

Behavioral Health Collaborative CEO Report

July 13, 2017

1. Administrative Services Only (ASO) Contract Transition

Falling Colors, Inc. (FC) has taken over responsibilities as the new ASO Effective July 1, 2017. The contract between the BH Collaborative and FC was finalized and executed on June 22nd, 2017. The transition from Optum Health NM (OHNM) occurred on June 30th, 2017. Some of the transition accomplishments that occurred up and through the transition are outlined below. Ongoing transition activities are occurring daily including clarifying Scopes of Work, Provider Alerts and workbook submission inquires as well as any provider questions related to Optum runout.

Transition accomplishments:

Contract Executed:	6/22/17
Claims rules, service definitions and system edits finalized with FC:	6/28/17
Claims providers FY18 Fee Schedules established:	6/29/17
Provider Alert for new Critical Incident Reporting process:	6/30/17
First live claims submission to FC accepted and processed for payment:	7/6/17

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

This grant has been awarded \$4.76 million for this FFY and is due to receive an equal amount in FFY18 via a formula based on the unmet need for opioid use disorder (OUD) treatment and drug poisoning deaths. An application was submitted on February 17, 2017, to draw down these funds.

Purpose of the Opioid STR Grant is to:

- Increase access to treatment, reduce unmet treatment need, and reduce opioid overdose-related deaths through the provision of prevention, treatment and recovery activities for OUD;
- Supplement current opioid activities; and
- Support a comprehensive response to the opioid epidemic using a strategic planning process to conduct needs and capacity assessments grounded in epidemiologic data and research and utilize evidence-based practices to ensure the quality of prevention, treatment, and recovery programming.

SAMHSA expects the BHSD to:

- Provide an array of prevention, treatment, and recovery support services to address the opioid misuse and overdose epidemic;
- Spend up to 5% on administrative/infrastructure costs to administer the grant;
- Spend at least 80% of the remaining award (after administrative/infrastructure costs) on OUD treatment and recovery services;
- Assess the needs of tribal communities and include in the strategic plan;
- Report expenditures for all activities; and
- Ensure all available resources for services are leveraged for prevention and treatment services and coordinate activities to avoid duplication of efforts.

Partners in this large scale effort include BHSD; Children Youth and Families Department (CYFD); UNM Department of Psychiatry, and Division of Community Behavioral Health; and a wide range of

BH health care providers statewide, including providers of integrated primary care, peer recovery and support, and prevention services. The NM Opioid STR application focuses on expansion of prevention, treatment and peer-guided recovery support services that are coordinated and supported through a “Hub and Spoke” model that ensures consistency in approaches to the opioid crisis and support for providers statewide as they enhance their training, skills and services in this effort.

BHSD is working on implementation planning, including the development of the Central Hub that will coordinate statewide efforts. Hub development and planning is led by BHSD with expertise from the UNM Addiction and Substance Abuse Program (ASAP), and CYFD. Implementation includes Hub development which is intended to expand training in and provision of Medication Assisted Treatment (MAT) for opioid use disorders, and further enhance prevention to include significant distribution of naloxone (Narcan) to prevent opioid overdose and associated training with providers, first responders, family and community members. Prevention activities also include the expansion of the PAX Good Behavior Game, and A Dose of Reality campaign. BHSD is currently working with UNM to develop contracts and scopes of work for providers statewide, who will collaborate with BHSD on this large-scale statewide effort.

3. Strategic Plan

An 18 month final progress report will be presented to the BH Collaborative on July 13, 2017. Highlights of accomplishments in each goal area are listed below:

Finance Goals:

1. *To increase the productivity, efficiency, and effectiveness of New Mexico’s current behavioral health delivery system.*
2. *To implement a value-based purchasing system that supports integrated care and reinforces better health outcomes.*
3. *To identify, develop, and promote the implementation of effective strategies for state, counties, and municipalities to work together to fund the provision of better BH care, especially for high utilizers.*

Accomplishments:

Strengthening Sustainability of Services:

- Medicaid Rule Change to be promulgated in Summer, 2017 to streamline service and staffing requirements
 - CCSS will no longer require certification
 - Recovery Services to be delivered for both individuals & groups
- ACT regulations modified to broaden staffing
- IOP certification process simplified
- Training & TA for peers in CCSS & supervision of CSWs
- Reimbursing Nursing-based services in BH settings

Implementing Evidence-Based Practices:

- PAX Good Behavioral Games
- Wraparound
- Infant Mental Health
- Multi-Systemic Therapy

- Cognitive Enhancement Therapy
- Dialectical Behavioral Therapy
- Assertive Community Treatment

Implementing Innovations:

- CareLink-BH Health Homes
- Treat First
- Integrated Quality Services Review (IQSR)
- Opioid State Targeted Response & other federally funded initiatives

Value-Based Purchasing:

- CareLink Health Homes SMI/SED Population \$PMPM
- CYFD Piloting VBP strategy for Wraparound in ABQ

Supporting EMR Infrastructure Development:

- Emergency Department Information Exchange (EDIE) now implemented in 24 hospitals statewide and expanding
- Expanded CareLink advancing payment reform through capitated payments for 6 services in selected CMCH's & 2 FQHC's. Will be in 10 sites by January, 2018

Partnering with Counties & Municipalities to support provision of BH services:

- The January 2017 New Mexico Association of Counties (NMAC) Conference showcased BH innovations in the counties of McKinley, Rio Arriba, Bernalillo, and Dona Ana. NMAC Conference in June featured a concentration on the opioid crisis & increased access to Naloxone in detention centers. In 2018, Crisis Triage Center licensing & funding & EDIE will be featured.
- Developed and funded two Investment Zones: Rio Arriba County has implemented county-wide Pathways care coordination system; & McKinley County has renovated the Gallup Detox Center & implemented therapeutic services & has converted old hospital into a SUD RTC with extended stay for vocational & supportive housing programs.
- Bernalillo County approved 1/8 GRT (\$16 million) to fund BH services in Albuquerque & Bernalillo County. Four BHSD staff has received certificates of appreciation for participating in 4 planning subcommittees.

Regulation Goals:

1. *To identify, align, and eliminate inconsistencies in BH statutes, regulations, data, and policies in order to allow for a more effective and efficient operation of the publicly funded service delivery system.*
2. *Increase the adoption of person-centered interventions.*

Accomplishments:

Medicaid Management Information System Replacement (MMISR) to be completed by 2018. The progress on six-module procurement:

- 2 Proposals submitted (Data system & Integration Platform)
- 2 RFP's in review stage (Financial services & Quality Assurance)
- 2 RFP's to be developed (Population Health Management & Unified Public Interface)

The development & promulgation of Crisis Triage Center's (CTC) joint licensing standards are a collaboration between DOH, CYFD, and HSD.

Treat First is now operating across 13 agencies in 18 local communities. In 15 months, 2,600 clients have been served under this model. “No Show” rate for the second appointment is only 17.7% compared to previous range of 20-45%.

New MAD rule to be promulgated by September 2017 which includes:

- Allows for individual & group recovery services;
- Appropriately includes RNs in delivery of BH services; &
- Eliminates requirement for certification of Comprehensive Community Support Service (CCSS).

Current challenges remain for consolidating provider audit processes:

- Medicaid parity analysis may impact; &
- Contractual language on standard credentialing deferred for upcoming 1115 waiver application & procurement cycle.

Workforce Goals:

1. *Support the development of behavioral health practitioners.*
2. *Build a more multidisciplinary and competent BH workforce.*
3. *Promote the future of excellence in the BH workforce and prepare for integrated care.*
4. *Improve the public image of BH professions, raise awareness of its impact of the population, and promote the effectiveness of the service delivery system.*

Accomplishments:

Supporting BH Interns

- HED establishing a web-based clearinghouse for internship opportunities
- BH Workforce Subcommittee provided recommendations given to the NM Health Care Workforce Committee
- Reimbursement for BH interns under consideration.
- State collaborating with state Social Work departments at NMSU and UTEP to enhance curriculum on Clinical Reasoning and Care Formulation for Masters students.

Building a more competent, multidisciplinary workforce

- Promoting cross-disciplinary supervision;
- A BH Clinical Practice Provider Guide has been developed and presentations will be given to senior classes at all major universities;
- Job Bank established for posting BH job opportunities on the NM Network of Care web portal; &
- Presented at workforce booths at the National Council on Behavioral Health, the National Association of Social Workers, NM Counseling Association Conference and the NASW-NM Conference

Reciprocity

- Each of the BH professional licensing boards is undertaking steps toward reciprocity through rule changes.

A NM Behavioral Health Workforce Development Summit is planned for Fall, 2017 bringing together disciplines in academia and BH & primary care practitioners.

Technology:

- A gap analysis conducted to determine EHR usage across BH providers. Sponsored an EHR Vendor event.

Supervision:

- CBHTR developing tele-supervision statewide for Social Workers working towards independent licensure;
- Pay It Forward campaign to identify certified practitioners willing to volunteer as Supervisors; &
- Completion of Clinical Supervision Certification process to expand ability to reimburse services provided by non-independently licensed therapists.

CYFD and BHSD are jointly proposing certification of Peer Specialists and Family Support Specialists to the NM Credentialing Board.

CYFD Youth Support Services:

- Developing a Youth Support Services (YSS) Coach Training Curriculum, as well as, training for community provider's statewide (Opioid State Targeted Response grant).
- Developing workforce capabilities and expand substance abuse services (Adolescent Substance Use Reduction Effort – Treatment Implementation).

CMS approved NM's State Plan Amendment for the FQHC Community Based Psychiatric Residency Program in Dona Ana County involving Burrell College and La Clinica de Familia.

4. Behavioral Health Investment Zones (BHIZ)

BHSD received a \$1 million allocation beginning in FY16 for the establishment of BH Investment Zones in two counties, Rio Arriba and McKinley.

Rio Arriba County (RAC) has hired three case managers & a full time hub manager dedicated to the Opiate Use Reduction (OUR) Network. All Rio Arriba case managers, including the three hired through BHIZ funding, have been certified as inmate PE Determiners & have completed the training for family PED. They are trained to dispense Narcan & to train other trainers for Narcan distribution. The case managers have begun providing services in the jail three times per week, as well as, in the community. They also are working with the Public Defender's Office, & making Narcan available to inmates and their families upon re-entry. The hub manager has been fully trained to utilize & assist OUR Network members to use the web-based portal. 25 portal licenses have been extended through June 30, 2019. Approximately 180 individuals currently have care coordinated using the Pathways Model.

Rio Arriba County & RAHHS are working with the First Judicial District to develop a JPA enabling systematic pre-trial diversion from District Court into OUR Network, with an eye towards targeting the 180 frequent jail utilizers. Once an agreement is reached, it will cover the cost of court monitoring and attendant GPS equipment, and stipulate that all individuals diverted into community corrections will be case managed through OUR Network. RAHHS is recruiting for a medical director to develop OUR Network MAT protocols, meeting judicial requirements for diversion, & insuring effective treatment of anti-social symptoms.

The Media Task Force has developed a comprehensive campaign to help the public understand & empathize with problems faced by individuals in recovery. The campaign includes a series of professionally produced videos about people seeking treatment, children being raised by grandparents, mothers in recovery, etc., that feature local landmarks, local music & cultural traditions. It includes a website connecting providers and the public, radio ads, billboards and social media. The Task Force has developed a campaign structure and sustainability plan, which will be presented to the Rio Arriba Community Health Council for approval at the July meeting.

McKinley County (MC) BHIZ continues its aim to provide intensive services to the "top 200" chronic & repeat protective custody/public inebriation clients, moving 25% from the abuse/shelter cycle into the path of recovery along a continuum of services. MC BHIZ has renovated sections of the Nihzhoozhi Center Inc. (NCI), Gallup's Detox Center, & is now providing therapeutic & case management services at this Center. NCI has hired 3 in-house Counselors and one Case Manager. They are currently offering daily individual and group counseling to individuals in social detox. MC BHIZ has sub-contracted with A Bridge to Recovery Treatment Center which offers residential treatment to some of our clients. In addition, McKinley County has subcontracted with Rehoboth McKinley Christian Health Care Services (RMCHCS) Residential Treatment Center to provide clients with residential treatment, transitional living services, job placement and a GED program, thus offering a full continuum of services. RMCHCS has hired a Special Projects Director, and part time Aftercare Program Manager, transporter, Case Worker, & BH Technician.

The City of Gallup has hired a BH Manager to assist with the administration & coordination of the BHIZ grant. An encrypted electronic health record database, AccuCare, has been purchased and client data is being entered by both subcontractors, NCI and RMCCHS. Privacy agreements have been signed by both NCI & RMCCHS for client tracking purposes.

MC BHIZ will be hosting a strategic planning session for five groups that form the local BH Collaborative: Prevention, Treatment, Supportive Care, Educational Resources, and Transition to Wellness.

5. PAX Good Behavior Game

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

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

The Spring 2017 implementation consisted of 238 new teachers/classrooms. The following seven school districts were newly awarded: Bernalillo Public School District (3 schools, 19 classrooms), Chama Valley Independent School District (2 schools, 8 classrooms), Cobre Consolidated School District (3 schools, 16 classrooms), Deming School District (3 schools, 29 classrooms), Socorro Consolidated Schools (1 school, 2 classrooms), Truth or Consequences Public Schools District (1 school, 10 classrooms) and Tucumcari Public School District (1 school, 11 classrooms). One-hundred-and-fifty (150) teachers & 37 administrators were trained, with 1410 students receiving services this quarter.

The four Phase One schools who began implementing in FY16--Espanola, Santa Fe, Bloomfield, and Farmington—received four new teacher trainings which included 88 teachers and 32 administrators during this time period, adding at minimum 1013 new students (full count not yet in).

A two-day PAX Partner Training was held in Santa Fe June 29th and 30th for approximately 25 participants. These PAX Partners will support teachers in their districts & help them implement the PAX GBG. An additional seven new teacher trainings are scheduled over the summer & approximately 321 additional classrooms will begin in fall of 2017 to reach an estimated total of 2,523 new students.

In addition, as a result of PAX GBG Community Forum that was convened in October, we will be collaborating with Albuquerque, Bernalillo County Governmental Council (ABCGC) on the potential introduction of PAX GBG in community schools. In addition, included in the Opioid STR application was the implementation of PAX GBG in the BIA Schools in collaboration with the NM Department of Indian Affairs.

6. Crisis Triage Centers (CTC)

Established by HB 212, a CTC is a health facility that is licensed by DOH with programmatic approval by BHSD & CYFD. CTCs are not expected to be physically part of an inpatient hospital or included in a hospital's license. CTCs are intended to provide stabilization of BH crises, including short-term residential stabilization. HSD has been working with DOH to establish the new standards for facility licensing and internally to establish the new level of care and program reimbursement mechanisms. The program's original intent would allow communities to choose from a variety of models, including solely outpatient and also detox services that didn't exceed medically monitored detox at ASAM level 3.7. The current statute restricts CTCs to a residential treatment program & a statutory change would be required to enable outpatient options.

Regulations for licensing are expected to be finalized within approximately 2 weeks and will be published for public comment. HSD, CYFD, & DOH are investigating interim solutions to enable non-residential programs to bill Medicaid.

7. Medical Detoxification

The state continues its efforts to increase capacity for evidence-based, medically-managed detoxification in community hospitals. This quarter, the team took its 4-hour CME training to Miners Colfax Medical Center in Raton. One important discussion in Raton centered on language and how small changes have big impacts. For example, reframing "someone has relapsed" to "someone is seeking relief" shifts the idea of blame and guilt to discovery and understanding.

We have now taken the training to three hospitals statewide. In Gallup, attendance was high due to hospital leadership's support & a strong community push for participants. In both Las Cruces and Raton, while community providers & other members participated, there have been barriers to hospital administration & physician attendance. The next training is scheduled for August 28, 2017: Eastern New Mexico Medical Center (ENMMC) in Roswell.

8. Consortium for BH Training & Research at UNM (CBHTR)

Comprehensive Community Support Services (CCSS) training was conducted in Taos with 22 participants from 5 provider organizations. The CCSS manual has also been updated with new content on the NM Children's Code, trauma-Informed care, & coaching clients regarding psychotropic medications.

Behavioral Health Work Force Summit Planning Committee convened its 1st meeting & laid the groundwork for developing a statewide summit to address BH workforce issues in NM. Seventeen professionals from various BH disciplines discussed the most pressing issues regarding the NM BH workforce. A second planning meeting is planned for July 2017. The BH Workforce Summit which will open to all providers is anticipated for the Fall of this year.

Telehealth & on-site supervision for social workers has been established to increase the number of LCSWs. Chris Morris, PhD, & Jennifer Panhorst, LCSW, have been added to the team along with Martha Faulkner, PhD, RN. In-person supervision occurs in Albuquerque & Rio Rancho. LMSW supervisees, in Clovis, Silver City, Gallup, Los Lunas, Las Cruces, Las Vegas, & Deming, now receive this valuable supervision via telehealth.

9. Opioid Treatment Programs (OTPs)

There are sixteen Opioid Treatment Programs (OTPs) operating in NM serving approximately 5,400 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 Rio Rancho clinic opened its' doors on June 1, 2017.

There are currently three provider organizations pending approval to operate as an OTP. Locations identified for these prospective providers include Albuquerque, Espanola and Gallup. The clinic slated to open in Taos has since retracted its application.

The OTP Central Registry became fully operational in January of 2017. It was created to prevent patients from surreptitiously receiving medication from more than one OTP. Dosing information for patients can be obtained through this system. All existing OTPs have received registry-related training & are downloading files to the registry. The Central Registry is being reviewed to determine if modifications to the system can be made to improve access to information & better serve the needs identified by the OTPs.

10. 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-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; four MST variations (Externalizing Behaviors, Child Abuse and Neglect, Substance Use with Contingency Management, MST Emerging Adults), Community Reinforcement and Family Training (CRAFT); Motivational Interviewing; use of the Performance and Outcomes Reporting Tool (PORT); and other tools. The ASURT Workforce Development Subcommittee is aligning its plan with the BH Planning Council (BHPC) workforce training plan, so that the goals and objectives of the ASURE-TI are fully aligned with the ongoing statewide development plan outlined in the following goals & objectives of the BH Collaborative's Strategic Plan.

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

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

The New Mexico Department of Veteran Services (DVS) has started working with local jails to support county efforts, ensuring those veterans released from city & county jails, are educated on how to access veteran related services. This effort is underway in Sandoval and Bernalillo counties.

The NM Policy Academy has a new co-State Lead. Mr. John Griego comes to the initiative with many years of experience in BH. Michelle Cleary, Senior Project Associate from the SAMHSA Policy Academy, has requested a follow-up visit to meet with the NM team and offer best practices & any assistance in advancing identified goals. The Policy Academy is constantly seeking guidance on best practices from other states to help find solutions to the problems experienced by NM veterans.

12. Veteran Services

BHSD continues to collaborate with outside organizations to reach veterans in more rural areas. To complement the efforts of the current nine provider organizations serving vets, BHSD was able to fund 3 additional providers for FY 17. Two provider organizations were mentioned in last quarter's report: 1) Assistance Dogs of the West which places service dogs with client/veteran recipients requiring individual & family support, and 2) Healing America's Heroes which provides gender specific retreats for disabled veterans, & those suffering PTSD, Traumatic Brain Injury, & Military Sexual Trauma. The newest provider is Straight Scoop for Vets which offers free QPR (Question, Persuade, Refer) suicide prevention training to veterans & family. Straight Scoop also offers train-the-trainer programs to sustain trained veterans in providing QPR to the community. With the additional funding Straight Scoop is able to provide training in the following cities: Hobbes, Alamogordo, Silver City, Raton, Clayton, Farmington & Tucumcari.

The BHSD Veteran Program Manager is also collaborating with the BHSD Office of Peer Recovery and Engagement to get Certified Peer Support Workers (CPSW) a Veteran specific designation. The designation will add specialty training for those who want to work with Veterans.

13. New Mexico Crisis and Access Line (NMCAL)

For April and May, 2017, NMCAL answered over 6,700 calls. This includes 2,980 crisis calls, 494 NM calls from the National Suicide Prevention Lifeline (NSPL), 2,050 calls for the Peer-to-Peer Warm Line, and 1,198 after-hours calls forwarded from NM's Core Service Agencies (CSAs).

Anxiety, depression, suicide and situational stress were the top four presenting issues. Bernalillo and Dona Ana counties continue to have the highest numbers of callers, with San Juan, Sandoval, Santa Fe, and Valencia 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 96.8%. The Peer to Peer Warm Line is reporting 97.6% of callers feeling supported during the call. Very few calls are transferred from the Warm Line to the Crisis Line. BHSD has initiated preliminary work to establish a texting capability for NMCAL in order to increase NMCAL youth access. Only 4% of NMCAL utilization is by young people.

14. 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/>.

Development of the BH NOC is ongoing. Currently BHSD is in conversation with Trilogy regarding a bed registry, e-learning opportunities, & training registration capabilities.

NMCAL continues to access NMNOC as their resource directory when referring callers to community providers and collaborates with BHSD in marketing NMNOC when attending community events. For the period of April 1, 2017 to June 31, 2017 there were total visits: **25,554**, approximately 4,000 more than last quarter and total page views: **20,568**. The top five keyword searches were: substance abuse, housing, employment, depression, & inpatient rehabilitation centers & OPRE. Trilogy continues to support NM communities by providing free NOC access & use training. Trainings for both the BHIZs occurred this quarter, as well as, to the Albuquerque Police Department (APD).

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

The NM Department of Aging and Long Term Services has operationalized NM's 3rd NOC web portal for seniors and People with Disabilities. This site is available at: <http://newmexico.networkofcare.org/aging/>

15. CareLink NM Health Homes

NM's health homes project CareLink NM was implemented in April of 2016 with two health home sites in San Juan and Curry Counties. The CLNM HHs serves members with chronic BH conditions that are within the categories of serious mental illness for adults and severe emotional disturbances for children and adolescents. The model is based on the integration of behavioral, physical and social health, with the local community agencies (the CLNM HHs) assuming the MCOs care

coordination & disease management responsibilities. Primary goals are for individuals to learn the necessary skills to take charge of their own health, prevent concomitant risks, & direct their clinical service requirements to more appropriate provider types while decreasing the need Emergency Department & inpatient stays.

The expansion of this program is now underway and involves the Certified Community BH Clinics (CCBHC) becoming NM CareLink providers. This was our Plan B should NM not be selected as one of eight states to be awarded a 2-year demonstration award from SAMHSA. With an expected “go live” date of January 1, 2018, the counties that are now open for providers to apply to become a CLNM health home are: Bernalillo, Sandoval, Grant, Hidalgo, Dona Ana, Lea, Roosevelt, De Baca, and Quay. Outreach to the providers in those counties is currently underway, with collective learning opportunities available to determine agency compatibility with the program. To date there are six committed CCBHCs & six others that have expressed interest.

16. Treat First: Expanding the Model

The “Treat First” model of care is an innovative approach to clinical practice improvement. It began with a six month trial period within six provider organizations. 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 & 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.

Currently, Treat First is operating across 13 provider organizations in 18 local communities. In 15 months, 2,600 clients have been served under this model. An Evaluation of the Treat First model will be completed in September, 2017. In April, 2017, the third cohort of Treat First Agencies joined the Learning Community:

1. La Familia-Namaste – Las Vegas and Albuquerque
2. New Mexico Solutions – Albuquerque
3. St Martin’s Healthcare for the Homeless – Albuquerque
4. Santa Fe Mountain Center- Santa Fe and Espanola
5. Santa Fe Recovery - Santa Fe and Espanola

17. Integrated Quality Services Reviews (IQSR):

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

In SFY 16, close to 200 clinical supervisors, therapists and staff from nine community provider organizations, including four FQHCs, the Navajo Nation, & three State agencies participated in IQSR based training on Clinical Reasoning and Case Formulation and Practice Development in Integrated Care Settings. In SFY17, BHSD established cross-practice IQSR Review Teams that were trained to examine clinical practice within respective practice sites. Participating provider organizations selected a sample of their cases to be assessed for the strengths and challenges in their clinical practice. Subsequently, findings will be used to improve their clinical practice processes. The third site received its IQSR review in January, 2017.

In March, 2017, eight provider organizations were represented by 22 staff that participated in two-day training in *Clinical Reasoning & Case Formulation*. Twelve hours of CEU's were approved by the NM Chapter of the National Association of Social Workers. In total 264 CEU's were issued and certificates delivered.

In June, 2017, initial meetings have begun with the Chairs of the Social Work Departments at New Mexico State University (NMSU) and the University of Texas in El Paso (UTEP) to collaborate on curriculum development. These representatives attended three days of training in *Clinical Reasoning & Case Formulation*, as well as, *Strengthening Clinical Practice in Integrated Care Settings*. They agreed that the content is essential to students' clinical development; &, therefore, it would be appropriate to embed it in their respective Master's Social Work courses. The content is being reformulated into a series of modules that could then be used by the Social Work faculty. A beta test of that effort will occur in September, 2017 with relevant social work faculty. Both universities offered to support the development this effort. NMSU will provide the video taping of portions of the curriculum.

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. All nine PFS 2015 funded providers (Chaves, Cibola, Curry, and Roosevelt counties, and the five schools of the NM Higher Education Prevention Consortium-- NMSU in Las Cruces, NM Tech in Socorro, Santa Fe Community College, San Juan College in Farmington, & UNM in Albuquerque) participated in a Prevention Evidence Based Practices and Strategic Planning Training in January, 2017.

During the early part of 2017, the nine grantee sites worked their strategic plans. Throughout this process they have received onsite technical assistance visits to support the ongoing steps of the Strategic Prevention Framework. Initial submissions of the strategic plan were submitted in March & have undergone review. The strategic plans will be transferred into scope of works to begin implementation in May 2017.

During the fourth quarter, the providers have been finalizing their strategic plans, collected a total of 3,515 NM Community Surveys (four counties =1,674; five schools = 1,841), and completed SAMHSA's required Community Level Instrument for grantees. They received onsite technical assistance visits & teleconference support. Seven of the nine PFS 2015 providers are scheduled to begin implementation in July 2017.

Five NM higher-education institutions were awarded the SAMSHSA CAPT Coaching for Success award. Throughout February & March, the state level grant managers have participated in an introductory webinar, conference call with the CAPT TA provider and an in-person TA visit. After assessing the five higher-education institutions' progress, the CAPT provider proposed a service plan for the remaining TA. The service plan entails coaching on delivery methods for TA, law enforcement and alcohol/other drug prevention, engaging law enforcement, highlighting NM leadership, and communication strategies to improve community capacity.

19. National Strategy for Suicide Prevention (NSSP)

June 15, 2017 began an 8 part series of High Risk, Treatment-Resistant Depression Consultation Service. The physician case consultation sessions are twice monthly with national experts Drs. Fawcett and Dunklee. The sessions include web-based educational service; confidential clinical consultation; management of treatment-resistant, depression and suicide prevention; medication management; & treatment of depression and managing suicide risk. Each consultation includes 15 minutes of didactics & one or two case presentations. Participants may present a case that they are treating for depression. Cases are de-identified, but include medications and dosage, as well as medications used in the past. The target audiences are primary care physicians, psychiatrists & other prescribing medical providers.

As the grant moves toward completion, the core team & pilot sites continue to identify what pieces of the grant initiatives will be sustainable after the cycle ends on 9/29/2017. Sustainable opportunities include: the inclusion of screening in the treatment setting, trained clinicians & gatekeepers. The NM Suicide Prevention Program core team continues to evaluate the current budget, policies, & workforce needs to accommodate the area of suicide prevention, suicidality, referral, treatment, & follow up care. The core team has completed writing the next grant application which was submitted on 4/17/2017.

20. Screening, Brief Intervention, Referral to Treatment (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 late June 2017, a total of 35,227 total screens have been conducted with 32,386 individuals screened. There have been 20,441 negative screens and 14,785 positive screens. NM SBIRT has conducted 5,415 BIs; 2,639 Mental Health BIs; served 5,512 individuals with therapy, and referred 528 individuals to treatment services and 139 clients to various services, such as case management or family support services. Currently, NM SBIRT is focusing on sustainability measures to ensure services remain operational beyond the life of the grant which expires in August, 2018.

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

BHSD's Office of Substance Abuse Prevention (OSAP) successfully applied for and received SAMHSA's \$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.

PDO Advisory Council

The PDO Advisory Council is conducting monthly meetings to provide guidance, recommendations & oversight over the PDO grant & sub-grantees. The meetings focus on providing updates on the county distribution plans, reviewing PDO membership & scope, & assessing additional needs. Scope of the PDO grant in relation to the Opioid STR grant has been discussed. Discussion on the HB370 Impact was held at the last meeting. Presentations that were held include: Harm Reduction 101, updates from all counties participating in the pilot distribution program, & trauma informed response protocols.

Overdose Prevention Education Coordinator

On the state level, the Overdose Prevention Education Coordinator (OPEC) conducted train-the-trainer sessions for each of the PDO sub-grantees (Bernalillo, Dona Ana, and Santa Fe/Rio Arriba counties). Bernalillo County has two staff trained in which one has been approved to conduct trainings. Dona Ana County has five staff trained in which two have been approved to conduct trainings. Santa Fe/Rio Arriba Counties has five staff trained & is currently awaiting an approval from OPEC. Other trainings include the creation of an overview of harm reduction for PDO grantees & their community partners; to date, three of these trainings have been provided to 30 Dona Ana County Health and Human Services staff, 40 participants at the annual Santa Fe Prevention Alliance Retreat, and 20 participants attending a PDO & Opioid-STR grant recipients meeting. The train-the-trainer sessions were also presented to 90 participants at the semi-annual OSAP Recipient Meeting & 40 staff from the SBIRT Team.

PDO Media Subcommittee

The PDO Media Subcommittee has created a media campaign utilizing advertising strategies, media strategies, social media, & a user-friendly website providing information to the public about overdose prevention & naloxone use. Current target areas of the media campaign are opioid overdose hotspots & high risk users, friends and family members, PDO county sub-grantees, & detention centers.

PDO Continuous Quality Improvement Subcommittee

The PDO Continuous Quality Improvement Subcommittee has been formed to study issues through a data lens arising from the work on PDO & to find resolutions to those issues related to distribution, training and data collection.

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

OSAP also successfully applied for and received SAMHSA's competitive *Strategic Prevention Framework for Prescription Drugs (SPF Rx)*, 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 & promote collaboration between states & pharmaceutical & medical

communities to understand the risks of over-prescribing to youth & adults. SPF Rx brings prescription drug abuse prevention activities & education to schools, communities, parents, prescribers, and users in a targeted community of high need. Lastly, the grant tracks reductions in opioid overdoses & promotes increased incorporation of Prescription Monitoring Program (PMP) data into state & community level needs assessments & strategic plans as indicators of program success. A PMP workgroup will meet in July to discuss available data and identify the most relevant indicators from the database for the grant. The workgroup will inform the newly developed SPF Rx Advisory Committee on how BCCHC can best utilize the PMP data in their prevention efforts. Ultimately the PMP data identified will be used by all OSAP providers implementing strategies to prevent prescription drug misuse.

The Bernalillo County Community Health Council (BCCHC) has hired two full time staff to lead the project. As the first step of the SPF, BCCHC completed a Needs Assessment Training to pinpoint data trends in prescription painkiller misuse, & to prioritize target populations & geographic areas for planning prevention efforts. The Council is currently conducting focus groups and key informant interviews with relevant populations. The Council has been meeting with their Strategic Planning Prevention Group to assess stages of community readiness to implement prevention activities.

During this quarter, the Statewide Epidemiological & Outcomes Workgroup (SEOW) continued reviewing the most recent research on strategies to prevent prescription painkiller misuse. This includes reviewing recommendations from the CDC & SAMHSA. Upon completion of the review, the SEOW will identify & recommend evidence-based practices to be implemented by the BCCHC coalition beginning during the second half of 2017.

23. Naloxone Pharmacy Technical Assistance

BHSD's Office of Substance Abuse Prevention (OSAP) contracted with the Southwest CARE Center last fiscal year to provide technical assistance to NM pharmacies reimbursed by Medicaid to dispense naloxone. On-site technical assistance focused on increasing patient/customer access to naloxone, increasing the number of pharmacies carrying and dispensing naloxone, reducing pharmacy barriers to dispensing and billing for the medication, and provided pharmacists with CEUs for the training. OSAP's A Dose of Reality media campaign worked to coordinate with and supply this project with corresponding media materials. Due to FY17 funding cuts, BHSD was no longer able to fund this initiative. However, a continuation of the project is being explored with the four participating Centennial Care MCOs that support education & training of network staff. In the interim, DOH's Epidemiology & Response Division has finalized a contract with Southwest Care Center to provide 32 pharmacy trainings paid for with their CDC Prescription Drug Overdose/Prevention for States grant. As of May 2017, BHSD received funds for the Opioid STR grant, and a contract has been set up with SW CARE to do an additional 100 pharmacy trainings over the two year grant period to be completed by September 2018.

24. Supportive Housing

The BH Collaborative's Housing Leadership Group (HLG) continues work on the 2018 NM Supportive Housing Plan. The Technical Assistance Collaborative (TAC) has been contracted to consult on the strategic plan process. The HLG convened a Summit in April, to create a framework for the Plan. Representatives from several agencies within the Collaborative attended the Summit in addition to representation from MCOs, housing administrators and service providers. TAC facilitated small workgroup discussions addressing the Plan's goals: 1) Increase Affordable Housing for Special Needs Populations and 2) Improve and expand housing support services. The HLG met again in June and

reviewed the framework, prioritized strategies, & discussed Goal 3 related to performance measures & data collection. The Plan framework will be presented to the BH Planning Council at the June meeting & to the BH Collaborative at this meeting. The final Plan will be presented to the BH Collaborative at the October meeting.

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

This SAMHSA-funded grant program is now more than halfway through its three-year cycle. 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 242 individuals as of May 31, 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. BHSD continues to work with service & housing providers, NM Mortgage Finance Authority, & New Mexico Coalition to End Homelessness to support the grant's goal of accessible, effective, comprehensive, coordinated, & sustainable supportive housing services.