine what services they might need once they transition out of incarceration. The training will be conducted on July 12 and will include background checks for DVS personnel. In concert with SAMHSA, the New Mexico Department of Health Suicide Prevention Coordinator and DVS have started an initiative in Santa Fe to identify community partners that can assist with reducing veteran suicides in Santa Fe.

SAMHSA staff visited Santa Fe and held a two-day Veterans Crisis Mapping Virtual Academy examining the resources in the Santa Fe community that could assist in this effort. There will be a follow-up session with SAMHSA to provide technical assistance to the Santa Fe team in helping to solidify the action plan and guide intervention efforts.

18. Office of Peer Engagement (OPRE)

OPRE wrapped up the year completing eight CPSW trainings across NM and is proud to announce that our State has a total of 340 CPSWs. In an effort to improve the peer workforce, OPRE will soon institute new requirements:

- Documented 40 hours of work/volunteer experience before sitting for the CPSW Exam; and
- Improved vetting of CPSW applicants via an improved interviewing process and the submission of letters of reference.

OPRE was successful in implementing State Targeted Response (STR) grant funding in incorporating new chapters in the CPSW training manual covering the topics of Opiate Use Disorder (OUD), Medication Assisted Treatment (MAT), and Mental Health Disorders. STR funds were also used to present MAT/OUD to Peers across the state as a free CEU opportunity. OPRE

in year two of STR projects will be issuing endorsements of CPSWs in hospital and correctional settings, as well as, outpatient treatment settings. In addition, OPRE will be convening a statewide "Peer Summit."

OPRE has partnered with CYFD in the development and implementation of a Family Peer Support program, training and certification which will offer a continuum of support for those in need, both for individuals who suffer and their immediate caretakers.

Train-the-Trainer: 11 new CPSWs were recently trained and certified to deliver the Peer Support week-long training. OPRE staff looks forward to their contributions and is thankful for their unique qualities and perspectives.

OPRE continues to be active in presenting information as needed in forums such as the Psychosocial Rehabilitation Association of New Mexico Annual Conference, NASC Tribal Leadership Summit, and State, City and County committee meetings.

OPRE-funded Wellness Centers are alive and well in providing supports in their respective communities and are proudly Peer run and Peer led:

- Hozho Center provides recovery services and support meetings for residents in the Gallup;
- Inside Out is a staple of support in Espanola providing food and clothing banks and technical assistance with resumes, registrations and applications.
- Healing Circle in Shiprock specializes in tradition healing practices, and Native Women's supports and assistance;
- Mental Health Association provides much needed transitional housing services, supports and referrals to those discharged from the Behavioral Health Institute in Las Vegas;
- Carton County Grassroots Behavioral Health provides a lifeline of services to those in one of the most rural counties ; and
- Forward Flag/Straight Scoop for Vets provides a much needed outlet and resources for our Veterans via the newly opened Veteran's Wellness Center in Albuquerque and the Veteran's "Coffee Bunker," a mobile unit reaching Veteran's across our state.

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

The goals of this initiative are to increase the number of Opioid Treatment Providers (OTPs) and Office-Based Opioid Treatments (OBOTs), increase the availability of qualified staff and programs to address the needs of persons with Opioid Use Disorder (OUD), and improve access to services for individuals with OUD. The NM Opioid STR Initiative is framed around a centralized hub/regional hub model that will utilize the expertise of regional institutions and community agencies already providing services and integrate them with the newly trained providers and a centralized training hub that is able to coordinate and disseminate trainings and best practice efforts around the state. There are currently over 20 regional hub/community partners participating in the initiative.

Performance Activities & Accomplishments:

- 13 Opioid Treatment Programs across the state have received training in Opioid Overdose and Naloxone Education.
- Several overdose reversals across the state have been reported to Bernie Lieving, STR Overdose Prevention Coordinator/Trainer.
- Inside Out OUT/MAT Trainings for CPSWs were completed:

- 4/13 in Santa Fe with 24 participants
- 4/20 in Las Cruces with 11 participants
- 4/27 in Santa Fe with 9 participants
- 4/28 in Gallup with 11 participants
- Rio Arriba HHS held medication education fairs that served 240 individuals. Fairs were conducted in the following communities: Espanola, Ohkay Owingeh, Santa Clara, Alcalde, and Dixon.
- Santa Fe Recovery Center hosted a Seeking Safety Training on 4/26/18 with 28 participants.
- Santa Fe Prevention Alliance, in partnership with Santa Fe County, hosted a MAT 360 Conference on 4/14/18 with 108 participants.
- Year 2 scopes of work for regional hubs and partners are being finalized.
- Several new partners will be added in Year 2, to include San Miguel County Adult Detention Center and Santa Fe Mountain Center.
- A total of 809 new patients have been added to MAT and 1,480 have been referred to recovery support services. Total workforce trained is 1,138.

The STR grant also supports prevention activities, which complement efforts supported by the PDO grant (see below). Since July 1st, 2017 OSAP has coordinated multiple meetings, trainings, and Narcan distribution with key stakeholders throughout the state representing tribal communities, law enforcement agencies, fire departments, health councils, detention centers, behavioral health providers, youth and adult shelters, and local governments.

Naloxone distribution under the STR grant has focused on training first responders throughout the state while increasing access to the medication. After the completion of Year 1, the number of kits distributed has totaled 3,006 with 1,184 trainings being conducted, 1,871 people being trained and 13 reported reversals due to grant funded Narcan being deployed.

20. Opioid Treatment Programs (OTP)

There are sixteen Opioid Treatment Programs (OTPs) operating in NM, serving approximately 5,549 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, Roswell and Rio Rancho.

There are currently six provider organizations that have submitted applications to open clinics in Albuquerque (1) Bernalillo (2), Espanola (1), Santa Fe (1) and Gallup (1). Applications are under various stages of completion.

Statute now requires clinics dispensing methadone or narcotic replacement to provide patients with education on opioid overdose and the safe use of Naloxone in the prevention of opioid overdose deaths. To comply with this new requirement, Dr. Joanna Katzman and Monica Moya Balasch from the UNM Pain Center/STR Project have conducted Naloxone trainings for OTPs and are currently providing technical assistance as needed.

Efforts to automate the process whereby clinics would no longer require staff to manually upload patient information are underway. This is another step toward providing real time data to clinics through use of the Central Registry.

Updates to NMAC 7.32.8 Opioid Treatment Programs are near completion and will be sent out for public comment in the near future.

21. PAX Good Behavior Game

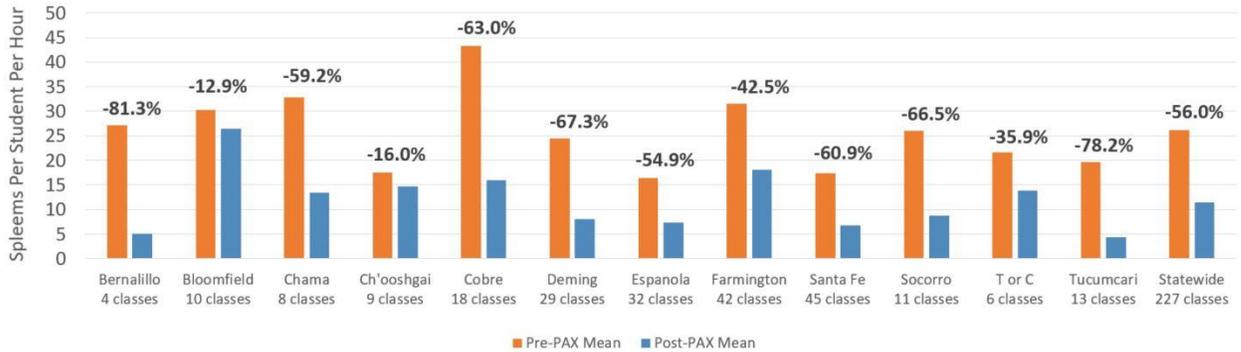
The PAX Good Behavior Game (PAX GBG) has been found to reduce disruptive behaviors, hyperactivity, and emotional symptoms. Its long-term outcomes include reduced need for special education services, reductions in drug and alcohol addictions, serious violent crime, suicide contemplations and attempts, 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.

FY18 implementation, begun last July, consists of two projects: the first is a continuation of efforts with the FY16 and FY17 participating schools, and the second begins a new implementation with Bureau of Indian Education schools in collaboration with the NM Indian Affairs Department.

Beginning in August 2017, 12 school districts continued implementing PAX GBG. These districts participated in an initial teacher training to ensure new teachers received the training: Bernalillo Public School District (4 schools, 7 classrooms), Bloomfield School District (1 school, 3 classrooms), Chama Valley Independent School District (2 schools, 9 classrooms), Ch'oozhgai Community School (1 school, 9 classrooms), Cobre Consolidated School District (3 schools, 13 classrooms), Deming School District (4 schools, 45 classrooms), Espanola Public Schools (11 schools, 29 classrooms), Farmington Municipal School District (6 schools, 46 classrooms), Santa Fe Public Schools (4 schools, 21 classrooms), Socorro Consolidated Schools (3 schools, 13 classrooms), Truth or Consequences Public Schools District (1 school, 17 classrooms), and Tucumcari School District (1 school, 9 classrooms). A total of 217 teachers have been trained since August 2017, reaching 4,340 students across the state.

Evaluation data was collected between March and May 2018, in the form of pre- and post-implementation "spleem" counts, student social competence evaluations, and teacher burnout surveys. Spleems are off-task or inattentive behaviors that are identified and counted discretely by trained observers. Spleems per student per hour had a statistically significant decrease of 56.5% statewide over the school year. The social competence evaluations provide information about changes in students' social skills and emotional regulation. Students' social competence scale scores had a statistically significant rise of 21.3% statewide over the school year. The teacher burnout survey assesses aspects of educator burnout such as emotional exhaustion, depersonalization, and sense of personal accomplishment. While changes in teacher burnout scales did not significantly change over the implementation period, higher fidelity when implementing PAX was associated with a modest but statistically significant drop in emotional exhaustion. Fidelity was measured using an instrument which assessed the frequency with which teachers implemented 11 key elements (kernels) of PAX GBG.

Spleems per student per hour, New Mexico, school year 2017/18



Indigenous PAX: Each of the three major New Mexico Tribal groups (Pueblo nations, Navajo Nation, and the Apache tribes) have been approached for participation, with the intent to create three distinct Native projects. On May 1st, a Tribal Liaison was hired to do PAX GBG outreach to Tribal communities and provide technical assistance and support for implementation. Outreach was conducted with Jemez/Zia Education Collaborative Retreat on May30-31st, Pueblo of Acoma and Jicarilla Apache on June 26th, and Santo Domingo on June 27th. Additionally, the Tribal Liaison, OSAP PAX GBG Program Manager, and Synar Coordinator presented Indigenous PAX to the Native American Behavioral Health Summit at San Felipe Pueblo on June 19th. Strategic planning meetings were held with PAX GBG developer Dr. Dennis Embry and Lead Trainer Claire Richardson on June 8th and June 14th.

Ch'ooshgai Community School, a small BIE school located in Navajo Nation, was trained November 30th. Nine core classroom teachers, six special education teachers and one administrator were trained, reaching 157 students; a booster session for teachers was provided on March 16, 2018. An Administrator Training was provided on December 18th to four additional Navajo Nation Tribal schools. The following 11 schools (mixture of Bureau of Indian Education (BIE)/Tribal Schools/Public Schools with high enrollment of tribal youth) have been approached for participation and are in various stages of communication regarding participation: Acoma Pueblo Schools, Cubero Elementary School, Jicarilla Apache School, Laguna Elementary School, Mescalero Apache School, Pueblo of Isleta Elementary School, San Felipe Pueblo Elementary School, San Ildefonso Day School, Sky City Community School, Taos Community School, Tohatchi Elementary School, Wingate Elementary School, Tohaali' Community School, and Zia and Jemez Education Collaborative. Some of these communities have been approached and have scheduled presentations and meetings to further discussed PAX and bringing it to their communities.

22. Prevent Prescription Drug /Opioid Overdose-Related Deaths Grant (PDO)

BHSD's OSAP successfully applied for and received SAMHSA's \$1 million annual award for five years: *Grant to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)*, which began 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.

Overall Grant Update

A carryover request was submitted by OSAP and approved by SAMSHA during this quarter. Sub-recipients have begun to implement activities approved under the FFY17 carryover request. Rio Arriba, Santa Fe, Dona Ana, and Bernalillo County are all distributing additional naloxone in their respective areas and the distribution project with the Metropolitan Detention Center/Resource Re-entry Center (MDC/RRC) is in the final stages of preparation. Data collection training is currently being scheduled for MDC/RRC. Between July 2017 through May 2018, 1859 individuals received opioid overdose prevention and Narcan training, 4673 Narcan kits were distributed, and 19 overdose reversals were reported.

PDO Advisory Council

The PDO Advisory Council is conducting monthly meetings to provide guidance, recommendations and oversight over the PDO grant and sub-grantees. The meetings focus on providing updates on the county distribution plans, reviewing PDO membership and scope, and assessing additional needs. This quarter, the PDO Advisory Council met April 6, May 4, and June 1. Local distribution success stories were shared. PDO sites shared their experiences learned from the pilot period and expansion plans going forward.

Contracted Providers

The 3 grantee recipients (Bernalillo County Community Health Council, Santa Fe Prevention Alliance, Dona Ana County Health and Human Services) are continuing the expansion phase by increasing local capacity to distribute Narcan. The counties are actively engaging local agencies and offering training and naloxone with the intention of targeting the priority populations of people who use opioids/heroin, layperson "first responders", local county jails, drug courts and jail diversion programs, programs that service high-risk youth who use prescription opioids/heroin, homeless shelters and homeless services programs, drug treatment programs, local law enforcement and fire departments, faith-based organizations, etc.

Bernalillo County Community Health Council (BCCHC):

BCCHC has distributed 1,095 Narcan kits and trained 775 individuals to respond to an overdose as of the end of May 2018. BCCHC has established training and/or distribution to the following agencies:

- Youth Development, Inc
- NMCD Probation & Parole
- Albuquerque Police Department
- New Season Central NM Treatment Center
- Copper Pointe Church
- Gordon Bernell Charter School
- First Nations Wellness Center
- Serenity Mesa
- Duke City Recovery Toolbox
- New Mexico Corrections Department
- Bernalillo County Sheriff's Office
- Church of the Good Shepherd
- Bernalillo County Community Health Council
- Feria de Salud Free Clinic Outreach
- First Nations Wellness Center

- New Season Treatment Clinic
- South Valley Celebration Day
- UNM Hospital ED

Dona Ana County Health and Human Services (DACHHS):

DACHHS has distributed 2,191 Narcan kits and trained 577 individuals, and reported 13 opioid reversals as of the end of May 2018. DACHHS has established training and/or distribution to the following agencies:

- St. Luke's Health Care Center
- Doña Ana County Detention Center
- Mesilla Valley Community of Hope
- Morning Light Counseling Center
- New Mexico Department of Vocational Rehabilitation, Las Cruces
- American Medical Response
- ALT Recovery Group
- Las Cruces Fire Department
- NMSU Police Department
- Las Cruces Police Department
- Alcoholics Anonymous/Narcotics Anonymous
- Burrell College of Osteopathy
- Sunland Park Police Department
- Cedar Hills Church of the Cross
- Kilby Motel
- Serenity Counseling
- Southern New Mexico Homeless Providers Coalition
- Project OPEN
- La Clinica De Familia
- Third Judicial District Court (Drug Court)
- Peak Behavioral Health
- Security Concepts
- Mesilla Marshals
- Unified Prevention (UP!) Coalition
- Union Pacific Police Department
- Forensic Intervention Consortium of Dona Ana
- New Mexico Corrections Department
- New Mexico Mounted Patrol
- Esperanza Guidance Services
- Ben Archer Health Center
- AARP
- Dierson Charities
- Doña Ana County Health and Human Services
- Hatch Police Department
- Mountain View Regional Medical Center
- New Mexico Caregivers Coalition
- Rio Grande Re-entry Council
- Reclaim Wellness

- Southern New Mexico Promatora Committee
- United States Border Patrol

Santa Fe Prevention Alliance (SFPA):

SFPA has distributed 1,387 Narcan kits and trained 507 individuals, and reported 27 opioid reversals as of the end of May 2018. SFPA has established training and/or distribution to the following agencies:

- The Life Link
- Santa Fe Fire Department Overdose Follow up Project
- NM 1st Judicial Court
- Pojoaque Police Dept.
- Santa Fe County Reentry Specialist El Centro Family Medicine
- NMCD Mental Health Team
- Edgewood Senior Center
- Santa Fe Police Department
- Santa Fe County Juvenile Detention Facility
- Solace Crisis Treatment Center
- Santa Fe County Adult Detention Facility
- Hoy Recovery Program
- Las Clinicas Del Norte
- Carlos Vigil Middle School
- Santa Fe Recovery Center
- El Centro Family Medicine
- Barrios Unidos
- Mesa Vista Wellness
- Santa Fe County DWI Program
- YouthWorks
- Santa Fe County Community Services Department
- Santa Fe Public Schools Adelante Program
- Tranquilla Inn
- Desert Chateau Inn
- Thunderbird Inn
- Cactus Centro
- First Choice Community Health Center
- Probation/Parole Division
- Southwestern College
- SF Fire Dept. MIHO
- Christus St. Vincent Regional Medical Center Emergency Department
- Espanola Public Schools
- Rio Arriba County Health and Human Services
- NM Attorney General
- Las Cumbres Community Services
- Santa Fe Therapist Networking Group
- Southwest CARE Center

PDO Media Subcommittee

The PDO media campaign is ongoing and continues to utilize advertising strategies, media strategies, social media, and a user-friendly website providing information to the public about overdose prevention and naloxone use. The media campaign has enhanced the websites and social media platforms to be user friendly and to increase visibility regarding overdose prevention and naloxone, while destigmatizing overdoses. The website has been updated to offer an English and Spanish version for site visitors. The media campaign developed mini-campaigns focused on spreading awareness of opioid abuse prevention (prescription and/or illicit drugs), of the various statistics related to Opioid Use Disorder (OUD), the path of treatment and recovery, and to encourage opioid users (licit and illicit) and friends/family to keep naloxone on-hand in order to potentially save a life. Social media campaigns have focused on addressing OUD and overdose death by running a campaign titled Humans of New Mexico on Facebook and Instagram.

23. Prevention “Partnership for Success” Grant (PFS 2015)

BHSD’s 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. Nine providers were awarded contracts in November 2015: Chaves, Cibola, Curry, and Roosevelt counties, and the five schools of the NM Higher Education Prevention Consortium (NMHEPC) - NMSU in Las Cruces, NM Tech in Socorro, San Juan College in Farmington, UNM in Albuquerque, and the Institute for American Indian Arts (IAIA) in Santa Fe.

Eight of the nine PFS 2015 funded providers (Chaves, Cibola, Curry, and Roosevelt counties, and four of the five schools of the NMHEPC (NMSU in Las Cruces, NM Tech in Socorro, San Juan College in Farmington, and UNM in Albuquerque) have completed all Strategic Prevention Framework trainings: Coalition Development, Community Needs Assessment, Community Capacity & Readiness, Strategic Planning & Evidence Based Practices, and Evaluation.

As of August 2017, strategic plans were approved for 7 of the 9 sites, with the 8th site approved in April 2018. Implementation of prevention strategies have begun in 8 sites. In December 2017, the NMHEPC identified the Institute for American Indian Arts (IAIA) in Santa Fe as the 5th school to participate in the PFS 2015 grant. During summer and fall of 2018, IAIA will receive SPF trainings and technical assistance support to develop a strategic plan.

Throughout the quarter, providers received technical assistance (TA) via monthly webinars. To date, webinar topics have included SAMHSA Community Level Instrument requirements, working with school substance abuse policies, engaging community leaders with prevention efforts, an overview of prevention resources, completing the SAMHSA federal reporting requirement (Community Level Instrument), utilizing social media, and conducting Town Halls. On-site TA was provided to San Juan College, New Mexico State University (NMSU), University of New Mexico (UNM), New Mexico Tech, the Institute for American Indian Arts (IAIA), Chaves County, Roosevelt County, Cibola County, and Curry County. These TA visits focused on engaging community partners, developing a logic model to utilize in planning efforts, establishing prevention systems at the local level, developing medial provider guides for prescribing opioids, and collaborating with Law Enforcement. In this quarter, all nine PFS 2015 entities conducted the NM Community Survey with the Pacific Institute for Research and Evaluation (PIRE). The NM Community Survey data will be analyzed throughout the summer and fall to gage progress on prevention outcomes.

All PFS 2015 sites received carry over funds from federal fiscal year 2017. These funds are being allocated for a series of social media workshops, public relations/media contracts at the local level, and conducting two town halls; one on prescription opioid misuse and another on underage drinking. Chaves, Cibola, and Roosevelt counties received funds in state FY18 for the public relations/media contracts. All five schools in the NMHEPC and Curry County will receive these funds in the first quarter of state FY19. All nine sites will be conducting their two town halls in the first quarter of state FY19, with carry over funds spent by September 30, 2018.

State Epidemiological Outcomes Workgroup: SEOW

During the fourth quarter, the SEOW met three times. On April 19th, the group had a presentation from PIRE on the evaluation of Project Lazarus and discussed the differences in rural vs. urban opioid use. On May 17th, NM DOH presented on the Prescription Monitoring Program (PMP) and available PMP data reports. Additionally in May, the SEOW reviewed the Opioid Prescriber Survey used to evaluate prescriber practices across the state. On June 21st, the SEOW discussed the statewide evaluation results of the PAX Good Behavior Game and reviewed appropriate methods to analyze the data.

24. Screening, Brief Intervention, Referral to Treatment Grant (SBIRT)

In August 2013, SAMHSA awarded BHSD with a five year, \$10 million grant to implement SBIRT. SBIRT services integrate BH within primary care and community health care 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 pre-screen score identifies when a patient is considered positive for NM SBIRT, at risk of having or has substance misuse and/or a co-occurring disorder. The HLQ also includes questions that identify if an individual is at risk of having or has depression, anxiety, and/or trauma. Although the NM SBIRT grant is specific to addressing substance use, screening includes mental health questions to better serve patients' needs.

The following are the seven NM SBIRT medical partner sites and locations: 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 June 27, 2018, a total of 48,658 screens were conducted with 43,459 individuals screened. There have been 27,337 negative screens and 21,320 positive screens. NM SBIRT has conducted 78,380 BIs; 4,122 Mental Health BIs; served 8,444 individuals with therapy, and referred 258 individuals to treatment services and 1,046 clients to various services, such as case management or family support services. NM SBIRT services were included in the Section 1115 Waiver application, which will allow for SBIRT Medicaid billing codes upon approval by CMS and active in January 2019. Services rendered by the existing NM SBIRT sites served as the model of SBIRT to define Medicaid codes.

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

BHSD's OSAP successfully applied for and received SAMHSA's competitive *Strategic Prevention Framework for Prescription Drugs (SPF Rx)*, which provides \$371,616 award per year for five years beginning September 1, 2016. The purpose of the grant is to raise awareness about the dangers of sharing medications, and promote collaboration between states, pharmaceutical and medical communities to understand the risks of over-prescribing to youth and adults; bring prescription drug abuse prevention activities and education to schools, communities, parents, prescribers, and users in a targeted community of high need; and promote increased incorporation of Prescription Monitoring Program (PMP) data into state and community level needs assessments and strategic plans.

The grantee's sub-recipient, the Bernalillo County Community Health Council (BCCHC), completed the Strategic Prevention Framework trainings last quarter. Technical assistance for strategic planning was given by the state technical assistance provider last quarter and the plan was approved for implementation on October 24, 2017. Technical assistance was provided to support BCCHC in planning and implementation for three new pilot strategies being implemented in Bernalillo County: HERO TRaILS, Boot Camp Translation (BCT) and a social media campaign targeting youth. BCT is currently in full swing. TA including creating a project timeline, developing a core team to guide the project, recruiting community experts, recruiting and preparing a medical expert, prevention expert and facilitator, training the co-facilitator and planning event agendas. Zoom meetings between the TA provider and BCCHC staff were held to talk about the recruitment process and support on April 27, May 3, 7, 11, 24 and June 4. The TA provider met with the prevention expert to recruit, orient to the project and work on the presentation for community experts on May 3rd and 24th. The first core team meeting held June 8th covered expert and observer roles with background information on the project goals. The BCT Kick Off was held June 9th. Since kickoff, the TA provider has met with the core team via Zoom on June 15th and first community expert call on June 18th. TA support will continue throughout the project, which is scheduled to wrap up in September 2018.

Technical assistance was provided this quarter for implementation support of additional strategies in person on May 11th (assessing and tracking implementation progress and identifying TA needed), June 13th (BCCHC staff meeting, progress updates), June 21st (orientation to the grant), and June 22nd (scope of work review and progress/planning). Support will continue to be available throughout the project.

A BCCHC team member, preventionist and the TA provider attended the National Resource for Academic Detailing (NaRCAD) training (out of Harvard Medical School) and HERO TRaILS safe opioid prescribing training in Albuquerque. Since then, BCCHC has conducted 10 academic detailing sessions with 10 Family Medicine MDs, two Family Medicine PAs, and one Family Medicine NP. A debrief meeting was held between the BCCHC academic detailer and the TA provider on June 25th. BCCHC hired a full-time staff preventionist to fill a vacant position, restoring staffing back to two preventionists. The TA provider oriented the new staff member to the grant and the state prevention system on June 21st. BCCHC received training on conducting the New Mexico Community Survey from PIRE in January. NM Community Survey collection began in March of this quarter and came to completion in April.

26. Supportive Housing

A subcommittee of the Collaborative's Housing Leadership Group (HLG) worked with the Technical Assistance Collaborative (TAC) to finalize the New Mexico Supportive Housing Plan: 2018-2023. The five-year plan sets ambitious goals and lays out concrete, achievable strategies. The Strategic Plan was presented to and approved by the Collaborative at the January 2018 meeting. BHSD's Supportive Housing Coordinator is arranging for the next meeting in July 2018 with the HLG and all stakeholders to execute implementation of the plan.

The 1115 waiver for Centennial Care 2.0 includes a supportive housing benefit for Medicaid eligible individuals enrolled in the Linkages Permanent Supportive Housing program. The benefit will include pre-tenancy and tenancy sustaining supports provided by peers of Linkages service providers. Linkages serves individuals with serious mental illness, who are homeless or precariously housed, extremely low income, and functionally impaired.

An additional \$100,000 was approved for permanent supportive housing in the state budget during the 2018 legislative session. BHSD is determining how best to utilize the additional funds.

Housing Supports, Health, and Recovery for Homeless Individuals Grant (HHRHI)

This three-year \$5.4 million SAMHSA-funded grant program is in its final year, ending September 29, 2018. The program operates in Santa Fe, Bernalillo, & Dona Ana counties and provides permanent supportive housing for chronically homeless individuals with SUD, SMI, or co-occurring SUD and SMI. HHRHI incorporates the use of peers in the recovery model, and integrates the evidence-based practices of Permanent Supportive Housing, Supported Employment, Seeking Safety, and Motivational Interviewing into project implementation. Recent analysis on pre-post measures of functioning indicate a statistically significant decrease in PTSD symptoms; fewer days of serious depression, anxiety or tension, and trouble understanding, concentrating or remembering; more days prescribed psychiatric medication; and less subjective distress related to psychiatric symptoms. Data from the HHRHI evaluation was presented at the upcoming New Mexico Public Health Association Annual Conference in April. Service providers for HHRHI have been pursuing sustainability measures over the course of the grant in order to continue services once federal funding ends.

27. Treat First Learning Community

Various Design Teams within the Treat First Learning Community are developing contributions to improving behavioral health practice. Two examples are:

Clinical Supervision Implementation Guide:

One of the Design Teams is targeted on Clinical Supervision. As a contribution to the Practice Community, the Team is developing a Clinical Supervision Implementation Guide. Completion is anticipated for early September. It is designed to be a practical tool for community-based providers in NM. And it will offer a way for communication and discussion among clinicians as they seek support from their colleagues on clinical supervision issues.

Some of the content highlights include:

- Overview of Clinical Supervision principles, practice, expectations and functions
- The Practice Wheel: Functions in integrated care.
- The Clinical Supervision Experience:
 - Supervision relationship

- Rights and Responsibilities
- Supervision agreements and Learning Plan
- Supervision Log
- Preparation Worksheet
- Models of Supervision
- Supervision Bridging Session Form
- Therapist Evaluation Checklist
- Supervisory Competency Self-Assessment
- Case Discussion Guide for Reflective Practice.
- Annotated references to Licensing and Credentialing Boards' materials.

Treat First Talks:

Another of the Design Teams of providers is building a training program to help new provider organizations learn about Treat First, its philosophy, expectations, tips of implementation and its benefits. The program will also be useful for existing agencies to train their new staff and for orienting new sites where they are expanding the program. The Team has taken a lively, multi-media approach to sharing the ideas and experiences from across the current Treat First providers. MAD will be releasing its revised Rules and a BH Clinical Policy Manual which cites this training as a required part for becoming a Treat First provider. A website www.treatfirst.org is being built to facilitate training. Providers will be able to export the materials into their own e-learning agency platforms.