

Behavioral Health Collaborative CEO Report

April 12, 2018

- **Behavioral Health Legislation**

The following behavioral health-related bills were passed in the 2018 Legislative Session and signed into law:

House Bill 19 Judiciary Committee Substitute (HB 19jcs) – This is an omnibus crime bill that creates requirements for correctional facilities and HSD to implement an inmate recidivism reduction transition program. Section 1 of HB 19jcs requires that a correctional facility:

- a) Inform HSD when an eligible individual is incarcerated.
- b) Facilitate, with assistance from HSD, eligibility determinations for Medicaid during incarcerated individuals' incarceration or upon release.
- c) Notify HSD upon an eligible individual's release.
- d) Facilitate HSD's or its contractor's provision of care coordination pursuant to Section 2.

In addition, upon written request of a county, HB 19jcs would require HSD to provide a BH screening tool to facilitate screenings, as well as, provide technical assistance, training and certification of county jail presumptive eligibility determiners to a county jail.

Section 2 of HB 19jcs requires:

- a) Correctional facilities to ensure that each inmate of that correctional facility is screened for BH within 30 days of incarceration in that facility.
- b) Correctional facilities to offer a qualifying inmate the opportunity to enroll in Medicaid in accordance with Section 27-2-12.22 NMSA 1978.
- c) To the extent allowed by federal law or waiver agreement, care coordinators employed by Medicaid MCOs shall link inmates who are enrolled in a Medicaid managed care program to care coordination prior to the inmate's release.
- d) HSD shall provide information to correctional facilities seeking Medicaid care coordination for qualifying inmates.

House Bill 35 - Currently 46% of the liquor excise tax flows to the Local DWI Grant Fund, but this was scheduled to drop to 41.5% on July 1, 2018. HB 35 directs 45% of the tax proceeds permanently to the fund, plus another 5% to support drug courts. HB 35 also creates a Drug Court Fund.

House Bill 40 – Requires information on strangulation in domestic abuse to be included in the curriculum of each basic law enforcement training class. Domestic abuse incident training is a component of in-service training that certified police officers must take each year.

House Bill 139 – Amends a section of the Controlled Substances Act exempting prescription drugs that the U.S. FDA has approved that contain marijuana or a marijuana derivative. It also adds a section that exempts certain activities regarding marijuana derivatives from arrest, prosecution or penalty.

House Bill 140 – Permits taxpayers the option of donating part or all of an income tax refund to the NM Housing Trust Fund, beginning with the returns for the 2018 tax year.

Senate Bill 1 – The Nurse Licensure Compact’s provisions will apply to all licensed nurses who practice in the states or jurisdictions who become parties to the compact. The updated compact addresses the expanded mobility and new practice modalities in the nursing profession by providing for uniformity of nurse licensure requirements. It provides for exchange of information between party states, and provides opportunities for interstate practice by nurses who meet the uniform licensure requirements while still holding a nurse accountable for meeting practice laws in the home state.

Senate Bill 11 – Identically amends several state laws governing health insurance to establish guidelines for step therapy for prescription drug coverage. Psychotropic drugs are exempt from step therapy guidelines.

Senate Bill 29 – Revises the name, structure and duties of the agency to the Overdose Prevention and Pain Management Advisory Council (currently called the Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council). It also adds to members to the Council, including the Human Services Department, and clarifies its duties.

Senate Bill 61 – Makes it a third-degree felony to commit the crime of suffocation or strangulation against a household member. It provides definitions for the terms “suffocation” and “strangulation” within the Family Violence Protection Act, the Crimes Against Household Members Act, and the Abuse and Neglect Act.

Senate Bill 193 – Authorizes the NM Finance Authority to issue and sell State Office Building Tax Revenue Bonds in an amount not to exceed \$20 million (plus costs for issuance) for construction of a building in Bernalillo County to be operated by CYFD.

Senate Bill 220 – Amends the Public Health Act to allow a Crisis Triage Center (CTC) to be physically part of an inpatient hospital and to provide outpatient stabilization.

- **NM Youth Workforce Forum**

The NAADAC NM Youth Work Force Forum will be held at UNM Domenici Education Center, North, 3rd Floor, 1001 Stanford Dr. NE, Albuquerque, NM and live-streamed to partner satellite sites at Eastern New Mexico University-Roswell, New Mexico Highlands University, New Mexico State University and Western New Mexico University. The forum is sponsored by a grant from SAMHSA to the National Association for Addictions Professionals (NAADAC) to the NM Behavioral Health Collaborative. UNM’s Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health has been organizing and will host the event to educate high school and undergraduate college students about BH careers. Youth-informed programming includes learning about the teenaged/young adult brain, a panel discussion with BH professionals, exhibitors from BH provider organizations, free food, and door prizes. The event is Saturday, April 14 from 1-5 pm and is free to all who wish to attend. For more information or to register, visit <https://naadac.org/newmexico-workforce-forum>

- **US HHS, Office of Inspector General Study on Access in NM**

In May, 2017, the HHS Office of Inspector General (OIG) received a Congressional request to study the accessibility of BH services within Medicaid managed care plans. The Office of Evaluation and

Inspections (OE&I), Region II, which conducts evaluations of programs within HHS is planning to examine five States, including NM. BHSD is cooperating with the OE&I in their process of designing this study to inform the study's scope and methodology. The study is estimated to take twelve months. The OIG is requesting data to support its evaluation of the availability of BH services in NM's Medicaid MCOs.

- **BH Collaborative's Next Strategic Plan: Improving the Well-Being of NM's Children**

CYFD will be leading a conversation across a wide variety of systems and stakeholders on how to shift the current service paradigm towards improving the well-being of NM's children. Initial planning is underway to identify the principles, values, and models that could help the participants frame future efforts. Stakeholders from public health, primary care, local government, special education, juvenile justice, workforce licensing bodies will join with treatment providers, local advocates and funders to explore new strategies. The kick-off planning event is set for the Fall.

- **Medicaid Behavioral Health Rule**

The new Medicaid BH rule consolidates all BH service definitions for Medicaid services into a single rule with an accompanying BH Policy Manual. New services included in the 1115 Waiver renewal application will be contained in the rule, with a January 1, 2019 effective date. Among the driving principles for the new rule are simplifying requirements and removing administrative barriers for providers. The hearing to repeal the old DOH BH Rule was convened on March 29, 2018.

- **Intensive Outpatient Programs (IOP)**

The Interdepartmental IOP Council, made up of staff from CYFD & BHSD, in collaboration with the MAD, has been processing applications and conducting site visits. Three agencies had final site visits this quarter and one provider is in the initial review phase. The Council has successfully mapped out and streamlined the application, as well as, the process for review and approval. A retrospective review of all provider organizations approved for IOP is occurring to determine when follow-up site visits will be conducted. Approved IOP provider organizations will have annual site visits to ensure ongoing maintenance of fidelity to the selected evidence-based practice. A flow chart of the IOP Approval Process is attached to this report.

- **Certified Family Peer Support**

CYFD began implementation of its Family Peer Support Worker (FPSW) training in March, 2018. FPSWs are primary caregivers who have "lived-experience" of being actively involved in raising a child who experiences BH challenges. This includes young people with neurobiological differences. FPSWs have experience navigating child-serving systems and have received specialized training to support and empower other families who are raising children with similar experiences. CYFD's BHS collaborated with the national Family-Run Executive Director Leadership Association (FREDLA) to purchase its Parent Peer Support (PPS) Practice Model curriculum for Family Peer Support Workers, Supervisors, and Train-the-Trainers. CYFD's BHS collaborated with the NM Credentialing Board for BH Professionals (NMCBBHP) for FPSW certification, to include the protocols for training, coaching, ethics, exams, and re-certification. The first FPSW exam will occur in the Spring of 2018.

- **Administrative Services Organization (ASO) Transition**

BHSD and CYFD has been working with the ASO on a process for ensuring that Non-Medicaid funds are used for only clients that do not have insurance coverage. BHSD has created rules for the

BHSDSTAR database to run reports on services covered by the Medicaid program, as well as, covered under Non-Medicaid funds. The intent is to ensure that services are paid for by the appropriate entity. The ASO has created a tracking mechanism for BHSD/CYFD, Providers, and the ASO to monitor the claims and create a central point for providers and the State to resolve claims issues in a real time environment. BHSD/CYFD is expecting to see non-Medicaid savings as a result of this process.

- **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 called 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 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.

- **Behavioral Health Day 2018**

The BH Day at the Legislature celebration was initiated on January 16th at the Lodge at Santa Fe with a Behavioral Health Day Summit. The theme was *Prevention Works* and the summit included:

- Over 30 exhibitors showcasing their prevention programs.
- Star Awards to individuals or programs from local communities throughout NM for their work in prevention. Twelve Stars recipients, two Lifetime Achievement winners, two Special Awardees, and one John Henry Award winner were honored.
- Training was conducted on Suicide Prevention, PAX Good Behavior Games, Legislation 101, and Naloxone Administration.

BH Day at the Legislature was held on the following day on January 17th. Fourteen exhibitors lined the Capitol Rotunda which was filled with hundreds of participants. At the Legislative ceremony,

individuals and programs were honored by their respective Legislators. They were also introduced on the floor of the State Senate.

- **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 (RAC) is using the Pathways web portal to case manage SUD clients. The Espanola Police Department and Rio Arriba Sheriff's Office continue to distribute Narcan and have requested advanced Crisis Intervention training for qualified officers. In 2018, Rio Arriba switched to outcome-based contracts for all agencies subcontracting through BHIZ funding, paying them for production of specific outcomes rather than unit of service or deliverables. Rio Arriba is funding a case manager through Las Cumbres Community Services, to case manage pregnant women and women with small children. The Santa Fe Recovery Center is admitting pregnant women with SUD and their children, and has agreed to accept Opiate Use Reduction (OUR) Network referrals.

RAHHS is at the center of an effort to create a national Community Care Coordinators' Learning Network to test the use of the Pathways Care Coordination model with Opioid Use Disorder. The collaboration includes participation from CMS and the Georgia Health Policy Institute of Georgia State University, as well as communities in Washington State, Oregon, Georgia, Ohio and Wisconsin.

The Rio Arriba Sheriff's Office and Espanola Police Department have committed to participating in a Law Enforcement Assisted Diversion pilot in Rio Arriba County. Narcan continues to be distributed at the Rio Arriba Detention Center upon release. Santa Fe Mountain Center and Southwest Care Center have been testing inmates for Hepatitis C through the efforts of the re-entry specialist funded through BHIZ.

McKinley County (MC) BHIZ: McKinley County BHIZ had many successes this quarter which include the approval by the City Council to form an Indigenous Peoples Commission. This Commission includes four Navajo community members, one Zuni tribal member and one city employee. The group will advise the City Council and community concerning matters of cultural diversity, fairness, equal opportunity, and respect for indigenous peoples and cultures. Other successes include:

- This quarter, January to February (March data will be available in April), Nihzhoozhi Center Inc. (NCI) provided counseling sessions to 72 unduplicated clients and Case Management to 15 clients. There were 46 group sessions held at NCI with over 1,117 social detox clients in attendance.
- Rehoboth McKinley Christian Health Care Services (RMCHCS) offered 942 adult education hours for clients in their 90-day treatment program who were seeking their GED.
- RMCHCS case management services were provided to 162 clients in the 90-day treatment program and to 51 clients from the 120 program. Sixty clients enrolled in the 120-work rehab program gained a minimum of 3 employment skills and 4 clients were placed in permanent employment.
- The City of Gallup in collaboration with Gallup McKinley County Schools hosted a Motivational Interviewing training with 41 local providers.
- The City collaborated with local providers to bring in a Community Reinforcement and Family Training (CRAFT), an intervention geared to help families aid their loved ones in recognizing the

need for treatment. The City will be bringing an Ethics and an additional Motivational Interviewing training in the next quarter.

- The City collaborated with the County to approve an ordinance in January 2018 that mirrored the City's ordinance passed in July 2017, which prohibits alcohol sales before 10:00am (changed from 7:00am).

- **CareLink NM Health Homes (CLNM)**

Six providers will implement CLNM Health Home services on April 1st, with a seventh slated to launch on July 1st. 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.

Providers are a mix of Federally Qualified Health Centers, Core Service Agencies, Behavioral Health Agencies, and one Tribal 638 Health Center. Some already provided a mix of physical and BH services, and some will be developing agreements with outside providers to form integrated multi-disciplinary teams. Through a collaboration with CYFD, two of the Health Homes will use high intensity wraparound to serve an anticipated 200 of the most vulnerable children and adolescents with SED. Health Homes that will be implementing Wraparound are the Guidance Center of Lea County and Mental Health Resources in Portales. The final site visit with UNM was held on April 5th, and training and follow-up activities continue.

The CMS State Plan Amendment has been submitted with a retroactive date of 4/1/18. Elements of the CLNM data collection and reporting system are continuing to be developed and refined.

- **Consortium for Behavioral Health Training and Research (CBHTR)**

In addition to ongoing projects focused on workforce education and development, CBHTR provided three Comprehensive Community Support Service (CCSS) trainings. This rehabilitative service focuses on those whose BH impairs their ability to function independently in their communities. The training included:

- UNM Hospitals, Kewa Pueblo Health Corporation, and Isleta Behavioral Health Services;
- Two on-site trainings, in Las Cruces and Espanola, included agencies representing St. Luke's Health Care Clinic, New Mexico Family Services, Mesilla Valley Community of Hope (Veterans Services), Dona Ana County, La Clinica and Circle of Life.

Clinical supervision is critical to increase the number of independently licensed professionals in NM and to the quality of service provision. CBHTR licensed professionals provide supervision to approximately 21 LMSWs monthly, representing well more than 100 hours each quarter. In addition, CBHTR researches workforce policies and issues at the request of various professional boards. This quarter, these activities included creating a summary and presenting on other states' policies regarding inactive status licenses for the NM Board of Social Work Examiners.

- **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, including outpatient stabilization and short-term residential stabilization in a residential rather than institutional setting. They provide emergency

behavioral health triage, evaluation, and admission up to 24 hours a day, 7 days a week 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, which are now complete. Following an amendment in SB220 this Legislative Session, DOH has revised its previously posted rule on CTCs to cover both residential and outpatient forms of CTCs and will publish and hold a public hearing on the adoption of the new rule shortly. Meanwhile, Medicaid's BH rule that includes payment mechanisms for services provided by CTCs is also expected to be promulgated this Spring.

- **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 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.

During this quarter, SCC was able to dispense 150 Narcan® kits to 22 NM pharmacies previously trained under the program for patients without Medicaid or insurance. On March 20th, a SCC pharmacist trained two pharmacists and two pharmacy technicians at Smith's Pharmacy in Santa Fe. More trainings are being discussed with Smith's.

- **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. BHSD has a new independent contractor, to assist with the management of NMNOC postings and information. 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 was expanded to include specific information on Opioid Use Disorder and Medication Assisted Treatment. Providers can now find vital resources, treatment information and training opportunities.

For FY2019, 3 major projects are anticipated:

- Trilogy 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 Trilogy 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 January 01, 2018 to March 30, 2018, there were total visits: **20,121**. The top five keyword searches were: substance abuse, depression, housing, health care, and crisis. The top five provider organizations for web page views were: UNM, Amancer, Samaritan Counseling Center of Albuquerque, Valle del Sol, and Courageous Transformations Inc.

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/>

- **New Mexico Crisis and Access Line (NMCAL)**

NMCAL, operated by ProtoCall Services, Inc. and funded by BHSD, is celebrating five years of aiding New Mexicans in finding the help, services, and support for BH crises. Since it began operating, the hotline has received nearly 115,000 crisis calls through NMCAL, the National Suicide Prevention Lifeline (NSPL), The Rio Grande Gorge Bridge, and Core Service Agencies, as well as more than 25,000 Peer-to-Peer Warmline calls, resulting in 185,373 hours spent talking to callers from all counties throughout the state.

Since NMCAL launched, underserved populations in all counties are being reached, including 62% of callers who are not enrolled in BH services and 53% of callers who have Medicaid or no insurance. To support the recovery process, callers are referred and encouraged to participate and engage in community support services beyond the call. Partnerships are built through collaborative efforts that NMCAL and HSD-BHSD coordinate with state, county, city, and local social service agencies, community associations and coalitions, schools, healthcare facilities and emergency rooms, public safety and correctional facilities, as well as fire, EMT and law enforcement. Bernalillo County dispatches 911 callers in unincorporated areas of Bernalillo County to transfer to NMCAL .

Starting in January of this year, the Warmline expanded to include texting services to reach more youth. Most recently, NMCAL has joined with HSD-BHSD, and providers across the State, expanding its focus to better support addressing the Opioid crisis by providing specialized 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.

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

The NM In-State Policy Academy was convened by the NM Department of Veterans Services (DVS) under on June 21-22, 2016. DVS continues to meet with local city and county probation/parole officers to ensure they are aware of the BH resources available to their parolees. A MOU between DVS and the Corrections Department has been signed and it allow DVS personnel to actively engage with incarcerated veterans as they enter the system, as well as, be notified when veterans are close to being released. This allows DVS to ascertain what services the veteran might need upon release and ensure there is a plan for how the veteran will access the particular service.

This month, DVS joined forces with the city of Albuquerque to participate in the SAMHSA Mayor's Challenge to end Veteran Suicide. Seven cities were selected from around the nation to participate in a pilot initiative aimed at finding strategies to end the number of veteran suicide. A diverse team of 10 from Albuquerque traveled to Washington, DC March 13-16 to work on the beginnings of a collaborative plan on how to put prevention strategies in place to combat the veteran suicide problem. SAMHSA will be conducting a follow-up visit in support of the Mayor's Challenge in May to assess the team's efforts and provide assistance where needed.

- **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:

- BHSD and STR Admin are working on completing Year 2 Scopes of Work for Regional Hubs and community partners.
- Two tribal summits were well attended and a great success. The Espanola Summit had 94 participants and the Farmington Summit had 39 participants.
- Five DATA Waiver Trainings and 8 Safer Opioid Trainings have been held to date.
- Six OTPs have been trained in OUD Education and Naloxone Distribution.
- A total of 353 new patients have been added to MAT and 1158 have been referred to recovery support services.

The STR grant also supports prevention activities, which complement efforts supported by the PDO grant (see below). Since July 1st, 2016 the Overdose Prevention Education Coordinator (OPEC) has trained 647 unduplicated individuals and distributed 1501 two-dose kits of Narcan nasal spray. Trainings have been provided to agencies in 16 of the 29 STR-targeted counties. Five reversals have been reported this quarter and an overdose response educational video was produced.

Other prevention activities include contracts with:

- Inside Out: 215 replacements kits of Narcan were ordered and 364 people were trained.
- Serenity Mesa: 85 replacements kits of Narcan were ordered and 106 people were trained.
- Southwest Care Center: 245 replacements kits of Narcan were ordered.
- Holy Cross Hospital experienced barriers with implementation of their Scope of Work and as a result requested an expansion of their activities to include distribution out of additional areas within the hospital.

- **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 an application to open a new clinic. All applications are under various stages of review. Locations identified for these prospective clinics include Albuquerque (2), Espanola (2), and Santa Fe (1) and Gallup (1).

In an ongoing effort to provide support to NM OTPs in adhering to HB370, which requires agencies operating a federally certified program to dispense methadone or narcotic replacement as part of a detoxification/maintenance treatment and to provide patients with education on opioid overdose and the safe use of Naloxone in the prevention of opioid overdose deaths, Dr. Joanna Katzman and

Monica Moya Balasch from the UNM Pain Center/STR Project have conducted six Naloxone trainings to OTPs at the following locations:

- ABQ Health Services – Monroe location
- ABQ Health Services – Montano location (RR Health Services staff also trained)
- Albuquerque Treatment Services
- Courageous Transformations
- Recovery Services of NM – Roswell
- NM Treatment Services – Farmington

An additional three trainings have been scheduled with NM Treatment Services in Espanola and Santa Fe, and UNM Addictions & Substance Abuse Programs.

- **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 in 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.

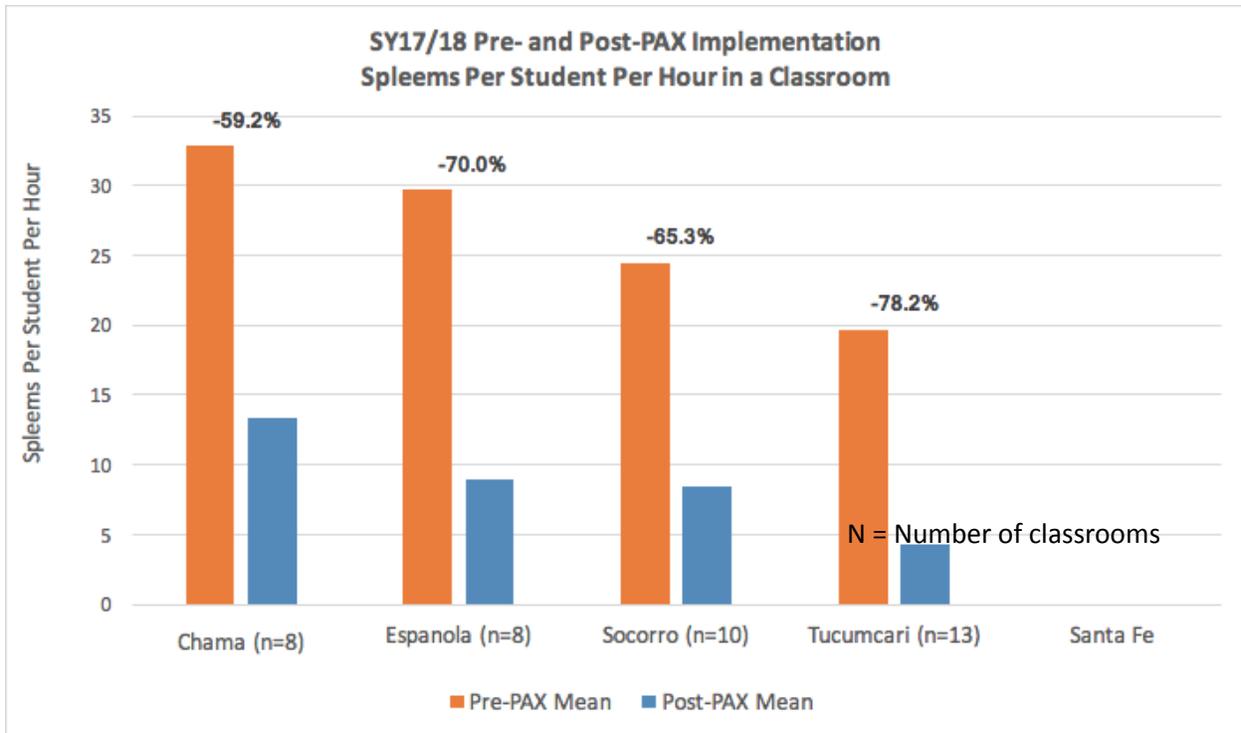
Eleven (11) school districts continued implementing PAX GBG during the 2017-2018 academic year. The new activity within these districts to expand and enhance implementation efforts included an initial teacher training to ensure that newly hired teachers (to account for staff turnover) and other interested teachers received the training: Bernalillo Public School District (4 schools, 7 classrooms), Bloomfield School District (1 school, 5 classrooms), Chama Valley Independent School District (2 schools, 5 classrooms), Cobre Consolidated School District (3 schools, 15 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 212 teachers have been trained since August 2017, impacting 4,090 students across the state.

Between October 2017 and March 2018, Booster Trainings were held with 11 school districts and 346 teachers/classrooms affecting 7,457 students (including teachers trained in this current school year, as well as in previous years).

Overall, 9,328 students (unduplicated count) were impacted by a PAX GBG training or booster session, and its resulting PAX GBG classroom environment, during the current school year.

Pre- and post-data were collected about students' disruptive behaviors (counts of non-attentive and off-task behaviors—"spleems") from a sample of four school districts in fall 2017 and in March 2018 in order to assess short-term results--Chama Valley Independent Schools, Espanola Public Schools,

Socorro Consolidated Schools, and Tucumcari Schools. Other districts' post-test data will be collected nearer the end of the school year. The outcome of this evaluation effort across the four districts was a reduction in disruptive behaviors by a range of 59.2% to 78.2%, as shown in the graph below.



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. Ch’ooshgai Community School, a small BIA 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: Taos Community School, Mescalero Apache School, Tohatchi Elementary School, Wingate Elementary School, Tohaali’ Community School, San Felipe Pueblo Elementary School, San Ildefonso Day School, Santo Domingo Elementary School, Pueblo of Isleta Elementary School, Laguna Elementary School, Sky City Community School, and Cubero Elementary School.

- 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. OSAP has identified activities under this carryover request that will support naloxone distribution in the three contracted counties and Metropolitan Detention Center (MDC), to the data management system and website, and to an expansion of activities focused specifically on Rio Arriba County. OSAP and MDC are finalizing the Scope of Work that will focus on providing naloxone and training to inmates being released into the community. This will increase much needed access to naloxone and education for a vulnerable population often at high risk of overdose death.

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 January 5, February 9, and March 2. Local distribution success stories were shared. PDO sites shared their experiences learned from the pilot period and expansion plans going forward.

Contracted Agencies

The 3 agencies (Bernalillo County Community Health Council, Santa Fe Prevention Alliance, Dona Ana Health and Human Services) are currently in an expansion phase in which they are looking to increase their local capacity, building on the success from the pilot phase. 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 915 Narcan kits and trained 544 individuals to respond to an overdose as of the end of February 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

Dona Ana County Health and Human Services (DACHHS):

DACHHS has distributed 1605 Narcan kits and trained 365 individuals to respond to an overdose as of the end of February 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

Santa Fe Prevention Alliance (SFPA):

SFPA has distributed 903 Narcan kits and trained 410 individuals to respond to an overdose as of the end of February 2018. SFPA has established training and/or distribution to the following agencies:

- 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

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 is also developing three mini campaigns that will focus on treatment, recovery and eliminating discrimination toward people with opioid use disorders.

- **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 by OSAP for 7 of the 9 sites and implementation of prevention strategies began. Due to changes in fiscal agents, Cibola County was delayed in the SPF process and will complete its strategic plan to begin implementation in January 2018. After a school in the NMHEPC withdrew in June 2017, the Consortium began the recruitment process for a replacement in August. In December 2017, the NMHEPC identified the Institute for American Indian Arts (IAIA) in Santa Fe to participate in the PFS 2015 grant. During spring and summer 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, and an overview of prevention resources. On-site TA was provided to San Juan College, NMSU, New Mexico Tech, Chaves County, Roosevelt County, and Curry County. These TA visits focused on engaging community partners and developing a logic model to utilize in planning efforts. All nine PFS 2015 entities received training on conducting the NM Community Survey from the Pacific Institute for Research and Evaluation (PIRE) in January. The NM Community Survey collection began in early March and will come to completion on April 28th.

Beginning in November 2017, the NM Statewide Epidemiological and Outcomes Workgroup (SEOW) began connecting with Federal sub-grantees via a monthly SEOW bulletin. This was introduced as a tool to provide access to key resources and summary documents that result from the monthly convening of the SEOW. The first bulletin was an overview of strategies to address opioid misuse, overdose, and treatment. The January bulletin covered strategies to address underage drinking and drinking and driving as well as introduced sub-grantee communities to the DOH substance abuse epidemiologists. The March 2018 bulletin covered strategies to address underage drinking and drinking and driving as well as introduce sub-grantee communities to the DOH substance abuse epidemiologists.

- **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 March 28, 2018, a total

of 45,642 screens were conducted with 40,965 individuals screened. There have been 25,704 negative screens and 19,937 positive screens. NM SBIRT has conducted 7,676 BIs; 3,877 Mental Health BIs; served 8,027 individuals with therapy, and referred 229 individuals to treatment services and 915 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.

- **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 this quarter for three new pilot strategies being implemented in Bernalillo County: HERO TRAILS, Boot Camp Translation and a robust social media campaign targeting youth. TA was provided on the follow dates: January 25, January 31, February 21, February 23, March 7, and March 29. Support will continue to be available throughout the project via on-site visits, webinars, phone and email.

BCCHC received training on conducting the New Mexico Community Survey from the Pacific Institute for Research and Evaluation (PIRE) in January. New Mexico Community Survey collection began in March of this quarter and will come to completion on April 28.

During this quarter, the Statewide Epidemiological & Outcomes Workgroup (SEOW) continued reviewing the most recent research on strategies to prevent prescription painkiller misuse and opioid overdose prevention to include recommendations from the CDC and SAMHSA.

- **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 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 at 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)

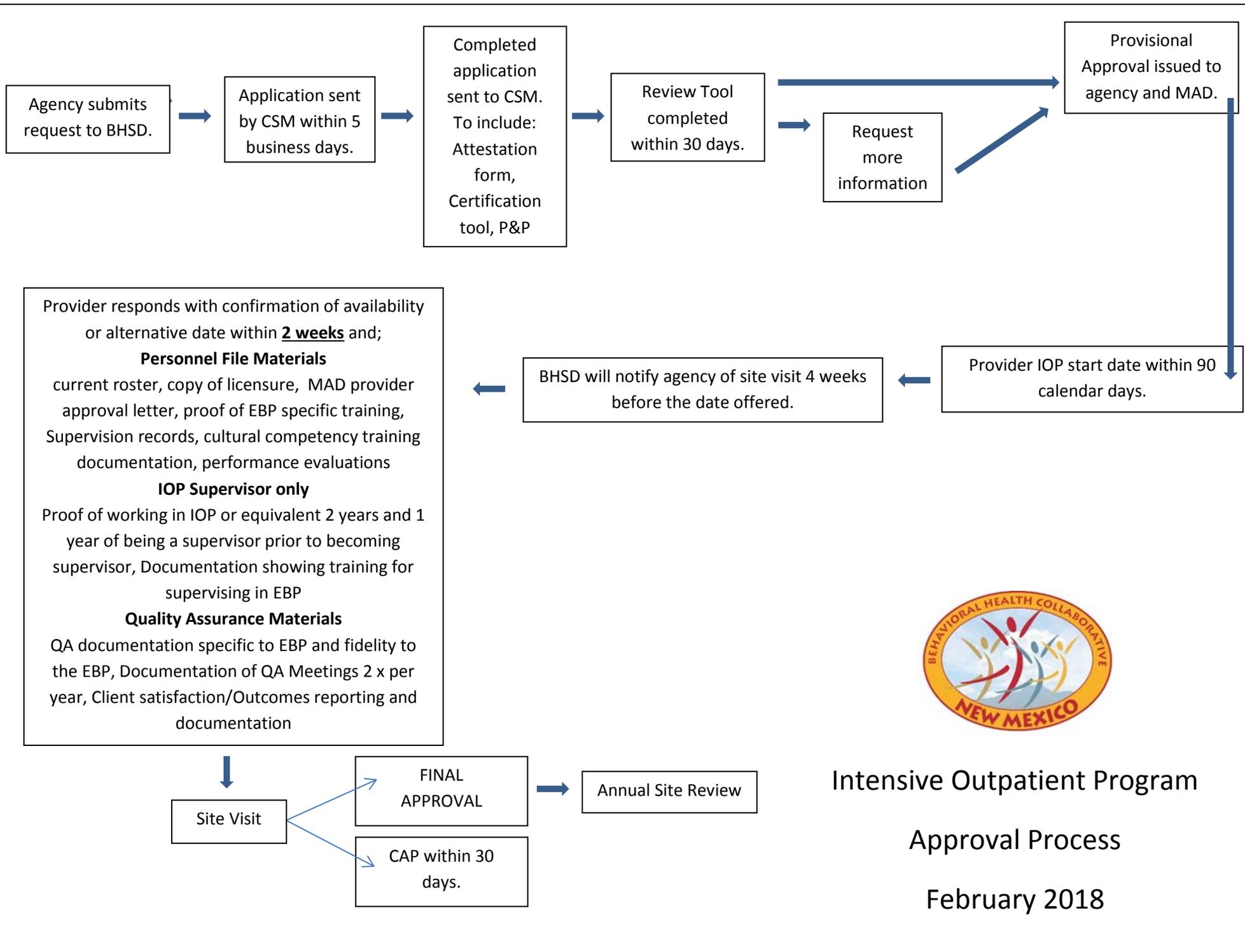
This SAMHSA-funded grant program completed second year of implementation on September 29, 2017 and has now entered its final year. The program operates in Santa Fe, Bernalillo, & Dona Ana counties and provides permanent supportive housing for chronically homeless individuals with SUD, SMI, or co-occurring 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 will be presented at the upcoming New Mexico Public Health Association Annual Conference in April.

- **Treat First**

“Treat First” is an innovative approach to clinical practice improvement. Starting as a pilot with six provider organizations, it has expanded to 15 children and adult serving providers in multiple sites. It is a coordinated effort across BHSD, MAD, and CYFD. The organizing principle has been to ensure a timely and effective response to a person’s needs as a first priority. 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 “no shows” for the next scheduled appointment because their need was not met upon initial intake.

2,258 clients were served during this 6 month period. Adults rated the Treat First sessions very positively (i.e., 34 out of a maximum of 40 points). They indicated that the sessions covered what they wanted, felt connected to the therapist and overall, thought their work together was good. Youth were even more pleased with their Treat First sessions (i.e., 18. out of a maximum of 20 points.) They felt listened to, got to talk about what they wanted, felt good about the session work and felt positive about their next connection. Overall, 33% (751) of the clients were able to have their needs met and not need more treatment after four visits. There was a 14.6% “No Show” rate which varied across providers. Two thirds (57%) of clients showed for their scheduled appointments and the remaining clients rescheduled during that period.

In November, 2017 the Treat First Learning Community discussed what areas of clinical practice needed improvement. They identified four areas in which they wanted to recommend solutions for practice improvement. From February through mid-April, participants volunteered to work on the “Design Teams” addressing teaming, clinical supervision, SUD, and establishing a Treat First University. On April 25, 2018, participants from the Design Teams will be bringing their recommendations to the Learning Community for further discussion and development.



Provider responds with confirmation of availability or alternative date within **2 weeks** and;

Personnel File Materials
 current roster, copy of licensure, MAD provider approval letter, proof of EBP specific training, Supervision records, cultural competency training documentation, performance evaluations

IOP Supervisor only
 Proof of working in IOP or equivalent 2 years and 1 year of being a supervisor prior to becoming supervisor, Documentation showing training for supervising in EBP

Quality Assurance Materials
 QA documentation specific to EBP and fidelity to the EBP, Documentation of QA Meetings 2 x per year, Client satisfaction/Outcomes reporting and documentation



**Intensive Outpatient Program
 Approval Process
 February 2018**



**BEHAVIORAL HEALTH SERVICES
YOUTH SATISFACTION SURVEY
2017**



cyfd

New Mexico Children,
Youth & Families Department

For 2017, we continued surveys of youth in Juvenile Justice Facilities (162), but changed the community target groups to include youth new to the system by surveying shelter residents (43) and youth transitioning to adulthood in our Healthy Transitions program plus members of LUVYANM (34).

Young Adult Characteristics

Gender Identity:

- 36% Female
- 58% Male
- 1% Trans.
- 1 % Other

Age:

- 32% 18 to 21
- 46% 16 to 18
- 17% 12 to 16
- 5% No Ans.

Race / Ethnicity:

- 56% Hispanic
- 20% White
- 10% Native
- 8% Afric/Am
- 6% Other

This report shows young adult perceptions of state funded mental health and substance abuse services in New Mexico.

For young adults in all cohorts:

- ♥ 85% said they participated in their own treatment.
- ♥ 82% said staff spoke to them in a way they understood.
- ♥ 77% said that staff respected their families religious / cultural beliefs
- ♥ 75% said that they helped choose their treatment goals and that staff treated them with respect.

Lowest score: Only 59% felt that the people helping them stuck with them no matter what.

Regarding Managed Care Organizations:

- ♥ Young adults rated United Health the best for behavioral health services at 80%. However, it is probable that United's high score is an artifact of their very low number of participants (n=5). Molina (n=32) had the highest score for the other MCOs at 31% Excellent.
- ♥ Young adults rated United the best in effectiveness of behavioral health services at 80%. However, it is probable that United's high score is an artifact of their very low number of participants (n=5). Blue Cross / Blue Shield (n=22) had the highest score for the other MCOs at 73%.

Regarding education and legal involvement

With the addition of youth placed in shelter to the survey this year, these data points are not comparable to previous years.

At each survey since 2013, progressively fewer young adults had been arrested in the previous six months. The addition of youth placed in shelter as a survey cohort will skew this number for comparative purposes as shelter is used as an alternative to detention.

Youth Survey 2017

Of 34 young adults surveyed about satisfaction with community-based behavioral health:

Young Adult Characteristics

Gender Identity:

59% Female

32% Male

3% Other

Age:

18% 18 to 21

32% 16 to 18

46% 12 to 16

Race / Ethnicity:

46% Hispanic

33% White

9% Native

4% Afric/Am.

- ♥ 97% said they received services that were right for them
- ♥ 97% said behavioral health staff treated them with respect
- ♥ 97% said behavioral health staff spoke with them in ways they understood
- ♥ 96% said behavioral health staff respected their family's spiritual beliefs
- ♥ 91% were satisfied with the services they received
- ♥ 91% believed that people helping them stuck with them no matter what
- ♥ 91% said they got the help they wanted
- ♥ 90% said behavioral health staff were sensitive to their cultural/ethnic background

Youth Survey 2017

HOW DOES THIS COMPARE TO PREVIOUS YEARS?

COMMUNITY		2016		2015	2014	2013
Youth Satisfaction with Services: Statewide		Strongly Agree/Agree				
Overall, I am satisfied with the services I received.	↑	91.4%	↓	85.0%	NO DATA AVAILABLE	85.8%
I helped to choose my services.	↑	82.8%		71.0%		63.7%
I helped to choose my treatment goals.	↑	87.1%	↓	81.0%		85.8%
The people helping me stuck with me no matter what.	↑	91.4%	↓	84.0%		85.0%
I felt I had someone to talk to when I was troubled.		87.1%	↑	87.0%		85.0%
I participated in my own treatment.	↓	88.2%		91.0%		90.3%
I received services that were right for me.	↑	96.8%	↓	84.0%		88.3%
The location of services was convenient for me.	↑	82.8%	↓	76.0%		79.6%
Services were available at times that were convenient for me.	↑	83.9%	↓	76.8%		85.8%
I got the help I wanted.	↑	91.4%	↓	87.7%		91.2%
I got as much help as I needed.		86.0%	↓	85.7%		86.7%
Staff treated me with respect.	↑	96.8%	↓	88.0%		94.7%
Staff respected my family's religious/spiritual beliefs.	↑	95.7%	↓	84.8%		92.9%
Staff spoke with me in a way that I understood.	↑	96.8%		92.9%	92.9%	
Staff was sensitive to my cultural/ethnic background.	↑	90.3%	↓	87.9%	91.1%	

HOW EFFECTIVE DO YOUNG ADULTS THINK THEIR BEHAVIORAL HEALTH SERVICES ARE?

Youth Satisfaction with Services: Statewide		2016		2015	2014	2013
COMMUNITY		Strongly Agree/Agree				
I am better at handling daily life.	↑	89.2%	↓	86.0%	NO DATA AVAILABLE	88.5%
I get along better with family members.	↑	80.6%	↓	78.8%		79.6%
I get along better with friends and other people.	↑	88.2%	↓	87.8%		89.3%
I am doing better in school and or work.	↑	88.2%	↑	83.9%		80.4%
I am better able to cope when things go wrong.	↓	79.6%	↑	81.0%		78.6%
I am satisfied with my family life right now.	↓	75.3%	↑	85.0%		82.9%

Youth Survey 2017

RATING OF BEHAVIORAL HEALTH CARE BY MANAGED CARE ORGANIZATION

Molina												
Rating		2016	%		2015	%		2014	%		2013	%
Not so good		1	3.1%		1	4.4%		NO DATA AVAILABLE				
Okay	↓	5	15.2%		5	21.7%						
Good	↓	10	30.3%		11	47.8%						
Excellent	↑	14	42.4%		6	26.1%						
		n=33	100.0%		n=23	100.0%		n=54	100.0%			100.0%



Presbyterian												
Rating		2016	%		2015	%		2014	%		2013	%
Not so good	↓	0	0.0%		1	4.4%		NO DATA AVAILABLE				
Okay	↑	4	12.12%		3	13.0%						
Good	↑	14	42.4%		8	34.8%						
Excellent	↓	15	45.4%		11	47.8%						
		n=33	100.0%		n=23	100.0%		n=54	100.0%			100.0%

United												
Rating		2016	%		2015	%		2014	%		2013	%
Not so good		0	0.0%		0	0.0%		NO DATA AVAILABLE				
Okay	↑	2	100.0%		1	50.0%						
Good	↓	0	0.0%		1	50.0%						
Excellent		0	0.0%		0	0.0%						
		n=2	100.0%		n=2	100.0%		n=2	100.0%			100.0%



Blue Cross / Blue Shield												
Rating		2016	%		2015	%		2014	%		2013	%
Not so good		0	0.0%		0	0.0%		NO DATA AVAILABLE				
Okay	↓	2	16.6%		9	36.0%						
Good	↑	4	33.3%		8	32.0%						
Excellent	↑	6	50.0%		8	32.0%						
		n=12	100.0%		n=25	100.0%		n=9	100.0%			100.0%

Youth Survey 2017

SATISFACTION WITH BEHAVIORAL HEALTH SERVICES BY MCO

For responses of Agree and Strongly Agree only.	Molina (n=30)			Presbyterian (n=33)		
		2016	2015		2016	2015
Overall, I am satisfied with the services I received	↑	100.0%	73.9%	↑	87.9%	69.6%
I helped to choose my services.	↑	90.0%	65.2%	↑	84.8%	73.9%
I helped to choose my treatment goals.	↑	100.0%	73.9%	↓	81.8%	87.0%
The people helping me stuck with me no matter what.	↑	93.3%	78.3%	↓	90.9%	95.7%
I felt I had someone to talk to when I was troubled.	↓	83.3%	87.0%	↑	93.9%	91.3%
I participated in my own treatment.	↑	96.7%	82.6%	↓	87.9%	91.3%
I received services that were right for me.	↑	100.0%	82.6%	↑	97.0%	82.6%
The location of services was convenient for me.	↑	83.3%	73.9%	↑	81.8%	69.6%
Services were available at times that were convenient for me.	↑	90.0%	73.9%	↑	78.8%	73.9%
I got the help I wanted.	↑	93.3%	82.6%	↑	97.0%	95.5%
I got as much help as I needed.	↑	86.7%	77.3%	↓	84.8%	100%
Staff treated me with respect.	↑	96.7%	82.6%	↑	97.0%	95.7%
Staff respected my family's religious/spiritual beliefs.	↑	100.0%	87.0%	↑	93.9%	87.0%
Staff spoke with me in a way that I understood.	↑	100.0%	82.6%		100.0%	100.0%
Staff was sensitive to my cultural/ethnic background.	↑	93.3%	82.6%	↑	90.9%	0%
		n=30			n=33	

For responses of Agree and Strongly Agree only.	United (n=2)			BC / BS (n=12)		
		2016	2015		2016	2015
Overall, I am satisfied with the services I received	UNABLE TO CALCULATE	50.0%	50.0%	↓	75.0%	88.0%
I helped to choose my services.		50.0%	50.0%	↓	66.7%	80.0%
I helped to choose my treatment goals.		100.0%	50.0%	↓	83.3%	92.0%
The people helping me stuck with me no matter what.		100.0%	50.0%	↓	75.0%	80.0%
I felt I had someone to talk to when I was troubled.		100.0%	50.0%	↓	66.7%	84.0%
I participated in my own treatment.		100.0%	50.0%	↓	83.3%	96.0%
I received services that were right for me.		100.0%	50.0%	↑	91.7%	84.0%
The location of services was convenient for me.		50.0%	50.0%	↓	83.3%	88.0%
Services were available at times that were convenient for me.		100.0%	50.0%	↑	91.7%	80.0%
I got the help I wanted.		100.0%	50.0%	↓	75.0%	91.7%
I got as much help as I needed.		100.0%	50.0%	↓	75.0%	83.3%
Staff treated me with respect.		100.0%	50.0%	↓	91.7%	92.0%
Staff respected my family's religious/spiritual beliefs.		50.0%	50.0%	↑	91.7%	83.3%
Staff spoke with me in a way that I understood.		100.0%	100.0%	↓	91.7%	95.8%
Staff was sensitive to my cultural/ethnic background.		50.0%	0.0%	↑	91.7%	87.5%
		n=2			n=12	

Youth Survey 2017

EFFECTIVENESS OF BEHAVIORAL HEALTH SERVICES BY MCO

For responses of Agree and Strongly Agree only.	Molina (n=30)			Presbyterian (n=33)		
		2016	2015		2016	2015
I am better at handling daily life.	↑	86.7%	82.6%	↓	87.9%	91.3%
I get along better with family members.	↑	76.7%	69.6%	↑	84.8%	82.6%
I get along better with friends and other people.	↑	93.3%	69.6%	↓	81.8%	95.7%
I am doing better in school and or work.	↓	86.7%	91.3%	↑	93.9%	91.3%
I am better able to cope when things to wrong.	↓	70.0%	82.6%	↓	90.9%	82.6%
I am satisfied with my family life right now.	↓	63.3%	78.3%	↑	84.8%	78.3%
		n=30			n=33	
		United (n=2)			BC / BS (n=12)	
	UNABLE TO CALCULATE	2016	2015		2016	2015
I am better at handling daily life.		100.0%	50.0%	↓	83.3%	84.0%
I get along better with family members.		100.0%	50.0%	↓	75.0%	100.0%
I get along better with friends and other people.		100.0%	50.0%	↓	91.7%	96.0%
I am doing better in school and or work.		100.0%	50.0%	↑	91.7%	79.2%
I am better able to cope when things to wrong.		100.0%	50.0%	↓	83.3%	92.0%
I am satisfied with my family life right now.		100.0%	50.0%	↓	75.0%	92.0%
		n=2			n=12	

SCHOOL ATTENDANCE OF YOUNG ADULTS SURVEYED...

How often were you absent from school during the last month of school?										
Absences	2017		2016		2015		2014		2013	
	#	%	#	%	#	%	#	%	#	%
1 day or less	61	37.70%	39	43.30%	41	42.70%	61	35.90%	98	43.00%
2 days	8	4.90%	7	7.80%	10	10.40%	19	11.20%	19	8.30%
3 to 5 days	15	9.30%	11	12.20%	3	3.10%	37	21.80%	36	15.80%
6 to 10 days	6	3.70%	3	3.30%	11	11.50%	7	4.10%	11	4.80%
More than 10 days	11	6.80%	4	4.40%	13	13.50%	11	6.50%	7	3.10%
Do not remember	29	17.90%	17	18.90%	5	5.20%	21	12.40%	44	19.30%
Not in school	28	17.30%	9	10.00%	13	13.50%	14	8.20%	13	5.70%

The percentage of young adults surveyed with a day or less of school absences has remained fairly consistent since 2013.

After a significant drop in 2016, 2017 saw a return to the increases seen in 2014 and 2015 for the number of young adults surveyed with 10 or more school absences (11). This is probably an artifact of adding youth placed in shelter as a survey cohort.

Youth Survey 2017

HOW LONG HAVE THE YOUNG ADULTS IN THE COMMUNITY HAD BEHAVIORAL HEALTH SERVICES?

Length (Duration) of Behavioral Health Services	2016		2015	
	Total	Percent	Total	Percent
No Response	1	1.1%	6	6.0%
Less than 1 month	7	7.5%	14	14.0%
1-2 months	9	9.7%	11	11.0%
3-5 months	12	12.9%	11	11.0%
6 months to 1 year	20	21.5%	18	18.0%
More than 1 year	44	47.3%	40	40.0%
	93	100.0%	100	100%

SIGNIFICANTLY MORE YOUNG ADULTS SURVEYED IN 2016 HAD BEEN IN TREATMENT FOR SIX (6) MONTHS OR LONGER (69%), AS COMPARED TO 2015 (58%). SIGNIFICANTLY FEWER SURVEYED IN 2016 (7.5%) HAD BEEN IN TREATMENT LESS THAN A MONTH COMPARED TO 2015 WHEN 14% HAD LESS THAN A MONTH OF BEHAVIORAL HEALTH SERVICES

WHERE HAVE THE YOUNG ADULTS IN THE COMMUNITY BEEN LIVING IN THE PAST 6 MONTHS?

Type Of Living Situation	2016	2015	2014	2013
	Percent		Percent	Percent
With one or both parents	36.9%	NO DATA AVAILABLE	80.0%	53.8%
With another family member	19.0%		35.0%	22.3%
Foster Home	6.0%		9.0%	6.9%
Therapeutic foster home	1.8%		3.0%	1.9%
Crisis shelter	1.8%		4.0%	0.76%
Homeless shelter	3.6%		3.0%	0.38%
Group Home	3.0%		9.0%	3.5%
Residential treatment center	3.0%		7.0%	10.8%
Hospital	6.0%		10.0%	3.8%
Local jail or detention facility	4.2%		6.0%	39.6%
Runaway/homeless/on the streets	4.8%		5.0%	7.3%
Other	6.0%		1.0%	8.5%
No response	4.2%		0.0%	0.0%

Note: Respondents could answer yes to more than one type of living situation.

Youth Survey 2017

LEGAL INVOLVEMENT OF YOUNG ADULTS SURVEYED...

In the last month, did you get arrested by the police?															
2017				2016				2015				2014			
Yes	%	No	%	Yes	%	No	%	Yes	%	No	%	Yes	%	No	%
22	13.6%	139	85.8%	1	1.1%	91	97.8%	2	2.0%	98	98%	9	5.3%	161	94.7%

In the last month, did you go to court for something you did?															
2017				2016				2015				2014			
Yes	%	No	%	Yes	%	No	%	Yes	%	No	%	Yes	%	No	%
30	18.5%	128	79.0%	4	4.3%	88	94.6%	3	3.0%	97	97.0%	16	9.5%	153	90.5%

At each survey since 2013, progressively fewer young adults had been arrested in the previous six months. The addition of youth placed in shelter as a survey cohort will skew this number for comparative purposes as shelter is used as an alternative to detention.

What has been most helpful?

- ♥ One on one sponsor believed in me
- ♥ Always having someone to talk to
- ♥ Being able to speak my mind
- ♥ Able to trust someone to listen
- ♥ Learning to use a breath chart
- ♥ Better able to communicate
- ♥ Learning how to control my anger
- ♥ Learning coping skills

What would improve services?

- ♠ A safe ride system to get to appointments
- ♠ Better access to services
- ♠ Being able to go to therapy more often
- ♠ Faster processes and services
- ♠ Finding a way to help my Mom
- ♠ If school would understand my situation
- ♠ If services were closer
- ♠ More checking from medical provider

*For more information regarding the Youth Satisfaction Survey,
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