

Behavioral Health Collaborative CEO Report

January 18, 2018

1. Centennial Care 2.0 Waiver Application

Centennial Care 2.0 builds upon the accomplishments achieved since implementation of Centennial Care and identifies opportunities for continued progress in transforming New Mexico's Medicaid program into an integrated, person-centered, value-based delivery system. Following a year of feedback from stakeholders throughout New Mexico, HSD released a draft of the 1115 Waiver Renewal draft application on September 5, 2017, followed by a revised draft on October 6th, for public comment. Public comments were accepted until 5:00pm MST on Monday, November 6, 2017. HSD also held four public hearings in different regions of the state to receive feedback on the draft waiver. All comments were reviewed and evaluated to inform additional modifications prior to submission of the final application to CMS, which occurred on December 6, 2017. See <http://www.hsd.state.nm.us/centennial-care-2-0.aspx> for complete information about the waiver application process and for the final version of the Centennial Care 2.0 Waiver Application.

2. Centennial Care 2.0 Procurement

As part of the transition to Centennial Care 2.0, HSD has undertaken a process to solicit competitive proposals from managed care organizations to provide services to members of New Mexico's Medicaid managed care program starting January 1, 2019. HSD issued an RFP for MCO contractors for Centennial Care 2.0 on September 1, 2017, with proposals due by 3:00pm on November 3rd. HSD staff spent much of November and December evaluating the proposals. Contracts are expected to be awarded March 15, 2018. See http://www.hsd.state.nm.us/Centennial_Care_RFP.aspx for the RFP and other procurement resources.

3. Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance Report

HSD has concluded its year-long analysis of parity in its Medicaid managed care programs per the requirements of the Mental Health Parity and Addition Equity Act. The report reflects the work by HSD and its Managed Care Organizations to review the NM Medicaid/CHIP delivery system to become compliant with the final parity rule. In the fall of 2016, HSD established a parity workgroup that was tasked with overseeing the HSD/MCO analyses. This workgroup included representatives from HSD, including the Behavioral Health Services Division and the Medical Assistance Division. The final report of this analysis is posted on the HSD website for public access. See "The Latest News From HSD" on the HSD homepage <http://www.hsd.state.nm.us/Default.aspx> or download the report at <http://www.hsd.state.nm.us/LookingForInformation/nm-mhpaea-report-final-mental-health-parity-report-for-website.pdf>

4. Administrative Services Organization (ASO) Transition

ASO, Falling Colors, has maintained a consistent flow of payments to providers and has worked to

ensure that providers experiencing issues receive one-on-one assistance. The ASO transition has been overall a very successful process. All providers within the BHSD network have executed a provider agreement with Falling Colors Corporation (FCC) and have received their Scopes of Work from their assigned program managers as well as fee schedules for claims code providers. Providers have successfully billed through the claims and invoice processes with no significant issues or concerns. Monthly collaboration meetings are held with FCC ensuring all current matters are addressed promptly.

Claims providers payment frequency has changed to the 1st and 16th of each month. There has been a collective approach by BHSD and FCC staff ensuring that Medicaid eligible clients are billed appropriately to Medicaid for Medicaid services. A Letter of Direction as well as payment recoupment policy and procedures are approved to recoup expenditures from providers that have billed to BHSD for clients who are Medicaid eligible. The payment recoupment will be processed for the first six months of state fiscal year 2018. BHSD funding should be considered last resort funding and should be used if clients do not have Medicaid or insurance. A provider alert has been sent to providers regarding the recoupment.

BHSD and CYFD are also in the process of implementing a mandated data update to include an “Involuntary-Protective Services” option; this option should be selected for clients 18-21, if they have had CYFD Protective Services involvement prior to age 18.

5. Adolescent Substance Use Reduction Effort (ASURE)

CYFD Behavioral Health Services is a recipient of a 4-year, \$760,000 per year grant award from SAMHSA’s Center for Substance Abuse Treatment. ASURE-Treatment Implementation (TI, or ASURE-TI) is intended to establish comprehensive and sustainable services that are effective, develop our workforce capabilities, serve adolescents, young adults and families, expand access to community services, & reduce the consequences related to unaddressed BH disorders.

CYFD’s BH Division has used the State Youth Treatment Planning Grant (SYT-P) to institute an Interagency Council called the Adolescent Substance Use Reduction Taskforce (ASURT). ASURE-TI is following the Workforce Training Implementation Plan & the findings from the Workforce Competency survey to develop the workforce throughout the grant. CYFD is offering extensive trainings in the Seven Challenges: Seeking Safety; the American Society of Addiction Medicine (ASAM) Assessment and Level of Care Criteria; Community Reinforcement and Family Training (CRAFT); Youth Support Services; Motivational Interviewing; use of the Performance and Outcomes Reporting Tool (PORT); and other tools. The ASURT Workforce Development Subcommittee has aligned its plan with the BH Planning Council (BHPC) workforce training plan, so that the goals and objectives of the ASURE-TI match the BHPC statewide development plan.

ASURE is now working with five providers utilizing state general funds to provide Youth Support Services in Las Cruces and Albuquerque. The TI grant will expand YSS to Farmington, Taos, Hobbs, and add services to Albuquerque. NMSU will begin development of a YSS Coach training that will focus on professional development to bolster workforce expansion and to help create employment opportunities that invite young adults into the behavioral health workforce.

6. Behavioral Health Day 2018

Planning is underway for the 2018 Behavioral Health Summit and Behavioral Health Day. Celebrations will begin on January 16th, 2018 at the PREVENTION WORKS Program Exhibit Fair and Summit. The Summit will be held at the Lodge in Santa Fe from 9am-5pm. There will be over 30 exhibitors present to showcase their Prevention and Behavioral Health programs, and prevention-focused workshops will be offered in the afternoon.

Behavioral Health Day will take place at the State Capitol Rotunda from 9am-12pm on Wednesday, January 17, 2018. As in previous years, this event honors individuals or programs who are champions of behavioral health in their local communities. In addition to the recognition of BH Stars, Behavioral Health Day provides an opportunity to educate and inform others about prevention and early intervention strategies that can reduce the impact of mental illness and substance use disorders. It also enables legislators to connect with local leaders who have been pivotal in their communities' grassroots efforts on behavioral health.

7. Behavioral Health Investment Zones (BHIZ)

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

Rio Arriba County (RAC): RAC successfully met legislative targets set for Behavioral Health Investment Zones in 2017. 85% of case managed clients received follow up services within 30 days of discharge from residential services, exceeding the target of 67%; 90 to 97% of individuals received two or more services within 30 days of initiating treatment, significantly exceeding the legislative target of 40%; and 44 individuals received detox services, with 77% completing the course of residential detox treatment.

Rio Arriba has entered all case management clients into the Pathways Health Information Technology portal and is now using it to case-manage clients. Network agencies are in the process of entering clients into the portal, and sub-contracts are partially or even primarily based on production of individual health outcomes. Rio Arriba Health and Human Services and Network agencies are working with the DOH to respond to overdoses at Presbyterian Española Hospital. An OPRE CPSW training is being planned for February for clients and staff of member agencies. Rio Arriba has developed a media campaign, "A New Normal," aimed at reducing stigma and building compassion for individuals and families impacted by Substance use disorders and is planning a launch of the campaign in the Spring of 2018.

McKinley County (MC) BHIZ: From October to November, Na'Nizhoozhi Center Inc. (NCI) provided counseling sessions to 20 unduplicated clients and case management to 13 clients. Rehoboth McKinley Christian Hospital (RMCH) had 8 clients complete their GED and graduate. This makes 16 GED graduates total in FY18. 146 clients from the 90-day Inpatient Treatment Program received case management services and 52 clients from the 120-day Work Rehab Program received case management services. In November, Congressman Lujan and his staff toured NCI and saw some of the BHIZ sessions taking place.

BHIZ MC Evaluator and Program Manager continued to present quarterly to the City Council and monthly to the Health Alliance. In Collaboration with the Indian Health Service and Gallup McKinley

County Schools, BHIZ MC presented to 20+ counselors within the school district to gain interest in a pilot SBIRT Project. 15 counselors registered to receive training in SBIRT and work on a long term project to provide SBIRT in the school district. In Phase I, MC BHIZ plans to train staff in Motivational Interviewing and SBIRT.

The BHIZ partnership allowed the City of Gallup to apply for the IHS Preventing Alcohol Related Deaths (PARD). The City was awarded the grant and will provide additional treatment and shelter care. The funding for the program will allow for the purchase of beds that will be used for the 1st Step Program, which is a program that requires clients to commit to their sobriety 15 days at a time. This is a perfect step for clients when local inpatient facilities are full. The city of Gallup will expand the shelter care and be able to provide meals on site, and will have a high risk unit where clients' vitals and meds will be monitored.

8. CareLink NM Health Homes

The expansion of Health Homes into nine more counties is progressing. There are eight providers on the path to implement CareLink New Mexico Health Homes in April of 2018. They are projected to serve over 10,000 Medicaid beneficiaries with the most severe chronic behavioral health diagnoses, and another 800 children/adolescents in a pilot high intensity wrap around service. The providers are: the University of New Mexico Hospital Clinics and New Mexico Solutions in Bernalillo County; Presbyterian Medical Services and Santo Domingo Health Clinic in Sandoval County; Mental Health Resources in 3 locations in Roosevelt, De Baca and Quay Counties; Guidance Center of Lea County in Lea County; Hidalgo Medical Services in two locations in Grant and Hidalgo counties; and NM Family Services in Dona Ana County. These providers are a mix of Federally Qualified Health Centers, Core Service Agencies, Behavioral Health Agencies, and one Tribal 638 Health Center. Some already had a mix of physical and behavioral health services, and some will be developing Memorandums of Agreement with outside providers to form integrated multi-disciplinary teams.

Per member per month rates were sent to prospective Health Homes in late December and are awaiting provider confirmation and CMS State Plan Amendment for approval. Readiness activities are continuing to ensure providers are prepared to begin services effective 4/1/18, including completion of site visits and training on the BHSDStar system for member registration, assessment, service planning and quality metrics.

Results from the first two CLNM providers, which started the program in April of 2016, have tracked other States' results in that costs actually increased during the first one or two years as these beneficiaries are now receiving the behavioral and physical health services most needed; however, data showing that inpatient, emergency and residential costs will go down after these start-up years is anticipated. The quality indicators that are being tracked surpassed all expectations in comparison to other programs and national standards.

9. Crisis Triage Centers (CTC)

Established by HB 212, 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 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. DOH has posted the new rule on CTCs (7.30.13 NMAC) at <https://nmhealth.org/publication/regulation/> and will hold a public hearing on the adoption of the rule on February 21, 2018 at 9:00am in the auditorium of the Harold Runnels Building, located at 1190 St. Francis Drive in Santa Fe.

10. 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 2018. . 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 live CEUs.

During this quarter, SCC was met with several, unexpected obstacles that prevented SCC pharmacists from conducting pharmacy naloxone trainings. On-site agency audits coupled with staffing complications (i.e. medical leave, jury duty, and onboarding new staff) made it especially difficult for SCC pharmacists to schedule trainings this quarter. Staff were able to dispense 25 Narcan® kits to 5 pharmacies previously trained under the program for patients without Medicaid or insurance. Additionally, contact was made with the Walmart Clinical Pharmacy Coordinator to schedule naloxone pharmacy staff trainings.

On October 6th, a SCC pharmacist trainer spoke at the Western Pharmacoeconomics Conference in Albuquerque as a part of a panel entitled, "Opioid epidemic in New Mexico, The Role of Pharmacists." On November 2nd, a SCC pharmacist trainer spoke at the Legislative Health and Human Services (LHHS) Opioid Crisis Response Summit on the role of pharmacies in the prevention of opioid overdose. During the LHHS Summit, the SCC pharmacist addressed several barriers to dispensing pharmacy-based naloxone and suggested potential strategies to mitigate those barriers.

11. Network of Care (NOC)

The NM Behavioral Health Network of Care (NMNOC) is operating as the official website for the BH Collaborative. This website can be accessed at: <http://www.newmexico.networkofcare.org/mh/>. Trilog continues to support NM communities by providing free NOC access & use training.

Development of the BH NOC is ongoing. BHSD has a new independent contractor, Elizabeth Carovillano, 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 the new year, there will be 3 major projects:

- 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 the Office of Substance Abuse and Prevention (OSAP) on migrating its website content to NMNOC.
- BHSD has also sought the potential synergy between OpenBeds (a national in-patient bed registry) and Trilogy. The division plans to have a conference call with them in February to further the conversation of having a bed registry for inpatient services here in NM.

For the period of September 28, 2017 to December 31, 2017, there were total visits: **34,732**. The top five keyword searches were: substance abuse, depression, housing, health care, and crisis. Trilogy released a request this quarter for all providers registered on NMNOC to update their information.

The top five agencies for web page views were: Samaritan Counseling Center of Albuquerque, Children's Treatment Center LLC, North Star Psychiatric Services, Amanecer Psychological Services, 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/>

12. New Mexico Crisis and Access Line (NMCAL)

For October and November, 2017, NMCAL answered over 8,000 calls. This includes 3,651 crisis calls, 787 NM calls from the National Suicide Prevention Lifeline (NSPL), 2,212 calls for the Peer-to-Peer Warm Line, and 1,325 after-hours calls forwarded from NM's Core Service Agencies (CSAs).

Anxiety, suicide and situational stress were once again top presenting issues. Cognitive concerns/psychosis was the fourth highest presenting problem, reflecting an increase in that category. Bernalillo and Dona Ana counties continue to have the highest numbers of callers, with San Juan, Santa Fe, and Taos counties being the next top utilizers. For the Peer to Peer Warm Line the top concern identified is "mental health", with "relationships" being the next highest reported challenge.

NMCAL continues to report successful stabilization of the caller at an average rate of 97%. The Peer to Peer Warm Line is reporting 98% of callers feeling supported during the call. Very few calls are transferred from the Warm Line to the Crisis Line.

Other NMCAL developments in the works include:

- Development of a testing service on the Peer2Peer Warm Line to be more user friendly to young people

- The training of staff in best practices for those experiencing Opioid Use Disorders (OUD) to better serve this population; and
- The engagement with Dose of Reality Campaign and the launch of an NMCAL Public Awareness campaign with a specific focus on reaching out to those with OUD.

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

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

The New Mexico Department of Veteran Services (DVS) met with 50 probation/parole officers to start working with those recently released veterans to ensure that they are afforded a warm hand off to behavioral health services as they leave incarceration. This initiative will not only allow them to continue to attend counseling but will foster a collaborative partnership with the parole officers to ensure as veterans encounter other obstacles their parole officers will have a resource to reach out to. DVS is still working with Dr. Haza Mella to ensure that it is not overlooking any gaps where a veteran might not be linked up with available resources. SAMHSA, in partnership with the U.S. Veterans Affairs, has invited the city of Albuquerque to participate in its inaugural VA's Mayor's Challenge to Prevent Suicide among Service Members, Veterans, and their Families. This initiative will focus on preventing suicide in Albuquerque, and our state SAMHSA team will be a part of this event. Our State Policy Academy will be providing guidance to the new city administration regarding which veterans organizations can be brought to bear to help solve and sustain a meaningful campaign toward eliminating suicide among veterans in Albuquerque.

Michelle Cleary, Senior Project Associate from the SAMHSA Policy Academy, is still working with the New Mexico lead and co-lead to schedule a follow-up visit. The Policy Academy is constantly seeking guidance on best practices from other states to help find solutions to the problems experienced by NM veterans.

14. 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 team successfully submitted data for Bi-Annual report to SAMHSA; Currently working on continuation application for next year and supplement grant

- Save the Date has been created for the Tribal Summits; Scheduled for February 22-23 in Espanola and March 8-9 in Farmington
- OPRE has updated CPSW manual to include OUD/MAT and SMI information; They will present this information to newest group of CPSW starting 1/8/2018.
- 11 out of 12 STR partners scheduled the Data 2000 Waiver Training
- All 12 STR partners have scheduled the Safer Opioid Prescribing Training
- Project ECHO sessions have started for CHW/Peers/Nurses and Counselors/Social Workers.
 - December 14 – approx. 70 attendees for Introduction Session
 - January 4 – 25 people attended CHW/peer/RN clinic
 - January 11 – 61 registrants for the social worker/counselor clinic

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 conducted 61 trainings to 470 unduplicated individuals and distributed 1035 two-dose kits of Narcan nasal spray. Trainings have been provided to agencies in 14 of the 29 STR-targeted counties. Twenty-six law enforcement agencies (including the U.S. Border Patrol), four municipal and county fire departments, and nine drug treatment agencies have received trainings. Additionally, one Federally Qualified Health Center, Congressman Ben Lujan’s staff, and approximately 50 community laypeople have received training. Trainings are tailored to the audience and include overdose prevention, recognition, and response, recognition and response only, and a train-the-trainer workshop. During this six-month period the goal of eight trainings per month was exceeded by two; as an average of 10 trainings per month were completed. Other prevention activities include contracts with Inside Out, Serenity Mesa, Holy Cross Hospital, and Southwest Care Center to provide naloxone distribution and training to at risk populations, youth, emergency room visitors, and pharmacies.

15. Opioid Treatment Programs (OTPs)

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.

The State Opioid Treatment Authority (SOTA) of the New Mexico Human Services Department, Behavioral Health Services Division, approved the practice to conduct inductions at Recovery Services of New Mexico-MDC at 100 Deputy Dean Miera Drive, Albuquerque, New Mexico 87151, effective November 1, 2017. To date, approximately ten patients have been successfully admitted for treatment.

There are currently six provider organizations that have submitted an application to open a new clinic in New Mexico. 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).

The Central Registry which is maintained by Falling Colors (FC) was created to prevent patients from surreptitiously receiving medication from more than one OTP, and in the case of an emergency, where accessing dosing information would be critical to the care of the patients. The Central Registry became fully operational in January of 2017. BHSD continues to review the utilization of

the Central Registry by the OTPs and will modify the registry to improve access to the information contained in the registry and ensure that the system is functional and beneficial to the clinics. BHSD continues to work with FC to address issues reported by the OTP's. Through the use of work tickets FC reports the response has been positive resulting in approximately 90% compliance amongst the OTPs.

16. 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.

Continuing schools: Beginning in August 2017, 10 school districts began implementing PAX GBG. The following districts are included: Bernalillo Public School District (4 schools, 7 classrooms), Bloomfield School District (1 schools, 3 classrooms), Chama Valley Independent School District (2 schools, 5 classrooms), Cobre Consolidated School District (3 schools, 13 classrooms), Deming School District (4 schools, 45 classrooms), Espanola Public Schools (11 schools, 15 classrooms), Farmington Municipal School District (6 schools, 21 classrooms), Santa Fe Public Schools (4 schools, 21 classrooms), Socorro Consolidated Schools (3 schools, 13 classrooms), and Truth or Consequences Public Schools District (1 school, 17 classrooms). During October to December 2017, one Initial Teacher Training was held with Tucumcari School District in one school, with 9 classrooms affecting 191 students. A total of 167 teachers have been trained since August 2017, reaching 3,275 students across the state.

Between October and December 2017, eight Booster Trainings were held with 11 school districts and 238 teachers/classrooms affecting 5,158 students (includes teachers trained last year). Additional Booster Trainings are planned in the spring for another three school districts.

Indigenous PAX: Each of the main NM Tribal groups (Pueblo nations, Navajo nation, and the Apache tribes) have been approached for participation, with the intent to create three distinct Native projects. Nine core classroom teachers, six special education teachers and one administrator were trained on November 30th at Ch'ooshgai Community School on Navajo Nation, reaching 157 students. This was followed by an Administrator Training on December 18th with 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: 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. Each tribal school will implement PAX Good Behavior Game for grades kindergarten to third grade, serving approximately 96 classroom and 1,632 students.

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

BHSD's Office of Substance Abuse Prevention (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

The PDO grant program is currently in its expansion phase in which the three communities are looking to increase their local capacity, building on the success from the pilot phase. In addition, OSAP has been in discussions with Metropolitan Detention Center to begin an initiative within the county jail in Bernalillo. This initiative will provide 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 September 1, October 6, November 3, and December 1. Local distribution success stories were shared. PDO sites shared their experiences learned from the pilot period and also shared their plans for expansion going forward.

Overdose Prevention Education Coordinator

On the state level, the OPEC is actively assisting the counties with training and distribution activities that has targeted 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. The OPEC is currently assisting the counties during the expansion phase of this grant program.

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. Current target areas of the media campaign are opioid overdose hotspots and high risk users, friends and family members, PDO county sub-grantees, and detention centers. The media campaign is currently focused on enhancing the user friendly websites and social media platforms to increase visibility regarding overdose prevention, naloxone, while destigmatizing overdoses. 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 focused on creating culturally competent media that addresses overdose prevention, naloxone, and stigma.

18. Prevention "Partnership for Success" Grant (PFS 2015)

BHSD's Office of Substance Abuse Prevention (OSAP) has been awarded this SAMHSA grant of \$1.68 annually for 5 years (\$8 million total) to address underage drinking and youth prescription drug abuse. 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, Santa Fe Community College, San Juan College in Farmington, & UNM in Albuquerque.

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 seven of the nine 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 October to December 2017 quarter, providers received TA by participating in monthly webinars to support their implementation efforts. To date, webinar topics have included progress updates to identify accomplishments and challenges, SAMHSA Community Level Instrument requirements, and working with school substance abuse policies. TA webinars were provided monthly with topics driven by community concerns.

Beginning in November 2017, the New Mexico 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 will cover strategies to address underage 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 the December 22, 2017, a total of 41,765 screens were conducted with 37,724, individuals screened. There have been 23,714 negative screens and 18,050 positive screens. NM SBIRT has conducted 6,890 BIs; 3,568 Mental Health BIs; served 7,173 individuals with therapy, and referred 199 individuals to treatment services and 754 clients to various services, such as case management or family support services. Currently, NM SBIRT is intensely focusing on sustainability measures to ensure services remain operational beyond the life of the grant which expires in August, 2018.

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

BHSD's Office of Substance Abuse Prevention (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 this quarter. Technical assistance for strategic planning was given by the state technical assistance provider on September 6, 13, 20 and 27. The BCCHC's strategic plan was approved for implementation on October 24, 2017. Technical assistance for Boot Camp Translation, a pilot strategy which engages community members to develop culturally appropriate and pertinent health messages, was held November 10, 2017.

BCCHC hired a full time staff preventionist to fill a vacant position left by the resignation of one of the previous project leaders, restoring staffing back to two preventionists. The state technical assistance provider oriented the new staff member to the grant and the state prevention system on December 20, 2017.

The SPF Rx Advisory Committee met October 4, 2017 to review and provide recommendations for the grant required state strategic plan. Also incorporating recommendations from the Statewide Epidemiological Outcomes Workgroup (SEOW), the SPF Rx strategic plan was submitted to the Federal funder on October 31, 2017.

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. Based on this review by the SEOW, prevention strategies were then recommended to the BCCHC for its strategic plan.

20. 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 will be presented to the Collaborative at the January 2018 meeting for approval. BHSD's Supportive Housing Coordinator will work closely with the HLG and all stakeholders to implement the plan.

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 service providers have enrolled and provided housing and support services to 268 individuals as of September 30, 2017. 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. Two recent analyses on pre-post measures of functioning indicate a statistically significant decrease in serious depression, anxiety or tension, and trouble understanding, concentrating or remembering; a significant decrease in individuals being bothered by psychological or emotional problems; and a significant increase in utilization of services for physical complaints and mental or emotional difficulties.

21. Treat First: Progress on Expanding the Model

Overview of Model:

The "Treat First" model of care is an innovative approach to clinical practice improvement. Starting as a pilot with six agencies, it has expanded to 15 children and adult serving agencies in multiple sites. It is a coordinated effort across Behavioral Health Services Division, Children Youth and Families Department and the Medical Assistance Division.

The organizing principle has been to ensure a timely and effective response to a person's needs as a first priority in approach. It was structured as a way to achieve immediate formation of a therapeutic relationship while gathering needed historical, assessment and treatment planning information over the course of a small number of therapeutic encounters. One of the primary goals has been to decrease the number of members that are "no shows" for the next scheduled appointment because their need was not met upon initial intake.

Participating Agencies:

Since its inception in March 1, 2016 the following agencies have joined in implementing the Treat First clinical approach:

1. Mental Health Resources : Clovis & Portales,
2. Presbyterian Medical Services: Farmington, Rio Ranch, Santa Fe, Grants & Espanola
3. Lea County Guidance Center: Hobbs and Lea County
4. Life Link : Santa Fe
5. Valle Del Sol: Los Lunas & Bernalillo
6. La Casa Community Behavioral Health Services: Roswell
7. Hidalgo Medical Services: Silver City & Lordsburg
8. La Clinica De Familia: Las Cruces, Anthony, Chaparral, Mesilla, San Miquel, Sunland Park & Santa Teresa

9. La Familia-Namaste – Las Vegas & Albuquerque
10. New Mexico Solutions – Albuquerque
11. St Martin’s Healthcare for the Homeless – Albuquerque
12. Santa Fe Mountain Center- Santa Fe and Espanola
13. Santa Fe Recovery - Santa Fe and Espanola
14. All Faiths, Albuquerque
15. New Mexico Family Solutions, Las Cruces, Alamogordo, Sunland Park

Evaluation Findings: March 2016 through September 30, 2017

Who did we serve in Treat First?

- Total : 3,910 clients were served during this 19 month period
- Gender: 54% were female and 46% were males
- Ages: 37% under 25 years ; 40% were 26-45 years; 23% were 46+ years of age.
- Race : Predominantly (61%) White, 4% African American, and 2% Native American
- Ethnicity: 49% Hispanic

What did clients say about their experience in the Treat First sessions?

- Adults: Rated the Treat First sessions very positively (i.e., 35 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., 18.5 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.

How many clients were able to resolve their issues within 4 visits? (And not need more care.)

- Overall, 16% of the clients were able to have their needs met and not need more treatment after 4 visits. This was similar for both adult and youth clients.

Show/No Show rate:

- Two thirds (65.8%) of clients showed for their scheduled appointments.
- There was a 21% “No Show” rate which varied across providers.

Capacity: Number of visits per month:

- The capacity of the providers to serve clients grew over the course of the project. In March of 2016, there were 378 visits. That grew to a high of 808 visits in August of 2017.

Treat First Model: Perspectives from the Field- What Providers say:

- Treat First helps client get needs met based on best interest of the client, rather than provider agency and regulations. Helping clients based on “what can I do vs. what’s wrong with you”
- It encouraged therapists to think more comprehensively about full engagement of client to meet all needs
- Clients not complaining of the amount of paperwork: questions, assessment, and treatment planning that all happened on the first visit
- Clients reporting that providers are more engaged and listening to them
- Treat First validated the utility of the Open Access format. Less wait times (from a month or more to a week or so).
- Able to respond more quickly and to client need. Person-centered

- Better connection and information at discharge
- Because clients are more engaged they also are more active in treatment planning
- Because agencies are able to be discerning about matching services to meet needs of clients, agency have been able to see more clients and hire more staff

Suggestions to Leadership:

- Take Treat First out of the pilot phase and make it the standard
- See all patients with a Treat First model and loosen up the timelines and rules. Eliminate the rules that no longer make sense
- Build flexibility to be considered a standard of practice
- How to we measure compliance and quality? Update compliance indicators
- Honor local implementation avoid overly prescriptive practice processes
- How do we help the practice model inform accountability?
- Assess every part of our system with:

“Is this in the best interest of the client?”